

**San Mateo County Community College District
Request for Cellular Telephone Stipend
Fiscal Year 2009-10**

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

Employee Name: _____ G# _____

Org. # _____ Dept. _____ Campus: _____

Job Title: _____

Monthly Stipend Pay Amount Requested: (Rates set annually by SMCCCD)

_____ \$30 _____ \$60 _____ \$90 (The entire amount of the stipend is considered taxable income and will be reported through Payroll on the employee's State and Federal earnings statement.)

CHECK ONE:

Request for a New Cellular Telephone _____

Annual Renewal _____

Any expenses above and beyond what is outlined here, including the cost of changes in cellular telephone numbers are the responsibility of the employee and will not be included in the expense allowance.

Stipend starting date: _____ Cellular Telephone # (with area code): _____

Cellular Telephone Carrier _____

Agreement:

Employee will purchase cellular telephone service and equipment and assume responsibility for vendor terms and conditions. Employee agrees that they are responsible for plan choices, service levels, calling areas, service and cellular telephone features, termination clauses, and payment terms and penalties.

Employee agrees that he/she is responsible for the purchase, loss, damage, insurance, and/or replacement of cellular telephone equipment.

Employee will promptly report to his/her department manager any updates or changes regarding cellular telephone numbers.

Employee agrees to carry the cellular telephone with him/her, keep it charged and in operational condition, use it appropriately, and be accessible for business use of the cellular telephone device as required by his/her department manager or supervisor.

Employee Certification:

I have read the SMCCCD Procedure for Cellular Telephones. I certify that the stipend provided and reimbursements received will be used toward expenses I incur 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 Date: _____ By: _____