

**Wesleyan University
Cell Phone Allowance Request Form**

Date:		
Employee Name:		
Wes ID:	Paygroup: (Please Check One): <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	
Job Title:		
Department:		
Smartkey:	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 account 81745. 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.		
<i>Employee Certification and Signature:</i>		
I certify that I have read, understood, and intend to comply with Wesleyan's Cell Phone Policy.		
Signature and Date		
<i>Supervisory Certification and Signature:</i>		
I certify that the requested cell phone allowance is needed for this employee and I have read, understood, and intend to comply with Wesleyan's Cell Phone Policy.		
Signature and Date		

Please send completed form to Nathan Peters, Room 400 North College, x2833 or npeters@wesleyan.edu if you have any questions regarding the policy.

<i>Plan</i>	<i>Monthly Payment</i>	<i>One-Time Equipment*</i>
450 Minutes	\$45	\$0
900 Minutes	\$65	\$0
1350 Minutes	\$85	\$0
450/Blackberry/PDA	\$85	\$200
1350/Blackberry/PDA	\$115	\$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.