Cellular Phone/PDA & Internet Service Allowance Request Form

Refer to the Policies for Selected Discretionary Expenditures (sections D and H) for information about policies regarding cell phone and home internet service.

Employee Name: ___________________________ Employee ID#: ___________________________ Job Title: ___________________________

Exempt/Semi-monthly

Employee Dept. Name: ___________________________ Dept. #: ___________________________ Choose one:

Non-Exempt/Bi-weekly

Business Purpose/Justification: Provide the reason (e.g., business purpose) this employee qualifies for an allowance:

______________________________

General ledger account number to charge: . . 71020. . . 00000

Allowance option: Indicate option(s) (i.e., phone and internet) and amount for each:

☐ 1. Cellular Phone Only (up to $40/month): $ ______
☐ 2. Cellular/Data Device (up to $80/month): $ ______
☐ 3. PDA type Data Only (up to $45/month): $ ______
☐ 4. Internet Service (up to $40/month): $ ______

Time period for this allowance:

Start Date: ___________ End Date: ___________ Total Allowance Amount (amount/mo. x # of mo.): ___________

NOTE: The annual amount covers the time period requested above. If no dates are provided, the start date will be the first pay period following receipt of this form in the Payroll Office; the end date will be June 30th of the fiscal year. Requests cannot cross fiscal years (i.e., July 1 through June 30). Submit a new Allowance Request Form to the Payroll Office each year.

Employee Certification: I certify that I require the service for which I am receiving an allowance to conduct official RIT business. I will promptly advise my supervisor if I discontinue my cellular or internet service.

__________________________________________ _______________________
Employee Signature Date

Supervisor Certification: I certify that the above-named employee requires the service indicated to conduct official RIT business. I will notify the Payroll Office immediately, in writing, if the allowance(s) should end prior to the end date indicated on this form. Note: If the employee is a dean or vice president, only the Authorized Approval signature is required and this signature may be left blank.

__________________________________________ _______________________
Supervisor Signature Date

__________________________________________ _______________________
Authorized Approval Date

Deans/vice presidents must approve allowance requests for employees within their college/division. The provost will approve allowance requests for the deans; the president will approve requests for the provost and vice presidents.

Send the completed form, with the appropriate approvals, to the Payroll Office (2nd Floor, Barnes & Noble @Park Point) for processing.