

Monthly Reimbursement

I, _____ (please print name), certify that (1) I will use my personal remote access device for business use, as well as personal use, and (2) the cost of my remote access plans exceeds the \$35 monthly reimbursement that I will receive from ALA. I agree to notify ALA if I stop using my remote access devices for business use or the cost of my monthly basic cellular plan is reduced to an amount below the \$35 monthly reimbursement that I will receive from ALA.

Employee Printed Name

Employee Unit

Signature

Supervisor Printed Name

Supervisor Signature

Date