

Administration

Series 300

Policy Title Fringe Benefits-Administrators/Supervisors - Request Form Code No. 312.3-E2

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT
1002 S. 3rd Ave.
MARSHALLTOWN, IOWA 50158**

REQUEST FOR CELL PHONE STIPEND

NOTE: This form should be submitted twice a year. One form should be submitted by January 1 (for the prior six-month period – July-December). The other form should be submitted by July 1 (for the prior six-month period – January-June).

Name: _____ Date: _____

Month(s)/Year Stipend Requested:

@ \$50.00/Month = _____ (each form should not exceed \$300.00)

I verify that I will use my personal cell phone for school district business during the months requested above.

Requested by: _____
Signature of Requesting Administrator

Approved: _____
Signature of Director of Business Operations

Reviewed: December 17, 2007 Approved: November 20, 2006
December 3, 2012 Amended: June 5, 2017
May 16, 2016