



Acknowledgement of Receipt of Mobile Communications Device or Stipend Form

Department: _____

Date: _____

Employee Name: _____

Employee ID: _____

Employee Position: _____

Work Phone #: _____

Town Issued Mobile Communications Equipment (Check all that apply):

☐ Cellular Phone

☐ Smart Phone

☐ Air Card

☐ Laptop

☐ Tablet

Mobile Equipment Stipend:

☐ Cellular Phone

☐ Smart Phone

Personal Phone Number: _____

☐ Laptop

☐ Tablet

Employee Acknowledgement:

I acknowledge that I have read and understand Town of Marana Personnel Policies and Procedures, Policy 5-4: Use of communications systems and equipment and Town of Marana Administrative Directive: Mobile Communication Equipment and Remote Access to Town of Marana Technology Network.

I acknowledge that I must return all Town-owned mobile communication equipment in my possession to my supervisor upon termination of my employment with the Town. I understand that I will be required to replace any missing equipment at my expense. I understand that if I fail to replace any missing equipment, the Town may deduct the value of the unreturned items from my pay. I authorize the Town of Marana to withhold the value of the unreturned mobile communication equipment from my final paycheck. In addition, I understand that if the amount of my final paycheck is not sufficient to cover the cost of repayment to the Town, I will be required to reimburse the Town for the amount due at the time of termination.

Employee Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

Town Manager Approval (if required): _____ Date: _____

Distribution:

Completed original to Human Resources, copy to department file and employee. If stipend applicable, copy to Finance - Payroll Administrator