



Reimbursement Agreement

Date _____

Last Name _____ First Name _____ MI _____

Employee ID _____ Job Title _____ Department _____

A. I understand that if I receive a monetary allowance/reimbursement to cover expenses such as: moving, tuition, material items, or other expenses as authorized, I am required to remain employed by the County for a period of one (1) year from receipt of the funds. If I fail to remain employed by the County for a period of one (1) year from receipt of the funds, I'm obligated to pay back those funds through my final wages and accruals up to the full amount received, or a pro-rated amount as determined by the Human Resources Director.

B. If I'm granted use of accrued paid leave (PTO, Annual, Medical) inside my probationary period, and I fail to complete my probationary period, I am obligated to pay back any used time through my final wages.

Amount to be repaid is determined using employees hourly rate multiplied by the hours used.

**I have read and understand the above paragraphs*

*Employee Signature _____ Date _____