Colgate University
Cell Phone Allowance Request Form

Date

Employee Name

Banner ID

Job Title

Department

Account Number to charge

Allowance Amount (from chart below)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Payment</th>
<th>One-Time Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phones:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>450 Minutes</td>
<td>$46</td>
<td>n/a</td>
</tr>
<tr>
<td>900 Minutes</td>
<td>$66</td>
<td>n/a</td>
</tr>
<tr>
<td>1350 Minutes</td>
<td>$87</td>
<td>n/a</td>
</tr>
</tbody>
</table>

All allowance payments are charged to your department’s budget and considered other compensation. The cell phone allowance will start at the next scheduled monthly pay date.

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 and Signature:**
I certify that I have read, understand, and intend to comply with Colgate’s Cell Phone Policy.

**Signature and Date**

**Supervisory Certification and Signature:**
I certify that the requested cell phone allowance is needed for this employee and I have read, understand, and intend to comply with Colgate’s Cell Phone Policy.

**Signature and Date**

Please send completed form to Tom O’Neill, Accounting Office.