

# DOA FINANCIAL SECURITY PROCEDURES

## ADMINISTRATOR ACKNOWLEDGMENT

My signature hereon acknowledges that:

- 1) I have received a copy of DOA's Financial Security Procedures;
- 2) I have read this Plan;
- 3) I understand the content of this Plan;
- 4) I agree to comply with the terms and provisions of this Plan;
- 5) I understand that compliance with this Plan is a condition of employment/continued employment; and
- 6) I understand that disciplinary action, including the possibility of termination, will be imposed for violating the terms and conditions of this Plan.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADMINISTRATOR (Signature)

\_\_\_\_\_  
ADMINISTRATOR (Printed Name)