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CELL PHONE/PORTABLE COMMUNICATION DEVICE ALLOWANCE

Initiate Revise Cancel

Emp ID	Rcd No.	Last Name, First Name	Effective Date
Department		Job Code	Job Code Title
			Company

Option 1 - Portable Communication Device Allowance

My appointing authority requires that I maintain a device capable of sending and receiving telephone calls and e-mails to and from the County e-mail system.

I elect to receive the biweekly Portable Communication Device Allowance in the amount specified in the applicable Salary Ordinance, Compensation Plan or Contract. I understand that I am responsible for paying all monthly plan charges. I elect one of the following options:

I will supply, at my expense, a portable communication device capable of sending and receiving telephone calls and e-mails.

Option 2 - Discontinuation of Portable Communication Device Allowance

I elect not to receive the biweekly Portable Communication Device Allowance in the amount specified in the applicable Salary Ordinance, Compensation Plan or Contract.

Note: Appointing Authority's or Designee's Signature is not needed for Elected Officials

Appointing Authority or Designee (Print & Sign)	Date
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This election shall be effective until modified by the employee.

Employee (Print & Sign)	Date
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PAYROLL SPECIALIST VERIFICATION		
BI-WEEKLY PORTABLE COMMUNICATION DEVICE ALLOWANCE		
Action	Reason	Earnings Description
Pay Rate Change	Assign Additional Pay (AAP) Remove Additional Pay (RAP)	
Payroll Specialist (Print & Sign)		Telephone Date

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Keyed By	Date
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