



CITY OF WILMINGTON
Cellular Telephone and Mobile Data Device
Equipment and Stipend Authorization Form

Employee Name _____ Cell Number to Port _____

Employee Billing Address _____

Dept/Division _____ Job Title _____

Is equipment to be used for personal use or City use only? _____ Personal & City _____ City Only

*for IT/Finance use

Approved Stipend Level: _____ Monthly Stipend Amount: \$ _____ Pay Code: _____

Cost of Equipment \$ _____ Tier/Level of Coverage _____

<input type="checkbox"/>	Stipend Change	<input type="checkbox"/>	Equipment Reimburse	<input type="checkbox"/>	Other – attached explanation
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By signing this agreement, I understand that this stipend is being provided to me because it has been determined that my current position with the City of Wilmington requires that I be accessible by Cellular Phone or Mobile Data Device in order to perform my duties with the City.

This stipend is intended to be used to cover the cost of this service. I may elect to have a higher level of coverage or equipment than what has been deemed necessary by the City and I understand that I am personally responsible for the entire cost of this additional service and equipment. I also understand that I will be billed directly at my home for this service and agree that the account will remain in good standing with the service provider. If my service is terminated due to non-payment, I understand that my monthly stipend will cease immediately and any funds due to the service provider will be deducted from my paycheck.

If I choose to decrease my level of coverage or if my account is closed for any reason, I will notify my supervisor immediately.

I have read and fully understand City Policy #401 Cellular Telephone Policy and how it relates to my duties and responsibilities as an employee with the City of Wilmington.

Employee Name

Date

Supervisor Name

Date