



# PORTLAND PUBLIC SCHOOLS

501 N. Dixon Street • Portland, OR 97227  
Telephone: 503-916-3050 • IT Service Desk: 503-916-3375 • Fax: 503-916-3162  
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OFFICE OF INFORMATION TECHNOLOGY

Nick Jwayad  
Chief Information Officer

## District Cell Phone/Smartphone Stipend Request

First Name	Last Name	Email Address
Department	School/Building	Building Phone Number
Title	Employee ID	Personal Cell Number to which Stipend will be applied:

This request is for a Portland Public Schools District Cell Phone or Smartphone Monthly Stipend. The stipend expires on June 30th and requires the user to reapply every year. You will receive an email reminding you to reapply.

Please check the stipend type for which you are applying:

- Cell phone only - \$15/month                       Smartphone (cell and data) - \$30/month
- I have a District cell/smartphone and would like it turned off  
(Must return the District cell/smartphone device to IT before stipend request will be processed)

### How to Apply

1. Download and complete the Stipend Request form. Every form must have the signature of a Principal or Department Director.
2. If stipend is being charged to a grant, the Grant Accountant must initial this form before it comes to IT.
3. Fax the form to IT at 503-916-3162 or drop it off in IT.
4. IT will confirm no District cell/smartphone is outstanding for the above requestor and deliver form to Payroll for processing. **IT initials** \_\_\_\_\_
5. Any form submitted to IT after the 10<sup>th</sup> of the month will be processed for the next month's paycheck.

### By signing and submitting this form you are stating:

- o You have read, understand, and agree to the "District Cellular Stipend Responsibilities" policy.
- o You do not have a District cell phone or Droid device assigned to you. If you do, it must be turned in before this form will be processed.

<b>Requestor Signature</b>	<b>Date</b>
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**Principal or Director** – By signing the below you agree to be responsible for approving a District Cellular Stipend and the expense of that stipend. The funds will come out of the same budget from which the employee is paid. Please provide the chartfield below:

Chartfield(s)

Account	Fund	Dept	Program	Sub-cls	Prj/Grt
535100					

If the above is a grant chartfield, you must get the Grant Accountant initials before sending in this form.                      **Initials** \_\_\_\_\_

<b>Print Name</b>	
<b>Signature</b>	<b>Date</b>