

**Kansas City, Kansas Housing Authority
Allowance Request Form**

Date: _____

Type of Allowance:

Place an "X" in the appropriate box:

Cell Phone Allowance [Allowance Rate at \$45/mo]

Other (explain): _____

Employee Name: _____

Job Title: _____

Department: _____

Number of Allowable Minutes per Month in Current Plan: _____

Estimated Number of Business-Related Minutes Used Monthly: _____

Time Period Requested for this Allowance*:

Start Date: _____ **End Date:** _____

* **NOTE:** If this is not filled out, start date will be assumed to be the date of receipt of this form in the KCKHA Finance Dept. Start date cannot be made retroactively more than one pay period. The end date will be December 31 of the calendar year. Requests cannot cross calendar years and must be renewed annually at January 1.

Employee Certification and Signature:

I certify that I will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my supervisor. If this is a cell phone allowance, I further certify that I have read, understood and intend to comply with the KCKHA Personnel Policy Section 13.4 and its applicable procedures.

Employee Signature

Date

Supervisory Certification and Signature:

I certify that the requested allowance is needed for this employee to cover work-related expenditures due to cell phone use, or Other, as described above. If this is a cell phone allowance request, I further certify that I have read, understood and intend to comply with the KCKHA Personnel Policy Section 13.4 and its applicable procedures.

Supervisor Signature

Date

Authorized Approval (if supervisor is not a Department Head) :

Dept Head Signature

Date

Payroll Use Only

Received/Entered into Payroll System:

Date & Initials

Payroll Effective Date: _____