

**For illustrative purposes only.**  
**THIS IS A 5-PLY FORM AND MUST BE OBTAINED FROM THE**  
**FINANCE DEPARTMENT.**

**Atlantic Cape Community College**  
**5100 Black Horse Pike**  
**Mays Landing, NJ 08330**

**Cell Phone Allowance Request Form**

This form should be used for Method Two: Allowance Method under College Policy No. 607.

Must be completed and signed by both the employee and Dean.

**CWID:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Cell Phone Number:** \_\_\_\_\_

(Note: A copy of a recent cell phone invoice must be attached.)

**Allowance Start Date:** \_\_\_\_\_

**Allowance End Date:** \_\_\_\_\_

**Allowance Amount:** \$ \_\_\_\_\_

**Account Charged:** \_\_\_\_\_

A cell phone allowance is justified for these reasons (mark all that apply):

- This employee must be readily accessible in the event of an emergency.
- This employee is frequently away from access to traditional land-based phone services.
- This employee needs to be accessible after normal working hours.
- This employee's job duties are critical to the operation of the college and immediate response is needed.
- This employee's job requires the employee to be mobile with direct office contact.
- Other \_\_\_\_\_

**Employee Certification:**

I have read and understand ACCC Policy No. 607 Cell Phone/Communications Device Policy. I certify that the above allowance will be used to cover College business related costs associated with owning the device.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Approval

\_\_\_\_\_  
Date

White- Dept

Pink- Finance

Gold-Employee

Yellow-HR