

**Rio Arriba County
Cell Phone Stipend Agreement**

I agree to the following regulations regarding the payment of a cell phone allowance to me:

1. I understand that I will be authorized a cell phone stipend to be used toward the cost of cell phone service to be used for Rio Arriba County business purposes.
2. I understand that this allowance will be paid to me through payroll as taxable income.
3. I understand that I will be required to provide reliable cell phone service for all work related needs.
4. I agree to provide documentation to my department head as required to initiate and to continue my entitlement to the cell phone stipend.
5. I agree to monitor my work related usage and notify my Department Head if a tier change is necessary based on a 6 month average.
6. I understand my entitlement to the cell phone stipend ceases if I am in an unpaid leave status.
7. I understand my entitlement to the cell phone stipend ceases if I am in a non-working status (Ex: FMLA, Work comp)
8. I understand the cell phone stipend will cease immediately upon my termination of employment, whether for retirement, voluntary, or involuntary reasons. Should I terminate employment mid-month, I understand the allowance will be prorated.
9. I understand that any current or future obligation with the cell phone service provider is exclusively my responsibility without any liability to Rio Arriba County.
10. I understand that my cell phone number will be made available to all county employees.
11. I will make every effort to maintain a voice mailbox that has capacity to leave a message, and respond to messages in a timely manner.
12. I understand that I will not provide county employees cell phone numbers to the general public, without prior approval from the owner, with the understanding that the county employee cell phone listing is to provide for communication amongst other county employees.
13. I have read and will follow the Rio Arriba county Cell Phone Usage Policy. Failure to comply with this agreement may result in cancellation of my entitlement to receipt of the cell phone stipend.

Employee Name

Employee Signature

Date

**RIO ARRIBA COUNTY
CELL PHONE STIPEND AUTHORIZATION
(USE FOR EMPLOYEE OWNED CELL PHONE)**

Employee Name: _____

Department: _____

Authorization relating to cell phone allowance to this employee as indicated below:

- ☐ Activate allowance payment @ \$30.00 per month
- ☐ Activate allowance payment @ \$75.00 per month
- ☐ Activate allowance payment @ \$120.00 per month
- ☐ Activate allowance payment @ \$160.00 per month
- ☐ Deactivate allowance payment. Deactivation date: _____

Service Provider's Name: _____

Cell Phone #: _____

Allowance is intended to provide payment toward the cost of monthly service and associated taxes.

Employee Signature

Date

Department Head Signature

Date

County Manager

Date

Return this completed for to the Finance Office. A copy will be kept in your personnel file in the HR office.

Please allow time for processing to coincide with payroll periods.

Payroll Coordinator

Date

**RIO ARRIBA COUNTY
CELL PHONE USER AGREEMENT
(FOR COUNTY OWNED CELL PHONES)**

I agree to the following regulation regarding the use of a Rio Arriba County owned cell phone made available to me during the course of my duties as a Rio Arriba County employee:

1. I understand that as an employee provided with a County issued cell phone, I am responsible for verifying usage.
2. I further understand that County issued cell phones are intended to be used for County Business but personal calls are allowed for emergency purposes only. I understand that emergency use of the County issued cell phone shall be reimbursed by the employee.
3. I understand that monthly bills will be monitored as necessary to observe personal use and that the Department Head will be responsible for determining the reimbursement amounts necessary.
4. I have read and agree to follow the Rio Arriba County Cell Phone Policy. Failure to comply with this agreement may result in cancellation of my use of a Rio Arriba County owned cell phone and be subject to possible disciplinary action in accordance with the Rio Arriba County Personnel Policy.
5. I understand that termination of the contract is not allowed until the contract end date as set by the cell phone provider.

Employee's Name (Print)

Employee's Signature

Date