



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

Employee Name: _____ Department: _____

Job Title: _____ Division: _____

Stipend Effective Date: _____

Form with checkboxes for NEW, CHANGE, and DISCONTINUED.

JUSTIFICATION (Check all that apply):

- List of four justification checkboxes: 1. The employee's job function requires the user to be accessible outside of scheduled or normal business hours. 2. The employee's job function requires the user to be in the field or away from their assigned office or work area regularly... 3. 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. 4. The employee is responsible for critical infrastructure and need to be immediately accessible at all times.

Device type: (check one) [] Voice Only [] Voice and data [] Other (tablet)

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 _____

County Administrator _____

Date _____