



**CELL PHONE REIMBURSEMENT REQUEST**

EMPLOYEE NAME \_\_\_\_\_

POSITION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

**Data/Cellular Usage Levels**

	<b>Level I - Incidental</b>	<b>Level II - Beneficial</b>	<b>Level III - Necessary</b>
<b>Need for Accessibility</b>	Limited or occasional need for accessibility during work day	Accessibility required throughout work day and occasionally after hours	24-hour accessibility required
	<i>and/or-</i>	<i>and/or-</i>	<i>and/or-</i>
<b>Data Usage</b>	E-mail and other electronic communication can wait until normal work day	Need for occasional e-mail notification or data communication	Frequent or constant electronic and data communication is required
	<i>and/or-</i>	<i>and/or-</i>	<i>and/or-</i>
<b>Phone Usage</b>	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
<b>Stipend</b>	<b>\$25.00 per month</b>	<b>\$37.50 per month</b>	<b>\$50.00 per month</b>

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.