



970 Klamath Lane  
Yuba City, CA 95993  
(530) 822-2900  
(530) 671-3422

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## TELECOMMUNICATION EQUIPMENT STIPEND AUTHORIZATION FORM

Employee Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Budget Code \_\_\_\_\_

Cellular phone number (attach contract or monthly statement) \_\_\_\_\_

Date service to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EQUIPMENT TYPE & PAYROLL STIPENDS

\_\_\_ \$50 per month taxable payroll stipend for employee owned cellular phone.

\_\_\_ \$50 per month taxable payroll stipend for employee owned data device (PDA).

\_\_\_ \$100 per month taxable payroll stipend for employee owned cellular phone with PDA.

(Employees not working 12 months will receive the stipend only for the months worked.)

### EMPLOYEE CERTIFICATION

I certify that the above stipend for telecommunication equipment will be used toward expenses that I incur for business purposes. I further certify that if my business usage significantly stops or declines for a sustained period, I will notify my department head and the Internal Payroll Department, in writing, as soon as is practical.

I certify that I will provide my department head with my cellular phone number and carry my telecommunication equipment with me during working hours.

I certify that I will not use my telecommunication equipment while driving, due to safety issues.

I certify that use of my telecommunication equipment in any manner contrary to local, state or federal laws will constitute in misuse and will result in immediate termination of the stipend.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Department Head Date