



REQUEST FOR CELL PHONE/INTERNET ALLOWANCE OR FRINGE BENEFIT

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

EMPLOYEE OSU ID: _____

UNIT NAME: _____

DESCRIPTION OF BUSINESS NEED

Request for: Cell Phone Internet

Type: Allowance (paid to the employee) Fringe Benefit (service for employee paid by the University)

Taxable: Taxable Non-taxable

Description of employee's business need for cell phone or off-campus internet* and attach copy of recent cell phone bill:

Request can be made for up to one full year and is to be resubmitted each year.
TIME PERIOD OF REQUEST Starting Date ____/____/____ Ending Date ____/____/____

SERVICE PROVIDER _____

DEPARTMENT INFORMATION

FUNDING SOURCE Org- _____ Fund- _____ Account- _____
Program- _____ Project- _____ User Defined- _____

ALLOWANCE/ BENEFIT

MONTHLY AMOUNT Monthly Allowance/ Benefit _____ Comments: _____

ADDITIONAL INFORMATION

Describe any additional information needed such as a request for initial equipment allowance/ benefit.

APPROVALS

By signing this document, I acknowledge that the allowance amount and business purpose is reasonable. If I have elected the non-taxable allowance for cell phone or internet, I will notify the university immediately if there is a change in plan.

Employee (manual signature required or approval via HRA) - _____ Date- _____

Supervisor (manual signature required or approval via HRA) - _____ Date- _____

SFO (manual signature required or approval via HRA) - _____ Date- _____

Other (if designated by dean, manual signature or HRA approval)- _____ Date- _____

* The cell phone and internet policy is included in the Expenditure Polity #4.11. Examples of a noncompensatory business purpose could include:

- Need to contact the employee at all times for work-related emergencies
- Requirement that the employee be available to speak with clients at times when the employee is away from the office
- Need to speak with clients located in other time zones at times outside the employee's normal workday