

**CITY OF OMAHA**  
**Cellular Phone Allowance Request Form**

Request Date: \_\_\_\_\_

**Employee Information**

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_ / \_\_\_\_\_

Employee Cellular Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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**Allowance Amount:**

- \$25.00 per month/\$11.54 bi-weekly
- \$40.00 per month/\$18.46 bi-weekly
- \$50.00 per month/\$23.08 bi-weekly

Start date of allowance *(please allow for 2 week lead time)*: \_\_\_\_\_

Reason(s) City does not purchase phone:

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**Employee's Supervisor:**

**Department Director:**

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Signature, no stamps or substitutes)*

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**Form should be sent to the Mayor's Office Phone Bank Committee for approval.**

Phone Bank Committee: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature, no stamps or substitutes)*

Once approved by the Phone Bank Committee, please submit to the Human Resources  
Department for processing.