



**Area Agency on Aging of Western Arkansas  
and Visiting Nurses Agency**  
“Our heart is in your home.”

**Cell Phone Stipend Agreement**

Employee Name: \_\_\_\_\_ Stipend Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Mobile Phone Number for Stipend Request (including area code): \_\_\_\_\_

**Employee Responsibilities**

Recipients of a cell phone stipend have the following responsibilities:

- Purchase cellular phone service and equipment and assume responsibility for vendor terms and conditions.
- Report any job function changes that eliminate or significantly reduce the business need for a cell phone to your supervisor within 5 business days of the change.
- Avoid using the cellular phone for work related purposes while operating a motor vehicle.
- Delete texts and pictures within 5 days.
- Disable the camera location feature.
- Delete any photos taken for the Area Agency on Aging, Inc. before opening any social media (Facebook, Instagram, Snapchat, Twitter, etc.).
- Ensure a passcode lock is enabled on the cell phone.
- Delete all company data from the cell phone when employment with the company is severed.

**Employee Certification**

By signing below, I certify that I have read, understand and agree to the Cell Phone Stipend Agreement and my responsibilities under this agreement.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*