

# DEPARTMENT OF MILITARY AFFAIRS

## Employee-Owned Cellular Device Reimbursement Authorization Form

Date of Request:

Effective Date:

Employee Name:

Job Title:

Cell Phone Number:

Employee ID:

Specific job responsibilities related to this request:

### Reimbursement Agreement:

The Division administrator, the employee's immediate supervisor, and the DMA CIO have all reviewed the request and need for a reimbursement to the employee based on job function and duties and recommend the following:

Recommended monthly reimbursement rate: \$ \_\_\_\_\_

*This reimbursement is subject to change without notice, based on the State of Montana contract and provider market rates.*

Purchasing, managing, and paying the personal employee's cellular contract, fees, and other costs or charges is the responsibility of the employee listed on this form.

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Division Administrator Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(DMA CIO Signature)

\_\_\_\_\_  
(Date)

I agree and understand this phone number may be published and distributed to others as a means of contact for work related purposes. I also agree to alert my Supervisor and the DMA CIO to discontinue this reimbursement in the event my cellular service is interrupted or discontinued for any purpose. I have read and understand the DMA Cellular Device Use and Reimbursement Policy.

Cellular device reimbursement does not constitute an increase to base pay and will not be included in the calculation of increases to base pay due to statutory pay increases, occupational market adjustments, job changes, etc.

IRS regulations: I understand this reimbursement is taxable. Federal withholding forms issued by the State of MT to employees shall include monies paid for cellular device reimbursement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
(Date)

Original: **Employee's Payroll File**