SANTA CRUZ COUNTY OFFICE OF EDUCATION

Request for Authorization of SCCOE Cellular Phone Stipend

| Date of Request: | | |
|--|--|--|
| Employee Name/Position: | | |
| Department: | | |
| Employee's Cell Phone Number: | | |
| Date Stipend to Begin: **1st of (month) | Dept. Director's Initials | 10 months 12 months Circle # of Months to be Paid |
| ** Stipends will not be prorated – Effective date ca prior to the 15 th will be effective the 1 st of that mont | | |
| Santa Cruz County Office of Education personnel r with a TracFone unless a cell phone is determined r may be offered. The employee's Department Direct determine which plan meets the needs of SCCOE. | necessary. If it is determined that the peter ctor, Division Superintendent and the | position requires a cell phone, a stipend |
| Please check the appropriate box: (Phone stipends v | will be charged to the employee's posi- | tion funding source) |
| TracFone – A TracFone will be issued issued a TracFone will be required to signactivated and with prepaid minutes instal added to the phone after review by the MOT TO BE USED FOR PERSONAL PE | gn out the phone with the Business E led. If the phone runs out of the prej Management Team and Associate Sup- | Department. The phone will already be paid minutes, additional minutes will be |
| <u>Standard Stipend</u> – A standard stipend when the nature of the employee's job and carry a cell phone. This stipend will Superintendent and the Associate Superint | d business needs dictate that conditions I require the approval of the emplo | s are present to require the employee to |
| Departmental Reason for the Employee | to receive this stipend: | |
| Smart Phone Stipend – A Smart Phone s the nature of the employee's job and busin a Smart Phone. Employee's cell phone in Phone stipend. Please check with Techno the approval of the employee's Depart Business. | ness needs dictate that conditions are p must be compatible with SCCOE tec logy Services prior to purchasing a S | bresent to require the employee to carry chnology in order to receive the Smart smart phone. This stipend will require |
| Departmental Reason for the Employee | to receive this stipend: | |
| This approval must be renewed on an annual basi returned to the SCCOE Business Department upon a | | |
| | ▲ I have read and a | ccept the cell phone stipend policy |
| Employee Signature: | | |
| The above named employee is authorized to receive | the selected stipend. | |
| Department Director | Deputy Superintendent/Busine | ess Date |