



# EDUCATION REIMBURSEMENT AGREEMENT

This Agreement, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Bureau/Department of \_\_\_\_\_ and \_\_\_\_\_, an employee of \_\_\_\_\_. Any change in the terms or provisions of this contract must be mutually agreed to in writing by both parties.

**WHEREAS**, the Selection Committee has investigated the employee’s qualifications and job responsibilities; and

**WHEREAS**, it is the recommendation of the Selection Committee that \_\_\_\_\_ and the State of West Virginia could more effectively and efficiently utilize the services of this employee if he or she were to receive additional education and academic or practical training in the field of \_\_\_\_\_;

NOW, THEREFORE, in consideration of the future benefits to be obtained by \_\_\_\_\_ and the State of West Virginia, the Selection Committee authorizes the employee to receive a stipend and expense reimbursement in order to receive education and training under the following conditions:

**WITNESSETH**

I. \_\_\_\_\_ agrees to grant unto the employee a subsidy as follows:

SCHOOL: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_  
SUBSIDY AMOUNT: \$ \_\_\_\_\_ EXPENSE REIMBURSEMENT AMOUNT: \$ \_\_\_\_\_  
APPROVED PERIOD OF STUDY: \_\_\_\_\_ to \_\_\_\_\_  
Starting Date Ending Date

The employee agrees to the obligated period of employment identified below following completion of training:

The expense reimbursement amount specified above will be paid to the employee only upon successful completion of classes and presentation of a grade of at least “C” (or its equivalent) for undergraduate classes or accredited vocational courses, and a grade of at least “B” (or its equivalent) for graduate classes or greater, and valid invoices and receipts from the educational/training facility. Any amount of expense in excess of the approved amount is the sole responsibility of the employee.

II. It is further agreed and understood between the parties that if said employee does not resume employment as herein set forth, such separation from employment shall be regarded as a breach of contract. The reason for such separation (resignation, retirement, dismissal, or other) shall be made a part of the permanent personnel record of the employee, and the reimbursement and/or subsidy amount will become due and payable as a refund to \_\_\_\_\_,



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This reimbursement shall be calculated on a pro rata basis for the remaining balance of obligated months of employment. If the employee leaves the agency involuntarily, no refund is required, unless the cause of separation was dismissal.

**WITNESS THE FOLLOWING SIGNATURES**

Employee Name (please print): \_\_\_\_\_  
Employee Signature: \_\_\_\_\_  
Employee Unique ID Number: \_\_\_\_\_

State of West Virginia  
County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires \_\_\_\_\_, 20\_\_\_\_.

AFFIX SEAL HERE: \_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_

**FORWARDED TO APPOINTING AUTHORITY BY SUPERVISOR**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointing Authority or Designee Name (please print): \_\_\_\_\_

Appointing Authority or Designee Signature: \_\_\_\_\_

Agency: \_\_\_\_\_

Bureau/Department (if applicable): \_\_\_\_\_

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires on the \_\_\_\_\_, 20\_\_\_\_.

AFFIX SEAL HERE: \_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_