MOBILE DEVICE ALLOWANCE REQUEST

EMPLOYEE NAME: ________________________________  ID# __________

EFFECTIVE BEGINNING: _______________ THROUGH: DECEMBER 31, 2013

CELLULAR TELEPHONE NUMBER: (___) ___ - ___

STANDARD ALLOWANCE LEVEL:

☐ TEXT MESSAGING UP TO $10.00 PER MONTH $ _________
☐ DATA PLAN SERVICE UP TO $30.00 PER MONTH $ _________

ADD'L ALLOWANCE: Provide copies of bills and complete form below. (See the Mobile Device Policy for explanation.)

☐ TOTAL BUSINESS MINUTES FOR THREE MONTHS ______________ (Attach Bills)
☐ AVERAGE MONTHLY BUSINESS MINUTES – THREE MONTHS ______________
☐ ADDITIONAL ALLOWANCE REQUESTED: ____________ PRICE: ____________
☐ ONE-TIME DATA EQUIPMENT ALLOWANCE – NEW DATA PLANS ONLY $ _________

TOTAL MONTHLY ALLOWANCE REQUESTED $ ________________________________

(NOT INCLUDING ONE-TIME DATA PURCHASE)

APPROVALS

BUDGET OFFICER’S INITIALS: ____________ BUDGET # TO BE CHARGED: ______________

SUPERVISOR: ________________________________ DATE: ______________

SECTOR VP: ________________________________ DATE: ______________

EMPLOYEE AGREEMENT:

I have read, understand, and agree to abide by the employee responsibilities in the Northwest Nazarene University Mobile Device Policy. I understand that any allowance I receive for the operation of a mobile device may be taxable income and is not part of my base salary. I understand this agreement is for the period above, and is subject to revision or cancellation at any time.

EMPLOYEE SIGNATURE: ________________________________ DATE: ______________