

Cell Phone Reimbursement Request Form for Non-Taxable Benefit

Employee Name: _____ Employee Title: _____

Employee ID: _____ Department: _____

Index to use: _____ Cell Phone Number: _____

I have read and understood the Cell Phone Reimbursement Policy, and based on the information provided below, I understand this is a nontaxable benefit.

Please note this form must be completed annually before a reimbursement is processed.

Section A: Justification of Business needs to be completed by the employee and approved by the supervisor. Please check the applicable box(es).

The duties of my position require me to be available for work-related calls during non-business hours and/or while away from my main office.

The position's duties require the employee to work regularly in the field and be immediately accessible.

The position's duties require an immediate emergency response, or the employee is responsible for critical infrastructure or operational support and needs to be immediately accessible at all times.

The position duties require a significant amount of travel during regular work hours or outside normal hours but are related to official university business and need access to information technology systems, in which the judgment of the university renders the employee more productive and/or the service the employee provides more effective.

The position duties require response and decision-making to life-threatening public safety issues and situations or damage to university property.

The position's duties require the employee to be accessible to senior management at all times.

The President/Vice President deems it necessary to ensure the flow of information and critical support of the university services or mission.

By signing this form, I agree that the information provided above is accurate and true to the best of my knowledge. I understand that if my duties or circumstances change at any point in time, it is my responsibility to work with my supervisor to remove the non-taxable Reimbursement. Failure to do so may result in the cell phone Reimbursement paid being changed to a taxable benefit amount.

Cell phone reimbursements are processed through Human Resources on the 2nd paycheck of the month. After the approved Cell Phone Reimbursement Request Form is received by Human Resources, first-time reimbursements will occur in the subsequent processing cycle.

Section A: Employee Signature

Employee Signature: _____ Date: _____

Section B: First Level Approval (Supervisor/Chair)

Supervisors, it is your responsibility to review the reimbursements that are being provided and remove or add employees when their positions change.

Check one: Approved Disapproved

Printed Name: _____

Signature: _____ Date: _____

Section C: Second Level Approval

This may vary by employee and should be the level of leadership beyond the immediate supervisor (Dean, AVP, or above).

Check one: Approved Printed Disapproved

Name: _____

Signature: _____ Date: _____

Send completed forms to HRBenefits@ferris.edu