



Division of Human Resources
Office of the Controller

**New Employee Orientation
Acknowledgement of
Responsibility for Repayment of Monies Owed and
Withholding Pay Upon Separation**

Name _____

Division/Facility _____

Per North Carolina Administrative Code (NCAC), Title 25/State Personnel, Chapter 01/Office of State Personnel, SubChapter D/Compensation, .0113 Payment of Salary to Employees:

25 NCAC 01D .0113 PAYMENT OF SALARY TO EMPLOYEES

- (a) Every state agency shall pay every employee all wages earned and accruing to that employee on the regular payday for that agency. If the date of separation precludes payment on the regularly scheduled payday, then payment shall be made as soon as possible, but not later than the next scheduled payday. This Rule shall not be construed to require agencies to compensate FLSA exempt employees for compensatory time earned and accrued in accordance with 25 NCAC 1E .1006.
- (b) Employees who separate from employment with the state shall be paid all salary due no later than the next scheduled payday. If the date of separation precludes payment on that date, then payment shall be made in accordance with Rule .2201 of this Section.
- (c) No money shall be withheld from a final payment to a separated employee except for reasons set forth in this Rule or as otherwise provided for by law or the rules of the Office of State Budget.
- (d) The employing agency may withhold money from a final salary payment to a separated employee to recover the cost of state property, equipment, uniforms, tools or other items owned by the state and not returned to the employing agency by the separated employee.
- (e) The employing agency shall withhold money from a final salary payment to a separated employee to pay for overdrawn vacation or sick leave or other financial obligation to the employing agency arising out of the employment relationship outstanding at the time of the employee's separation.
- (f) Failure by the separated employee to perform one or more job responsibilities or other work-related acts prior to separation shall not be cause for withholding of any salary due to the employee at separation.
- (g) An employee shall be notified in advance in writing of any deductions to be made from his final payment of salary pursuant to this Rule. The notice shall specify what amounts are being deducted, and the reasons for the deductions.
- (h) Provisions of this Section shall be posted prominently at least in every agency and university personnel office and elsewhere as the employing agency deems necessary.

I, the above, an employee with the Department of Health and Human Services (DHHS), do hereby agree that if I terminate, resign, or separate for any reason, 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 my employer to withhold and apply any or all of my unpaid vacation leave, bonus leave, special leave, premium pay, bonus pay, overtime pay, longevity pay, on call pay, emergency call back pay, and health insurance premium refund until the debt is satisfied.

Further, I understand that if I have state property, equipment, uniforms, tools, or other state property that I have not returned to DHHS upon my separation, the current value of that property will be withheld from my final pay until such property is returned. Additionally, I understand that per G.S. 114-15.1, DHHS is required to report any theft or misuse of state-owned property to the State Bureau of Investigation (SBI).

Employee's Signature _____

Print name _____

Date _____

Cc: Personnel File

-----FINAL PAYMENT DEDUCTION WRITTEN NOTICE AT TIME OF SEPARATION-----

This memorandum provides notice that a deduction will be made from your final payment of salary pursuant to **25 NCAC 01D .0113 PAYMENT OF SALARY TO EMPLOYEES** in order to recoup overdrawn vacation or sick leave, other financial obligation to DHHS, and/or for the cost of state property not returned to DHHS. The amount and specific reason for this (these) deduction(s) is as follows:

Employer Representative's Signature _____

Date _____

Certified Mail Date _____

Cc: Employee

