

COUNTY OF LAKE Courthouse-255 North Forbes Street Lakeport, California 95453 Smartphone Stipend Request Form

Name		Department		
Title				
Are you currently receiving a	smartphone stipend	from the County?	Yes	No
receiving a sma If yes , approximately is for County busines If yes , what is the av	vide your smartphon artphone number mu rtphone stipend. y what percentage of as purposes? erage monthly cost?	e number: ust be provided to the your personal smartp % \$%	Auditor-Co	ntroller's Office prior to I usage do you estimat
	_	nartphone and beginr	-	
Do you currently have a Cou If yes, can the plan be te	Yes malty? Yes	No No		
The following are the eligibil				d in the Smartnhane
Policy. <i>Check all that apply:</i>	ity requirements for	obtaining such a devic	le as outline	a in the smartphone
 The employee's communications The employee's communication f The employee prenvironment. 	network; or work requires th or which there i	imely business cr is no reasonable	ritical tw alternat:	wo-way ive technology; o:
By signing this form I acknown its regulations.	wledge I have read a	nd understand the Sr	nartphone F	Policy and will abide b
Employee Signature	Date	 Department H	ead	Date
To be completed by Administra	ation for non-manager	nent employees:		
Stipend approved starting: _			Fo	or Payroll Use:
			Pa	ayroll Start Date:
County Administrative Office	or		D4	eputy:
County Automistrative Office	.1		De	-ραιγ