

**Glen Oaks Community College
Cell Phone Allowance Request Form**

Date: _____

Employee ID: _____

Employee Name: _____

Job Title: _____

Department: _____

Cell Phone Number with area code (if known) _____

Business Justification

GL Account Number : _____

Allowance Start Date: _____

Allowance Termination Date:(as applicable) _____

Cell Phone Allowance Requested:
 \$45/month \$65/month Other/month \$ _____

Employee Certification:

I certify that the above requested cell phone and usage will comply with the GOCC Cell Phone Policy.

Employee Signature

Date

Approvals:

Supervisor Signature

Date

Dean/COO Signature

Date

College Authorization:

President Signature

Date

Please forward completed form to the COO

<i>for internal use only:</i>
processed by COO _____
processed by Bus.Ofc. _____