



COUNTY EMPLOYEE CELL PHONE STIPEND APPLICATION

Date: 3/12/2026 Department: Health - WIC

Employee Name and ID# _____

Position # and Title: Breastfeeding Peer Counselor PN2328

Type of Service Requested (circle one): \$20/month - voice service only
\$40/month - voice and data
\$70/month - Department Heads/Assistants with Data

Justification: Breastfeeding Peer Counselors are required by State WIC policy to be available before and after working hours to assist breastfeeding mothers.

Check one: I have/will be turning in my county issued cell phone to IS. Date turned in: _____
 I have/will be having the county issued cell phone issued to me. Date issued _____
 I currently do not have a county issued cell phone and am requesting new service.

I have read, understand and have received a copy of the Brazoria County Cell Phone Policy Changes, which was approved by Commissioners' Court on November 12, 2014. Furthermore, I understand that the above stated amount will be received by me through payroll once all necessary approval is granted.

Employee's Signature _____

Approved: Yes No

Cathy Stusch
Department Head's Signature

Yes No

Kaylin Smart
Auditor's Office Signature

Yes No

Holly Fox
Human Resources Office Signature

4/14 Court agenda

Court Order request sent to County Judge's office for Commissioners' Court approval: _____