

## CELL PHONE ALLOWANCE

Employee Name:	
Mac ID #:	Job Title:

## ALLOWANCE INFORMATION

Type of Change:	<input type="checkbox"/> New Payment	<input type="checkbox"/> Information Change	<input type="checkbox"/> Discontinue Payment
Amount per Month:	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$25.00	Effective Change Date: __/__/____

## REGULATORY INFORMATION

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 and releases Macalester from any additional cell-phone related reimbursements.

Macalester will provide a taxable supplemental payment via the employee's payroll check. This supplemental payment 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 indicated amount. See the full policy at [www.macalester.edu/employmentservices](http://www.macalester.edu/employmentservices).

The supplemental payment will be charged to the same department FOAPAL as the employee's other labor/benefits expenses.

The payment will start the month listed above and continue until the employee leaves the position or the department notifies us to stop the payment. Retroactive payments cannot be processed through this method, only future payments. Retroactive payments require additional documentation and must be subjected to the standard reimbursement process.

## ACKNOWLEDGMENT

By signing this notice, the above-identified employee acknowledges receipt of this notice on the date identified below.

Employer Name (printed):	Employer Name (signed):	Date: __/__/____
Employee Name (printed):	Employee Name (signed):	Date: __/__/____

## EMPLOYMENT SERVICES USE

Position Number:	Entered by:	Date: __/__/____
Comments:		

