

MCAD
Cell Phone Request Form

Name : _____
(please print)

Department: _____ Department number: _____

Cell Phone Number: _____

Reason: _____

Documented need must be submitted for any reimbursement over the lowest level.

Monthly Allowance: _____

Level of Usage:	Low	\$40 per month
	Medium	\$55 per month
	Med/High	\$85 per month
	High	\$105 per month

The allowance will be made through payroll and will continue until the employee or department notifies Payroll to cease.

Per Pay period allowance: _____

The above-named individual requires a cell phone for the performance of his/her job duties and has documented a justified need. The employee understands that he/she is responsible for selecting and paying for the telephone and service plan. The allowance amount will not change if the monthly charge exceeds the approved amount.

Employees receiving the cell phone allowance will be required to register with the e2Campus Emergency notification system. *" This system will only be used by the Public Safety department and only in the most extreme cases involving the safety of the MCAD community. It will also be used to announce college closures and weather related emergencies."* Registration can be completed at www.e2campus.com/my/mcad.

Employee Signature Date

Department Manager Approval Date

Forward this completed form to the Business Office, Attn: Payroll Accounting Associate. Call 612-874-3710 or ext 1710 with any questions.

Public Safety use only	
Verified e2Campus Emergency sign up	Initials