

## MOU for Emergency Loan

I, \_\_\_\_\_, fully understand that if I am granted an emergency salary loan that I must repay the loan within 30 calendar days of today's date listed below. If I do not repay this loan within 30 calendar days, my regular salary will be garnished for the full amount of my loan and I will not be granted an additional emergency loan to cover this garnishment. Furthermore, I understand that all repayment issues need to be resolved with the NIH-Office of Financial Management who authorizes this loan.

**NOTE:** This loan is based on an estimate of net pay for the hours missed in pay period ending \_\_\_\_\_.

**Employee Name:**

**Signature:**

\_\_\_\_\_

**Date:**

**BPLB Staff Signature:**

\_\_\_\_\_

**Date Loan Due:**