



Rockingham County Credit Card Policy Acknowledgment

I hereby acknowledge that I have received a County credit card. I have been provided with and read the County credit card policy, and I understand that I am responsible for complying with the policy rules.

I understand that any misuse of the credit card or other violations of this agreement is a violation of Rockingham County's standards of conduct and such activity will result in cancellation of the card and will be subject to disciplinary action up to and including termination of employment.

I agree that if I make any personal or non-personal transactions in violation of the policy in question, I am financially responsible for any such expenses and agree to reimburse the County via wage deductions or other means until the unauthorized amounts are fully repaid. Such deductions are in the amount of the unauthorized purchase(s), but if such amount would take my pay below minimum wage for the workweek in question, the deductions will be in two or more increments that will not take my pay below minimum wage for any workweek.

I agree to surrender the credit card to the Finance Director in the event my employment at Rockingham County ends for any reason.

The original of this acknowledgement will be retained by the Finance Director and a copy will be placed in your personnel file.

Signature of Employee

Date

Printed Name

Employee ID#

Finance Director

Date