

CELLULAR DEVICE ALLOWANCE REQUEST FORM

(Submit Form to the Human Resources Department)

New Renewal

This form is to be used by employees of Lake-Sumter Community College who are deemed to be in a position that requires a cellular communication device, per LSCC Procedure 6.XX. This request form also must be submitted to Human Resources prior to June 1<sup>st</sup> each fiscal year in order for this allowance to be renewed. This allowance is taxable income to the employee and will be included on the W-2 form.

Employee Name \_\_\_\_\_ EMPLID # \_\_\_\_\_

Position Title \_\_\_\_\_

Dept Name \_\_\_\_\_ ORGN or Fund Number \_\_\_\_\_

Please provide justification for this allowance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell phone number (you must provide this in order to be eligible for an allowance)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employees signature \_\_\_\_\_ Date \_\_\_\_\_

Department Budget Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Vice President/President Approval \_\_\_\_\_ Date \_\_\_\_\_

Administrative Use Only
Human Resource Approval _____ Allowance amount _____
Job Description updated on: Date _____ By: _____
CC: Payroll Office and Budget Office Payroll Updated on: _____ by: _____