

- Original Request
 Continuance Request*

HCS CELL PHONE ALLOWANCE REQUEST FORM

(To be completed by Employee)

Cell phone number _____

Employee Name	Employee ID	Department	Job Title

Employee Certification (to be signed by employee prior to submitting to supervisor):

I certify that I have read and understand the HCS Employee Cell Phone Guidelines (cell phone guidelines can be found under Procurement Forms & Documents on the District's website). In exchange for the allowance being paid to me by HCS, I hereby agree to furnish appropriate HCS staff with access to my cell phone and copies of cell phone records or bills, upon request.

Signature

Date

(To be completed by Supervisor)

Basic Voice Service (\$20 per pay period)

Qualification Questions: Must meet one of the following:

- Yes No The job requires considerable time outside the office and use of a cell phone facilitates the effective performance of the job;
- Yes No The job requires the employee to be immediately accessible to make and receive business calls outside of normal work hours;
- Yes No The job's safety requirements indicate having a cell phone is an integral part of meeting those requirements.
- Yes No The job requires the employee to be on call; or,
- Yes No The job requires the employee to be immediately accessible in the event of an emergency.

Advanced Data Services (\$45 per pay period)

Qualification Questions: Must meet one of the following:

- Yes No The employee needs real time decision making and responsiveness is of an urgent nature and must be accomplished through email or real time communications;
- Yes No Responses by email are required when employee is away from the office or after normal work hours.

Effective Date of Allowance _____

APPROVALS

Name (Print)

Signature

Date

Supervisor _____

Dept. Chief Officer _____

FINAL APPROVAL

Approved Amount \$ _____ (per pay period) **Acct #: 1000.254.290340.4080.4353**

Denied

Chief Financial Officer's Initials _____ Date: _____

***A new allowance form must accompany phone receipt submitted for reimbursement, which is allowed every 24 months.**