



Agreement for County-Funded Voluntary Employee Development/Training

This form must be completed by any 1) department or office director, 2) non-merit appointee, or 3) unrepresented merit system employee wishing to use more than \$200 in County funds to attend a voluntary employee development or training program. A copy of the completed form will be kept in the employee's personnel file. For additional information for unrepresented merit system employees, see Montgomery County Personnel Regulations, Section 14-2(b), Approval Criteria for County-Funded Training.

Name: _____

Work Phone: _____ E-mail: _____

Title: _____ Department: _____

Supervisor: _____ E-mail: _____

Program Name: _____

Date(s): _____ to _____

Total Cost: _____

By accepting County funding for the training identified above, I agree to the following terms and conditions:

- 1) I must successfully complete the training. If I do not successfully complete the training, I must reimburse the County for all costs related to the training paid for by the County.
- 2) If the training costs \$201 to \$3,000, I must remain a County employee for one year after completion of the training.
- 3) If the training costs \$3,001 to \$6,000, I must remain a County employee for two years after completion of the training.
- 4) If the training costs \$6,001 to \$9,000, I must remain a County employee for three years after completion of the training.
- 5) I agree to remain a County employee for the time periods stipulated in items 2-4 above or repay a prorated amount of the tuition and related costs to the County.

- 6) The obligation to stay for the time periods stipulated in items 2-4 above begins the first workday after the training ends.
- 7) Nothing in this agreement shall be construed as limiting the authority of the Chief Administrative Officer or his designee to waive repayment, in whole or in part, for reasons deemed appropriate by the Chief Administrative Officer or his designee.
- 8) I understand that any amounts which may be due to the County as a result of my violation of this agreement may be withheld from any monies owed to me by Montgomery County, or may be recovered by such other methods as are approved by law.

Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
Dept. Director Signature: _____	Date: _____
OHR Director Signature: _____	Date: _____

Send the completed form to the Office of Human Resources, Records Management, OHR.Records@montgomerycountymd.gov and copy Anita Brady, Manager, Training and Organizational Development, at Anita.Brady@montgomerycountymd.gov. The employee's department should also keep a copy for its records.

NOTE: For county-funded leadership training and development programs which involve significant time, cost, and commitment (i.e. Leadership Montgomery, Council of Government's Institute for Regional Excellence, Harvard School of Business, etc.), Department Directors must obtain approval from the Chief Administrative Officer for these programs before nominating any employee. This approval process will ensure fairness and equitable departmental representation. Your request should be sent to Fariba Kassiri, Deputy Chief Administrative Officer, for review and processing.