



AGREEMENT FOR RECOUPING TUITION REIMBURSEMENT PAYMENTS

State Form 56221 (1-17)
DEPARTMENT OF CORRECTION

AGREEMENT

As a condition of receiving education assistance, I agree to continue employment with the Indiana Department of Correction for at least eighteen (18) months after the completion of _____.
(Name of course)

In the event I voluntarily leave employment with the Indiana Department of Correction prior to the expiration of the eighteen (18) month period for any reason, I will repay the amount of tuition reimbursement that I received for the above named course. The amount will be prorated by dividing the amount I received by eighteen (18) months, and then multiplied by the number of months remaining in the period I agreed to remain employed.

I UNDERSTAND AND AGREE THAT NOTHING HEREIN SHALL BE CONSTRUED AS A CONTRACT OR PROMISE OF CONTINUED EMPLOYMENT, OR NEGATE, IF APPLICABLE, MY AT-WILL EMPLOYMENT STATUS.

Signature of employee

Date *(month, day, year)*

Printed name of employee

Signature of Tuition Reimbursement Program

Date *(month, day, year)*