



Cell Phone Stipend Agreement

Revised: June 2022

In accordance with Board Policy 6395, employees who hold positions that require a cell phone may receive a monthly stipend to compensate for the use of their personal cell phone for business purposes. Employees holding positions eligible for a cell phone stipend should complete this form and submit it to the Fiscal Services Manager in the Business Services department.

Section 1. Employee Information

Employee Name: _____

Position: _____

Section 2. Employee Responsibilities

To receive a cell phone stipend as a nontaxable benefit, employees are required to agree to a series of conditions and responsibilities. Please review the responsibilities below, respond accordingly.

1 Will you be available at all times for work-related emergencies and accessible for work-related purposes outside of normal business hours?

Yes No

2 Will you establish a cell phone account with effective voice and data services throughout the district?

Yes No

3 Will you make your phone number known to the district administration and appropriate school/department staff?

Yes No

4 Will you carry your phone during work hours and use it as necessary to conduct school business during your work day?

Yes No

5 Do you understand that you are responsible for purchasing and maintaining your own cell phone and service, and that the district does not accept any liability for claims, charges, or disputes between the service provider and the employee?

Yes No

6 Do you understand that the monthly stipend is neither permanent nor guaranteed, and that the school district reserves the right to cancel the monthly stipend at any time for one or more employees?

Yes No

7 What is your cell phone number that will be supported through this stipend?

8 Do you authorize the Business Services department to disburse your stipend using the current direct deposit information on file for the net amount of your paycheck?

Yes No

Section 3. Approval

Employee: _____ Date: _____

Business Services Administrator: _____ Date: _____