



B. J. Walker, Commissioner

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***STATEMENT OF UNDERSTANDING
UNCLASSIFIED, HOURLY PAID POSITIONS***

I understand that the position for which I am being employed is a temporary, part-time, hourly paid position and is not covered by the rules and regulations of the State Personnel Board (Merit System). I further understand that since this is a temporary, part-time job that I can be terminated at any time, and I have no appeal right to the State Merit System if I am terminated.

I understand that I will not earn leave, that social security will not be deducted from my salary, and that I will not be eligible for health insurance and other flexible benefits. I understand that State and Federal Income Taxes, Medicare Tax (1.45%), and Georgia Defined Contribution (7.5%) will be deducted from my salary. I further understand that I may withdraw my Georgia Defined Contribution Deductions upon my separation from State Employment.

I understand that I must submit a "BILL FOR SERVICES" statement for each day I work. I understand that I will be paid once a month and that I will receive this payment no later than the 5th working day of the following month.

DATE

SIGNATURE

DATE

WITNESS