



Mobile Device Reimbursement Request

F 8-20

A. Mobile Device Reimbursement Request:

| | |
|---------------------------|--|
| Employee Name: | Department: |
| Reimbursement Start Date: | Account to be charged: |
| Telephone Number: | Reimbursement requested: <input type="checkbox"/> \$20/mo <input type="checkbox"/> \$40/mo <input type="checkbox"/> \$50/mo |

Business Justification:

Employee certification:

I certify that the above reimbursement will be used toward expenses I incur for mobile device usage as described above. If circumstances change so that my business usage is less than the reimbursement received, I will notify my supervisor accordingly. I also certify that I will delete any work related information that may be on the device prior to disposal or upon ceasing to work for Pembina Hills Public Schools.

| | |
|---------------------------|-----------------------|
| Employee Name: | Employee Role: |
| Employee signature: | Date: |
| Supervisor Name: | Supervisor Title: |
| Supervisor signature: | Date: |
| RO Designate Name**: | RO Designate Title**: |
| RO Designate Signature**: | Date: |

The supervisor is responsible for an annual review of the business need for a mobile device reimbursement to determine if the reimbursement should be changed or discontinued. A copy of the employee's invoice for the mobile device (with personal information redacted with a black felt pen) will be included within 3 months of the initial application and the subsequent annual reviews. The reimbursement should **be to a maximum of 60%** of the total of a typical mobile device bill. This is to avoid any potential issues with taxable benefits.

Please attach copy of monthly bill as indicated in AP 80-20.

** The RO designate may be: Superintendent, Secretary Treasurer, Assistant Secretary Treasurer, Assistant Superintendent Responsible for Technology, or Director of Information Technology.

B. Personal Use of Pembina Hills Public Schools Mobile Devices - Authorization for Payroll Deduction:

Deduction for the personal use of Pembina Hills Public Schools mobile device

Name: _____

Department: _____

Date: _____

I authorize \$20.00 to be deducted from my pay each month for the personal use of a Pembina Hills Public Schools mobile device (as per AP 80-20).

Signature: _____

For Division Use Only:

Account to be Credited:
