

Approved

**JOHNSON COUNTY
Cellular Equipment Allowance
Request Form**

Commissioners Court

JUL 27 2015

Select the option that applies: Add Remove Change
 Suspend From _____ To _____

Employee's Full Name: David Lee Miracle

Department: Pct. 1 Job Title: Equip Op II

Allowance Justification (Explain)
on call

Request to move approved cell phone allowance
from position #451-603 to position #602-002

I certify that I have read and understand the County Cellular Equipment Policy. I also certify that the amount of allowance being requested is appropriate for the level of usage for County business.

David Miracle
Signature of Employee

Date

I certify that I have read and understand the County Cellular Equipment Policy. I further certify that use of an employee's personal cellular equipment is a requirement to fulfill this employee's job duties. I affirm that the allowance requested is appropriate for the level of usage for County business.

[Signature]
Signature of Department Head/Elected Official

6-30-15
Date

Reviewed by Commissioner's Court on: _____

Approved Declined

Effective Date: _____

Amount of Allowance: \$40.00

Note: On request to add allowance, please attach documentation validating cellular service prior to submitting to Personnel Department (payroll)