TOWN of LANSING

CELL PHONE ALLOWANCE REQUEST FORM					
Current Revision Date:	06.23.2025	Resolution/Motion#	25-TBD		
Previous Revision Date:	N/A	Resolution/Motion#	N/A		

The Town of Lansing has established this cell phone allowance criteria for employees who require a cell phone to fulfill the requirements of their position at the Town and utilize their personal cell phone for Town business.

Name:	Work Email:				
Dept:	Position Title:	Ce	ell Phone: (_)	
Request and Justi	fication				
\$75.00 per 1 cell phone a	employee has been approved to receive month (\$37.50 paid twice per month allowance is based on the need of a ceolicable boxes)	as a taxable fringe benefit)	. The justificatio	on for this level of	
	on duties frequently require working nsibilities include making critical business			environment, and	
	on frequently receives emergency or cri all and respond to the situation immedia		king hours and is	expected to return	
	oyee is designated as essential personne c health or safety and subsequently coor				
	dition to the duties checked above, this hone to access confidential or essential				
Other	(describe):				
\$20.00 per 1	employee has been approved to receive month (\$10.00 paid twice per month allowance is based on the need of a ce	as a taxable fringe benefit)	. The justificatio	on for this level of	
	on responsibilities require frequent use ams critical to Town business.	of a cell phone to access conf	fidential or essenti	ial websites and/or	
	on responsibilities include being on-cal rent of an emergency.	l and available to come to wo	ork outside regula	r working hours in	
Other	r (describe):				
	e employee agrees to abide by the Town of La ities which justify this allowance.	unsing's Cell Phone Policy as relat	ted to the use of a pe	ersonal cell phone and	
Employee Signature			Date		
Approved by Signature	e Title		Date		
• •	loyee is no longer justified for a cell phone allov g this allowance to notify the Bookkeeper/Payr	_	's Cell Phone Policy,	it is the responsibility	
This request has been	reviewed, meets the criteria as outlined in the C	Cell Phone Policy and is approved	by Human Resource	s/Payroll.	
Bookkeeper Signature			Date		
Allowance e	effective date: Allo	owance cancellation date:			

Form Revision History:

Origination 06.23.2025