

Oconee County Schools Professional Learning Training Agreement

Please complete this form for each course and/or professional learning training session.

Employee _____ School/Location _____

Training Site _____ Date of Training _____

Course _____

Funding source(s) for course:

Employee will pay (Amount _____)

School will pay (Amount _____)

System will pay (Amount _____)

Other (Specify): _____

- If I must drop out of the course, I will cancel by (date) _____ or pay a \$ _____ cancellation fee.
- If I fail to complete the coursework necessary for certification/endorsement (three courses total) within two years from the beginning date of the first course, I will forfeit the money I paid and/or reimburse the school/system.
- If the courses are for certification/endorsement training, I understand that, if offered a contract for the following school year, that I am obligated to remain in the school system for a minimum of one full contract year after my certification/endorsement training is obtained; or I will reimburse the school or school system for the full cost of these courses.
- OTHER: _____

Employee Signature

Principal Signature

Date

System Professional Learning Coordinator

Copy: School

Copy: System Professional Learning Coordinator

Copy: Employee