



CITY OF CARSON FINANCE DEPARTMENT

CELLULAR TELEPHONE/SMARTPHONE ALLOWANCE PROGRAM BENEFIT ELECTION FORM (CPP 1.2.03)

(Please complete this form thoroughly, sign and date, then forward to the Purchasing Division along with the signed Acknowledgement Form from the CPP. Upon verification of the information, Purchasing will forward this form to the Accounting Division, which will set up and pay your monthly allowance.)

NAME			
POSITION TITLE			
DEPARTMENT/DIVISION			
E-MAIL ADDRESS			
CELL PHONE NO.		CELL PHONE/SMARTPHONE SERVICE PROVIDER	

Step One: PLEASE SELECT ONE OF THE FOLLOWING OPTIONS, THEN READ AND SIGN THE CERTIFICATION ON PAGE 2.

<input type="checkbox"/>	I elect to purchase my own cellular telephone and purchase my own service plan. I choose to personally own the telephone and not be reimbursed by the City; hence, it is mine to keep when my City service ends. However, any damage to or loss of my cellular telephone will be my responsibility. I am eligible to receive a monthly taxable allowance of \$50.00 on the first pay date of each month.
<input type="checkbox"/>	I elect to purchase my own Smartphone and purchase my own service plan. I understand that I must consult with the City's Information Technology Manager to make sure that the Smartphone is compatible with the City's e-mail system. I choose to personally own the Smartphone and not be reimbursed by the City; hence, it is mine to keep when my City service ends. However, any damage to or loss of my Smartphone will be my responsibility. I am eligible to receive a monthly taxable allowance of \$75.00 on the first pay date of each month.

APPROVED/DENIED: _____ **DATE:** _____

CITY MANAGER

EXHIBIT NO. 2

CERTIFICATION

By affixing my signature below, I certify that I have received and read Council Policy and Procedure 1.2.03 which contains the City's policy on the Cellular Telephone/Smartphone Allowance for Carson Officials and Unclassified Employees. I understand and will comply with its provisions.

I further understand that the allowance will be discontinued if I do not maintain service for my device. Upon separating from the City, the allowance will cease.

 Signature

 Date

Step Two: PLEASE SUBMIT THE FOLLOWING ITEMS ALONG WITH THIS FORM AND RETURN SAME TO THE PURCHASING DIVISION:

1. Duly completed Acknowledgement Form referenced by CPP 1.2.03.
2. Documentation verifying the user's telephone number and/or e-mail address (if applicable), and the related cellular telephone/Smartphone service plan, if electing to receive the allowance. This may include an invoice that is no older than 60 days prior to the date of your submission of this form, or a letter from the service provider showing your cellular telephone/Smartphone plan information.

FOR PURCHASING USE ONLY	
Verified To Be Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved by:	
Purchasing Manager	Date

FOR FINANCE USE ONLY	
Allowance Starts	Amount
Payable on	
Approved by:	
Finance Director	Date
Allowance Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason	
Approved by:	
Finance Director	Date