



COUNTY EMPLOYEE CELL PHONE STIPEND APPLICATION

Date: 8/12/25 Department: N/C Road & Bridge
ID # 14687
Position # and Title: 0918 Super

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

Justification: _____

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 Liaison

Signed by:

X Yes ☐ No

Auditor's Office Signature

Signed by:

X Yes ☐ No

Human Resources Office Signature

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