

PERSONAL CELL-PHONE REIMBURSEMENT AGREEMENT

I understand that I am responsible to carry a cell phone as a condition of my employment with Interval Management in order to communicate with various departments, RMS, my manager and/or supervisor and co-workers.

The Company agrees to reimburse me FORTY DOLLARS (\$40.00) per month to use my personal cell phone for Company purposes. My cell phone number is: _____

To receive said reimbursement, I agree to the following:

- I will leave my cell phone on twenty-four hours a day/seven days a week.
- I will be available in case of an emergency at any one of our Resort properties.
- I will return calls to my supervisor/manager, RMS and /or co-workers within reasonable a time frame.
- I understand that if I fail to comply with the conditions listed above, or my cell phone coverage is disconnected, that I will no longer be eligible for company cell phone reimbursement for the duration of my employment.

EMPLOYEE NAME (PRINT)

DATE

EMPLOYEE SIGNATURE

EMPLOYER NAME (PRINT)

DATE

EMPLOYER SIGNATURE