

**EXHIBIT A
INDIAN RIVER COUNTY
NON-UNION EMPLOYEE CELLULAR DEVICE STIPEND
AUTHORIZATION FORM**



Employee Name: _____ Department: _____

Job Title: _____ Division: _____

Stipend Effective Date: _____

<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DISCONTINUED
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JUSTIFICATION (Check all that apply):

- The employee's job function requires the user to be accessible outside of scheduled or normal business hours.
- The employee's job function requires the user to be in the field or away from their assigned office or work area regularly and the use of a cellular device is essential in carrying out the essential duties of the job.
- The employee's job function requires regular voice and/or email contact with their office, outside vendors and/or customers while away from their normal work place.
- The employee is responsible for critical infrastructure and need to be immediately accessible at all times.

Stipend: (check one)	<input type="checkbox"/> Voice Only \$30/month	<input type="checkbox"/> Voice and data \$50/month
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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