

College of Saint Benedict  
Order of Saint Benedict/Saint John's University

Employee Cell Phone Allowance Form

Date: \_\_\_/\_\_\_/\_\_\_

Copy of personal cell phone account must be attached to this form.

Employee paid by: CSB \_\_\_ OSB/SJU \_\_\_ Faculty \_\_\_ Administrative \_\_\_ Support \_\_\_

Name of Employee: (please provide a full first, middle initial, and last name)

Legal Name Banner ID # Cell Phone #

City/State/Zip Code

Department Banner Index and Account to be used for Cell phone expense funding (i.e. Office Exp, Phone Exp)

Employee Signature Employee Supervisor Signature

Division Head Signature Human Resource Signature

Justification/Need for Allowance: \_\_\_\_\_

**Monthly Allowance Amount:** (Please select the applicable allowance amount from the Cell Phone Policy.)

<i>Estimated Business Minutes of Usage</i>	<i>Plan Allowance</i>	<i>Equipment Allowance</i>	<i>Payroll Tax Allowance</i>	<i>Total Monthly Allowance</i>	<b>Allowance per Pay Period (26 pay periods)</b>	<b>Select Appropriate Allowance</b>
0 – 299	\$20.00	\$3.00	\$2.00	\$25.00	\$11.54	
300-799	\$30.00	\$3.00	\$3.00	\$36.00	\$16.62	
800+	\$50.00	\$3.00	\$5.00	\$58.00	\$26.77	
(Data Phone Approval from President/Treasurer) Insurance should be purchased.	\$65.00	Equipment purchased by campus	\$10.00	\$75.00	\$34.62	

Has the College/University purchased a smart phone for the Employee? Yes \_\_\_ No \_\_\_

If so, what was the cost of that device? \_\_\_\_\_ When was it purchased? \_\_\_\_\_

(If an employee has a smart phone that is purchased by the College/University, that device will be returned to the institution upon termination of employment. The employee may have the option of purchasing the device from the institution at a fair market rate determined by the College/University.)

**Allowance Start Date:** The allowance will start on the first payroll of the month following the approval and receipt of the request by the payroll office.

**Business/Payroll Office Use Only:**

Banner Index and Account(s) for Labor \_\_\_\_\_

Budget Transfer Complete for Current Expense Account to Labor Account \_\_\_\_\_

Initial Payroll Allowance Date: \_\_\_\_\_