

Employee Name: _____ A#: _____ Effective Date: _____
 Department: _____ Org #: _____ Extension: _____
 Cell Phone Number: _____ Publish in Directory? _____ Yes _____ No

For the Supervisor: The following department contribution toward expenses is approved (check appropriate boxes). Please note: A T & T rates are the prevailing reimbursement rates regardless of the carrier chosen by the employee. Extra charges incurred from using another carrier will not be reimbursed.

For a cell phone and Plan:

| National | Business Usage | Cost * | National w/data | Plan | Cost * | Equipment | Initial *** | Replacement*** |
|----------|----------------|----------|-----------------|--------------|-----------|-----------|----------------------------|----------------------------|
| | 450 Minutes | \$54.58 | | 450 Minutes | \$ 108.14 | | Indicate cost See below | Indicate cost See below |
| | 900 Minutes | \$78.39 | | 900 Minutes | \$ 131.94 | | | |
| | 1350 Minutes | \$102.19 | | 1350 Minutes | \$155.74 | | | |
| | Unlimited ** | \$146.99 | | Unlimited** | \$200.54 | | | |

* Rate plans have been grossed up by 40% for taxes, reduced by a 15% discount Norwich receives & increased by \$4.00 for insurance

** Unlimited plans do not qualify for the 15% discount

*** Allowable cost = \$91.00 for cell phone; \$420-\$700 for data device (such as Treo). Replacement permitted every 36 months.

Required Approvals:

Supervisor: _____ Date : _____ HR USE: Equipment _____

Cabinet Member: _____ Date: _____ Monthly _____

IMPORTANT! See reverse side for employee attestations required processing.

04/09

By my signature below I acknowledge understanding that:

The university will provide an allowance that reasonably approximates the monthly cost of the **business** use of my cellular phone and acquisition/replacement cost. The allowance is taxable income and will be set apart from salary on the pay stub as "Cell Phone Allowance." This allowance is not considered part of my salary and will not be included to compute any type of salary increase or benefit accrual. If my job duties change, or I terminate my employment, the allowance ceases.

I will provide my supervisor with my cellular phone number, and the phone will be turned on and in my possession during the hours of my required availability.

The university accepts no responsibility for purchase of cell phone equipment, cell phone charges, or any charges for contract cancellations [see policy for exception] or delinquent payments to a cell phone provider. I will acquire and maintain cell phone service in my name, and I accept sole responsibility for paying for such service.

During the annual reauthorization process, I will submit a minimum of four cellular phone bills to my supervisor. The purpose of the review is to confirm that the university contribution is appropriate for my level of **business** use.

I understand this authorization terminates annually on May 31 and a new authorization will be required to resume payment of the allowance.

I understand that I am not authorized to use a cellular phone to conduct the business of Norwich University while operating a motor vehicle.

Signature

Date

Printed Name