

Cell Phone and/or Equipment Allowance Authorization Form

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: _____

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

One-time Cell Phone Equipment Allowance: _____

(Reimbursement Request Form must be submitted to Human Resources, along with an original Invoice or receipt.)

Allowance Requirements:

In the course of carrying out the employee's job responsibilities, there is a regular need for a business-related cell phone. Therefore, the employee is eligible for a cell phone allowance.

The allowance can be changed or withdrawn by KGI without notice at any time. KGI is not responsible for any additional costs associated with the cell phone and/or equipment—for example, shipping, taxes, insurance, accessories, overages, etc.

At least one of the following criteria is met (CIRCLE ONE OR ALL):

- **On-call availability:** Employee is required to be on call a majority of the time to be contacted in the event of an emergency or service need.
- **Frequent mobility:** The job requires considerable time outside the office during working hours and it is imperative to the functioning of the Institute that the employee be immediately accessible to receive and/or make frequent business calls during those times.
- **After-hours availability:** The job requires the employee to be immediately accessible to receive and/or make frequent business calls outside of working hours. Employee must be readily accessible due to the specific nature of their duties, and must be available for emergency responses and time-sensitive consultation after normal office hours.



If the employee transfers, or is no longer eligible for a cell phone allowance, I will notify Human Resources to discontinue the processing of future allowances.

Annually, as the authorizer, you are responsible to determine whether the employee's cell phone allowance should be changed or discontinued. After each annual review, initial and date the bottom of this form.

Supervisor/Department Chair (Authorizing) Signature

Date

Cabinet Supervisor (Authorizing) Signature

Date



Cell Phone and/or Equipment Allowance Employee Agreement

I have read this Agreement and I understand that my cell phone allowance and/or equipment allowance (if applicable) is taxable income or a taxable benefit, is not part of my base salary, and that any cell phone equipment and service contract purchased is my personal responsibility. As such, any escalatory cost increases and/or costs associated with my initiation of a plan change or termination prior to the end of my service contract are solely my responsibility. In addition, any maintenance and/or repair costs are my responsibility.

The allowance can be changed or withdrawn by KGI without notice at any time. KGI is not responsible for any additional costs associated with the cell phone and/or equipment—for example, shipping, taxes, insurance, accessories, overages, etc.

Employee Signature

Date

Distribute agreement as follows: Original to be kept on file in the employee's personnel file; one copy to the employee.