



## Florida State College at Jacksonville Mobile Device Allowance Cancellation Form

Employee Name: \_\_\_\_\_ PID# \_\_\_\_\_

Job Title: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Department: \_\_\_\_\_

**Attention Payroll Department:**

It has been determined that the mobile device allowance for the above employee is no longer needed. Please discontinue any further payroll allowances upon receipt of this cancellation.

\_\_\_\_\_  
Supervising Administrator's Signature

\_\_\_\_\_  
Date

Return to the Payroll Department at the AO

Received by Payroll: \_\_\_\_\_  
Date and Initials

\_\_\_\_\_  
Payroll Effective Date