

OKALOOSA COUNTY MOBILE DEVICE REQUEST

Department and Applicant Information			
Employee Name:		Department:	
Dept. Director:		Mobile Device Group Leader:	
Device Requested (Circle One)	Push-to Talk (PTT) Only	Cell Phone & PTT	Cell Phone/PTT/Email
Please provide a brief description of the Employee's need for the requested device:			
Employee Option for Reasonable Secondary Personal Use (Not Available on PTT Only Devices)			
Okaloosa County issued cell phones are primarily intended for County business; however, they are not restricted to County purposes only. If so desired, an employee may select to reimburse the County for reasonable secondary personal use by selecting the following bi-weekly reimbursement payroll deductions.			
Personal Use Option	Payroll Deduction = \$5/pay period* (limit of 2 deductions per month)	Initial to select & begin this option: _____	
*Rate subject to change.			
Employee Option to DECLINE or DISCONTINUE Reasonable Secondary Personal Use Option			
By selecting this option, the requesting employee is DECLINING or selecting to DISCONTINUE the reasonable secondary personal use option and agrees to utilize their Okaloosa County issued cell phone for County business only.			
County Business Only Option	Initial to decline the reasonable secondary use option: _____		
Return Requirement for Telephones and Other Electronic Equipment			
Employees who are issued telephones or any other electronic equipment for use are required to return same upon termination of their employment. All such equipment is the property of Okaloosa County. When a former employee fails to return such County property on the date of his/her termination: The County will deduct from the employee's final pay check, the costs of all equipment not returned; and if the amount deducted is not sufficient to cover the cost of the equipment not returned, the County retains the right to prosecute both civilly and criminally in order to ensure either the return of its property or reimbursement for the cost of same.			
Requesting Employee Signature			
By signing below, I certify that I have received, read, understand and agree to comply with the County's Communications Policy; I certify that I have read, understand and agree to comply with the return requirements for telephones and other electronic equipment and I agree that Okaloosa County may withhold any and all wages due if I fail to return all equipment to the County; and that, if selected above, I am agreeing to the indicated bi-weekly payroll deduction to reimburse the County for reasonable secondary personal use.			
Signature of Employee:		Date:	
Department Review and Approval			
Signature of Department Director:		Date:	

PLEASE TRANSMIT ORIGINAL COMPLETED FORM TO OKALOOSA COUNTY HUMAN RESOURCES DEPARTMENT