



Mendocino Unified School District

Jason Morse, Superintendent

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

All forms must be received in the District 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 Tiffany Grant in the District Office.

Employee Name: _____ Dept: _____

Cellular Phone Number: _____ Time Period Covered: _____

REIMBURSEMENT ALLOWANCE: \$40.00 per month (cellular phone/data device)

Paid in January (July – December usage) and June (January – June usage) of each year for each 6-month period = \$440 - \$480 depending on length of employment contract. *

Employee Certification (Initial next to each statement)

- I certify that I do not have a Mendocino Unified School District provided cell phone data plan.
- I certify that I have read BP & AR 3513.1.
- 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 District Office in writing as soon as possible.
- 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 manager and the District 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 Mendocino Unified School District 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 MUSD 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/date device: _____

Budget Coding:

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

DEPARTMENT APPROVAL FOR CELLULAR/DATA USAGE COSTS:

Department Supervisor

Date

Superintendent

Date