

Employee Agreement Form

The attached form, when signed and dated by the employee includes the employee's agreement to abide by policies and procedures pertaining to the Procurement Card. Violation of the policy may result in disciplinary action up to or including dismissal.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF EDUCATION SERVICES

Employee Agreement for Purchasing Card

I, _____ (employee name), hereby acknowledge being issued a Purchasing Card. As the holder of this Card, I agree to comply with the following terms and conditions regarding my use of the Card.

- I understand that I am being entrusted with property of the State of North Carolina--a Purchasing Card--with which I will be making financial commitments on behalf of the State of North Carolina, Department of Health and Human Services.
- I understand that the State is liable to First Union National Bank for all charges made on the Card.
- I agree to use this Card for approved agency business purchases only and agree not to use it for personal purchases under any circumstances. I understand that there will be audits of the monthly statements regarding this Card and that appropriate action will be taken by management in the event of Card misuse.
- I will follow the established procedures for the use of the Card. Failure to do so or any misuse of the Card may result in revocation of my use privileges and/or disciplinary action(s) up to and including possible dismissal, in accordance with disciplinary policies of the Department of Health and Human Services and the Office of State Personnel.
- I have been given a copy of the Purchasing Card Policy & Procedures and understand the requirements for Card use.
- I agree to return the Purchasing Card immediately upon request or separation from employment (including termination, transfer, resignation or retirement).
- If the Card is lost or stolen, I agree immediately to notify the Departmental Purchasing Card Administrator and First Union National Bank.
- I am aware of my responsibility for reporting any misuse of this Card and have received a copy of DHHS Directive Number 22, Reporting of Theft or Misuse of State Property.

EMPLOYEE SIGNATURE

DATE

cc: Personnel File
Purchasing Card Administrator