



EXHIBIT B
INDIAN RIVER COUNTY
COUNTY-ISSUED CELLULAR DEVICE AUTHORIZATION FORM

Employee Name: _____ Department: _____

Job Title: _____ Division: _____

Date Required _____

Form with checkboxes for NEW, CHANGE, and DISCONTINUED.

JUSTIFICATION (Check all that apply):

- List of four justification checkboxes: job function requires accessibility outside hours, in the field, regular voice/email contact, and critical infrastructure.

Form with checkboxes for Device Type: Phone w/ Voice Only, Phone w/ Voice and Data, Wifi Hotspot, Tablet, Phone w/ Voice, Data, and Hotspot.

EMPLOYEE ACKNOWLEDGEMENT: I acknowledge that I have read and understand the County Cellular Device and Stipend Policy and the expectation that the use of the cellular device will be in compliance with County policies and standards of behavior.

Employee Signature _____

Date _____

I certify that this device is needed for the employee to perform the essential duties of their job.

Department Head Signature _____

Date _____

Approved: _____

Director, Office of Management & Budget _____

Date _____

Phone Charge Account: _____

Recurring Monthly Account: _____