



COUNTY EMPLOYEE CELL PHONE STIPEND APPLICATION

Date: 4/22/2026 Department: R&B Central

ID # 11754

Position # and Title: 872 - Superintendent

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

Justification: Promotion from Foreman to Superintendent needing increase in stipend amount

- 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.

[Signature]
Employee's Signature

Approved: **X** Yes No

[Signature]
Department Head's Signature/ Commissioners' Court Liasion
Signed by:

X Yes No

[Signature]
Auditor's Office Signature
Signed by:

X Yes No

[Signature]
Human Resources Office Signature

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