PERSONAL CELL PHONE MONTHLY CREDIT APPLICATION FORM

For staff requesting approval to receive a monthly credit for use of a personal cell phone for Division business

Purpose: This form is used to request a monthly personal cell phone credit in lieu of a Division-supplied cellular phone. Approval is based on the requirements of the position and must align with Administrative Procedure 619. The current monthly credit is $25 and, if approved, will be added to payroll according to CRA rules.

1. Employee Information

Employee name		**Position/title**	
School/department		**Supervisor**	
Personal cell phone number		**Requested start date**	

2. Eligibility Category

Select the category that best describes the position. Final approval remains at the discretion of the Superintendent.

☐	Leadership position requiring regular accessibility outside regular business hours
☐	Information Technology position requiring accessibility for system or network support
☐	Maintenance or Transportation position requiring accessibility for operations or emergency response
☐	School or support position requiring regular communication for student, staff, family, or travel-related matters
☐	Other position requiring special consideration due to the nature of the role

3. Employee Acknowledgement

☐	I understand that the monthly credit is intended to support the use of my personal cell phone for approved Division business and does not transfer ownership or management of my personal device to the Division.
☐	I understand that approval is not automatic and may be reviewed, changed, suspended, or discontinued if my role, duties, leave status, or Division requirements change.
☐	I agree to use my personal cell phone for Division business in a lawful, ethical, professional, fiscally responsible, and transparent manner.
☐	I understand that Division records, privacy, confidentiality, acceptable use, and professional conduct expectations apply when using a personal cell phone for Division business.
☐	I understand that the monthly credit will be processed through payroll and treated according to applicable CRA rules.
☐	I will notify my supervisor and Payroll/HR if my cell phone number changes or if I no longer require the monthly credit.

4. Signatures and Approval

Employee signature		**Date**	
Supervisor recommendation	☐ Recommend approval ☐ Do not recommend approval	**Date**	
Superintendent decision	☐ Approved ☐ Not approved	**Effective date**	
Superintendent signature		**Date**	

6. Payroll/HR Use Only

Monthly amount	$25	**Payroll start date**	
Entered by		**Date entered**	
Review date / notes			

Note: Attach any supporting information requested by the supervisor or Superintendent. Submit the completed form through the appropriate supervisor to the Superintendent for final approval.