

## Administrative Form 3620

## **CELL PHONE ALLOWANCE REQUEST**

Responsibility: Office of Business and Financial Services  Employee Name:		
Department:		Position Title:
Budget Account to Charge:	·	
with or without compensation (allow- considered a public record or be sub- messages and email correspondence personal email address or personal d disclosure as well. This could result can be discloses. By making this req	ance) must be aw lect to discovery in . In addition, em- evice for WCSD be in personal record uest, employee ag request of accoun	er personal device to conduct WCSD business vare that it is possible the record of use could be in litigation. This includes phone calls, text ails or text messages sent/received using business could be subject to examination and its or documents being reviewed to see if they grees to provide copies of his/her cell phone bill inting to support actual costs of work usage.
Approximate Work Usage		]
< 25% work usage	\$11	_
25% - 50% work usage	\$22	
51% - 75% work usage	\$33	
> 75% work usage	\$45	
Change Request: Complete this se Change Allowance Amount: Fro		
Change Budget Account to Charge		_ 10
From:		
To:		sts.
Approval:		
Employee Signature:		Dated:
Supervisor Signature:		Dated:

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