

**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 81770. The cell phone allowance will start at the next scheduled monthly pay date.	
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 Christine Daniels, Room 401 North College, x3285 or cdaniels@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
Smart Phone Data	\$85	\$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.