



Personal Cell Phone Allowance Authorization Form

[Print Form](#)

Business Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 761-4001 || F: (907) 761-4091

☐ New Request for Allowance☐ Annual Renewal - FY

Special Instructions: Please complete this form, obtain your supervisor's approval, and submit it to Payroll. Cell Phone Allowances will be paid over 24 pay periods, at \$15.00 per pay.

Employee Name Employee ID Job Title/Location Personal Cell Phone Number

Check all that apply:

Justification for Personal Cell Phone Allowance

- ☐ My immediate response is required for urgent District business.
- ☐ I travel extensively on District business.
- ☐ Other (please explain)
- ☐ A substantial portion of my work is conducted in the field or away from my primary work location.
- ☐ Personal/public safety is a concern since I travel, work evening hours, work in isolated areas, and/or work in high crime areas.

Employee Certification

My initials below indicate that I have read, have understood, and agree with the requirements of each statement.

- _____ I understand the District's personal cell phone allowance is intended to defray the cost of conducting District business with my personal cell phone and may not cover the entire cost of my personal cellular service or usage.
- _____ I understand the District's personal cell phone allowance will not increase my base pay and will not be included in any base pay compensation for my future benefits, retirement contributions, salary adjustments, and/or raises.
- _____ I understand the District's personal cell phone allowance will be paid through the District's payroll system and will be included in my employee direct deposit. I also understand my annual W-2 form will reflect the annual amount of the District's personal cell phone allowance paid to me, as well as any applicable taxes. I further understand that I am liable for all tax implications pertaining to the District's personal cell phone allowance.
- _____ I understand that I am solely responsible for the purchase and maintenance of my personal cell phone and that the District will not reimburse me for these costs. I also understand I am solely responsible for lost, damaged, or malfunctioning cell phone equipment. I further understand that I am fully responsible for any fees associated with a change or termination in my cellular service contract caused by my personal decision, my misconduct, my involuntary termination, my misuse of the device, and/or my cellular service requirements.
- _____ I agree to provide and maintain an active cellular plan as long as I am receiving the District's personal cell phone allowance. I also agree to ensure my personal cell phone is active and charged at all times.
- _____ I agree to provide my personal cell phone number to my supervisor(s) and to all other appropriate District personnel. I also agree to notify my supervisor(s) and all other appropriate District personnel about any changes made to my personal cell phone number.
- _____ I agree to notify my supervisor(s) when my personal cellular service plan is cancelled or terminated in order that my District personal cell phone allowance can be terminated through Payroll.
- _____ I understand the District's personal cell phone allowance will be paid to me only if I am in an active paid status through Payroll (i.e., I am receiving a pay check).
- _____ I have read, understand, and intend to comply with the District's personal cell phone allowance policies, regulations, and procedures.
- _____ I understand that the nature of my position and responsibilities qualifies me for the cell phone reimbursement outlined in the above form. I am declining the reimbursement at this time and acknowledge that it is my responsibility to enroll at a later date if I so elect and am still eligible.

Employee's Signature

Date

Supervisor's Signature

Date

Received

Date Entered: Effective Date: Entered By: End Date: