

Appendix C | Personal Device Allowance Request

Last Updated: June 2, 2025

Ch'iyáqtel

PERSONAL DEVICE ALLOWANCE REQUEST FORM

Employee:			
Job Title:			
Department:			
Cellphone No.			
Allowance Amount:	Management	Full-Time Employee	Part-Time Employee
	<input type="checkbox"/> \$30.00 Biweekly	<input type="checkbox"/> \$20.00 Biweekly	<input type="checkbox"/> \$10.00 Biweekly

Justification (Supervisor to select all that apply):

- ☐ Employee is responsible for making critical decisions directly related to the organization.
- ☐ Employee must be reachable beyond normal business hours or on weekends on a regular basis.
- ☐ Employee is required to have access to email outside of the office or beyond normal business hours and it is essential to the Department that the employee be accessible during those times.

EMPLOYEE ACKNOWLEDGEMENT:

I certify that the Device Allowance, if approved, will be used toward expenses I incur for use of my Personal Device to fulfill my job duties. I understand that the Device Allowance will be added to my bi-weekly pay. I have read, understood, and will comply with the *Mobile Device Policy*.

EMPLOYEE SIGNATURE

DATE

APPROVAL DECISION:

- ☐ Approved ☐ Not approved

SUPERVISOR SIGNATURE

DATE

Submit Completed Requests to: jolene@tzeachten.ca