Fiscal Year \_\_\_\_\_

## PAJARO VALLEY UNIFIED SCHOOL DISTRICT CELL PHONE/SMART PHONE REQUEST/AGREEMENT

Administrator			X	
School Site/Department:	(Printed Name of Administrator)		(Signature of Administrator) By signing, I agree to the administrator responsibilities related to my employee receiving stipend (see page 2 of form)	
Job Title:	, ,	# loyee last 4 #'s of SSN)		
Describe how the use of this cell phone will benefit the district (if not completed, form will be returned)				
PHONE OPTION				
	ipend [\$50] - Addition to monthly p phone bill is required to be attach		f employee W-2	
Smart Phone: Stipend [\$100] - Addition to monthly paycheck and part of employee W-2 (A monthly cell phone bill with a data plan is required to be attached to this form)				
Opt Out - Site/o	lepartment administrator will not re	eceive a stipend		
	Budget N			
If using Google VM, provide Phone Num: (Budget No. required to pay for employee stipend)				
Requested Start Date  NOTE: Stipend shall be pro-rated based on FTE.  NOTE: If employment is split between sites/departments/funding, each administrator will need to approve. See page 3 for additional funding request.				
ROUTING (For Office Staff only)				
District Authorization	(Director of Finance or Chief Business O	fficial [for exceptions])	Date	
Approved/ Denied (with rationale)				
	P.F. 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	,		
Cell Phone/Smart Ph	one Stipend: \$	Stipend	d Start Date:	
Office Use Only	Other and Oat He			
Human Resources:	Stipend Set-Up (Additional Earnings) (Initial	<u>-</u> ial)	(Date)	
Payroll:	Stipend Verification (Initial	ial)	(Date)	

## PAJARO VALLEY UNIFIED SCHOOL DISTRICT CELL PHONE/SMART PHONE REQUEST/AGREEMENT

Employee Name	Site/Dept	
<b>Employee Stipend for Cell Phone or</b>	Smart Phone Usage	
I understand that:		
1. I am to have either a cell phone or a smart phone (depending on my position Valley Unified School District.	n) in order to fulfill my role as an employee of the Pajaro	
2. It will be my responsibility to secure the use of a cell phone/smart phone in	order to fulfill this obligation.	
3. I will receive a stipend in partial compensation for the costs incurred on my and will manage minutes/data use and am responsible for any and all costs.	cell phone/smart phone due to business related expenses	
4. The stipend will be taxed and paid to me on my monthly pay warrant. The subject to applicable payroll taxes.	tipend is not counted towards any retirement system and is	
5. I will maintain my cell phone number in the District's accounts portal.		
6. I will have my cell phone with me, fully charged and turned on at all times throughout the course of the working day in order to be accessible to other staff and those needing to reach me in order to do business.		
7. The cell phone I designate for business use will have an appropriate personal	al business greeting and will identify me by name.	
8. It is my responsibility to ensure that my cell phone/smart phone is paid in a I will provide a current paid cell phone bill/contract.	timely fashion to avoid any lapse in service. Upon request,	
9. If I leave my position or discontinue cell phone/smart phone service, I will to reimburse the District, either by payroll deduction or cash.	immediately notify District. If I have been overpaid, I agree	
10. I will follow all state and federal laws and safety precautions regarding cel School District does not have the expectation that employees should be using		
11. It is my responsibility to maintain the cell phone and I am responsible to o stolen or damaged.	btain a replacement in a timely manner in the event it is lost,	
12. The District will provide basic information needed to link smart phones to technical support.	District e-mail and contacts but will provide no other	
13. I understand that my personal phone is subject to public records act reque	sts.	
En	nployee Initial Here	
Administrator Responsi	bilities	
I understand that:		
1. I will keep a valid cell phone number on file for the employee.		
2. I will contact the District Office to discontinue the stipend when appropriate services.)	e (job change or employee cancelled his/her cell phone	

**Submit all forms to Finance** 

Administrator Initial Here

## PAJARO VALLEY UNIFIED SCHOOL DISTRICT CELL PHONE/SMART PHONE REQUEST/AGREEMENT

Employee Name	- Site/Dept -		
Multi-funded Stipend Request			
Administrator Signature:	Budget Number:		
Administrator Signature:	Budget Number:		
Administrator Signature:	Budget Number:		
Administrator Signature:	Budget Number:		
Administrator Signature:	Budget Number:		
Administrator Signature:	Budget Number:		