# CITY OF PEMBROKE PINES
## CELLULAR PHONE EMPLOYEE REIMBURSEMENT REQUEST FORM

**DEPARTMENT USE:**
**PROPOSED DATE OF ACTION** _____

| EMPLOYEE NAME : | EMPLOYEE NUMBER : |
|---|---|
| EMPLOYEE TITLE: | EMPLOYEE DEPARTMENT : |

I hereby request a reimbursement for cellular phone equipment/service for the above mentioned employee.

| Questions | Answers | |
|---|---|---|
| Does the employee currently have a City-Issued Cell Phone? | Yes ☐ | NO ☐ |
| If yes, what is the Phone Number? | | N/A ☐ |
| What does the City currently pay for monthly service on this phone? | $ | N/A ☐ |
| Will the employee be transferring this phone number to his/her personal account? | Yes ☐ | NO ☐ |
| If no, what will be the cellular phone number for this employee? | | N/A ☐ |
| What company will be the service provider for this cellular phone number? | | N/A ☐ |

| Payroll Codes | Monthly Reimbursement Amount | Monthly Usage Level Guidelines to Determine Reimbursement |
|---|---|---|
| 185 | ☐ $25.00 | 400 or Less Minutes |
| 186 | ☐ $35.00 | 401 – 700 Minutes |
| 187 | ☐ $45.00 | 701 – 1000 Minutes |
| 188 | ☐ $75.00 | 701 – 1000 Minutes and a Smartphone with a data plan |
| | ☐ OTHER: | |

| EXPLANTION/JUSTIFICATION OF REQUEST: |
|---|
| |

| DOCUMENTATION IF AVAILABLE, PLEASE ATTACH APPROPRIATE BACKUP AND INDICATE BACKUP BELOW |
|---|
| ☐ 3 months of current usage |
| ☐ Examples of employees that have similar responsibilities and that are currently receiving a reimbursement. |
| ☐ OTHER: |
| ☐ OTHER: |

I acknowledge and agree to adhere to the City's CELL PHONE EMPLOYEE REIMBURSEMENT POLICY, as amended from time to time and agree to accept the reimbursement provided, if approved.

_____     _____/_____
EMPLOYEE NAME                        SIGNATURE                    DATE

_____     _____/_____
DEPARTMENT HEAD                      SIGNATURE                    DATE

_____     _____/_____
TECHNOLOGY SERVICES DIRECTOR         SIGNATURE                    DATE

_____     _____/_____
HUMAN RESOURCES                      SIGNATURE                    DATE