

## **Mobile Phone / Internet Allowance Request**

This form should be used in compliance with the Electronic Devices/Services Policy and must be completed and signed by both the employee and the supervisor/manager.

The request may be for a mobile phone allowance only, an internet service allowance only, or both. Each

allowance is \$50 per month. Max		. 3		
Employee Name:	Job Title:			
Department/Location:				
Requesting allowance for:	Mobile phone	Internet service		
Mobile Phone Number:	Allowance	nce Start Date: End Date		
Allowance Amount:	\$50 per month	\$100 per month		
Mobile phone and/or home interne	et service allowance is jus	ified for these rea	sons (mark all that apply):	
It is vital for the employee to	o be in frequent contact w	th the office, lab o	or research facility.	
The employee does not have	access to a business land	line or other comr	munication device.	
This employee is a remote e	mployee who works offsite	on a full-time bas	sis.	
This employee's job duties a	re critical to the operation	of PAVIR and imn	nediate response is needed.	
This employee's job requires	the employee to be mobi	e with direct office	e contact.	
Other (describe)				
Employee Certification: I have read and I understand PA is/are taxable and I certify that the internet service expenses for business.	ne allowance(s) will be use			
Employee Signature	Date			
Supervisor/Manager Certificat I have read and will comply with to of the employee require the use of	the PAVIR Electronic Devic		et service for business use.	
Supervisor/Manager Signature	Date	PAVIR Account to which Allowance(s) should be Charged		

Instructions:

Supervisor/Manager should retain a copy of the signed form and forward a signed copy to <a href="mailto:Payroll@payir.org">Payroll@payir.org</a>, or mail it to PAVIR, PO Box V-38, Palo Alto, CA 94304-0038.