

St. Olaf College
Cellular Phone/PDA Allowance and Equipment Request Form

Employee Name: _____ Date: _____

Department: _____ Unit Number to Charge: 10 65918
Co Unit Account Activity Subcode

Check the justification(s) that apply and provide a brief explanation.

- _____ More than 50% of work is conducted away from the campus office and/or there is frequently an urgent need to reach the employee to transact timely College business-related communications.
- _____ Monthly usage for business purposes is consistently 50% or more of total contract minutes.

Explain: _____

Type of cellular device request:

_____ College owned On-Call shared department phone for multiple individuals or working hour use only

		<u>Estimated Business min./month</u>
_____ Taxable allowance: Monthly cell phone allowance (\$20, \$50, or \$75)	\$ _____	_____ (Include documentation of est.)
_____ Monthly PDA allowance (\$85 or \$110)	\$ _____	_____ (Include documentation of est.)
_____ Month to begin cell phone allowance:	_____	
_____ One-time cell phone equipment allowance (lessor of actual cost or \$50)	\$ _____	**Provide copy of receipt
_____ One-time PDA equipment allowance (lessor of actual cost or \$300)	\$ _____	**Provide copy of receipt

The allowance must fairly represent only the business use of the phone, and the employee must contact his/her supervisor in writing if the business usage significantly declines for a sustained period.

Please note that this allowance will continue until the payroll office is notified otherwise. The allowance will be included as taxable income on the employee's W-2. Appropriate payroll taxes on the allowance amount will be withheld from the 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

I certify that the requested cell phone/PDA services are needed for St. Olaf business purposes. I have read, understand and intend to comply with the College's Cellular Phone, PDA, and Internet Service Procedures. I never store or transmit confidential data with my cell phone. I have read the data security policy and am aware of the rules and data elements that are subject to data privacy rules. I will not use my cell phone or PDA to conduct St. Olaf business while driving or operating machinery.

Employee Signature: _____	Date: _____
Printed Name: _____	
Supervisory Signature: _____	Date: _____
Printed Name: _____	
Approved () Not Approved ()	
Vice President & Treasurer: _____	Date: _____

Please send completed form to the Treasurer's Office