

Cell Phone Allowance Request Form

NAME _____

TITLE _____

DEPARTMENT _____

DEPARTMENT HEAD _____

ACCOUNT NUMBER TO CHARGE _____

ALLOWANCE AMOUNT _____

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 annual increases or benefits based on salary.

I certify that I have read, understood and intend to comply with Sarah Lawrence College's Cell Phone Policy.

Signature

Date

Department Head Signature

Date

Please send completed form to Julie Auster, Vice President for Human Resource Services