

City of Klamath Falls Cell Phone Form

Employee Name: _____

Employee Position Title: _____

Employee Division & Department: _____

I have read the cellular phone policy: _____
(Employee Signature)

PLEASE CHECK ONE OPTION:

<input type="checkbox"/> Allowance	<input type="checkbox"/> Termination of Allowance
Cell Service Provider: _____	<input type="checkbox"/> City Issued Cell Phone
Cell Phone Number: _____	

Effective Date for Allowance to Begin/Terminate: _____

Rationale City-issued cell phone/stipend:

Department Head: _____
Signature Date

City Manager: _____
Signature Date

Please forward this form to Payroll once approved.
Payroll will process and forward to Human Resources to be placed in employee
Personnel file.