

Reference DKD

CELL PHONE POLICY REQUEST FORM

REQUEST FOR EMPLOYEE PERSONAL CELL ALLOWANCE

Employee Name: _____

Job Title: _____

Email: _____ District Phone: _____

Department: _____

School / Location: _____

Employee cell phone number: _____

Equipment to be used: cell phone smart phone (email and web capable)

Reason for the request (check all that apply or provide an explanation under "other"):

The nature of my assigned work requires substantial travel and limits my ability to use the office or other municipal communication devices including in-house or city-wide radios:

Due to frequent and prolonged time out of the office, a communications device is required to support departmental operations;

The nature of my assigned work requires me to be reasonably available outside of normal office hours;

The nature of my assigned work is critical to the District's operation and requires a prompt and immediate response;

Other: _____

OPTION 1: MONTHLY ALLOWANCE REIMBURSEMENT OPTIONS:

\$20.00 Monthly Allowance (cell phone) OR

\$40.00 Monthly Allowance (smart phone)

OPTON 2: DISTRICT-PROVIDED DEVICE POLICY

Request for a district-supplied device

OPTION 3: EMPLOYEYEm3 re S q 8.33IOu: OOO.44 2 2050.67 96 96 re S1154.33333 0 0 8.33333 0 0 cn

ACKNOWLEDGEMENTS