

**COLUMBUS STATE UNIVERSITY
CELL PHONE POLICY**

**Columbus State University
Cell Phone Allowance Request Form**

Employee ID: _____

Employee Name: _____

Job Title: _____

Department: _____

Cell Phone Number (with area code): _____

Allowance Start Date: _____

(The Cell Phone Request Form must be received in Human Resources by the 15th of the month in order to be included in the end of the month's payroll)

Department Account Number to be Charged:

Department: _____ Account No: _____

Cell Phone Allowance:

\$25/Month \$35/Month \$45/Month Up to \$75/Month \$ _____

Business Justification:

Employee Certification:

I certify that the above allowance will be used toward expenses I incur for cell phone/smart phone usage as described above.

Employee Signature

Date

Supervisor Signature

Date

Vice President Signature (or designee)

Date

Please forward completed form to the Department of Human Resources, Richards Hall , Room 228.