CITY OF OMAHA
Cellular Phone Allowance Request Form

Request Date: _____

Employee Information

Employee Name: _____ Employee ID Number: _____

Employee Job Title: _____

Department/Division: _____/_____

Employee Cellular Phone Number: (_____) _____

Allowance Amount:

☐$25.00 per month/$11.54 bi-weekly

☐$40.00 per month/$18.46 bi-weekly

☐$50.00 per month/$23.08 bi-weekly

Start date of allowance *(please allow for 2 week lead time)*: _____

Reason(s) City does not purchase phone:

Employee's Supervisor: **Department Director:**

_____ _____

(Signature) *(Signature, no stamps or substitutes)*

Form should be sent to the Mayor's Office Phone Bank Committee for approval.

Phone Bank Committee: _____ Date:_____

(Signature, no stamps or substitutes)

Once approved by the Phone Bank Committee, please submit to the Payroll Division for processing.