

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:

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:** _____