Annual Cell Phone Allowance Authorization

(See MDUSD Policy 3513.1)

Employee Name:_____ Employee ID: _____

Title:_____ Dept:_____ Phone/Ext: _____

Monthly Calling Plan Allowance

The Superintendent or designee shall determine if an employee requires a cell phone or other mobile communications device for the efficient performance of his/her job responsibilities. The following criteria (but not limited to) will determine whether the employee's job responsibilities require a cell phone stipend:

1. An ability to communicate frequently and access to a District telephone is not readily available.
2. An ability to be contacted immediately and/or at all times for work-related emergencies, such as, ensuring the safety of District staff and students, or the security of District property.
3. An ability to be accessible during frequent travel or work outside of the office; e.g. field personnel in health and safety positions; maintenance, operations, facilities personnel; transportation personnel; warehouse personnel; and technology support personnel.

Staff that satisfy the above criteria will receive a stipend of $25 per month prorated based on 1.0 FTE (not reportable income to CalPERS or CalSTRS).

Explanation of how employee's job responsibilities meet the criteria listed above: _____

_____

_____

Cell Phone Number (required- will be included in a District directory): _____

I have read, understand, and agree to comply with Mt. Diablo Unified School Policy 3513.1 for Cellular Telephone Allowance.

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

_____ _____

Superintendent or Designee Approval Date

- This form must be submitted by the 15th of the month in order for the stipend to begin on the following monthly pay warrant.
- This form must bear original signatures