



**CAMPBELL UNION HIGH SCHOOL DISTRICT
CELL PHONE ALLOWANCE AUTHORIZATION FORM**
(See Board Policy / Administrative Regulation 3513.1)

EMPLOYEE NAME

EMPLOYEE ID

EMPLOYEE TITLE/POSITION

DEPT.

PHONE/EXT.

MONTHLY CALLING PLAN ALLOWANCE	
This employee is eligible and authorized to receive the following monthly calling/data plan allowance:	
<input type="checkbox"/> Smartphone	\$80
Authorization is based on the following criteria: (Check all that apply)	
<input type="checkbox"/> Facilities and critical systems employee subject to after-hours call out.	
<input type="checkbox"/> Emergency responders	
<input type="checkbox"/> Field employees (e.g., M&O, Transportation, Warehouse)	
<input type="checkbox"/> Employee spends considerable amount of time outside the office on District business	

I have read, understand, and agree to comply with the District's Board Policy 3513.1, Cellular Phone Reimbursement, and agree to receive the monthly allowance.

EMPLOYEE SIGNATURE

DATE

CELL PHONE NUMBER

APPROVED BY:

SUPERVISOR/DIRECTOR SIGNATURE

DATE

SUPERINTENDENT SIGNATURE

DATE

NOTES:

- This form must be submitted by the 15th of the month in order for the allowance to begin on the following monthly pay warrant.
- Cell phone allowances are approved at the time of hire or when there is a change in the employee's position.
- This form must bear original signatures.