



# CELL PHONE/PORTABLE COMMUNICATION DEVICE ALLOWANCE

Initiate                  Revise                  Cancel

*Must print in Black or Blue ink ONLY*

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	<b>Effective Date</b>
<b>Company</b>	<b>Department</b>		<b>Job Code Title</b>

**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 needed only if Option 1 is selected.*

<b>Appointing Authority or Designee (Print &amp; Sign)</b>	<b>Date</b>
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***This election shall be effective until modified by the employee.***

<b>Employee (Print &amp; Sign)</b>	<b>Date</b>
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<b>PAYROLL SPECIALIST VERIFICATION</b>
<b>BI-WEEKLY PORTABLE COMMUNICATION DEVICE ALLOWANCE</b>

Action	Reason	Earnings Description
Pay Rate Change	Assign Additional Pay (AAP) Remove Additional Pay (RAP)	C17 Exempt Cell Phone

<b>Payroll Specialist (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>
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<b>EMACS-HR Office Use Only</b>	
Keyed By (Employee ID)	Date

*DISTRIBUTION: Original - EMACS-HR (0030)*

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