

**Furman University
Cell Phone Allowance Request Form**

Date: _____

Employee Name: _____

Employee ID: _____

Paygroup: (please check one) Monthly Bi-Weekly

Job Title: _____

Department: _____

Account #: _____ **Position Number (input by Finance):** _____

Allowance Amount: \$ _____ **One-Time Equipment Payment:** \$ _____

All cell phone allowance payments are departmental responsibility and considered other compensation charged to object code _____. The cell phone allowance will start at the next scheduled monthly pay date.

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, benefits based on a percentage of salary, etc.

Employee Certification and Signature:

I certify that I have read, understood, and intend to comply with Furman's Cell Phone Policy.

Signature and Date _____

Supervisory 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 Furman's Cell Phone Policy.

Signature and Date _____

Please send completed form to _____

if you have any questions regarding the policy.

Plan	Monthly Payment	One-Time Equipment*
100 minutes	\$15	\$0
450 minutes	\$45	\$0
Over 450 minutes	\$75	\$0
Smartphone/PDA	\$60	\$200

*The One-time equipment purchase is based on a 2 year contract and is provided at time of new contract (documentation required). Lost or broken equipment will be the responsibility of the employee after initial purchase.