



**CITY OF WACO
DESIGNATION FOR CELL PHONE USE**

EMPLOYEE

Date: _____

Printed Name: _____ Position: _____

Department: _____ Cell Phone #: _____

AUTHORIZATION

The City of Waco _____ department has established a monthly cost for your cell phone use at \$_____ per month to sufficiently cover usage for city business.

The IRS requires the City to tax employees for personal fringe benefits. Because personal usage of a City-owned cell phone is considered to be a personal fringe benefit, you must indicate your choice of usage of your assigned cell phone by checking one of the boxes below:

YES - Personal Use - I understand I may use the city-issued cell phone assigned to me for personal use, and because of this I am responsible for paying tax on the monthly amount stated above, which I authorize deducted from my pay. I also understand that when my total monthly bill is more than the amount listed above, I am responsible for reimbursing the City for the excess of my monthly bill within ten (10) working days of receiving my bill. If, upon separation from employment, I have not reimbursed the City for any excess of my monthly bill, I authorize the City to deduct that excess amount from my final paycheck.

NO - Personal Use - I will not use the city-issued cell phone for any personal use of any kind. I understand that no exceptions will be granted.

BY SIGNING THIS DESIGNATION THE UNDERSIGNED HEREBY ACKNOWLEDGES AND AGREES TO THE FOLLOWING:

- I have received and will follow the city's policies and procedures regarding city-issued cell phones and I understand that I am subject to disciplinary action for non-compliance.
- I understand that if I use the cell phone for personal use, as indicated above, I am responsible for paying tax on the monthly amount stated above, plus I am responsible for reimbursing the City for the excess of my monthly bill within ten (10) working days of receiving my bill.
- I understand and agree that if, upon separation from employment, I have not reimbursed the City for any excess of my monthly bill, I authorize the City to deduct that excess amount from my final paycheck.
- I understand that my cell phone bill will be audited periodically for policy compliance.
- I understand that my cell phone bill will be subject to disclosure under the Public Information Act.

Employee Signature: _____ Date: _____

Department Manager Signature: _____ Date: _____

Upon designation by employee and approval by department manager, a copy of this form must be forwarded to the Finance Department for review and proper benefit taxation, if necessary. A current copy of the Cell Phone Policy will be provided to employees to retain for their reference.