

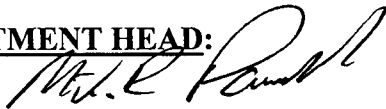
REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Vicki Moore
TODAY'S DATE: February 8, 2016

DEPARTMENT: Sheriff/560

SIGNATURE OF DEPARTMENT HEAD:



REQUESTED AGENDA DATE: February 22, 2016

SPECIFIC AGENDA WORDING:

Request for Cellular Equipment Allowance for Dedri Hafer (position# D03-050)
who is assigned as School Resource Officer for Alvarado ISD.

PERSON(S) TO PRESENT ITEM: Chief Powell

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 5 minutes

ACTION ITEM: X

WORKSHOP

(Anticipated number of minutes needed to discuss item) CONSENT:

EXECUTIVE:

STAFF NOTICE:

COUNTY ATTORNEY: _____

IT DEPARTMENT: _____

AUDITOR: _____

PURCHASING DEPARTMENT: _____

PERSONNEL: X _____

PUBLIC WORKS: _____

BUDGET COORDINATOR: _____ OTHER: _____

*****This Section to be Completed by County Judge's Office*****

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____

Approved

Commissioners Court

FEB 22 2016

**JOHNSON COUNTY
Cellular Equipment Allowance
Request Form**

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

Employee's Full Name: Dedri Hafer

Department: Sheriff's Office Job Title: School Resource Officer

Allowance Justification (Explain)

Deputy Hafer is currently assigned to the Alvarado ISD as a School Resource Officer. As such she is responsible for coordinating Law Enforcement and School related activities, locating Students for Non Attendance Compliance. And working School Activities after house (football/basketball/Baseball) which requires her to have the ability to contact School Administrative Personnel, and Parents when necessary.

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.

Dedri Hafer
Signature of Employee

2/8/16
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

2-8-16
Date

Reviewed by Commissioner's Court on: 2/22/16

Approved Declined

Effective Date: _____

Amount of Allowance: 40⁰⁰

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

