

TRAINING REPAYMENT AGREEMENT

Name:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
Supervisor:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
Elected Office / Department / Division:	<input type="text"/>				
Training / Certification Program / License:	<input type="text"/>				
Total Cost (Itemized costs attached):	<input type="text"/>	Dates of Training:	<input type="text"/>		

This training repayment agreement is voluntarily entered into in accordance with Human Resources Policy 6-200. I agree to repay Salt Lake County the actual total cost (estimated above) in the event I voluntarily leave my position with the County agency within two years from the date I complete the training, certification program or license. I agree that the estimated cost shall be updated to the actual cost at the time of my separation from the County including, but not limited to, registration fees, materials, and the value of paid leave time including benefits. The amount owed shall be pro-rated per month of completed employment toward the two-year period. I agree the County may withhold any necessary reimbursement from my final paycheck or payout check. If the payroll withholding is insufficient to reimburse the County, I agree to make repayment in one lump sum by certified check or money order within 30 days of my separation date. If I fail to make said repayment, I agree that the County may seek collection and I am liable for any associated attorney's fees and costs. I also understand this repayment agreement is not a guarantee of employment for any period of time.

Employee Signature

Date

Supervisor's Signature

Date

Department Director / Elected Official Signature

Date