ALACHUA COUNTY ELECTRONIC DEVICE REQUEST AND USE AGREEMENT

Department and Applicant Information	
Employee Name:	Department:
Dept. Director:	Dept. Verizon Liaison:
Service Requested (Circle all that apply): County-Owned: Cell Phone / Tablet or Stipend for Use of Personal Phone	
Provide a brief justification for County-owned device or stipend requests that meet one or more of the criteria established in the Commission's adopted policy:	
Stipend for Use of Personal Phone	
Alachua County will provide a \$25 per month stipend for business use of your personal 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 termination of their employment. All such equipment is the property of Alachua County. When an employee fails to return County property by the date of his/her termination, the County may deduct the cost(s) of equipment from the employee's final pay check. The County reserves the right to prosecute the employee both civilly or criminally in order to ensure the return of County property or reimbursement for the cost of same.	
Employee Acknowledgement	
By signing below, I certify that I have received, read, understand and agree to comply with the County's Cell Phone / Tablet Policy (16-05). I agree to comply with the return requirements for County-owned devices, and understand that Alachua County may withhold wages due if I fail to return all equipment to the County. If participating in the Personal Phone Stipend, I agree to accept the indicated monthly stipend for business use of my personal cell phone. If receiving a County-owned cell phone or tablet, I understand it should be used primarily for official business purposes and that I am personally responsible for roaming or other fees incurred for non-County use. I acknowledge that text messaging (texting) County business on either County-owned or personal devices is permitted only with County authorized software. I understand that all County related business on a County provided device or personally owned device is subject to public records law and public records must be produced upon request.	
Signature of Employee:	Date:
Department Review and Approval	
Signature of Department Director:	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:

PLEASE TRANSMIT ORIGINAL COMPLETED FORM TO THE COUNTY MANAGER'S OFFICE