

## EDUCATIONAL REIMBURSEMENT PROGRAM APPLICATION

**Employee Name:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_

**Department:** \_\_\_\_\_

### Career Development Plan

**Name of Accredited Institution:** \_\_\_\_\_

**Purpose and Benefit of the Program to the Employee's Position/Department:**

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**Estimated Time of Completion:** \_\_\_\_\_

**Estimated Total Cost of the Program:** \_\_\_\_\_

I certify that I have been a regular full time employee as defined by College Policy for at least one year prior to the first day of class, and that the class(es) I am enrolling in is/are not offered by Salt Lake Community College. I agree that I must continue working for Salt Lake Community College for one year after completion of my program. I understand that if I leave my employment at the College, I will be required to pay back the College 100% of the total reimbursement.

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

I have reviewed and approved the employee's application and career development plan.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_