

## Certification Assistance Program (CAP) Acceptance Agreement

Employee's Name:	Last:	First:	MI:
Position:			
Department:			
Employee's Phone:			
Supervisor's Name:			

I, **EMPLOYEE's NAME**, have applied for participation in East Carolina University's Certification Assistance Program (CAP). On **DATE OF APPLICATION?REQUEST**, I requested the **EMPLOYEE's DIVISION** to provide financial assistance for **DESCRIPTION OF WHAT THE CAP FUNDS WILL BE USED FOR GOES HERE** through East Carolina University's CAP. Upon review of my request, the **EMPLOYEE's DIVISION** has agreed to provide CAP funding in the amount of **\$XXXXX**.

In return for the **DOLLAR AMOUNT OF CAP FUNDING** I will receive through the CAP, I agree to the stipulations outlined below.

- a) I agree to provide the **DIVISION NAME** with a detailed accounting and receipts of all pre-approved expenses.
- b) If I do not fulfill the requirements of the certification or licensure program within specified timelines, I will immediately reimburse East Carolina University for 100% of the total financial assistance I receive from the CAP.
- c) If I voluntarily separate my employment with East Carolina University within 12 months of receiving the funding for the certification program, I will immediately reimburse East Carolina University for 100% of the total financial assistance I receive from the CAP.
- d) If my employment is terminated as a result of a disciplinary action within 12 months of receiving the funding for the certification program, I will immediately reimburse East Carolina University for 100% of the total financial assistance I receive from the CAP.
- e) I will immediately reimburse East Carolina University for 75% of the total financial assistance that I receive from the CAP if I voluntarily terminate my employment with East Carolina University between 13 and 24 months after receiving CAP funding.
- f) I will immediately reimburse East Carolina University for 75% of the total financial assistance that I receive from the CAP if my employment is terminated as a result of a disciplinary action between 13 and 24 months after receiving CAP funding.

- g) I will immediately reimburse East Carolina University for 50% of the total financial assistance that I receive from the CAP if I voluntarily terminate my employment with East Carolina University between 25 and 36 months after receiving CAP funding.
- h) I will immediately reimburse East Carolina University for 50% of the total financial assistance I receive from the CAP if my employment is terminated as a result of a disciplinary action between 25 and 36 months after receiving CAP funding.
- i) Upon completion of the certification or licensure program, I must demonstrate a willingness to stay current on new technologies and trends by reading appropriate professional literature.
- j) I understand that it is my responsibility to maintain any certifications/licenses obtained through the CAP.
- k) I understand that any funding reimbursements that remain unpaid upon the termination of my employment will be taken out of my final paycheck and/or annual leave payment. Any further outstanding balance will be subject to the collection process.

My participation in the CAP is voluntary. My eligibility to receive funding under the CAP was based on the needs of my department, the availability of funding, my skill set and my career goals. I understand that selection decisions relative to my participation in the CAP and the amount of the approved CAP funding that I from East Carolina University are not grievable items.

I, **EMPLOYEE'S NAME**, understand and agree to adhere to the stipulations of the Certification Assistance Program that are outlined in this letter of agreement.

Employee's Signature:		Date:	
Supervisor's Signature:		Date:	
Department Head's Signature:		Date:	
Division Head's Signature		Date:	