

**AGREEMENT FOR PARTICIPATION
in the
LUZERNE COUNTY HEAD START
CAREER DEVELOPMENT PROGRAM**

I, the undersigned, understand my commitment to the Luzerne County Head Start (hereinafter called "LCHS") Career Development Program for the Semester.

*Full details of the Career Development Policy is found in the Personnel Policies and Practices Handbook.

Employee Co-Payment. *I understand and agree* that upon application with LCHS, the fee of \$100.00 is due for each 3 credit course I am approved to take under the Career Development Program. It is understood that this co-payment will be reimbursed following successful completion of the course work at the end of the semester.

Course Work. *I understand and agree* to complete the course work requirements necessary to receive Undergraduate Credits offered to me by my active participation in the Career Development Program for the aforementioned semester (hereinafter called "Benefits").

Attendance. *I understand and agree* to actively participate in the semester course work by attending classes on the designated class days according to the college's/university's established schedule. As a matter of professionalism, it is understood that attendance is mandatory during the established schedule.

Passing Grade. *I understand and agree* that at the conclusion of said Career Development Program, I will receive a passing grade of "C" or better for each approved course. Should I not receive a grade of "C" or better, I am responsible to repay my share of the costs of the Benefits being provided, per the details outlined below ("Cost").

Failure to Complete. *I understand and agree* that should I fail to complete any aforementioned course work, then I am responsible to repay my share of the Cost of Benefits being provided. "Failure to Complete" includes, but is not limited to, dropping a course in progress (at any time during the semester wherein costs are incurred), as well as my voluntary or involuntary termination during the semester/established schedule.

Cost/Repayment. *I understand* the Cost of Benefits is determined by the tuition and relates fees of the specific college/university for which I am attending. Should I fail to meet the standards outlined herein, I agree that LCHS can bill me for such Cost and that I will repay the same within thirty (30) days of the mailing date of the bill. In the event that I fail to pay the bill within thirty (30) days after receiving it, I agree that LCHS has the right to institute suit against me, in addition to my share of Cost of such Benefits, and that LCHS will also be entitled to reasonable attorney's fees and costs of suit.

Employment Obligation/Termination of Employment. *I further understand and agree* that I am responsible to repay my share of the costs being provided if my employment is terminated for any reason, and I authorize LCHS to withhold my share of such costs from my final paycheck. In the event that any funds still remain due and payable, LCHS can bill me for such costs of Benefits and that I will repay the same according to the terms as first noted above.

I further understand and agree that should I voluntarily quit/involuntarily leave the agency within three (3) years of successful completion of the course work, all money previously paid by LCHS must be paid-back to LCHS on a pro-rated basis in the ratio of: Full payment if staff leaves within 1 year; 2/3 payment after the first year; 1/3 payment after the second year.

IN WITNESS WHEREOF, and intending to be legally bound thereby, I have executed this Agreement on this ____ day of _____, 20__.

Name (Print): _____

Date: _____

Signature: _____

Witness: _____

(Head Start Administrator/Human Resources Manager)