



Cell Phone Allowance Request Form

Employee Name: _____

Department: _____

Title: _____

Check the qualifying business need(s) that apply and provide a brief explanation.

As part of their regular job duties the employee is expected to be and must be accessible for related business outside of normal work hours. For example: senior college officials; public safety/emergency or risk management officials; critical facilities, or technology staff.

The employee conducts more than 50% of their work away from the campus office.

The employee travels extensively as part of their work. For example, they are away from Grinnell more than 3 days per week or 25 weeks per year.

*Telework arrangements do not qualify unless the position would otherwise qualify under the "qualifying business" definition.

Explanation: _____

Month to begin cell phone allowance: _____

If this request is approved by the Treasurer's Office this allowance will be included as taxable income on the employee's W-2. Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the eligible employee's 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, benefits based on a percentage of salary, etc. Payment will not begin until approved by the supervisor, VP, and Treasurer's Office.

Employee Certification

I certify that the requested cell phone services are needed for Grinnell College business purposes. I have read, understand and will comply with the College's Cell Phone Allowance Policy and Acceptable Use of Mobile Devices Policy

Employee Signature: _____ Date: _____

Printed Name: _____

Supervisory Signature: _____ Date: _____

Printed Name: _____

VP's Signature: _____ Date: _____

HR use: Approved

Declined