

Travis County Monthly Cellular Service Allowance REQUEST FORM

Pursuant to Travis County Code, Chapter 39, Wireless Communications Policy, I am submitting this request for additions (A) or changes (C) of monthly cellular service allowances within my Office/Department.

Official/Department Head Signature and Date

effective date

NOTE: All requests for new monthly allowances or increases to previously approved monthly allowances must first go through PBO, then it may be processed through the Auditor's Office-Payroll Division. Along with this request form, a budget adjustment must be completed in SAP for a transfer of funds into the following commitment items: FICA OASDI (506010), FICA Medicare (506020), Retirement (506050), Workers Compensation Insurance (506060), and Cellular Allowance (511710). The benefit rate calculations are located in the Travis County Budget Rules in effect for the fiscal year. Unless the allowance is for a limited time, the budget transfer used to fund the allowance can only be made on an annualized permanent basis.

A cellular service monthly allowance is requested for (A or C, Employee ID #, position title and slot number):

A or C	Employee ID #	Position Title	Slot #	\$10/ mo	\$20/ mo	\$30/ mo
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reviewed by PBO

signature and date

Processed by Auditor's Office

signature and date