



SANTA FE COLLEGE

Wireless Allowance Request Form

A new request must be provided each fiscal year.

Date: _____ Fiscal Year: _____ Department #: _____

Name: _____ SFC ID#: _____

Administrative & Professional Career Service
9 Month Faculty 12 Month Faculty

HR/Payroll Use Only:
Annual allowance of \$_____ divided by remaining pay periods in current fiscal year of _____ = semi-monthly wireless supplement to begin on _____ pay date.

Effective Date: _____ (Allowance will end June 30th of the current fiscal year.)
(Beginning of Pay Period)

Monthly Allowance (based on usage): \$20 \$40 \$80

Additional Monthly Additive: \$ Total Annual Allowance: \$
(Monthly Allowance + Additional Monthly Additive X 12)

Comment:

Recommended by: _____ Date: _____
Budget Signature Authority

Approved by: _____ Date: _____
Vice President

Approved by: _____ Date: _____
President

Approved by: _____ Date: _____
Employee signature acknowledges receipt and understanding of the Wireless Services Administrative Guideline.

Approved by: _____ Date: _____
Budget Approval (Finance Office)

Approved by: _____ Date: _____
Human Resources Officer