

COLLIN COUNTY
EMPLOYEE TOOL ALLOWANCE AGREEMENT

I, _____, hereby request a Tool Allowance from the County.

In return for accepting the Tool Allowance, I agree to comply with the following terms and conditions regarding my purchases using the Allowance.

- I understand the Tool Allowance paid to me is to permit purchases of tools for my use at my job site.
- I understand the County is providing the Tool Allowance to permit me to purchase tools I need but are not provided by the County.
- I understand the tools purchased with this Tool Allowance will remain my personal property and, upon leaving employment, will be retained by me.
- I understand the Tool Allowance will be paid on request, according to the policy.
- I understand the Tool Allowance requires me to submit receipts for the tools purchased to my supervisor for approval.
- I understand tools purchased with the Tool Allowance will be tracked and audited to ensure the allowance is used as per the policy.
- I understand if I do not use all of the Tool Allowance paid to me, I must reimburse the County for the unused amount, as stated in the policy.
- I understand if I do not return the unused amount according to the policy, I agree the unused amount may be added to my paycheck, with taxes and deductions from my paycheck for the increased income.

I have received a copy of the Collin County Tool Allowance Policy and understand the requirements and agree to abide by the terms of the Collin County Tool Allowance Policy.

I understand the burden of proof will be upon me to provide the receipts to show use of the Tool Allowance.

Employee Signature

Employee ID No.

Date

Employee Supervisor Signature

Date