



Cell and Smart Phone Taxable Allowance Approval Form

As part of your job duties, it is expected that you will need to make use of a cellular telephone or similar device. The City of Milford has the following cell/smart phone allowances for work purposes.

Employee Name:	Employee Classification: <input type="radio"/> Administrative <input type="radio"/> Support Staff
Job Title:	Cell Phone Number:
Department:	Department Head:

Indicate allowance requested: All allowances are subject to annual review and modification as determined by the City Manager and Administration.

<input type="radio"/> Cell Phone	*Taxable Allowance Amount \$20.00/month
<input type="radio"/> Smart Phone	*Taxable Allowance Amount \$40.00/month

*Appropriate payroll taxes on the allowance amount will be withheld from the eligible employee's paycheck/direct deposit (first pay of each month) and the amount of the allowance will be included on the eligible employee's year end W-2. The allowance does not constitute an increase to base pay and will not be included in the calculation of percentage increases to base pay due to annual raises and will not be used to calculate benefits based on a percentage of salary.

Employee Certification: I certify that the above allowance will be used toward expenses I incur for cell or smart phone/data usage as described above and agree to the terms and conditions outlined in the City of Milford Cellular Telephone Policy (including Smart Phones). In addition, I understand and acknowledge that the City of Milford will not be responsible for the terms of any contract I may choose to enter into with a cell phone company for my personal plan, including (but not limited to) any fees associated with early termination of a contract. With the choice of this allowance, I agree to allow my cell or smart phone number to be used for City business and I understand that any City business must be saved to a City server. I understand that it is my responsibility and at my expense, if my cell or smart phone breaks or is out of order, to have a working replacement within 24 hours and to notify my supervisor with an alternate number, which can be contacted, until I have the replacement phone. I acknowledge that I understand that this agreement can end or be changed, only with justification and approval of the Department Head and City Manager.

Employee Signature: _____ Date: _____

Department Head Certification: I certify that the above-named employee requires the service indicated to conduct official City of Milford business. I will notify the Finance Department's Payroll Coordinator immediately, in writing, if this allowance should end and if a change is required, a new approval form will be completed and submitted.

Department Head Signature: _____ Date: _____

City Manager Signature: _____ Date: _____

Send the completed form, with the appropriate approvals, to the Finance Department (Payroll Coordinator) for processing.