

CELL PHONE STIPEND AGREEMENT

Employee Name: _____ Stipend Start Date*: _____

Job Title: _____ Monthly Stipend Amount (flat fee): \$30

Agency: _____ Unit: _____ Account: 5180

Cell Phone #: _____

Cellular Carrier: _____

****Stipend payment will begin with the next payroll period.*****Policy Summary**

Employees who hold positions that include the need for a cell phone may receive a monthly cell phone stipend of \$30 to compensate for business-related costs incurred when using their individually-owned cell phones. The stipend will be considered a non-taxable fringe benefit to the employee. Approval will be determined by a person's job duties as it relates to cell phone use and access. Youth Services will review stipends and reimbursement on an annual basis. For more information, refer to YS Policy No. A.5.1.

Employee Responsibilities

Recipients of a cell phone stipend have the following responsibilities:

- Purchase cellular phone service and equipment and assume responsibility for vendor terms and conditions. The employee is responsible for plan choices, calling areas, service features, terminations clauses, and paying all charges associated with the cellular service and device.
- Select a service provider, plan, and features that meet the requirements of the job and the level of service that the stipend is intended to cover; and ensure the carrier selected has service in required usage areas, such as at home and/or as required by the agency.
- Maintain an active service contract for the duration of the stipend.
- Promptly report any cell phone number or plan charges, as well as if a phone is stolen or missing.
- Comply with all Federal and State data maintenance and protection laws (e.g., FERPA, records retention requirements), as well as all YS policies, including those pertaining to data security, acceptable computing use, and email.
- Delete all YS data from the cell phone when employment with YS is severed, except when required to maintain the data in compliance with a litigation hold notice.
- Ensure that only "state issued" cell phones are carried into a YS secure care facility.

Employee Certification

By signing below, I certify that I have read, understand, and agree to YS Policy No. A.5.1 and my responsibilities under the policy. I further certify that the above stipend will be used toward expenses that I incur for cell phone usage for business purposes. I understand that YS is not responsible for the business use of my personal cellular device.

Employee Signature_____
Date_____
Unit Head Signature_____
Date_____
Deputy Secretary/designee Signature_____
Date

- Approved
 Denied