MILLARD COUNTY EMPLOYEE CELLULAR PHONE AGREEMENT

I, _____ (Employee) hereby acknowledge that Millard County may provide me with a cellular phone allowance in an amount determined by the Millard County Commission ("Commission") pursuant to its cellular phone allowance schedule.

If Millard County determines that it will provide a cellular phone allowance, I hereby agree to the following:

1. I will maintain a cellular phone at my expense.

2. I will keep this account current and active at all times.

3. I will be available for contact via this cellular phone at all times that are required either by law, by job description, or by assignment by my supervisor.

4. I understand that other than the monthly allowance listed above, Millard County is not responsible for additional payments or for purchase or maintenance of the cellular phone or related equipment.

5. I will immediately advise my supervisor or the County Auditor if my cellular phone service is discontinued or if the number changes. My cell phone number is:
   (_____) _____.

6. I understand that if I am not at work for a period of 30 days or more, my supervisor will notify the Auditor's office of my absence and the cellular phone allowance I receive hereunder may be suspended at the discretion of the County Commission. It is the supervisor's responsibility to notify the Auditor's office when I return to work. Thereafter, the County Commission may reinstate my cellular phone allowance.

6. I understand that violating any of the above provisions will result in the immediate cancellation of the monthly allowance and may subject me to the requirement of repayment of prior allowances at the sole discretion of Millard County.

7. Not withstanding any other provision contained herein, Millard County may, in its sole discretion, terminate this agreement at any time and for any reason it deems necessary.

All cellular phone allowances must be approved in a regularly scheduled commission meeting. <u>Supervisors</u> are responsible for contacting the Millard County Clerk's office to have this matter placed on the meeting agenda. *<u>Agreements will not be processed without commission approval.</u>*

_____	_____
Employee Signature Date	Supervisor Signature Date
_____	_____-_____-_____-_____
Commission Chairperson Signature Date	Budget Account

Approved allowance schedule: $40 / $60 / $80 / $120 per month. To be paid out biweekly, 24 times per year.
This form has been approved by the Millard County Commission and Attorney.

Auditor's Use Only

Date Recieved_____ PY Start Date_____

Base PY Update_____ Approved Amount $_____