



County of San Bernardino CELLPHONE/PORTABLE COMMUNICATION DEVICE ALLOWANCE

Eligible Elected Officials, Exempt employees (Groups A&B), County Fire/Special Districts Exempt employees (Group A), and eligible Contract employees shall be entitled to receive a portable communication device allowance for County business use of their personal portable communication device.

REFERENCES

Exempt Compensation Plan; County Fire/Special Districts Exempt Compensation Plan; Salary Ordinance for Elected Officials, Employment Contract

FORMS REQUIRED

Cell Phone/Portable Communication Device Allowance Form

GENERAL INFORMATION

To Initiate:

- ◆ At the time of hire the payroll specialist shall provide the Cell Phone/Portable Communication Device Allowance form with the new hire or promotion packet
- ◆ Employees must select Option 1 on the Cell Phone/Portable Communication Device Allowance form in order to begin receiving the biweekly allowance in the amount specified in the applicable Salary Ordinance, Compensation Plan or Contract

To Revise:

- ◆ A Cell Phone/Portable Communication Device Allowance form must be submitted by the employee to the payroll specialist if revising the original designation

To Cancel:

- ◆ A Cell Phone/Portable Communication Device Allowance form must be submitted by the employee to the payroll specialist if cancelling the original designation

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Verify employee's eligibility (Eligible Elected Officials, Exempt Groups A & B, County Fire/Special Districts Exempt Group A, and Eligible Contract Employees)
- ◆ Verify Option 1 or Option 2 has been selected
- ◆ Ensure the Appointing Authority or Designee has printed and signed the form if Option 1 is selected
- ◆ Forward originals via interoffice mail to EMACS-HR (0030)
- ◆ Retain copies for department file
 - Verify in EMACS that the employee is receiving the portable communication device allowance
- ◆ Complete Payroll Specialist Verification section
 - Reason (check one):
Assign Additional Pay (AAP) – check AAP to initiate/revise for Option 1
Remove Additional Pay (RAP) – check RAP to cancel Option 1
 - Earnings Description: C17– if Option 1 is chosen



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- ◆ Audit form for completeness

DEADLINES

Refer to Payroll Calendar for processing deadlines

RELATED CHECKLISTS

Contract to Regular
New Hire – Contract
New Hire – Exempt
Regular to Contract