

## COUNTY EMPLOYEE CELL PHONE STIPEND APPLICATION

| Date: 5-28-25 Department: SOUTH Service Cit   |
|---|
| ID# <u>10888</u>  |
| Position # and Title: 840   |
| Type of Service Requested (circle one): \$20/month – voice service only \$40/month – voice and data \$70/month – Department Heads/Assistants with Data  |
| Justification: New Superintendent for South Service Ctr. Will be turning in current cell phone (County Issued) and requests tell phone stipend for personal —cell phone use.  |
| 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 cell phone issued to me and will obtain service through a phone provider of my choosing. Date issued I currently do not have a county issued cell phone and am requesting a stipend.  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  Department Head's Signature/ Commissioners' Court Liasion   |
| Yes No Aughi Short  Auditor's Office Signature  Signed by:  |
| x Yes No <u>Holly For</u><br><del>Huातिका संस्टिश्विरिट</del> es Office Signature   |

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