

PSU Cell Phone Allowance Request Form

Complete this form online. Then print, sign, and give to your Supervisor for approval. Once your supervisor approves & signs, the form should be forwarded to your Dean (if applicable) and then to your Principal Administrator (P.A.) for signature. The completed form with appropriate approvals should then be sent to Human Resources/Payroll for processing.

Employee Name	USNH ID	Employee Department

Job Title	FAC	PAT	OS	Fund/Org

Business Purpose / Justification Reason employee qualifies for an allowance

Cell Phone Number

Monthly Amount Requested –Up to \$40/mo.

Time Period For This Allowance

Start Date	End Date

NOTE: If no dates are provided, the start date will be the first pay period following receipt of this form; the end date will be June 30th of the fiscal year. Requests can not cross fiscal years. New forms are required each fiscal year.

Employee Certification

I certify that I require the service for which I am receiving an allowance to conduct official PSU business. I will promptly advise my supervisor if I discontinue my cellular service. The provision of a cell phone allowance assures the University of my availability after hours and on weekends to respond to urgent/emergency situations.

Employee Signature	Date

Supervisor Certification

I certify the above named employee requires the service indicated to conduct official PSU business. I will notify Human Resources promptly if the allowance should end prior to the end date indicated on this form.

Supervisor Signature	Approved Monthly Amount	Date

Dean Signature (if Applicable)	Date

P.A. Signature (REQUIRED)	Date