CAREER DEVELOPMENT - APPLICATION

∗ Accurately complete all information in its entirety and submit to Human Resources Manager.

∗ **Employee Co-Payment**: **Upon submitting application, employee is to attach a check/money order payable to "LCHS" as $100.00 co-payment for *each* 3 credit course.** The co-payment will be reimbursed following successful completion of the course work at the end of the semester. Note: The co-payment applies to each semester individually, there is no "roll-over" to a successive semester.

∗ **Please allow at least one (1) week to process this Application.** Lack of appropriate information may cause delays in agency approval. Upon approval, HR will contact you directly about payment arrangements. See full policy for details.

NAME:_____

POSITION:_____ CENTER:_____

COLLEGE / UNIVERSITY:		
AREA OF STUDY:		
SEMESTER	**COURSE - Number and Name**	**CREDITS**

Please describe the goals you have set for yourself and how the above course work will assist you in your job here at LCHS:

_____

_____

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NOTE: After course work is completed, you will be required to submit a Career Development Evaluation form along with a copy of your grades to the Human Resources Manager. All grades and evaluation form must be submitted in order to process reimbursement of the Employee Co-Payment.

Pay-Back/Employment Obligation Policy: Should the employee voluntarily quit/leave the agency within three (3) years of successful completion of the course work, all money previously paid by the agency must be paid-back/reimbursed to LCHS on a pro-rated basis. [Effective SU 2008] [Policy Approved/Revised 10/15/09, Board of Directors/Policy Council; Per the National Head Start Act of 2007]

Acknowledgment: I further acknowledge my responsibility to read, understand and follow the terms of the Career Development Program as stated in the agency *Personnel Policies and Practices* Handbook. Should I have questions about the program, I will contact the Human Resources Manager.

SIGNATURE: _____ DATE:_____