

Wireless Communication Allowance Request

Instructions for Form 6250-F1

ESD [Policy 6250](#) allows employees who need wireless communication for business purposes to receive a monthly non-taxable cash allowance to support business usage of personal cell phone or other personal wireless communication plans from a provider of their choice. This form is used to record the request and initiate payment for the monthly reimbursement stipend.

1. Complete a separate Wireless Communications Allowance Request Form (page 2) for each person requesting an allowance for wireless services.
2. Complete form in full, including account code distribution. Distribution limited to no more than 5 accounts. Distribution/account assignment should tie to work performed that primarily requires wireless communication access. Allocation must be designated if multiple account codes are listed.
3. Selection of allowance level is based on requirements of job duties and responsibilities and is determined in conversation with the employee's supervisor. See [6250-G2 Determining Business Use](#) for guidance
4. Obtain approval from Supervisor and Cabinet member/ Executive Director for the department.
5. Submit completed request to Business Services Department.
6. Incomplete forms will be returned to the requesting department for correction.
7. Wireless communication stipends are paid by ACH at the end of each month. Completed forms must be received before the 15th of each month in order for the stipend to be initiated for pay at the end of the month. Forms received after that date will be initiated in the following month.
8. Each employee should read Wireless Communication Policy and Procedures and be aware of the obligations for public records requests when designating personal phones for business usage support.
9. Supervisors and Cabinet members/Executive Directors should be thoughtful in their selection of the level of stipend received. Levels should be supported by substantiated business needs in order to be a non-taxable reimbursement to the employee.
10. Cost account assignments shall be updated at least annually by Business Services. Cost account assignments may be updated during the year based on changes in work assignments or funding availability. Department supervisors together with Budget Analysts are responsible for monitoring the need for interim updates.



Wireless Communication Allowance Request Form 6250-F1

Employee:	
Job Title:	
Department:	
Cell Phone #:	

APPROVED ALLOWANCE SELECTION (select option below)		
\$13	VOICE ONLY OPT1:	Limited cell phone usage (i.e., safety; not for daily duties)
\$26	VOICE ONLY OPT2:	Moderate cell phone usage under 50 minutes/day on average (includes limited texting)
\$38	VOICE ONLY OPT 3:	High cell phone usage over 50 minutes/day on average (includes texting)
\$38	DATA ONLY:	Data usage needed for daily job duties (email or web-based reporting)
\$58	VOICE/ DATA OPT1:	Data & moderate cell phone usage under 50 minutes/day on average
\$74	VOICE/DATA OPT2:	Data & high cell phone usage over 50 minutes/day on average
\$38	HOT SPOT DEVICE:	May be <u>in addition</u> to VOICE/DATA allowance above, as required for remote location assignments

INITIAL COST ASSIGNMENT (1-5 accounts)		
FULL ACCOUNT CODE <small>e.g. 0100 98 7737 830 0000 0000</small>	%	\$ AMOUNT

Employee Certification and Signature

I certify that I will use the funds requested toward the business use designated above. I further certify that I have read, understood and will comply with the ESD Wireless Communication Policy 6250 and Procedure 6250-P1. As stated in the referenced Policy and Procedure, I understand and acknowledge all records and messages created while conducting ESD business using my cell phone or wireless equipment paid for in whole or part by my stipend will be made available to ESD upon request. I understand that this stipend is paid to support determined business usage and under IRS guidelines is a non-taxable, reimbursement expense.

Employee Signature _____
Date

Supervisor and Cabinet/Executive Director Approval and Signature

I certify that the requested allowance is needed for this employee to cover work-related expenditures due to wireless communication services. I further certify that I have read, understood and will comply with the ESD Wireless Communication Policy and Procedures 6250 and 6250-P1.

Supervisor Signature _____
Date

Cabinet / Executive Director _____
Date

Reviewed and Approved

Business Services

Date

Completed & Initiated

Date