ALACHUA COUNTY ELECTRONIC DEVICE REQUEST AND USE AGREEMENT

Department and Applicant Information				
Employee Name:	epartment:			
Dept. Director:	Dept. Verizon Liaison:			
Service Requested (Circle all that apply): County-Owned: Cell Phone / Tablet or Stipend for Use of Personal I	Phone			
Provide a brief justification for County-owned device or stipend requests tha Commission's adopted policy:	t meet one or more of the criteria established in the			
Stipend for Use of Personal Phone				
Alachua County will provide a \$25 per month stipend for business use of your pers	onal phone (in accordance with policy 16-05).			
Employee Stipend = \$12.50 twice per month	Initial to select & begin this option:			
Return Requirement for Cell Phones and / or Tablets				
Employees who are issued County-owned devices are required to return same upon property of Alachua County. When an employee fails to return County property by equipment from the employee's final pay check. The County reserves the right to the return of County property or reimbursement for the cost of same.	the date of his/her termination, the County may deduct the cost(s) of			
Employee Acknowledgement				
By signing below, I certify that I have received, read, understand and agree to comply with the return requirements for County-owned devices, and understand the equipment to the County. If participating in the Personal Phone Stipend, I agree to personal cell phone. If receiving a County-owned cell phone or tablet, I understand am personally responsible for roaming or other fees incurred for non-County use. either County-owned or personal devices is permitted only with County authorized provided device or personally owned device is subject to public records law and put	at Alachua County may withhold wages due if I fail to return all accept the indicated monthly stipend for business use of my dit should be used primarily for official business purposes and that I I acknowledge that text messaging (texting) County business on software. I understand that all County related business on a County			
Signature of Employee:	Date:			
Department Review and Approval				
Signature of Department Director: Deputy/Assistant County Manager Review and Approval	Date:			
Deputy/Assistant County Manager Review and Approval				
Signature of Deputy Manager or Assistant County Manager:	Date:			
County Manager/Attorney Review and Approval				
Signature of County Manager:	Date:			