



CELL PHONE ALLOWANCE REQUEST

Please complete the fields below to request or cancel a cell phone allowance in conjunction with Webster University's Wireless Policy. Send the completed form including original signatures to: payroll@webster.edu

Name: _____ CARS ID: _____

Department: _____ Office phone #: _____

Job title: _____ Cell phone #: _____

Hourly Employee (\$13.85 per pay check)

Salary employee (\$15.00 per pay check)

NEW REQUEST

CANCEL REQUEST

Allowance start date:

Business Justification:

Employee Certification:

I have read Webster University's Wireless policy and understand my responsibilities as outlined. I understand that the allowance provided by the University for wireless service is taxable income and is not part of my base salary. I understand that contract provisions of any wireless service plan I enter into under this program are my personal responsibility. I also certify that the wireless service will be used in the performance of my job responsibilities at Webster University, as defined by my supervisor.

Employee Signature:

Date:

Approvals:

Department Head Signature:

Date:

Payroll Department

Date: