



MULTNOMAH COUNTY

Allowance for Business Use of Personal Cellular Devices

To be completed by employee:

Employee Name: _____ (PLEASE PRINT) SAP Personnel #: _____

Employee's personal cell phone number: _____ Cell Phone Carrier: _____

Monthly Voice Plan Amount: \$ _____ If over \$40.00, check box below.

Monthly Data Plan Amount \$ _____ If over \$25.00, check box below.

Effective Date _____. Amount of Allowance: ☐ \$40.00/mo ☐ \$25.00/mo (data only)
☐ \$65.00/mo (voice and data)
☐ Other amount: _____

I verify that I have been authorized to use my personal Cellular Device for business use by my Supervisor and that I have read and agree to the terms in MCPR 3-37 and Administrative Procedure FIN-18.

I agree to notify Payroll immediately if I discontinue using my personal Cellular Device for business use and/or I discontinue service with the above named carrier.

I verify that the amount of allowance listed above does not exceed my actual monthly plan amount. Allowance will be paid on the last paycheck of the month, will be for the current month, and is fully taxable.

Employee Signature: _____ Date: _____

To be completed by Supervisor and forwarded to Department Director for authorization:

Supervisor's name: _____
(Please print)

I verify that the employee listed above is required, due to legitimate business need, to maintain a personal Cellular Device for conducting County business and I hereby authorize the payment of an allowance as indicated above.

Supervisor Signature: _____ Date: _____

Department Director:
Please check box and sign below. Request is Approved ☐ Denied ☐

Dept. Director Signature: _____ Date: _____

SEND COMPLETED FORM TO CENTRAL PAYROLL 503/4 or FAX 503-988-6939 (x86939)

Payroll Use Only:

Processed by: _____ Date Processed: _____