

**CELL PHONE REIMBURSEMENT REQUEST**

|  |  |
| --- | --- |
| EMPLOYEE NAME |  |
| POSITION |  |
| DEPARTMENT |  |
| EFFECTIVE DATE |  |

**Data/Cellular Usage Levels**

**Level III - Necessary**

**Level II - Beneficial**

**Level I - Incidental**

**Need for Accessibility**

Accessibility required throughout work day and occasionally after hours

Limited or occasional need for accessibility during work day

24-hour accessibility required

***and/or-***

***and/or-***

Need for occasional e-mail notification or data communication

E-mail and other electronic communication can wait until normal work day

***and/or-***

***and/or-***

***and/or-***

***and/or-***

Phone usage required during the work day

Phone usage required during work day and occasionally during off hours

Phone usage required during work day, as well as frequent off-hour usage required

**Data Usage**

Frequent or constant electronic and data communication is required

**Phone Usage**

***$25.00 per month***

***$37.50 per month***

***$50.00 per month***

**Stipend**

USAGE LEVEL CELL PHONE NUMBER

APPROVED BY:

 Supervisor’s Signature Date

 Supervisor’s Name – Printed

**MUST INCLUDE A COPY OF YOUR MOST CURRENT CELL PHONE BILL FOR VERIFICATION PURPOSES.**

PLEASE RETURN TO HUMAN RESOURCES.