Cell Phone Eligibility Form

Employee Name:		Employee ID:
Title:	_ Dept:	Phone/Ext:
Indicate choice by circling A or B		
Option A) County Purchased and Operated		
The employee listed above is eligible and author	ized to use a County	owned cell phone for business use only.
County Purchased and Operated		
Lake County reserves the right to terminate	an employee's cell p	whone in violation of this policy.
		Initials:
Option B) Employee Purchased, Owned, and (Operated	
The employee listed above is eligible and authorize below: Employee connected device (no allor Under 100 voice minutes 100-450 minutes Over 450 minutes		thly call plan allowance as indicated Tier 1 Tier 2 Tier 3 Tier 4
Data Plan (In addition for Data Servio By accepting the monthly cell phone allowance I may be reached during regular business hours an working cell phone and to furnish Lake County wi agree to contact my supervisor and payroll office the payroll office may result in an employee repa	do hereby agree to u d/or during emergen th a valid working ce if I change or cancel	cies when applicable. I agree to have a Il phone number at all times. I further cell phone services. Failure to contact
Lake County reserves the right to terminate an er	nployee's cell phone	in violation of this policy.
		Initials:
Allowance Cancellations:		
The employee listed above is cancelling cell phon	e allowance.	
Employee is cancelling Cell Phone Allowance		

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Business Case for Cell Phone

Example of a County business case

Employee x requires the use of a cell phone. The work functions of employee x require the employee to be away from the office working in the field as well as be in communication with their manager. I am requesting that employee x receives an "option B" cell phone plan, with a tier 2 voice message plan, with data included. I am requesting employee x receive an allowance of \$40 for the tier 1 voice minutes plan and the data package. Due to the convenience and accessibility of the employee's own personal cell phone I believe it is more beneficial to the County to provide an allowance rather than issue employee x a County purchased phone.

I have read, understand, and agree to comply with the Lake County Cell Phone Policy. I acknowledge that my cell phone records may be considered public records by law. The County is permitted to, but has no obligations to, assist in any Public Record Act matter associated with my cell phone.

Employee Signature	Date
Department Head/Elected Official Approval	Date
Director of Finance	Date
Date Device Received: Cell Phone Number:	