



Larimer County Colorado Wireless Device Allowance Request

*** As of Nov 2011, this is a Non-Taxable Earning***

Employee Number _____

Please Print or Type

Wireless Device Request	<i>Select One</i>	<input type="checkbox"/> New Request	<input type="checkbox"/> Change	<input type="checkbox"/> Annual Re-Authorization	<input type="checkbox"/> Cancellation
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Effective Date:	
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Last Name	First Name	Middle Initial

Department	
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Job Title	
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Wireless Device Number	()	-	
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Costing Info
<input type="checkbox"/> Same as employee's job earnings distribution
<input type="checkbox"/> Other Distribution (FOPAL Coding):

Justification for Device:

PLANS	Low Usage <i>Business need to have remote contact with employee on a periodic basis.</i>	Moderate Usage <i>Business need to maintain remote contact with employee on a daily basis.</i>	High Usage <i>Employee primarily works outside of a physical office.</i>
Cell Only	<input type="checkbox"/> \$40	N/A	N/A
Cell with Data	<input type="checkbox"/> Up to 3 GB \$80	<input type="checkbox"/> Up to 6 GB \$100	<input type="checkbox"/> Unlimited Data \$110
Cell with Data plus Tablet	<input type="checkbox"/> \$90	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120
Other Allowance (specify)	<input type="checkbox"/> \$_____	TOTAL REQUESTED:	

**** Attach Copy Of Latest Bill For Re-Authorization Of Allowance ****

Employee Certification and Signature: (for new request or continuation)

I certify that I will use device allowance towards the business use designated above, and will promptly report any changes in the level of usage to my supervisor. I will make my wireless device number available to Larimer County.

I further certify that I have read, understood and intend to comply with the County Wireless Communication policy. I understand I will receive this allowance in my first biweekly paycheck of the month and the allowance is non-taxable.

Employee Signature _____
Date

Supervisory Certification and Signature

I certify that the requested wireless device allowance is needed by this employee to cover the cost of carrying a wireless device for county business.

The wireless device allowance for this employee is no longer needed.

Supervisor Signature: _____
Date: