

**Mid-Ohio Psychological Services, Inc
CELL PHONE STIPEND AUTHORIZATION REQUEST**

Employee Name: _____

Cellular phone number of phone for which this allowance is provided: _____

I hereby acknowledge that I have reviewed the Employee Cell Phone Stipend procedure. I have clarified with my supervisor and/or the Financial Coordinator any questions regarding its provisions. I agree to keep the agency informed of any change in my cell phone number and of any change in services status. I agree to keep my personal cell phone account current during the term in which I am paid a telephone stipend. I understand that my allowance will be paid bi-weekly on my paycheck and the initial payment will be made on the check following the approval of this application.

Signature of Employee **Date:** _____

Signature of Executive Director **Date:** _____

Signature of Financial Coordinator **Date:** _____

MOPS will annually review cellular telephone allowances to ensure designated employees continue to demonstrate a need for an allowance.