

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.

Tier III **\$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.)

EMPLOYEE SIGNATURE

DEPARTMENT HEAD SIGNATURE

***CAO SIGNATURE IF "OTHER" WAS COMPLETED