

Tower Foundation
One Washington Square
San Jose, CA 95192-0183
408-924-1779

Authorization for Business-Related Wireless Service

This form is used to authorize a monthly expense allowance for Tower Foundation employees determined to require voice and/or data service as part of their assigned responsibilities. It is the employee's responsibility to obtain and manage their own device. Complete the form in its entirety, obtain approval from the appropriate Vice President, and submit to Tower Foundation HR, Extended Zip 0183.

Employee Information

Employee Name: _____ Employee ID: _____
Job Title / Position: _____ Department: _____
Account Holder Name: _____

Service Information

Check One: New Update *(Explain in Comments Section)* Effective Date: _____
Does the employee's position require voice (e.g. cell phone) and/or data (e.g. wireless card) service as part of their assigned responsibilities? Yes No
Please indicate which level of allowance: Voice or Data *(Max \$55/month)* Both Voice and Data *(Max \$100/month)*
Is this an increase allowance? If so, explain: _____
Comments: _____

Authorization

I hereby authorize a monthly expense allowance for the service(s) indicated above. I understand that the employee assumes complete financial responsibility for the wireless service(s) and he/she may retain or cancel his/her personal service plan at his/her discretion. I also understand that this allowance is reported as taxable income.

Employee Signature: _____ Date: _____
Account Holder Signature: _____ Date: _____
Vice President Signature: _____ Date: _____
Vice President Print Name: _____
Tower Foundation HR Signature: _____ Date: _____
Tower Foundation HR Print Name: _____