

BROOKDALE COMMUNITY COLLEGE

Cell Phone Allowance Request Form

In accordance with College Policy 4.3000, staff identified as critical to the continuance of daily operations will complete and submit this request for cell phone/mobile device, text, data, talk plan allowance. The monthly taxable allowance shall be issued through payroll and shall not constitute an increase in pay. It shall not be used in the calculation of base pay nor shall it be subject to retirement deductions or contributions.

Employee Name:	Employee ID:
Job Title:	Cell Phone Number:
Department:	Account Code:

As part of your job responsibility, it is expected that you will need to make use of a cellular phone or similar device. Brookdale Community College has the following phone allowances for work purposes.

Indicate Allowance(s) for consideration by your supervisor:

- ☐ Tier 1: - \$60 monthly allowance.
- ☐ Tier 2: - \$25 monthly allowance. .

Total *Monthly* Allowance Approved: \$_____

Tier 1: Employees in this tier receive text alerts (burglar, fire, glass break, or motion sensor alerts) and/or are responsible for monitoring and responding to system failures or equipment malfunctions that could impact College operations.

Tier 2: Employees in this tier monitor the transmitter for the College radio station 24/7.

Business Justification:_____

Employee Certification:

I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above and agree to the terms and conditions outlined in the Brookdale Community College Cell Phone Policy. In addition, I understand and acknowledge that the College will not be responsible for the terms of any contract I may choose to enter into with a cell phone company for my personal plan, including (but not limited to) any fees associated with early termination of a contract. The College can revise this agreement at any time. Attached is a copy of my personal cell phone invoice which this allowance will be used to pay for.

Employee Signature

Date

Cabinet Member Signature

Date

VP of Finance & Operations Signature

Date

President Signature

Date

Date submitted to Payroll

Processor's Initials

Please print, complete, obtain the required signatures and send the original to Finance & Operations, Attn: T. Manfreda. It is recommended that the originator keep a signed copy for his/her file. Please allow a minimum of two weeks for processing. Payroll will send email notification with confirmation of first payment.

Note: Employees must submit their cell phone invoice annually in July of each fiscal year to continue receiving the allowance.