Loyola Marymount University
Mobile Phone Allowance Request Form

A mobile phone allowance is paid as reimbursement in excess of regular compensation to subsidize the use of a personal mobile phone for business purposes. Payment will not be issued unless all information is provided and approved. This payment is processed through payroll and in accordance with IRS regulations. [A University issued phone is to be requested separately.]

Action: ☐ New ☐ Update ☐ End

Recipient Information

Name: _____ ☐Full-Time ☐Part-Time
(Last Name, First Name) *(Staff member ID)* ☐Exempt ☐Non-Exempt*

Division/College: _____ Home Department: _____
*Non-exempt staff members are considered to be on un-controlled standby while outside their normal working hours.

Personal mobile phone number (that matches verified phone bill):_____

Pay Details: Effective Date: _____ Budget number paid from _____-7390

Allowance Amount: ☐ $30/mo (Normal use)
☐ $60/mo (Heavy use)

Reason staff member requires mobile phone allowance (check all that apply):	
A. 24/7 access staff members: day to day job responsibilities require routine response to urgent (action required in response within 30 minutes) University business at any time of the day or night – e.g., addressing student/lab safety issues, answering media requests, handling on-call server operations)	☐
B. Staff members with remote business responsibilities: job requires routine field work or travel that necessitates communication in real time with the main office to give or receive direction.	☐
C. Other business cases proposed and justified by direct supervisor; approved by a Senior or Executive VP	☐

Staff member Certification

I certify that the above allowance will be used toward expenses I incur for business cell phone usage as indicated above and agree to abide by the terms and conditions outlined in the LMU Mobile Phone Policy, including the security and other policy requirements. I agree to immediately inform LMU HR if I believe my actual cost of required business use is more than the allowance or if circumstances change such that my business use or mobile plan decreases. In addition, I understand and acknowledge that the University will not be responsible for the terms of any contract I choose to enter into with a cell phone provider for my personal plan, including (but not limited to) any fees associated with overages or the early termination of a contract and that I am personally responsible for all other costs or expenses associated with use of my personal cell phone. Attached is a copy of my personal mobile phone plan bill which this allowance will be used to reimburse. I also agree to abide by all cell phone laws and understand that, if I do not, I am solely responsible for all liabilities that result from my actions.

Recipient Signature:_____ Date: _____

Approvals

Budget:_____ Date: _____ Phone bill verified: _____ (initials)

Director:_____ Date: _____

VP/Dean/SVP:_____ Date: _____

Please submit completed form to Human Resources for processing.

HR Processed by:_____ Date:_____
Element Name:_____