

Educational Reimbursement Contract

I, _____, have been approved for receiving financial assistance from the City of Warner Robins under the Educational Cost Reimbursement plan. I have read and understand the stipulations of this plan.

I, _____, also understand that the City of Warner Robins requires that I maintain acceptable employment directly proportional to the assistance promised in the pursuit of the approved education program. This employment related to time after completion of the program and not to service rendered before the completion of the educational program.

I, _____, promise to maintain acceptable employment with the City of Warner Robins for the agreed upon time of:

One year for each year of reimbursed education. (For example, a two-year degree would require two years of service beyond the completion of the degree.)

I, _____, promise to reimburse the City of Warner Robins for all received financial assistance if I voluntarily resign employment before this contract is fulfilled. This reimbursement will be due on my final day of employment with the City of Warner Robins.

Employee: _____

Date: _____

Department Dir.: _____

Human Resources: _____

Date: _____

Mayor: _____

Date: _____