Mobile Device Stipend Agreement California State University, Dominguez Hills Foundation

Employee Name: Job Title:						
			Stipend Start Date:			
			Monthly Stipend Amount (flat fee):			
Dept Name:			Account Number: Object: 8591			
Cell Phone #:			Cellular Carrier:			
Ple	ase use the followi	ng table for month	nly stipend calculation	on. Circle all that a	apply.	
Basic Cell Phone	Smartphone			Tablet	Hotspot	
	Occasional (10%)	Regular (25%)	Extensive (40%+)			
\$40	\$20	\$40	\$60	\$30	\$30	
for business-related non-taxable fringe be duties as it relates to stipends and reimber. Employee Response Recipients of a cell property of a cell property of all charges and charges are that the stip such as on a cell property recomply with requirement computing.	costs incurred whe benefit to the employoncell phone use and ursement on an annusibilities otherwise is responsible for associated with the vice provider, plan, pend is intended to campus and/or at he campus and/or at he port any cell phone hall Federal and States), as well as all Fouse, and email.	n using their individuely yee. The level of call access. The Found ual basis. For more the following response and equipment are plan choices, callicellular service and features that recover; and ensure the cover; and ensured by the formation policies, in the data maintenary undation policies, in the data maintenary undation policies, in the data maintenary access to the data maintenary undation policies, in the data maintenary undation policies, in the data maintenary access to the data maintenary undation policies, in the data maintenary access to the data maintenary a	nd assume responsib ng areas, service fea I device. neet the requiremen the carrier selected I	ones. The stipend of will be determined diset the amounts he complete <i>Cell Philippia</i> illity for vendor territures, termination at softhe job and the has service in requiple phone is stolen or ws (e.g., FERPA, regining to data security).	will be considered a d by a person's job to be provided for hone Stipend Policy. The sand conditions clauses, and paying the level of service red usage areas, The missing cords retention rity, acceptable	
Employee Certifi By signing below, I cresponsibilities under	cation certify that I have re- er the policy. I furth e for business purpo personal cellular de	ad, understand, an er certify that the a ses. I understand t	npliance with a litigated agree to the Cell Plabove stipend will be hat that the Foundated Date	none Stipend Policy used toward expe	nses that I incur	
Manager, Human Resources Signature					_	

Date

Director, Business & Finance/Chief Financial Officer Signature