



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

TELECOMMUNICATION EQUIPMENT AUTHORIZATION FORM

Employee Name: _____

Department Name: _____

Budget Code _____

Cellular phone number _____

Date service to begin: ____/____/____

EQUIPMENT TYPE & PAYROLL STIPENDS

_____ County Office Issued Device

_____ **\$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

Assistant/Deputy Superintendent Date