

# Methodist University Cell Phone Allowance Request Form

(Forward to Payroll Office upon completion)

Date: \_\_\_\_\_ MU ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Department Code to be Charged: \_\_\_\_\_

Job Title: \_\_\_\_\_ Paygroup (Check One):  
Monthly  
Bi-Weekly

All cell phone allowance payments are charged to departmental budgets and are paid thorough payroll on a monthly basis. The stipend is a non-taxable benefit, subject to IRS reporting on the employee's annual Form W2. The cell phone allowance will start on the next scheduled pay date. **In all cases for approval, the employee is required to be on-call (24/7). The amount of the allowance is limited to \$45 per month.** The University will pay only the agreed upon cell phone allowance, with a maximum amount of \$45 per month, even if the individual's monthly costs exceed the allowance. **Employees requesting an allowance must attach one page of the current cell phone statement confirming the employee's cell number.**

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.

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Justification for Cell Phone: \_\_\_\_\_

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## Employee Certification and Signature:

I certify that I have read, understood, and intend to comply with the Methodist University's Cell Phone Policy:

Signature and Date: \_\_\_\_\_

## Supervisor Certification and Signature:

I certify that the requested cell phone allowance is needed for this employee and I have read, understood, and intend to comply with Methodist's University Cell Phone Policy.

Signature and Date: \_\_\_\_\_

## Vice President (for respective departmental unit) Approval:

Signature and Date: \_\_\_\_\_