

Indiana State University
Cellular Device Additional Pay Authorization Form

Employee Name _____ Employee ID _____

Department _____ Expense Index _____

Monthly Amount \$30 (Upgraded Voice Plan) \$60 (Data Plan) \$90 (Upgraded Voice Plan & Data Plan)

Payroll Effective Date* _____ Cellular Phone # for Business Use _____

Business Purpose of Cellular Device _____

*Payroll Effective Date is the date of the first monthly payroll following the utilization of a personal cellular plan for business use. Example: December 1 for plans beginning in November.

Employee Certification

I certify that the nature of my position with the University requires access to a cellular device for legitimate business purposes. I agree to use the additional pay listed on this form to purchase a cellular device and maintain a cellular access plan for the purpose of conducting University business. I understand that the additional pay is taxable income subject to payroll taxes will be included on my W-2 each year. I recognize as the owner of the cellular device that I am responsible for maintaining the device to ensure it is available for business purposes. If my cellular phone number changes or my cellular service is terminated for any reason, I understand I must notify the Payroll Office within 5 working days. I have read and agree to abide by Indiana State University Cellular Device Policy.

Employee Signature

Date

Department Head/Chairperson Certification

I certify that the employee listed above is required, based upon a legitimate business purpose as defined in the Indiana State University Cellular Device Policy, to maintain a cellular device to conduct official University business. I hereby authorize the employee listed above to use his/her personal cell phone for conducting official University business. I agree to review documentation annually to ensure a business purpose continues to exist and understand that a new Cellular Device Additional Pay Authorization Form must be completed at the beginning of each fiscal year in order to continue the additional pay.

Department Head/Chairperson Signature

Date

Approval Signature

I certify that I have reviewed and agree with the stated business purpose of the cellular device. I approve of this additional pay.

Vice President

Date

Cellular Device Additional Pay Termination

Use this section to terminate additional pay for use of a cellular device.

Employee Name _____ Employee ID _____

Effective Date of Termination of Additional Pay _____

Department Head/Chairperson Signature

Vice President Signature