



Cell Phone Allowance Request Form

Date:	
Employee Name:	
MU ID:	Paygroup (Check One): <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly
Job Title:	
Department:	
Allowance Amount: \$	One-Time Equipment Payment: \$
<p>All cell phone allowance payments are departmental responsibility and considered other compensation charged to the department. The cell phone allowance will start at the next scheduled pay date.</p> <p>Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the year-end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises, job upgrades, bonuses, etc.</p>	
<i>Employee Certification and Signature:</i>	
I certify that I have read, understood, and intend to comply with Methodist University's Cell Phone Policy.	
Signature and Date	
<i>Supervisory Certification and Signature:</i>	
I certify that the requested cell phone allowance is needed for this employee and I have read, understood, and intend to comply with Methodist University's Cell Phone Policy.	
Signature and Date	

Please send completed form to the payroll office, Horner Administration Building. If you have any questions, please contact the payroll office at x7023, x7613 or x7385.

<i>Plan</i>	<i>Monthly Stipend</i>
450 Minutes	\$45
900 Minutes	\$65
450/BlackBerry/PDA	\$85