

# Little Big Horn College

## Professional Development Agreement

IN CONSIDERATION OF and as a condition of Little Big Horn College's agreement for funding from Professional Development funds for an LBHC Employee(s) to obtain an advanced degree with addition to other valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the parties to this Agreement agree as follows:

Criteria: It is recommended that all applicants meet the following requirements:

1. Full-time employee
2. In good standing/cannot be on probation
3. Acceptance letter from the graduate program for advance degrees
4. Letter addressing the relevance of the degree to student and LBHC
5. An agreement on Payback requirements (March 28, 2006 – Professional Development Funds). Pay back would be at a 2:1 ratio (ex: two semesters of employment for one semester of funds used).
6. Professional Development must be in area of discipline
7. Training/education or information must benefit job duties
8. Requests must be detailed and complete (plan of study and/or proposal).
9. Non-completion may result in pay back of funds.

Approval Process:

- I. Request made by employee
- II. Supervisor review and recommendation to Council (Staff or Faculty)
- III. Council review and recommendation, reflected by minutes to President's Council
- IV. President's Council review and decision

Acceptance in funding will determine I am aware of requirements, approval process and pay back to this agreement which I must abide by with this agreement.

I, \_\_\_\_\_, have read, signed, and given a copy of the agreement made between Little Big Horn College and I, with the understanding of the obligations to pay back funding used while employed at LBHC. I will abide by the terms of this agreement and will notify Little Big Horn College of any changes in the future.

In signing this document, I am aware of contacting and make arrangements to pay back all funding accepted through LBHC to earn my advanced degree/training. I will schedule a payment plan for reimbursement from the date of vacating LBHC in accordance to the agreement signed between LBHC and I.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date