

# CELL PHONE STIPEND AUTHORIZATION FORM



EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_  
(Last) (First)

JOB TITLE \_\_\_\_\_ LOCATION # \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ EMPLOYEE SCHOOL/DEPT \_\_\_\_\_

Describe how the use of this cell phone will benefit the district *(if not completed, form will be returned)*

- A \$35 monthly cell phone stipend shall be paid in the first payroll period of each month. Stipend shall be pro-rated based on FTEness. See below for exception to this policy.
- Stipends shall be charged to the default accounting of the assigned employee (i.e., the BRC where the employee is charged)
- This is a non-accountable plan therefore additional receipts and documentation are not required.
- Cell phone stipend is not eligible for reporting to the Department of Retirement Systems.
- Cell phone stipend is subject to applicable payroll taxes.

**EXCEPTION:** An exception to the standard monthly \$35 stipend amount not to exceed \$80/per month may be authorized by the superintendent or designee. Determination and authorization shall be on a case-by-case basis.

MONTHLY STIPEND AMOUNT AUTHORIZED: \$ \_\_\_\_\_

\_\_\_\_\_  
(Superintendent or Designee Signature)

\_\_\_\_\_  
(Date)

By accepting the monthly cell phone stipend I do hereby agree to use my own personal cell phone so that I may be reached during regular hours and/or during emergencies when applicable. I agree to have a working cell phone and to furnish the district with a valid working cell phone number at all times. I further agree to contact my supervisor and payroll office if I change or cancel cell phone services. Failure to contact the payroll office may result in a repayment of the stipend.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

By authorizing the monthly cell phone stipend I do hereby agree to keep a valid cell phone number on file for the employee listed above. I agree to contact the payroll office to discontinue the stipend when appropriate (job change or employee canceled his/her cell phone services).

\_\_\_\_\_  
(BRC Authority Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**Payroll:** Stipend Set-Up \_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(Date)

Routing: 1 Copy To BRC Authority

1 Copy To Payroll Office