

## Cell Phone Allowance Authorization Form

### Employee Information

**Employee Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Cell Phone Number (with area code):** \_\_\_\_\_

**Allowance Start Date:** \_\_\_\_\_

**Cost Center to be Charged:** \_\_\_\_\_

**Cell Phone Monthly Allowance (Taxable Fringe Benefit): \$50/month**

(This allowance will be applied to the employee's bi-weekly or monthly pay cycle, as applicable).

### Allowance Eligibility and Requirements:

In accordance with KGI's Cell Phone Allowance Policy, employees may qualify for a cell phone allowance if their job duties routinely require:

- On-call availability: Being on call a majority of the time to address emergencies or service needs.
- Frequent mobility: Spending considerable time outside the office during working hours, requiring immediate accessibility for business calls.
- After-hours availability: Being immediately accessible outside working hours for emergencies, time-sensitive consultations, or other critical needs.
- The employee's supervisor and cabinet-level supervisor must confirm eligibility by signing this form.

### Agreement Terms:

- The cell phone allowance compensates for a portion of the business use of the employee's personal cell phone.
- KGI is not responsible for any additional costs associated with the phone or service, including taxes, insurance, overages, or equipment replacement.
- The allowance is not part of the employee's base salary and may be adjusted or withdrawn by KGI at any time without prior notice.
- The employee is responsible for obtaining and maintaining a personal cell phone

with sufficient service to fulfill their job duties.

- Employees must:
  - Keep their phone charged and operational.
  - Report any changes to their phone number to their supervisor.
  - Agree that their phone number may be shared for business purposes.

### **Supervisor Responsibilities**

Annually review the employee's eligibility for the allowance and make adjustments as necessary.

Notify Human Resources immediately if the employee is no longer eligible.

### **Employee Acknowledgment**

I acknowledge that I have read, understand, and agree to the terms of the Cell Phone Allowance Policy and this agreement.

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Employee Signature

Date

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Supervisor/Department Chair (Authorizing) Signature

Date

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Cabinet Supervisor (Authorizing) Signature

Date