



GREAT FALLS COLLEGE

MONTANA STATE UNIVERSITY

Application and Approval Form for Electronic Device Allowance

Date: _____

Name: _____

Department: _____

Banner ID #: _____ Index #: _____

Supervisors: Please complete the rest of the form.

Reason(s) for allowance (mark all that apply):

- This employee is a key staff member needed in the event of an emergency (Executive Team, etc.).
- This employee is frequently away from access to traditional land-based phone services.
- This employee is involved in frequent off hours/on-call activity.
- The nature of this employee's work is critical and immediate response is required.
- The related cost is justified when compared with alternative communication choices.
- Other

State why device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it.

Check the reimbursement rate: (One business use and data services may both be checked)

- \$15 - low business use - Infrequent phone usage. Mostly on-call. Short duration calls. . In state. A monthly usage of 0-100 minutes of college-related calling either outside of normal working hours or in the course of working off-campus is considered low.
- \$25 - moderate business use - Varying phone usage from frequent to infrequent calls of short duration. Calls occurring in state. High contact with students. A monthly usage of 101-300 minutes of college-related calling either outside of normal working hours or in the course of working off-campus is considered moderate.
- \$40 - high business use - Frequent calls of short and long duration. Both in and out of state. A monthly usage of 301 minutes and above of college-related calling either outside of normal working hours or in the course of working off-campus is considered high.
- \$45 - data services
- Other

State the amount and the justification for it.

Supervisor's Signature _____ Date _____

Final Approval _____ Date _____

For Office Use Only: Effective Date: _____