



Cell Phone Authorization Form

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

Title: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

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

Stipend: \$20 per month (non-taxable)

Paid: Quarterly

An employee who's effective date is before the 15th of the month will receive \$20 that month.

An employee who's effective date is after the 15th of the month will not be eligible for a stipend until the beginning of the following month.

**\*\* NOTE:** The effective date of an employee's cell phone stipend will actually be the date the Chief Clerk/Administrator signs this form.

Please mark the applicable box:

I have not been previously issued a County of Erie cell phone. I am electing to use my personal cell phone as part of my required job duties.

I have returned my County of Erie cell phone. I am electing to use my personal cell phone as part of my required job duties.

Stipend Effective Date: \_\_\_\_\_

My personal cell phone # is: \_\_\_\_\_

I am cancelling my cell phone stipend. I no longer wish to use my personal cell phone as part of my required job duties.

I am cancelling my cell phone stipend. My position no longer requires the use of a cell phone as part of my required job duties.

Cancellation Effective Date: \_\_\_\_\_

I understand that I am receiving this stipend as payment for maintaining cell phone coverage as a requirement of my position with the County of Erie. I understand that all charges associated with the use of this cell phone are my responsibility. I also understand that I will be responsible for any cancellation fee associated should I separate from employment with the County of Erie. I further understand that it will be at my cost to replace, in a timely manner, any cell phone that is lost, stolen, or damaged.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Elected Official/Executive  
Director/Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chief Clerk/Administrator: \_\_\_\_\_

Date: \_\_\_\_\_