



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION AND STIPEND REQUEST FORM

This form must be reviewed and approved annually by Tom Almonte for continued deduction and reimbursement. The annual open enrollment period for current employees is from **December 1 to December 15**. New employees may enroll within 60 days of employment. Changes requested will begin with next payroll period.

EMPLOYEE INFORMATION

Employee Name: _____ Position Title: _____ Date: _____

Department: _____ Cell Phone Number: _____ Cellular Carrier: _____

TYPE OF REQUEST

*Employees with BYOD Smart Phones, the City will reimburse through payroll process. Rate is calculated based on the City's lowest contract rate minus (\$10) dollars. Current stipend rate has been calculated at \$39.61.

New Stipend Request ☐

Annual Stipend Renewal ☐

Stipend Cancellation ☐

Employees with City issued Smart Phones will reimburse the City \$10 per month through payroll process

New Payroll Deduction Request ☐

Annual Payroll Deduction Renewal ☐

Payroll Deduction Cancellation ☐

My cellular carrier is one of the three vendors provided by Purchasing ☐

EMPLOYEE RESPONSIBILITIES/CERTIFICATION Employees with BYOD smart phones stipend have the following responsibilities:

- Purchase smart phone (with data plan) service and equipment, and assume responsibility for vendor terms and conditions
- The employee is responsible for calling areas, service features, termination 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 ensure the carrier selected has service in required usage areas
- Maintain an active service contract for the duration of the stipend
- Promptly report any cell phone number or plan changes, as well as if phone is stolen or missing
- Employee agrees to carry the cell phone with them, keep it charged and in operational condition, use it appropriately, and be accessible for business use of the cellular phone device as required by their department supervisor or director
- Employee will make phone number available to the public
- Employee hereby acknowledges and agrees the City is not liable for any illegal or prohibited uses of this cell phone
- Delete all City data from the cell phone when employment with the City is severed, except when required to maintain the data in compliance with a litigation hold notice

By signing below, I certify that I have read, understand, and agree to the Cellular Phone and BYOD Policy and my responsibilities under the policy. I understand that the City is not responsible for the business use of my personal cellular device. My signature below signifies that this device is used to conduct City business and the phone number will be made available to the public. I understand the stipend is taxable.

Employee Signature _____ Date _____

DEPARTMENT APPROVAL

This stipend is required to cover expenditures due to business related usage of the employee's personal smart phone. Attached is a copy of employee's most recent personal cellular billing statement.

Department Director Name _____ Date _____

Department Director Signature _____

*Stipend rates reviewed annually

Revised on 11/21/2013

Reviewed by Tom Almonte

Initial _____ Date _____