



Personal Use Cell Phone Agreement
(Revised 12/20/2011)

The undersigned employee of the Associated Students of San Diego State University (A.S.) has been approved for reimbursement for business use of his/her personal cell phone in order to facilitate completion of his/her duties with the Associated Students. Because the employee is using his/her personal cell phone, the A.S. shall reimburse the employee based on the expected business-related usage.

This employee shall be reimbursed (check one): \$____ (Not to exceed \$25) for usage of 50-350 business minutes per month
 \$____ (Not to exceed \$35) for usage of more than 350 business minutes per month

Text messaging and data reimbursement must have Area Director and Associate Executive Director approvals and/or fall under the following job description-related circumstances:

This employee shall meet the following requirements to be reimbursed (check boxes, if applicable)
 \$____ (Not to exceed \$5) – text messaging
• Frequent/regular communication with employees and/or students required
• Area Director Approval
 \$____ (Not to exceed \$20) – data usage
• Exempt employees only
• Job description requires frequent/regular contact via SDSU e-mail while out of the office
• Requires access to ITS work order system
• Area Director Approval
• Associate Executive Director Approval

This reimbursement is based on the actual cost of the employee’s cell phone service plan. Before the first reimbursement can be processed, the employee must submit one actual monthly bill for cell phone service. The invoice must reflect the employee’s base rate for cell service (and cost of text and/or data plan, if applicable). Should the employee modify, drop or change plans, he/she is required to notify the Associated Students.

The Associated Students will make the reimbursement for the prior month as a non-taxable payment on the employee’s first paycheck of the following month.

APPROVED BY:

AGREED BY:

Area Director Signature Date

Employee Signature Date

Area Director Printed Name

Employee Printed Name

Account Number Effective Month

Cell Phone Number

Human Resources Director Signature

Please submit this form, with any attachments, to Payroll.

Reimbursement form received	Date: _____	Payroll Initials: _____
Cell phone service bill received	Date: _____	Payroll Initials: _____
First reimbursement processed	Date: _____	Payroll Initials: _____