

- Original Request  
 Continuance Request\*

## HCS CELL PHONE ALLOWANCE REQUEST FORM

(To be completed by Employee)

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.**