

EASTERN MICHIGAN UNIVERISTY CELL PHONE ALLOWANCE FORM

Please print

Date _____

Name _____
(Last) (First) (Initial)

Job Title _____

Department _____

Primary Position Fund/Org _____

If Grant Funded Position, Fund/Org To Be Charged _____
(If grant funded, allowance will be monthly, this will be included in the second pay of each month.)

Effective Start Date _____

EID Number E _____

Cell Phone Number (with Area Code) _____

Campus Phone _____

ECLS _____

Monthly Allowance \$ _____ Cell Phone Purchase Amount Requested \$ _____

Amount Per Pay \$ _____

Discontinue Allowance Effective _____ (Date)
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I authorize the Cell Phone allowance to be added to my pay check and I understand that it will continue unless I or the University discontinues this allowance. I have received and agree to all the terms of the Cell Phone Policy.

Staff Signature

Date

Supervisor Signature

Date

Vice President/Dean Signature

Date

Human Resources

Date