

Human Resources

Cell Phone Allowance and Purchase Agreement

This form is to be used by employees and their supervisors to document their request for cell phone allowance and/or purchase and acknowledge their understanding of the [NAU Cell Phone policy](#) requirements and limitations. The policy was last revised on March 23, 2015.

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

HR Department Name: \_\_\_\_\_ HR Department #: \_\_\_\_\_

PeopleSoft Financials Speedchart #: \_\_\_\_\_ Position # for cell phone allowance: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Add cell phone allowance or Change existing cell phone allowance:

You must meet at least one of the following criteria to receive the allowance:

- The job requires considerable time outside the office (travel, meetings, conferences, etc.) and use of an electronic device facilitates the effective maintenance of business operations while away.
- The job requires the employee to be immediately accessible to receive and/or make frequent business calls outside of working hours.
- Job duties away from the office may expose the employee or others to immediate harm or danger (e.g. visits to homes of patients or clients).

The cell phone allowance is intended to reimburse the employee for the average business use of the cell phone, not to pay the entire phone bill. The allowance will be charged to an account specified by the employee's supervisor, who must ensure availability of funding. Departmental eligibility criteria can be more (but not less) restrictive than the university criteria stated above. No cell phone allowance for cell phone equipment will be paid with grant restricted funding. Departmental purchase of a university cell phone plan for service is an option for grant-funded employees (see section 5.2 of the policy).

Allowance for use of personal phone (*complete listed information*):

1. Ten (10) digit phone number: \_\_\_\_\_  
Employee will be available for calls (in possession of the phone and have it turned on) during those times specified by manager.
2. Phone number is listed in LOUIE?  Yes  No
3. Allowance amount per month (from the table below): \$ \_\_\_\_\_

**Cell Phone Allowance (includes vendor 15% discount)**

Monthly Allowance	
Voice & text	Up to \$20
Voice, text & email/data	\$50

Effective date of rate: 07/01/2015

Human Resources

Cell phone purchase reimbursement (*once every three years*):

The university may assist with paying half of the cost of the purchase of a cell phone device as shown in the table below. Employee must provide bill or purchase receipt for their cell phone in order to receive this allowance.

1. Purchase amount (from the table below): \$ \_\_\_\_\_

Phone Purchase Allowance	One-time amount every three years up purchase of new phone
Any mobile phone (includes protective case)	Half of cost up to \$150

Effective date of rate: 07/01/2015

A copy of the bill or purchase receipt for the phone must be attached to this agreement.

Date of last cell phone purchase for which allowance was received: \_\_\_\_\_

Cell Phone Support

Users who are authorized to use a smart phone and wish to utilize ITS technical support for email or calendar integration, must choose a provider and phone shown on the [ITS website](#). Support for the cell phone portion of these types of devices must obtain technical support from the vendor providing the phone.

Employee Information and Responsibilities

The cell phone allowance or purchase is considered taxable income to the employee by the Internal Revenue Service. The cell phone allowance is considered wages for the purpose of retirement contributions. Eligibility for the allowance or the level of the allowance provided is subject to change or cancellation without notice at any time. Supervisors may periodically request documentation of business use to determine the appropriateness of eligibility and level of the allowance amount.

Cell Phone Allowance Cancellation

Employee must inform their department to discontinue the allowance when the eligibility criteria are no longer met or when the cell service is cancelled. The *Cell Phone Allowance and Purchase Agreement* form must be completed, checking the box marked **Cancel Cell Phone Allowance** located below. If such notification is not submitted within 30 days of no longer meeting criteria or service cancellation, the employee must repay any allowance received.

The *Cell Phone Allowance and Purchase Agreement* form must be completed, checking the box marked **Cancel Cell Phone Allowance** located below if the employee is leaving the university or being transferred to a different department.

Cancel cell phone allowance with an effective date of: \_\_\_\_\_

Documentation Requirements

The completed and signed *Cell Phone Allowance and Purchase Agreement* is required. It must include the appropriate position number designated for cell phone allowance and a start date. The allowance will continue until changed or cancelled, but supervisors must review these allowances periodically for compliance with the policy.

---

## Human Resources

- To obtain a position number for the cell phone allowance, send an email to the Budget Office requesting a Mobile Phone Allowance position number. Include your funding chart field string (PeopleSoft Financials Department ID, Fund, Program) HR Department Number, and Reports To position number and enter that position number at the top of this document.
- If your business need is short term (e.g. 3 months out of the year), you must put a start and stop date on this document.
- Retain a copy of all records in department.

**By signing below, the employee and authorizing managers acknowledge that they have read and reviewed their responsibilities under the [Cell Phone Policy](#). This cell phone allowance agreement must be approved by the employee's supervisor, Dean/Director, and Vice President.**

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If I am subject to repayment, I agree to have that amount deducted from my paycheck.)*

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director Name: \_\_\_\_\_

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Name: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_