

SF: SANTA FE COLLEGE

Wireless Allowance Request Form A new request must be provided each fiscal year.

Date: _____	Fiscal Year: _____	Department #: _____
Name: _____	SF ID#: _____	
Administrative & Professional 9 Month Faculty	Career Service 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.
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Effective Date: _____ End Date: _____ (Allowance expires June 30th of the current fiscal year or end date whichever is earlier.)

Monthly Allowance (based on usage): Tier 2 \$15 Tier 3 \$30 Tier 4 \$60

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

Comment:
The employee listed above is required to use a cell phone for work purposes during the dates specified herein.

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