

2019-2020 PASS Cellular Phone Stipend Request

The District will provide a \$80 per month cell phone allowance for PASS members choosing not to have a District cell phone. In order for PASS members to receive the cell phone allowance they must register their personal cell phone number with the District. **Existing District cellphones must be turned in and de-activated prior to stipend approval.**

It is recommended that official SPS business be conducted over email and NOT text message.

Section 1 – Add, change number, remove a phone, or renew stipend

I have a new personal cell phone or am changing the number for which I wish to receive the allowance/stipend. I will carry this phone with me, I will notify the District immediately of any change in the number or service, and I will not delete text messages to or from SPS personnel or regarding any official SPS business.

Cell phone number: _____

I wish to renew an existing stipend request for the phone number: _____

I choose to no longer receive an existing stipend from the District for the phone number: _____

Section 2 – Disposition of District Cellular phone

I currently have a District cell phone to be turned off and will be turned in effective _____.

I am ordering a District cell phone, and wish to have my existing stipend discontinued for the phone number: _____

I currently have a District cellphone and I wish to retain the existing number on my new personal cellphone (this must be coordinated through District – call contact below to arrange).

My current District cellphone number is: _____

Notes

This form must be submitted to Telecomm, DoTS, MS-21-350, phone 252-0421, fax 252-0404, email vvkharo@seattleschools.org

The process must be completed with all necessary approvals prior to the monthly payroll cutoff date for the stipend to go into effect the following month.

If the form is turned in more than three months from the beginning of the school year then compensation will be given up to the previous three pay cycles.

Employee / Account Info

Name (printed) _____ Employee ID: _____

Signature: _____ Date: _____

Account Code – Fund: _____ Cost Center: _____ CI: _____