

**Alachua County
Cell Phone / Blackberry
Allowance Request Form**

Attachment A

Select the option that applies: New Update Termination

Today's Date: _____
Employee's Name: _____
Department: _____
Payroll Dist. Account: _____

Dept. Contact: _____
Contact Phone#: _____
Contact Email: _____

Device Type: Choose one and mark an "X" in the appropriate box.

Cell Phone/Blackberry *biweekly Allowance: _____ *Purchase Allowance: _____
Initiate Date: _____ End Date: _____

*This allowance is taxable income that is not part of the employee's salary. The appropriate allowance should be determined and documented by the department head, but should not be more than \$100.00 per month. The purchase allowance limit for each device is \$100.00 for cell phones and \$200.00 for other wireless communication devices. These purchases are limited to once every two years.

Allowance Justification (Explain):

Certification and Signature:

I certify that I have read and understand the Alachua County Cell Phone Policy. I also certify that the amount of allowance being requested is appropriate for the level of usage for County business.

Signature of Employee

Date

I certify that I have read and understand the Alachua County Cell Phone Policy. I further certify that use of an employee's personal cell phone or PDA is a requirement to fulfill this employee's job duties. I affirm that the allowance requested is appropriate for the level of usage for County business.

Signature of Department Head or County Manager

Date

Printed Name of Department Head or County Manager

(Retain this completed form in the department, along with any other necessary documentation to support the justification of amount and approvals for audit purposes. A copy of this form must be submitted to Finance and Accounting for payroll purposes.)