



NORTHWEST NAZARENE UNIVERSITY

MOBILE DEVICE ALLOWANCE REQUEST

EMPLOYEE NAME: _____ ID# _____

EFFECTIVE BEGINNING: _____ THROUGH: DECEMBER 31, 2012

CELLULAR TELEPHONE NUMBER: (____) ____ - ____

STANDARD ALLOWANCE LEVEL:

- checkbox TEXT MESSAGING UP TO \$10.00 PER MONTH \$ _____
checkbox 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.)

- checkbox TOTAL BUSINESS MINUTES FOR THREE MONTHS _____ (Attach Bills)
checkbox AVERAGE MONTHLY BUSINESS MINUTES - THREE MONTHS _____
checkbox ADDITIONAL ALLOWANCE REQUESTED: _____ PRICE: _____
checkbox 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: _____