



## Reimbursement Agreement

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Employee ID \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_

A. I understand that if I receive a monetary allowance/reimbursement to cover expenses such as, tuition, material items (including but not limited to: cot, tools), or other expenses as authorized, I am required to remain employed by the County for a period of one (1) year from receipt of the funds. If I fail to remain employed by the County for a period of one (1) year from receipt of the funds, I'm obligated to pay back those funds through my final wages and accruals up to the full amount received, or a pro-rated amount as determined by the Human Resources Director.

B. If I'm granted use of accrued paid leave (PTO) inside my probationary period, and I fail to complete my probationary period, I am obligated to pay back any used time through my final wages. Amount to be repaid is determined using employees hourly rate multiplied by the hours used.

*\*I have read and understand the above paragraphs*

\*Employee Signature \_\_\_\_\_ Date \_\_\_\_\_