

Cellular Phone Service Allowance Request

Employee #	Last Name	First Name	Department #
Work Phone #	Cell Phone #		

Please check one: Existing New Change Discontinue

Work Related Need (please check all that apply):

- Yes No Does the employee's work require mobility & simultaneous access to communication networks?
- Yes No Does the employee work outside the office or is required to travel on a regular basis?
- Yes No Does the employee's work require timely and business critical two-way communication for which there is no reasonable alternative technology available?
- Yes No Does the employee provide emergency and backup support from a mobile environment?
- Yes No Is the employee routinely contacted, by the public or other county office after regular business hours?
***Other, please explain:

*** (If other, this request will require the County Administrator's signature)

Please check one:

- Tier I** **\$20.00** - based upon work duties that require incidental business use of cell phone or where other communication devices are available but cell phones are required as emergency backup.
 - Tier II** **\$50.00** – based upon work duties that require more than incidental business of cell phone.
\$80.00 – based upon work duties that require frequent out of the office work and there are no other communication devices (i.e. hand-held radios, car radios) available. (Limited to elected officials, department heads, first/emergency responders that frequently use cell phones for emergency communication.)
 - Tier III**
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EMPLOYEE SIGNATURE

DEPARTMENT HEAD SIGNATURE

***CAO SIGNATURE IF "OTHER" WAS COMPLETED