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Superintendent of Schools

SERVICE

EXCELLENCE

INNOVATION

TEAMWORK

SE2110.00a

## CELLULAR PHONE / DATA DEVICE ALLOWANCE AUTHORIZATION AND REIMBURSEMENT FORM

All forms must be received in the business office AP by the third week of December and by the third week of June. To assure adequate time for processing please submit forms to Robyn Ruiz in the Business Services Office.

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

Cellular phone number: \_\_\_\_\_ Time Period Covered: \_\_\_\_\_

### REIMBURSEMENT ALLOWANCE: \$50.00 per month (cellular phone/data device)

Paid in January (July – Dec usage) and June (January – June usage) of each year for each 6 months = \$300.00

#### Employee Certification (Initial next to each statement)

\_\_\_ I certify that I do not have a Mendocino County Office of Education provided cell phone data plan.

\_\_\_ I certify that I have read SP 2110.00, SR 2110.01 and SR 2110.02.

\_\_\_ I certify that the above allowance will be used toward incurred expenses for cellular phone and/or data required device usage for business purposes.

\_\_\_ I further certify that should the business usage significantly decline for a sustained period, I will notify my supervisor and the business department in writing as soon as practicable.

\_\_\_ I understand that this allowance will be nontaxable based on my personal cell phone being required for business reasons.

\_\_\_ I certify that I will provide my department program manager and Admin/Business Office 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 unless in hands free mode.

\_\_\_ I acknowledge that use of my telecommunications equipment in any manner contrary to local, state or federal laws, or any policy of the Mendocino County Office of Education will constitute misuse and will result in immediate termination of the allowance.

\_\_\_ I have attached a copy of one month of my personal cell phone bill within this time period, which has documentation that my cell phone is used for Mendocino County Office of Education business purposes and the monthly cost is in excess of the monthly stipend.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Rationale for this position's need for cell phone/data device: \_\_\_\_\_

#### Budget Coding:

FD (##)	RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (####)	FC (####)	DD (####)
			5902				

#### DEPARTMENT APPROVAL FOR CELLULAR/DATA USAGE COSTS:

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Associate Superintendent

\_\_\_\_\_  
Date