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**PURPOSE**

The purpose of this section is to outline the procedures for a cell phone and converged device allowance for College employees.

**PROCEDURES**

The College may provide a cell phone allowance for those individuals who have been approved by the employee’s supervising administrator and with Cabinet level approval and may provide a converged device allowance for Senior Management employees.

Designated employees shall be provided \$68 per month as a cell phone allowance to offset their individual cost of using a personal cell phone when required in the conduct of College business. Senior Management employees who use a personal converged communication device to conduct required College business shall be provided a \$140 per month allowance to offset their individual cost.

College employees with an allowance will be responsible for activation fees; equipment expenses; airtime plan costs, including excess airtime and incidental charges relating to their personal communications plan. The College will only be responsible for the approved allowance. Approval should be requested utilizing the Cell Phone Allowance Request form or the Converged Device Allowance form for Senior Management.

Converged devices and cell phones for employees may be provided by the College on an exception basis as approved by the College President. An employee who is approved for a College-owned converged device and/or College-owned cell phone, and who is receiving an allowance, will not receive College funded cellular service connected with the College-owned equipment.


Once approved, the allowance is paid automatically and the employee will receive the allowance on each semi-monthly paycheck as taxable income. This allowance does not constitute an increase in base pay, and will not be included in the calculation of percentage increases to base pay due to annual pay increases, job upgrades, etc.

The supervising administrator is responsible for completing the Cell Phone & Converged Device Allowance Cancellation form and submitting it to the Payroll Office when an allowance is to be discontinued for any reason, including employment termination.

The supervising administrator is responsible for an annual review to determine if existing allowances should be continued as-is, changed, or discontinued, and to determine if any new allowances should be established.

**Procedure for Employee-Owned Cell Phone Reimbursement**

Employees who are not on an allowance plan are eligible for reimbursement for business telephone calls incurred on their own personal cell phones. There is no reimbursement for employees using converged

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devices other than performing official business calls. Official College business telephone calls on an employee-owned cell phone will be reimbursed at a rate of \$0.10 cents per minute regardless of the service plan rates. A copy of the employee's cell phone bill must be submitted to the Financial Services department along with the Reimbursement for Official Business Calls on Employee-Owned Phone form.

Adopted Date: May 16, 2006

Revision Date: July 6, 2006, December 5, 2006

**Florida Community College at Jacksonville  
Cell Phone Allowance Request Form**

Cell Phone Allowance at \$68 per month

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

Job Title: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Department: \_\_\_\_\_

**\*NOTE:** The allowance will commence the first semi-monthly payroll after this request is received in the Payroll Office with the appropriate approvals. This allowance will remain in effect until the Payroll Office receives a Cancellation Notification form from the supervising administrator.

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**Employee Certification and Signature:**

I certify that I will use the funds requested toward the use of a cell phone, and my cell number will be made available to the College. I further certify that I have read, understood and intend to comply with the College's Cell Phone and Converged Device Allowance APM 04-1604. I understand I will receive this allowance in my semi-monthly paycheck and the allowance is taxable income.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Supervisory Certification and Approval:**

I certify that the requested cell phone allowance is needed for this employee. I further certify that I have read, understood and intend to comply with the College's Cell Phone and Converged Device Allowance APM 04-1604.

\_\_\_\_\_  
Supervising Administrator's Signature

\_\_\_\_\_  
Date

**Authorized Approval:**

\_\_\_\_\_  
Cabinet Level Signature

\_\_\_\_\_  
Date

Return to the Payroll Department at MCCS

Received by Payroll: \_\_\_\_\_  
Date and Initials

\_\_\_\_\_  
Payroll Effective Date

# Florida Community College at Jacksonville Converged Device Allowance Request Form

**Converged Device Allowance at \$140 per month  
(Senior Management Employees)**

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

Job Title: \_\_\_\_\_ Converged Device# \_\_\_\_\_

Department: \_\_\_\_\_

**\*NOTE:** The allowance will commence the first semi-monthly payroll after this request is received in the Payroll Office with the appropriate approvals. This allowance will remain in effect until the Payroll Office receives a Cancellation Notification form from the supervising administrator.

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### Employee Certification and Signature:

I certify that I will use the funds requested toward the use of a converged device, and my number will be made available to the College. I further certify that I have read, understood and intend to comply with the College's Cell Phone and Converged Device Allowance APM 04-1604. I understand I will receive this allowance in my semi-monthly paycheck and the allowance is taxable income.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Supervisory Certification and Approval:

I certify that the requested converged device allowance is needed for this employee. I further certify that I have read, understood and intend to comply with the College's Cell Phone and Converged Device Allowance APM 04-1604.

\_\_\_\_\_  
Supervising Administrator's Signature

\_\_\_\_\_  
Date

### Authorized Approval:

\_\_\_\_\_  
Cabinet Level Signature

\_\_\_\_\_  
Date

Return to the Payroll Department at MCCS

Received by Payroll: \_\_\_\_\_  
Date and Initials

\_\_\_\_\_  
Payroll Effective Date

**Florida Community College at Jacksonville  
Cell Phone & Converged Device Allowance Cancellation Form**

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Department: \_\_\_\_\_

**ATTN PAYROLL OFFICE:**

It has been determined that the allowance for the above employee is no longer needed.  
Please discontinue any further payroll allowances upon receipt of this cancellation.

\_\_\_\_\_  
Supervising Administrator's Signature

\_\_\_\_\_  
Date

Return to the Payroll Department at MCCS

Received by Payroll: \_\_\_\_\_  
Date and Initials

\_\_\_\_\_  
Payroll Effective Date