

Central Michigan University  
Cell Phone Allowance Agreement

Campus ID#: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Cell Phone Number (with area code): \_\_\_\_\_

Allowance Start Date: \_\_\_\_\_

Cost Center to be charged: \_\_\_\_\_ (cannot be funded with federal grant monies)

Cell Phone Monthly Allowance/Taxable Fringe Benefit: \_\_\_\_\_

(Not to exceed \$45.00 per pay. This will be applied to the employee bi-weekly or semi-monthly payroll, based on the employee's pay cycle.)

One-time Cell Phone Equipment Allowance: \_\_\_\_\_

**Business Justification:**

In the course of carrying out the employee's job responsibilities, there is a regular need for a business-related cell phone. Therefore, the employee is eligible for a cell phone allowance. At least one of the following criteria is met (CIRCLE ONE OR BOTH):

- 1) The job function of the employee (during the employee's normal working hours) requires considerable time outside of the assigned office or work area, and it is important to the University that the employee is accessible during this time.
- 2) The job function of the employee requires them to be accessible outside of scheduled or normal working hours (while at home, out of town, etc.).

If the employee transfers, or is no longer eligible for a cell phone allowance, I will notify Payroll and Travel Services to discontinue the processing of future allowances.

Annually, as the authorizer, you are responsible to determine whether the employee's cell phone allowance should be changed or discontinued. After each review, initial and date the bottom of this form. If the authorizer decides to change the allowance amount, a new Cell Phone Allowance Agreement must be completed.

\_\_\_\_\_  
Supervisor/Department Chair (Authorizing) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Officer Signature

\_\_\_\_\_  
Date

# Central Michigan University

## Cell Phone Allowance Agreement

*I have read this Agreement and I understand that my cell phone allowance and/or equipment allowance (if applicable) is taxable income or a taxable benefit, is not part of my base salary, and that any cell phone equipment and service contract purchased is my personal responsibility.*

***I understand to qualify for a cell phone allowance, CONNECT CMU must be the contract provider. As such, any escalatory cost increases and/or costs associated with my initiation of a plan change or termination prior to the end of my service contract are solely my responsibility. In addition, any maintenance and/or repair costs are my responsibility.***

*I understand that I am required to provide my cell phone number to my supervisor/department chair. I also understand that the cell phone will be used at least in-part in the performance of my CMU job responsibilities as defined by my supervisor/department chair and I am required to maintain active service for the life of the allowance.*

*I understand that any business related call records on plans subsidized by CMU may be subject to FOIA and/or subpoena.*

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Employee Signature

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Date

**Forward completed form to CONNECT CMU ([connect@cmich.edu](mailto:connect@cmich.edu)) for processing.**