

FI 45

Cellular agreement – Allowance



Clear form

Instructions

Submit the completed FI 45 to your agency’s payroll coordinator for entry into the payroll system. Employees may receive up to \$35 per pay period and must discuss the amount they’re allowed with their supervisor before filling out the FI 45. Review and update this agreement every two years or whenever business needs change.

Agreement start date:

Agreement end date:

Employee information

Name:

EIN:

Agency:

Division:

Business purpose

Explain why the employee needs this cellular device and service and how it will be used.

Example: The agency requires that the employee be available to communicate with customers and department management while away from the office.

Agreement

By signing below, the employee agrees:

- A taxable allowance of \$ _____ per pay period will be added to my paycheck until I end my employment with the state or business needs change.
- I need the cellular device and service(s) that the allowance covers for substantial business purposes.
- Any data (personal or business) on my cellular device may be reviewed by management or a court for GRAMA requests.

To get help, contact us:  [Submit a ticket to our help desk](#)

Agreement cont.

By signing below, the employee agrees:

- I will abide by any applicable security policy or rule issued by the agency or by the Department of Government Operations, Division of Finance, and Division of Technology Services, including 1-5: Cellular devices and services, Enterprise Mobile Device Policy 5000-0003, and Administrative Code R895-7.

Signature

Date

Approval

I have reviewed and approve the terms and conditions of this agreement.

Supervisor

I will notify state payroll if the employee leaves employment with the agency or business needs change to stop the recurring payments.

Name

Signature

Date

Division director (or agency equivalent) or designee

Name

Signature

Date

Payroll coordinator

I will enter this form and an allowance of \$ _____ per pay period into the payroll system so that the state payroll supervisor can approve it.

Name

Signature

Date