



CELL PHONE/PORTABLE COMMUNICATION DEVICE ALLOWANCE

Initiate Revise Cancel

Must print in Black or Blue ink ONLY

Employee 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)	C17 Exempt Cell Phone C20 Elected Officials

Payroll Specialist (Print & Sign)	Telephone	Date
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EMACS-HR Office Use Only	
Keyed By (Employee ID)	Date

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