

Santa Rosa County School District

Application for Employee Cell Phone Stipend

Name	Building/Location	Position	Level Requested

District Cell Phone Stipend Schedule

Voice Only Level	# of Minutes	Time Out of Office	Data	Monthly Stipend
1	450 Minutes	N/A	No	\$30.00
2	450-900 Minutes	<50%	No	\$45.00
3	Unlimited	>50%	No	\$85.00

Voice With Data Level	# of Minutes	Time Out of Office	Data	Monthly Stipend
4	450 Minutes	N/A	Yes	\$40.00
5	450-900 Minutes	<50%	Yes	\$55.00
6	Unlimited	>50%	Yes	\$85.00

Select one or more of the following criteria that qualify this employee for allowance:

- Safety requirements indicate having a cellular phone is an integral part of performing duties of job description.
- More than 50% of employee's work is conducted in the field.
- Employee is required to be contacted on a regular basis.
- Employee is required to be on call.
- Employee is a critical decision maker.

The user must return a copy of their cell phone contract to his/her immediate supervisor within 30 days of receiving the initial stipend. If no contract can be obtained then the user must submit a copy of their monthly cell phone bill.

Employee Certification and Signature

I certify that I have read, understand, and intend to comply with the Cellular Telephone Stipend Program Policy.

Signature: _____ Date: _____

FUND	FUNCTION	OBJECT	COST CENTER	PROJECT

Supervisory Certification and Signature

I certify that the requested cell phone allowance is needed for this employee and I have read, understand, and intend to comply with the Cellular Telephone Stipend Program Policy. I further certify that the payment coding is correct:

Signature: _____ Date: _____

Approved by: _____ Date: _____

Assistant Superintendent Signature: _____

Return completed form to Asst. Supt./Human Resources after approval of your Director or Asst. Supt.

Return a copy of cell phone contract or monthly cell phone bill to your Director or Asst. Supt.