

## SOFTWARE TRAINING AGREEMENT

Today's Date:  Employee Name:  Employee ID:

**I am registering into the following software course (enter the following information):**

Course Name:   
Course Date:  Course Time:

*\*Please note that classes with fewer than 7 registrants are subject to cancellation.*

**Please read the following and sign below:**

### EMPLOYEE

The Salt Lake County Employees' University has partnered with Aging & Adult Services to provide this software training. I understand that my employer is providing this training because it is important for my position as well as a benefit to me. Except in the event of an emergency, I will be expected to arrive to class on time and to attend the full class.

By signing my name I acknowledge that I accept and understand the conditions and requirements mentioned above.

Employee Signature:   
Date

Employee E-mail:

### SUPERVISOR

I understand that unless a cancellation is sent to [ccarington@slco.org](mailto:ccarington@slco.org) 72 hours in advance of the class, my agency will reimburse the Employees' University \$25 for the cost of this training. This cost will be paid via a journal voucher. Below is the information the Employees' University will need to process the voucher.

Fund:  Agency:  Department:

Account:  Program:  Project

Fund Source:  PC Business Unit

Supervisor Signature:   
Date

Supervisor E-mail:

\*Education and training account code: 611015