



Reimbursement for Reasonable and Necessary Increased Internet Expenses While Telecommuting (COVID-19)

If an employee believes they have incurred reasonable and necessary business-related internet expenses that are in addition to expenses that the employee would otherwise have expended if they were not telecommuting, they may be entitled to reimbursement. An example would be those employees who previous to March 2020, did not have internet connectivity.

In order for expenses to be considered, the employee should submit evidence that their expenses have increased. Examples of the following documentation that would be considered would include an email confirmation of the installation and first month's billing. Please submit the following documentation to your appropriate administrator.

- Email confirmation of initial installation from internet provider and billing.
- Subsequent monthly bills identifying the internet expense.
- Reimbursement of one-time installation costs for the installation time, modem, and basic wireless access unit will be considered up to \$200.
- Reimbursement of monthly cost will be made at 50% of the cost to a maximum of \$30/month.

The employee's appropriate administrator will identify whether or not the employee's duties require significant internet usage on the Increased Internet Expenses While Telecommuting (COVID-19) Reimbursement Form available on the [HR webpage](#).



Reimbursement for Reasonable and Necessary Increased Internet Expenses While Telecommuting (COVID-19) Form

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Employee's Name _____ Department _____

Monthly cost for internet usage while telecommuting \$ _____ (Attach monthly statements indicating new monthly expense while telecommuting)

I certify that I have incurred new costs for internet usage due to my telecommuting during COVID-19.

Employee's Signature _____ Date _____

I certify that this employee's assigned duties while telecommuting during COVID-19 requires significant internet usage.

Appropriate Administrator's Signature _____ Date _____

Please forward completed form to HR@csub.edu

HR Review _____ Date _____

When approved, HR will notify the employee to submit their request for reimbursement through a [Direct Pay Request Form](#). The Class Code **C1401** must be added to the Direct Pay Request Form to identify this as a COVID-19 related expense.

Please submit Direct Pay Request Form to Payment Services for reimbursement on a quarterly basis.

Questions regarding the process can be directed to Human Resources: ext 2266.
Questions regarding the Direct Pay Request Form can be directed to Payment Services: ext 2531