



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- The allowance is not part of the employee's base salary and may be adjusted or withdrawn by KGI at any time without prior notice.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.

Employee Signature

Date

Supervisor/Department Chair (Authorizing) Signature

Date

Cabinet Supervisor (Authorizing) Signature

Date