



Snow College
Employee Cellular Services Agreement
Employee Owned Cellular Devices
Monthly Reimbursement-Page 1

Name (Last, First, MI)_____ Employee ID_____

Department_____ Office Phone_____ Cell Phone_____

Work Address_____ Email_____

The following department contribution towards the monthly allowance of a communication device is approved. All allowance are considered salary supplements and will be reported as taxable compensation. Allowances do not qualify as compensation for retirement contribution purposes.

Documented official State business need:

- ☐ Frequently engages in work-related travel.
- ☐ Frequently out of the office on College business.
- ☐ Member of key personnel needed in the event of an emergency.
- ☐ Other Describe:_____.

Initials of Dept. Head	Approved \$ Monthly	Cellular Phone Description: Make and model of Cellular Telephone, Smart Phone, Date Card, or other device.

- ☐ Check Here To Discontinue the Monthly Reimbursement.

Business Justification and/or comment and explanation:

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Index	Account Name	Amount*

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*Dollar amount only – no percentages

Must equal
"Approved \$ Monthly"



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I understand the employee responsibilities as outlined. I understand that the College's contribution toward cellular service activation fees, if applicable, and the purchase of a cellular device is taxable income and is not part of my base salary and that any device purchased is my personal responsibility. I also certify that the communications device will be used in the performance of my Snow College job responsibilities as defined by my supervisor. I am responsible for the payment of any cost that exceeds the approved College contribution.

I understand that I am not authorized to use a cellular phone to conduct the business of Snow College while operating a motor vehicle, unless a hands-free device is used.

This agreement supersedes previously executed agreements.

Employee Signature

Date

Supervisor Signature (required)

Date

Department Head Signature (required)

Date

Vice President Signature (required)

Date

Please forward completed form with approvals to Human Resources, Noyes Building

Updated: 3/8/2021