

**Stephen F. Austin State University
Cellular Telephone Request and Justification Form**

Employee Name: _____	Campus ID: _____
Department: _____	Job Title: _____

Justification: _____

Phone & Plan(s) Requested:

All cell phone bill payments are departmental responsibility. Appropriate payroll taxes on the plan amount will be withheld starting at the next scheduled monthly pay date, and the amount of the provided plan will be included on the year-end W-2.

Employee Certification and Signature:
I certify that I have read, understood, and intend to comply with **Cellular Telephones and Wireless Devices Policy**. I understand that this will be a taxable benefit unless I meet the “Intermittent Use Exception”.

Signature: _____ **Date:** _____

Supervisor Certification and Signature:
I certify that the requested cell phone is needed for this employee and I have read, understood and intend to comply with **Cellular Telephones and Wireless Devices Policy** and confirm that charges will be applied against this account. I also understand the employer’s share of the payroll taxes will be charged to the departmental account listed below.

Account Number against with to charge: _____

Signature: _____ **Date:** _____

President’s Approval:
In compliance with the **Communication Services Policy** and the **Cellular Telephones and Wireless Devices Policy** issuance of this cellular device is approved:

Signature: _____ **Date:** _____

TELECOMMUNICATIONS AND NETWORKING DEPARTMENT USE ONLY

Equipment Receipt:
This device _____ was picked up by:
Signature: _____ **Date:** _____

Please send approved form to: Assistant Director of Telecommunications and Networking, Box 6095