

## San Mateo County Community College District Request for Cellular Telephone Stipend Fiscal Year

Must be renewed annually by July 1st for continued stipend payment

Employee Name:	G#	
Org. #Dept	(	Campus:
Job Title:		
Monthly Stipend Pay Amount F	Requested: (Rates set annu	ally by SMCCCD)
\$30\$60\$90	(The entire amount of the s	tipend is considered taxable income and will be reported
	through Payroll on the em	ployee's State and Federal earnings statement.)
CHECK ONE: Request for a	ı Cellular Telephone Stipe	nd
Annual Stipe	nd Renewal	
		e, including the cost of changes in cellular telephone ill not be included in the expense allowance.
Stipend starting date:	Cellular Tel	ephone # (with area code):
Cellular Telephone Carrier		
	responsible for plan choices	uipment and assume responsibility for vendor terms and conditions. s, service levels, calling areas, service and cellular telephone features,
Employee agrees that he/she i telephone equipment.	s responsible for the purcha	ase, loss, damage, insurance, and/or replacement of cellular
Employee will promptly report numbers.	to his/her department mana	ger any updates or changes regarding cellular telephone
		ner, keep it charged and in operational condition, use it ellular telephone device as required by his/her department
		dure for Cellular Telephones. I certify that the stipend provided and ncur for cellular telephone service and equipment as described above
Employee Signature:		Print Name:
Vice President Signature:		Print Name:
Business Officer:		Print Name:

Human Resources Received By: \_\_\_\_\_\_ Date: \_\_\_\_\_