

La Sierra University

Cellular Phone Allowance Request Form

Return this completed form to the Controller's Office

SECTION 1: Employee Information

Name:		LSU ID or SSN:
Department:	Title:	Cellular phone number:

SECTION 2: Allowance request (check appropriate box)

<input type="checkbox"/>	Group 1	Vice Presidents	\$150 monthly allowance *	Bi-annual \$300 equipment allowance (\$12.50 monthly)
<input type="checkbox"/>	Group 2	Academic Deans, Associate Vice Presidents, Associate Provost, Recruiters, IT, and Fundraisers	\$100 monthly allowance *	Bi-annual \$200 equipment allowance. (\$8.34 monthly)
<input type="checkbox"/>	Group 3	Residence Hall Deans, Associate Deans and Department Directors	\$75 monthly allowance *	Bi-annual \$150 equipment allowance. (\$6.25 monthly)
<input type="checkbox"/>	Group 4	Remaining LSU employees meeting the criteria listed below or deemed necessary	\$50 monthly allowance *	Bi-annual \$100 equipment allowance. (\$4.17 monthly)
<input type="checkbox"/>	Group 5	Remaining LSU employees meeting the criteria listed below or deemed necessary	\$25 monthly allowance *	Bi-annual \$25 equipment allowance. (\$2.08 monthly)

PLEASE CHARGE:

Fund:	Organization:	Account: 74031
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SECTION 3: Justification (check all that apply)

- Employee is responsible for making critical decisions directly related to the University (i.e., academic, financial, administrative, or corrective-action).
- Employee must be able to be reached beyond normal business hours or on weekends (i.e. on call).
- Employee has regular job responsibilities that require the employee to be out of the office more than 50% of their normal working day.

I hereby certify that all of the above information is true and correct. I have read and understand La Sierra University's cellular phone allowance policy. I understand that the cellular phone allowance can be terminated or changed at the

For Payroll office:

Begin date: _____ End date: _____ Approved by: _____ Entered by: _____

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discretion of La Sierra University. I will notify the Payroll office immediately of any change of information reported on this form.

Employee signature: _____ Date: _____

Dean/Vice President authorization: _____ Date: _____

For Payroll office:

Begin date: _____ End date: _____ Approved by: _____ Entered by: _____