

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:	<input type="text"/>				
Total Cost:	<input type="text"/>	Dates of Training:	<input type="text"/>		

I agree to repay to Salt Lake County the above amount paid on my behalf or directly to me for the above training in the event I voluntarily leave my position with the County agency within one year from the date I complete the training. I agree the County may withhold any necessary reimbursement from my final termination pay. In the event my final termination pay 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 termination date.

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