

Cell Phone Benefit Request Form

Check one:

Add Information Change Termination of Benefit

Name: _____ Macalester ID #: _____

Department: _____ Position: _____

Benefit amount: \$50.00 Month to start benefit: _____

The above-named individual requires a cell phone for the performance of their employment. The employee understands that he/she is responsible for selecting and paying for the telephone and service plan. Macalester will provide a taxable benefit monthly via the employee's payroll check. This benefit will be added to the payroll check and applicable taxes will be deducted. Macalester will not reimburse the cost of calls, plans, or features that fall above the benefit amount. See the Business Services Policy Manual for the full policy, www.macalester.edu/businessservices.

The monthly benefit will be charged to the same department account number as the employee's other benefits.

The benefit will start the month listed above and continue until the employee leaves the position or the department notifies us to stop the benefit.

Employee signature: _____ Date: _____

Dept chair signature: _____

(FOAPAL) Organization Number: _____
(must be the same as the labor charge for the employee)

Send completed form to Payroll Department for processing.

For Office use only:

Payroll OK _____