

## **Device Reimbursement policy**

In an effort to assist staff in learning about new technology and in turn helping library patrons the Waupaca Area Public Library will provide a \$100 reimbursement (*or up to 50% of device cost*) to any staff member who purchases an Overdrive app supported device. This incentive is available to all staff, but is entirely voluntary and subject to available funds.

Staff will need to fill out the Device Reimbursement form and attach a copy of their purchase receipt by within thirty days of purchase. Employees are allowed to apply once per fiscal year. Employees who leave employment within six months of reimbursement will be expected to repay the reimbursement. Staff members who get reimbursement are expected to assist patrons as the opportunity arises during a regularly scheduled shift.

Some services staff should feel comfortable training with patrons include:

- Apps- adding, deleting, downloading, updating.
- Photo and document management
- Cloud storage and access
- Android and Mac operating systems
- Circulation- Connect with ebook collection to demonstrate how to search for a title and do an actual download to the device. Patrons leave with something they want to read downloaded as well as some instructional handouts.
- Trouble shooting issues with devices

# Device Reimbursement Request

This form is for use by library employees to request a one-time \$100.00 (or up to 50% of total cost) of a qualifying OverDrive app supported device.

**Requirements:**

- Purchased device must be an OverDrive app supported device.
- Items must be purchased by the employee for their personal use.
- Limit one offer per employee per fiscal year and subject to available funds.
- Completed reimbursement request form and a copy of receipt must be submitted within 30 days of purchase.
- Employees will be asked to complete the section below describing how they helped a patron with their device to access library resources within six months of purchase.

Date Submitted

Employee Name

Job title

Department

Date of Purchase

Device

Model

Purchase Price

Employee Signature

Date

By signing I certify that the purchased device meets all program requirements as outlined above.

Supervisor Signature

Date

Sign to verify information and forward to Assistant Director for processing.

Briefly describe how this device reimbursement allowed you to serve library patrons:

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