COLORADO COLLEGE

Office of Finance & Administration
(719) 389-6693

14 E. Cache La Poudre St.
Colorado Springs, CO 80903

Cellular Phone Allowance Form

When complete, please forward to Payroll

For eligibility guidelines please refer to the Cell Phone Policy.

Date _____

Employee Name _____

Job Title _____

Department _____

Cell Phone Number _____

Allowance Level *

- ☐ $30 per month -- Average Usage
- ☐ $60 per month -- High Usage and/or Smart Phone
- ☐ $100 per month -- Mission Critical High Usage Smart Phones

**This is a *taxable* allowance. One-half of the monthly allowance will be added to each semi-monthly paycheck.

Employee: _____ _____
Print Name Signature

Supervisor: _____ _____
Print Name Signature

Senior Staff: _____ _____
Print Name Signature