



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 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

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
cbarton@sjcme.edu