



**Division of Human Resources
Office of the Controller's**

**New Employee Orientation
Acknowledgement of
Responsibility for Repayment of Monies Owed**

Name: _____

Agency: _____

I, the above, an employee with the Department of Health and Human Services, do hereby agree that if I terminate, resign, go on leave without pay military pay, or do not report for work, etc., and I owe the department for overdrawn leave, adverse weather leave, docking of leave, etc., or any type of leave that would cause salary to be overpaid to me, I will allow for my employer to withhold and apply any or all of my unpaid vacation leave, premium pay, bonus pay, longevity pay, on call pay, emergency call back pay, and health insurance premium refund to this until dept is satisfied.

Employee Signature _____ **Date** _____

Print name