CITY OF DIXON MOBILE PHONE STIPEND POLICY REIMBURSEMENT FORM

KEIWIBUKSEMENT FUKW				
Employee	Name:	Department:		
Employee	Title:	Office Phone:		
Cell Phone	e #:	Account No:		
Stipend/ R	eimbursement Request:			
\$45 C	Option 1 (Voice only)			
\$75 C	Option 2 (Voice and Data)			
\$95 (Voice, Data and Wi-Fi Hotspot)				
mo of t	In the event an employee pays less than the lowest monthly stipend rate for mobile phone coverage, it is the responsibility of the employee to notify the City of the difference, and arrange for reduction of the stipend amount to an amount that reflects only the actual cost of the employee's coverage.			
by	An employee receiving a mobile phone stipend must be able to show, if requested by his/her supervisor, a copy of the monthly access plan charges and business related needs, confirming they continue to have a contract for the mobile phone.			
Justification (Refer to eligibility of mobile phone stipend policy):				
Employee Signature:		Date:		

The employee, while driving, will use hands-free cellular telephone technology and keep both hands on the steering wheel. If making or receiving a call, it is recommended that the employee pull safely off the road to complete the call. (*California Vehicle Code 23123*)

Funding for the stipend and the licensing fee for the wireless messaging connection is the responsibility of the department to which the employee is assigned.

Department Head Signature:	Date:

For Internal Business Services Use Only:

Payroll

Date: _____

Accounts Payable
Date: _____

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