ISD #549- PERHAM PUBLIC SCHOOLS
DATA & VOICE ALLOWANCE REQUEST FORM

EMPLOYEE NAME: _____

JOB TITLE: _____

CELLULAR TELEPHONE NUMBER (WITH AREA CODE): _____

ALLOWANCE START DATE: _____

Data and Voice Access Allowance

☐ $25/Month ☐ $75/Month ☐ $___/Month

Non-recurring Equipment Allowance Requested: $_____

☐ Basic (< or = $100.00) ☐ Smart phone (< or = $300.00)

Business Justification:

_____

_____

EMPLOYEE CERTIFICATION:

I certify that the above allowance will be used toward expenses I incur for data access / cellular telephone usage as described above and that I am responsible for the payment of any cost that exceeds the approved allowance. I also understand that I am responsible for keeping my cellular telephone service operational and the cellular telephone contact information accurate and up to date as long as I receive this allowance.

I understand that Perham School's allowance toward a data and voice plan is taxable income and is not part of my base salary. I also understand that contract provisions of any service plan entered into under this program are my personal responsibility.

_____ _____
Employee Signature Date

_____ _____ Supervisor Signature
Date

_____ _____
Superintendent Signature Date

Please forward completed form to the District Office