

March 25, 2010

**Saint Mary's College of California
Cell Phone Allowance Request Form**

Date:
Employee Name:
SMC ID #:
Job Title:
Department:
Account Number to Charge:
Annual Allowance Amount (from chart below):

<u>Plan</u>	<u>Monthly Allowance</u>	<u>Annual Allowance</u>
Basic Cell Phone and Text Services	\$50	\$600
<u>Plan</u>		
Voice and Data Services	\$70	\$840

Note: All allowance payments are charged to your department's budget code and considered a taxable benefit to the recipient. The cell phone allowance will start at the next scheduled semi-monthly pay date. Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance paid in the calendar year will be included on the eligible employee's year-end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises or job upgrades, nor will it be included in the calculation of employer pension contributions.

Employee Certification and Signature:

I certify that I have read, understand, and intend to comply with Saint Mary's Cell Phone Policy.

Signature and Date: _____

Supervisory Certification and Signature:

I certify that the requested cell phone allowance is needed for this employee and I have read, understand, and intend to comply with Saint Mary's Cell Phone Policy. I also authorize the annual allowance listed above be encumbered against the account listed above.

Signature and Date: _____

VP Finance or Provost Approval: _____

Please send completed form to John Hills, SMC Payroll Office.