




**CITY OF DUBLIN**  
**ADMINISTRATIVE ORDERS**  
**OF THE CITY MANAGER**

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| <b>ADMINISTRATIVE ORDER 2.44</b>  |
| <b>TO:</b> City of Dublin Employees   |
| <b>FROM:</b> Dana McDaniel, City Manager  |
| <b>SUBJECT:</b> Personal Computer Purchase Incentive Program  |
| <b>DATE:</b> 1 February, 2019   |
| <i>Supersedes and replaces Administrative Order 2.44, dated January 9, 2003 regarding same subject.</i>                     |
| <b>PROPONENT:</b> Director of Human Resources   |

**1. PURPOSE.** The purpose of this Administrative Order is update the previous version of this Administrative Order and terminate the Personal Computer Purchase Incentive Program. The original intent of this program was to encourage eligible City employees to enhance their skill level and competence in the use of personal computers and certain job-related software packages by providing a financial incentive to such employees to purchase a personal computer and qualified software packages for home use. This program is now antiquated and no longer serves the desired purpose given the proliferation of home computers, the availability of computers in the workplace, and computer literacy training provided by the City to its employees.

**2. PROGRAM CLOSURE GUIDANCE.**

a. Effective immediately, the incentive for purchasing new computers is terminated.

b. Employees who were pre-approved to enroll in this program and purchased new computers and job related software and who are currently waiting the required 12-month ownership period to claim their purchase incentive of 20% up to \$250 may still do so with the submission of the appropriate documentation by October 31, 2019. Documentation submitted later than this will not be honored.

1. Proof of Continuous Ownership Affidavit/Reimbursement Form (Attached)

2. Valid and Dated Receipt of Purchase

c. The amount of any reimbursement received by an employee will be included as taxable wages on the employee's W-2 for that year. This means that any reimbursement shall be processed through the City's payroll system.



**PERSONAL COMPUTER PURCHASE  
INCENTIVE PROGRAM  
PROOF OF OWNERSHIP  
AFFIDAVIT/REIMBURSEMENT FORM**

(This form must be completed by employees who have previously received approval for participation in the Personal Computer Purchase Incentive Program and who are seeking reimbursement under the Program. A valid receipt identifying the amount, place, and date of the purchase should be submitted together with this form after 12 months of continuous ownership of the P.C. or software identified in the employee's application for participation. This form must be submitted with valid receipts by October 31, 2019.)

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**Employee Affidavit**

Employee's Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Make/Model of P.C. Purchased: \_\_\_\_\_

Purchase Price of P.C.: \_\_\_\_\_

Name/Type of Software Purchased: \_\_\_\_\_

Purchase Price of Software: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Requested Reimbursement: (20% x Purchase Price less taxes not to exceed \$250) = \_\_\_\_\_

I hereby certify that I have continuously owned the P.C. or software identified above for at least the past twelve months, and thereby request reimbursement under the Personal Computer Purchase Incentive Program.

I also hereby certify that all information provided above and documentation attached hereto is true and accurate to the best of my knowledge. I further understand that the City of Dublin may investigate the information and documentation I have forwarded and I realize that any misrepresentation or false information on or attached to this affidavit may lead to disqualification from the Incentive Program and disciplinary action including termination of employment. I also acknowledge that in the event I receive reimbursement under this Program and subsequently voluntarily separate my service with the City within the first year following reimbursement, I will pay 100% of the reimbursement amount back to the City.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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**Approval For Reimbursement**

( ) Reimbursement Approved

( ) Reimbursement Disapproved

Amount of Reimbursement Approved: \$ \_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date