

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

**CELL PHONE ACCESS AND USAGE — DEPARTMENTAL
AUTHORIZATION FOR COMMISSIONERS — OWNED
CELL PHONE**

FORM 23

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Employee Name: _____

Date: _____

Employee ID#: _____

E-mail: _____

Cell Phone Number: _____

Account #: _____

Department Head: _____ Phone Number: _____

Job Title: _____ Dept.: _____

I verify that the employee listed above is required, due to legitimate county needs, to maintain wireless communication to conduct official business and hereby authorize payment from the account listed above of a cellular telephone and most appropriate monthly usage plan. All sections of the Miami County Personnel Policy Manual relating to cell phone usage must be followed at all times.

Approval:

Department Head: _____ Date: _____

Employee Signature: _____ Date: _____