



## CELL PHONE SUBSIDY REQUEST

Saint Joseph's College provides a subsidy to support its employees who require a cell phone to fulfill the requirements of their position. To apply for a cell phone subsidy, the employee should complete this form, attach a copy of his/her cell phone bill or service agreement, and route as noted below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Job Title: \_\_\_\_\_

### Request and Justification for Standard Subsidy (\$35 per month)

The named employee's job requirements include one or more of the following substantial business needs and therefore, indicate the employee's eligibility to receive a cell phone subsidy.

- The employee is required to be available to make and communicate critical decisions affecting the safety and security of students, employees, and campus guests, or the protection of critical physical infrastructure
- The employee is required to be "on call," regularly or on occasion, to respond to campus events affecting the personal safety and security of students, employees, and campus guests, or the protection of facilities and critical infrastructure
- Reliable communication during regular work hours will provide significantly better service to the community AND will significantly increase the individual's productivity

### Request and justification for an additional subsidy (\$20 per month)

- The employee is required to be available to manage social media accounts or to communicate with the media
- The nature of the employee's work requires significant travel away from campus and the employee must be accessible to the College or its customers during those travels, and/or
- The employee's ability to access email and basic web resources while mobile is critical to the employee's responsibilities

**Total subsidy requested: (\$35 or \$55) \$ \_\_\_\_\_**

***I have read the Saint Joseph's College Cell Phone Subsidy Policy and agree to its provisions.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Approvals

\_\_\_\_\_  
Dean/Director Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President Approval

\_\_\_\_\_  
Date



**DIRECT DEPOSIT EMPLOYEE EXPENSE  
REIMBURSEMENT**

**Employee Information:**

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

E-Mail Address: \_\_\_\_\_  
(remittance advice will be sent via email)

**I hereby authorize Saint Joseph's College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the net pay designated banking institution and account as noted in the ADP Payroll system.**

**This authority is to remain in full force and effect as long as I am employed at Saint Joseph's College and applies to all Saint Joseph's College expense reimbursements.**

**Employee Authorization:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Routing: Employee >>> Dean or Director >>> VP >>> Accounts Payable**  
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