

**CELL PHONE POLICY REQUEST FORM**

**REQUEST FOR EMPLOYEE PERSONAL CELL ALLOWANCE**

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ District Phone: \_\_\_\_\_

Department: \_\_\_\_\_

School / Location: \_\_\_\_\_

Employee cell phone number: \_\_\_\_\_

Equipment to be used:  cell phone  smart phone (email and web capable)

Reason for the request (check all that apply or provide an explanation under "other"):

The nature of my assigned work requires substantial travel and limits my ability to use the office or other municipal communication devices including in-house or city-wide radios:

Due to frequent and prolonged time out of the office, a communications device is required to support departmental operations;

The nature of my assigned work requires me to be reasonably available outside of normal office hours;

The nature of my assigned work is critical to the District's operation and requires a prompt and immediate response;

Other: \_\_\_\_\_

**OPTION 1: MONTHLY ALLOWANCE REIMBURSEMENT OPTIONS:**

\$20.00 Monthly Allowance (cell phone) OR

\$40.00 Monthly Allowance (smart phone)

**OPTON 2: DISTRICT-PROVIDED DEVICE POLICY**

Request for a district-supplied device

**OPTION 3: EMPLOYEE OPT-OUT**

I choose to opt out of the program. I do not want to use my personal cell phone for school business, nor do I want the district to provide me with a device. In the event of an emergency, I can be reached at the following phone number: ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**ACKNOWLEDGEMENTS**

Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the year-end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of annual increases or benefits based on salary.

I hereby acknowledge that I have received a copy of the School Districts Cell Phone Usage Policy (DKD) and have been requested to read the policy carefully and to keep a copy for further reference. I understand that I must notify Human Resources of any change to cell phone number. I have been encouraged to direct any questions that I may have to the Human Resources Department either in person or by calling 966-1000.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Approved by Chief Operating Officer \_\_\_\_\_ Date \_\_\_\_\_

Please send completed form to Human Resources Department

Board Approved: 7/10/2017