

Payroll Deduction Authorization

Employee Name:

Social Security Number: - -

Position Number: 337.

I hereby acknowledge that I have received state funds and / or property and I am obligated to return the funds and / or property upon my termination from state government. I understand that the state funds and / or property are provided for use during my employment and are not my personal funds or property. I agree that upon termination of my employment, I will return any property in good condition, with the exception of normal wear, to my immediate supervisor within **one business day** of my last day worked.

In the event that the state funds and / or property are stolen or damaged while in my custody, I understand that I should notify my supervisor immediately.

If at such time of my termination of employment, I do not return the state funds or property listed below within **one business day** of my last day worked, in good condition, I understand that I have incurred a debt to the State. I agree that upon termination of my employment, I will reimburse the State for any amount outstanding. I hereby authorize the State to deduct the appropriate amount as indicated below from my last payroll check.

I understand that at the time of my termination if I disagree with the amount of funds being deducted from my last paycheck, I have the right to an immediate Pre-decision Meeting with a person who has direct access to the appointing authority for this purpose.

I have read and understand this agreement and by signing, I indicate that the terms of this agreement are satisfactory to me.

Employee Signature

Date

Witness Signature

Date

Description and Dollar Amount of State Funds / Cost of Property at Time of Issuance:

Qty	State Tag No.	Item Description	Unit Cost	Total Cost	Date Issued	Date Returned
			.	.		
			.	.		
			.	.		

Employee Signature

Fiscal Officer