

# Wisconsin Lutheran College Cell Phone Reimbursement Policy and Authorization Request



**Cell Phone Reimbursement Policy**

Wisconsin Lutheran College recognizes the need for certain college personnel to own and use cell phones to complete and enhance their job performance. This policy therefore establishes the procedures for cell phone authorization, deployment, reimbursement and use. Once an employee is approved for cell phone reimbursement they will receive a \$40.00 allowance on their payroll as a taxable benefit. Part time employees will receive \$20.00 as a taxable benefit.

**Application Form/Agreement**

Must be completed (see below) and signed. Please allow adequate time for completion of this process.

**VP Signoff**

This application must be filled out and submitted to your immediate supervisor (Dean, Cabinet member or Department Chair). Your supervisor will submit to the departmental VP for approval.

**A cell phone is justified for these reasons (mark all that apply)**

*(How the cell phone will support the College's business and improve the employee's ability to do his/her job)*

- This employee is a key staff member needed in the event of an emergency (cabinet, etc.)
- This employee is frequently away from access to traditional land-based phone services.
- This employee is involved in frequent off hours/on-call activity.
- The nature of this employee's work is critical to the operation of the college and immediate response is required.
- This employee's assigned work requires substantial travel.
- The anticipated level of business use is significant.
- The related cost is justified when compared with alternative communication choices.
- Other: \_\_\_\_\_

<p><i>I have read the above information regarding the Wisconsin Lutheran College Cell Phone Policy and had the opportunity to discuss any usage questions with my departmental manager. I understand that my cell phone number may be published and that the main intent of a cell phone is for business. I also understand that I am financially responsible for any and all charges for this cell phone plan.</i></p>	<b>Approval Signatures</b>	
	Departmental Manager	Date
Employee signature	Date	Vice President
Date	Date	
Print Name:	Do you currently own a cell phone?	
Department:	Cell phone number: (     )	
Date:	Provider of cell phone:	

**Retain a copy of this form, and route to the Human Resources Office. Attention: Denni Sellnow**

<b>For Office Use Only</b>	
Start date of reimbursement:	Location of cell phone number publication:
	<input type="checkbox"/> Faculty/Staff Directory <input type="checkbox"/> Web site <input type="checkbox"/> Other: _____
Human Resources signature:	Date: