

CITY OF CARNATION

PERSONAL CELL PHONE ALLOWANCE AGREEMENT

ACKNOWLEDGMENT AND APPROVAL FORM

Employee Printed Name: _____

Job Title: _____

Department: _____

I affirm that I have read, understand, and agree to comply with the City of Carnation Wireless Communication Device Policy and provisions concerning the Personal Cell Phone Allowance.

1. I understand that the cellular phone allowance will start at the next regularly scheduled pay date and will be paid as taxable income through payroll, and appropriate payroll taxes on the allowance amount will withheld from my paycheck, and the amount of the allowance will be included on my year-end W-2.
2. I understand that the cellular phone allowance does not constitute an increase to salary or wages and will not be included in the calculation of increases to base pay.
3. I understand that I am responsible for purchasing and maintaining the equipment
4. I understand that I am responsible for technical support of the equipment, unless otherwise approved by the City Manager
5. I understand that I am responsible for retaining active service with a wireless provider as long as the cell phone allowance is in place
6. I understand that I am responsible for payment of bills and charges associated with the equipment and service
7. I understand that I am responsible for retaining six months of monthly billing records
8. I understand that upon request, I am responsible for providing recent billing statements reflecting all business-related phone calls
9. I understand that the use of a wireless communication device to conduct City business, whether owned by the employee or the City, creates a Public Record subject to disclosure under the Washington State Public Records Act, and that Voicemail messages relating to City business are also a Public Record subject to disclosure.
10. I understand that if a public records request is made for written or voicemail communications, upon request by the city clerk I will be required to conduct a good faith search of my personally-owned wireless communication device(s)/account(s) for responsive records and provide them to the City. I further understand that I will be required to sign a declaration under penalty of perjury

that my personal device(s)/account(s) was (were) searched and that all responsive records were provided to the City.

11. I understand that if I fail to comply with this policy may be subject to disciplinary action, up to and including dismissal.
12. I understand that if I terminate my employment with the City I must search all such communication devices and/or email or social media accounts that have been used for work-related purposes, and provide a copy of all records that pertain to City business which have not been previously duplicated and purged from the device(s) or account(s).
13. I understand that the City Manager may withdraw approval of the cell phone allowance at any time.

EMPLOYEE SIGNATURE:

Employee Signature

Date

CITY MANAGER APPROVAL:

City Manager Signature

Date