



### Cell Phone Allowance Request Form:

Employee Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

10 digit Cellular Number: \_\_\_\_\_

Allowance start Date: \_\_\_\_\_ Allowance end Date: \_\_\_\_\_

Account to be charged: \_\_\_\_\_

Monthly Allowance requested: \_\_\_\_\_\$/mo. (Max. \$50/mo.)

**\*\* (Cannot exceed employee's actual monthly bill)**

Business Justification:

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**Employee certification and acknowledgement:**

*I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above and I will provide a copy of my invoice to the Division. If circumstances change so that my business usage is less than the allowance received, I will notify my supervisor accordingly.*

*I acknowledge that I must delete any work related information that may be on the device prior to disposal or upon ceasing to work for St. Thomas Aquinas Roman Catholic Schools.*

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\* A copy of the invoice must be provided to the Division on a monthly basis for the verification of the amount requested.**

**The Supervisor is responsible for an annual review of the business need for a cell phone allowance to determine if the allowance should be changed or discontinued.**

❖ *Once complete please scan and email to the Director of Finance and Business, Ceilidh Osland, [Ceilidh.Osland@starcatholic.ab.ca](mailto:Ceilidh.Osland@starcatholic.ab.ca) for review and to complete the process.*