



SOUTH METRO FIRE DEPARTMENT Cell Phone and Mobile Data Device Stipend Request and Authorization Form

Employee Name: _____

Employee Plan Information

Cell Phone Number: _____

Service Provide Name: _____

Service Plan (check one)

Voice/Email/Data _____

Text _____

Attach copy of provider billing as proof of service plan.

Stipend Request (check one)

Text (\$8/month) _____

Voice/Email/Data (\$75/month) _____

(Requires approval of the Fire Chief) _____

Employee Affidavit:

By accepting this stipend, I understand that I must have the equipment available for use during business hours and department-established on-call times up to and including 24/7. I am responsible for all costs associated with purchase, maintenance, replacement and upgrade of the mobile device to ensure service availability. I will pay all taxes, including personal income tax, on any Mobile/cellular phones/Smartphone allowance paid pursuant to the policy. I understand that the allowance will no longer be paid if the Department determines there is no need or if I am no longer employed by SMFD. Any failure on my part to comply with the Mobile Device Policy may, at the full discretion of the SMFD, result in the suspension of any or all technology use and connectivity privileges, and/or disciplinary action up to and including termination of employment.

Employee Signature: _____ **Date:** _____

Approvals

Fire Chief _____ **Date:** _____

Finance Director _____ **Date:** _____

This form must be kept on file with the Finance Department and renewed annually.

Date received by payroll _____

1.30 DRAFT - Cell Phone Stipend Authorization