**TECHNOLOGY STIPEND POLICY**

1. **PURPOSE**

This Policy describes how the Firm will reimburse or otherwise pay for certain expenses employees incur when they are required or permitted to work from home.

1. **SCOPE**

This Policy only applies to Firm employees who work from home. As used in this Policy, an employee “works from home” if the employee: (1) has a work-from-home schedule set by the employee’s manager; or (2) works from home at least one day per week. This Policy refers to employees to whom this Policy applies as “Covered Employees.”

1. **EFFECTIVE**

This Policy became effective [DATE], and it supersedes any and all prior plans, programs, policies or practices of the Firm relating to the Policy. The Firm’s Travel and Entertainment Policy shall continue to apply as otherwise applicable to Firm-related expenses.

1. **POLICY**
2. **Background**

Some Covered Employees may incur certain business-related expenses as a result of working from home. These expenses can include, without limitation, those associated with business use of a personal cell or home phone, business use of home internet expenses, expenses for office supplies used for business purposes, and other incidental expenses incurred as a result of performing tasks for the Firm (“Covered Expenses”). The Firm reimburses Covered Employees for Covered Expenses in accordance with this Policy.

1. **Expense Stipend**

In order to reimburse Covered Employees for Covered Expenses, the Firm will pay Covered Employees a stipend. For Covered Employees who are paid once per month, the Firm will pay $50 per month (a total of $600 per year). For Covered Employees paid bi-weekly, the Firm will pay $23.08 per bi-weekly pay period (a total of $600 per year).

To receive the stipend, Covered Employees do not need to submit any receipts, invoices, or other proof of expenses. The Firm will make this payment automatically.

The Firm believes this flat-rate stipend reimbursement is sufficient to reimburse Covered Employees for Covered Expenses for a given month or pay period. If any Covered Employee believes that this rate does not fully reimburse for Covered Expenses in a given month or pay period, please promptly (no later than 30 calendar days after incurring the excessive expense) contact your Human Resources Business Partner. A Covered Employee will be asked to provide documentation and submit an expense reimbursement request to support a greater reimbursement amount, which will be reviewed for reimbursement by the Human Resources Business Partner. Any Covered Employee who receives an expense stipend is deemed to accept the expense stipend as fully paying for any reimbursable expenses, unless the Covered Employee contacts their Human Resources Business Partner within the 30-calendar-day period described above.

1. **ADMINISTRATION**

This Policy is not a contract. The Firm reserves the sole discretion and right to modify or revoke this policy at any time with or without advance notice.

**ACKNOWLEDGEMENT**

I acknowledge that I received, read, and understand the [FIRM] Technology Stipend Policy. I further understand that:

* After I sign this acknowledgement, if I am paid monthly, I will receive $50 per month; if I am paid bi-weekly, I will receive $23.08 per bi-weekly pay period (the “Stipend”).
* The Stipend is designed to reimburse me for any business-related expenses incurred in the future as a result of working from home. This includes, without limitation, expenses associated with business use of a personal cell or home phone, business use of home internet expenses, expenses for office supplies used for business purposes, and other incidental expenses incurred as a result of performing tasks for the Firm.
* If I believe the Stipend does not fully reimburse me in a given month or pay period, I have 30 calendar days after incurring the excessive expense to contact my Human Resources Business Partner. If I do not contact my Human Resources Business Partner within the 30-day period, I understand that my silence will be deemed an affirmation that the Stipend adequately covers any reimbursable expense I incurred during that period.

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Name (Printed)

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Signature

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Date