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# MEMORANDUM

TO: Julia Ruetten, Governor Exempt Pay Plan Director

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Print Employee Name & Title)**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBJECT: **Acknowledgement of Policies for the Governor Exempt Employees**

**THE STATEMENT BELOW IS TO BE COMPLETED BY THE EXEMPT EMPLOYEE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, exempt employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Employee Signature)** **(Print Agency Name)**

certify that I have been provided a copy of the Policies for the Governor Exempt Employees and I have carefully read and reviewed these policies. I have also been advised that the policies are located on the DFA (Department of Finance & Administration) website and are available for my further review in future at my leisure. I acknowledge my responsibility for complying with current policies and for keeping abreast of and complying with future changes/revisions to these policies. I acknowledge that I have been given my own copy of the Policies for the Governor Exempt Employees.

Original - DFA Exempt Employee File