

# Tuition Reimbursement Repayment Agreement

*Must accompany each application and be returned to Supervisor, Human Resources Development at least 30 days prior to the start of any coursework.*



## EMPLOYEE ACKNOWLEDGEMENT

An employee's participation in the Hamilton County Tuition Reimbursement Program ("Program") shall be governed by the terms outlined in the Tuition Reimbursement Policy ("Policy") and Tuition Reimbursement Repayment Agreement ("Agreement").

1. This Agreement shall remain in full force and effect throughout the Employee's participation in the Program and is incorporated into each and every Application form signed and submitted by the Employee for each course in which the Employee seeks reimbursement under the program.
2. Should the Employee's status change or their employment with Hamilton County is terminated for any reason (other than death or disability) before the end of the commitment period as outlined in the Policy, the Employee must pay back 100% of the reimbursement received within that period.
3. The Employee acknowledges and agrees that in the event the Employee's employment status changes (pursuant to paragraph above, the amount the Employee is obligated to repay may at Hamilton County's discretion be deducted from the amount owed from the employee's final payout of unused vacation and/or compensatory time, including in the case of retirement, eligible sick leave payout, or through other payback arrangements approved by Human Resources, and/or reimbursement check(s) owed to the Employee, to the extent permitted by law unless other arrangements are made between the Employee and Hamilton County. In such event, the Employee is still liable to Hamilton County for any remaining balance.
4. This agreement shall be governed by the laws within the State of Ohio and the parties hereby agree that any legal proceeding arise out of, or relating to the subject of the matter of, this Agreement may be brought in the Superior Court. Each party irrevocably consents to such jurisdiction and venue.

UNDERSTOOD AND AGREED:

**Employee Name (please print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_