Portland Community College
EMPLOYEE WIRELESS SERVICES REIMBURSEMENT AGREEMENT

Employee Name:_______________________________________ Campus/Dept:______________________________________
PCC ID: G_________________________ Job Title:_______________________________________________________________

I certify that:

● I am requesting a monthly payroll reimbursement for wireless services related to a cell phone or other mobile device. Attached is a copy of my plan contract or most recent cell phone/internet access/data plan invoice verifying that I am enrolled.

● I will utilize these services to conduct college business and will maintain the service in good standing.

● If this plan includes phone service:
  ○ I will make the telephone number available to the College for appropriate distribution to those who need to have access to me for business purposes.
  ○ I will keep the phone turned on during work hours and at other times when it is necessary for College business purposes. It is understood that I may need to disable my phone from ringing during meetings, conferences, and when it would otherwise interfere with my ability to complete my other work responsibilities.

● I will notify the Payroll office immediately if I discontinue the service for which I have requested an allowance.

● I understand that assignment of a monthly wireless service reimbursement for any employee is at the sole discretion of the college.

● I certify that I have read, understand and intend to comply with the PCC Wireless Communication Services Policy and Procedures and related college policies.

Employee Signature:________________________________________ Date:_____________________

Employee Supervisor: I certify that this employee’s job responsibilities require them to use a wireless phone or mobile device that requires the attached plan.

Approved by:
Immediate supervisor:__________________________________ Date:_____________________
________________________________________ (print name)/signature

Department administrator: ________________________________ Date:_____________________
________________________________________ (print name)/signature

Note effective dates of monthly allowance:

● Requests cannot be retroactive
● Requests submitted after the 15th of the month will not begin until the following month
● These requests for confirming the active account status must be submitted annually to comply with IRS rules to be non-taxable.

Payroll Use: Date received:___________ Date of implementation:______________