

## Allowance for Employee-Owned Electronic Communication Device

The need and use of electronic equipment provided by public funds must directly support the assigned duties and responsibilities of the user and support the delivery of State services. Allowance is not authorized unless approved by Administrative Services Director or Designee, and cannot be effective for periods earlier than date signed by supervisor.

<b>Department/Division</b>	<b>Job Title</b>
<b>Employee Name</b>	<b>Employee ID (six digits)</b>

**The following electronic device(s) is necessary for this employee**

Equipment	Device Phone Number	Monthly Allowance <sup>1</sup> <small>Rates are subject to change</small>	Start Date <small>Not earlier than the date of supervisor's approval</small>	End Date <small>If applicable</small>
Cell Phone (voice plan)		\$5		
Smartphone (voice/data plan)		\$36		
Tablet Device (data plan)		\$25		

- 1 Employees are not eligible for an allowance on a State issued communication device. Applicable pay event will be used to pay the allowance. [389 - Cell Phone and Smartphone device (non-taxable) / 345 - Tablet device (taxable)]
- 2 Only one voice plan allowance (Cell or Smartphone) may be received by an employee.
- 3 Multiple data plan allowances requires a waiver from the Commissioner of the Department of Administration.
- 4 Access to the State of Alaska Exchange Server from a personal electronic device will require secure access of at least a four-digit pin.

**Justification for the above equipment**

Public/personal safety requirement is an integral part job duty.	Critical decision maker.	Immediate responsiveness is required for urgent State business.
Employee needs to be accessible outside of normal hours worked.	Substantial portion of work is conducted in the field.	
Other justification if not described above:		

I have agreed to maintain a personal electronic communication device, and have provided the contact information to my supervisor for business purposes. Rather than being issued a State device, I have provided my own in exchange for an allowance. I am aware that all records related to this device may be reviewed by a State official or a court in order to locate any records related to State business.

If any change in the contact information or the business need occurs, I will inform my supervisor immediately.

**Employee**

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
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I certify that the requested electronic equipment is essential in the performance of State business regarding the employee's assigned job duties.

**Supervisor Authorization**

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
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**Administrative Services Director or Designee**

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
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**Submit this form to your Human Resources/Payroll Office for processing.**