



CELLULAR DEVICE JUSTIFICATION AND ALLOWANCE REQUEST FORM

SUNY Brockport has established this cellular device reimbursement criteria and process for employees who require a cellular device to fulfill the requirements of their position at the College.

Name: _____ Email: _____

Department: _____ Cell Device Number: (_____) _____

Request and Justification for Cellular Device

The above employee meets the following official state business needs for a wireless communication device:

- Responsibilities include making critical day-to-day business decisions requiring immediate attention.
- Frequently out of the office, in remote locations, or off campus and communication is essential.
- Responsibilities involve significant time away from the desk or workplace.
- Frequently engages in work-related travel.
- Position is expected to receive and return critical calls outside non-working hours.
- Designated as key personnel needed in the event of an emergency.
- Responsibilities include sending commands to control systems remotely during non-business hours.
- Responsibilities require quick, anytime, anywhere, response using the Internet during non-business hours.
- Responsibilities involve significant time out of the office in locations without Internet and access is a requirement to perform job duties.
- Other – Describe: _____

Allowance Authorization

Employee to receive monthly allowance for business-related use of personal cellular device at **\$35 per month**.

The employee must submit a copy of their cellular device agreement or monthly bill to begin receiving the allowance. Please return the approved request form, a copy of your cellular device agreement or monthly bill and a travel/reimbursement form to the Office of Procurement and Payment to begin receiving the allowance.

If, at any point, the employee is no longer justified for a cellular device allowance, it is the responsibility of the department head to notify Procurement and Payment Services (x2351) to discontinue the allowance.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Dean/AVP Signature: _____ Date: _____

Provost/VP Signature: _____ Date: _____