

# Colgate University

## Cell Phone Allowance Request Form

<b>Date</b>	
<b>Employee Name</b>	
<b>Banner ID</b>	
<b>Job Title</b>	
<b>Department</b>	
<b>Account Number to Charge</b>	

<b>Plan</b>	<b>Monthly Stipend</b>
Cell Phone	\$46

*All allowance payments are charged to your department's budget and considered other compensation. The cell phone allowance will start with the next available scheduled paycheck. No retroactive payment requests will be allowed.*

*Appropriate payroll taxes on the allowance amount will be withheld from the employee's 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.*

***Employee Certification and Signature:***

I certify that I have read, understand, and intend to comply with Colgate's Cell Phone Policy.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Supervisory Certification and Signature:***

I certify that the requested cell phone allowance is needed for this employee and I have read, understand, and intend to comply with Colgate's Cell Phone Policy.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send the completed form to the Accounting Office