

# Cellular Authorization Form

Employee Name: BRYAN SCHREUR

Employee Position: DEPUTY SHERIFF

Employee Phone Number: 712-899-8965

## Cellular Service Allowance Tier:

**Basic Usage \$30 monthly allowance.** *This tier is to be used by individuals who need cellular service during their regularly scheduled hours for Brookings County. They would have limited, infrequent need for use outside of their regularly scheduled shift, but do need access to cell phone service during scheduled work hours as a requirement for the position. This tier cannot be used if the need can be met by the loaner phone program.*

**High Usage \$45 monthly allowance.** *This tier must meet the qualifications of the previous tier and in addition, is to be used by employees who are regularly contacted outside of regularly scheduled working hours for business specific purposes.*

**Extensive Usage \$60 monthly allowance.** *This tier must meet the qualifications of the previous tiers. This tier is for management and exempt level employees who are essentially on call to the public, the board, or their staff whether at or away from work.*

**Blackberry for enterprise application \$45 monthly allowance.** *This allowance is available to exempt level employees, department heads, or other IT staff that have a business-need to be in direct communication with email and other technology capabilities whether on or off duty.*

Total Allowance Requested: \$ 30.00

Payroll Start Date: \_\_\_\_\_

Authorized by:   
Department Head Signature

Date: 5-14-19

Board Approval: \_\_\_\_\_  
Commission Chairperson/ Designee

Date: \_\_\_\_\_

HR Received: \_\_\_\_\_

Date: \_\_\_\_\_

# Cellular Authorization Form

Employee Name: CODY SUNDERLAND

Employee Position: DEPUTY SHERIFF

Employee Phone Number: 605-759-4013

## Cellular Service Allowance Tier:

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*Commission Chairperson/ Designee*

Date: \_\_\_\_\_

HR Received: \_\_\_\_\_

Date: \_\_\_\_\_

# Cellular Authorization Form

Employee Name: JEFF CONRAD

Employee Position: DEPUTY SHERIFF

Employee Phone Number: 612-816-9901

## Cellular Service Allowance Tier:

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*Commission Chairperson/ Designee*

Date: \_\_\_\_\_

HR Received: \_\_\_\_\_

Date: \_\_\_\_\_

# Cellular Authorization Form

Employee Name: BELLY EGGERBRECHT

Employee Position: JAIL NURSE

Employee Phone Number: 605-695-7788

## Cellular Service Allowance Tier:

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