

**SALINAS UNION HIGH SCHOOL DISTRICT
CELL PHONE ALLOWANCE REQUEST FORM**

Employee Name: _____ SSN (last 4 digits): _____
 Job Title: _____ Cell Phone #: (____) _____
 Department/Site: _____

Employee Certification:

I certify that I will use the funds requested towards the use of a cell phone, and my cell number will be made available to my immediate supervisor. I understand that the Salinas Union High School District's contribution towards cellular service costs is taxable income and is not part of my base salary and any device purchased is my personal responsibility. I also certify that the use of the communication device will not interfere with the performance of my duties. I am responsible for the payment of any cost that exceeds the approved contribution. I further understand that effective July 2008 the State of California requires me to use a hands-free phone system while operating a vehicle; and that it is my personal responsibility to comply with this law and all laws regarding the use of cell phones.

 Employee's Signature Date

Allowance Effective Date: _____										
I certify that the requested cell phone allowance is needed for this employee.										
BUDGET CODE										
Fund	Resource	Yr	Goal	Function	Object	Sub Obj	School	Local	Manager	%
					5900	00				
					5900	00				
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Department Head Signature </div> <div style="width: 45%;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Manager of Business Services/CBO </div> <div style="width: 45%;"> _____ Date </div> </div>										