

**REED COLLEGE
Mobile Device Allowance Request Form**

Date:		
Employee Name:		
Reed ID:		
Job Title:		
Department:		
Monthly Allowance Amount:	Cell Phone	Tablet
Equipment Allowance Amount:	Cell Phone	Tablet
<p>A copy of the equipment purchase receipt and/or a copy of the service contract must be attached to this form. The allowance will start at the next scheduled monthly pay date.</p> <p>Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the year-end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises, job upgrades, bonuses, benefits based on a percentage of salary, etc.</p>		
Employee Certification and Signature:		
I certify that I have read, understood, and intend to comply with Reed's Mobile Device Allowance Policy.		
Employee Signature and Date		
Supervisory Certification and Signature:		
I certify that the requested cell phone allowance is needed for this employee and I have read, understood, and intend to comply with Reed's Mobile Device Allowance Policy.		
Supervisor Signature and Date:		
Orgn/Acct to charge for equipment allowance:		
Orgn/Acct to charge for monthly allowance.		
Vice President Signature and Date:		
Business Office Use Only		
Controller Authorization:	Start Payroll Month:	