



Cell Phone Authorization Form

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

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

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

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

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

County Cell Phone #: \_\_\_\_\_  
(required)

Stipend: \$20.00 per month

Paid: Quarterly NON-TAXABLE

Please select one option below:

I will return the County of Erie cell phone and <b>will use my personal cell phone</b> as part of my required job duties.	<input type="checkbox"/>	Personal Cell Phone #:	
I will return the County of Erie cell phone and <b>will obtain a cell phone for future use</b> as part of my required job duties.	<input type="checkbox"/>	<i>(I understand that I am required to provide my cell phone number to Information Services as a requirement of receiving the stipend)</i>	
I choose to keep the County of Erie cell phone that was previously issued to me as part of this conversion.	<input type="checkbox"/>	I will return the County of Erie cell phone and will not use a cell phone as part of my required job duties	<input type="checkbox"/>

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: \_\_\_\_\_

Human Resources Use

Date Received in HR: \_\_\_\_\_

Left Employment Date: \_\_\_\_\_