

# TRAINING REIMBURSEMENT AGREEMENT

This Training Reimbursement agreement (“Agreement”) is entered into by and between [COMPANY NAME] (hereinafter, the Company) and [STUDENT NAME] (hereinafter, the Student) and [PARENT/GUARDIAN NAME] (hereinafter, the Parent/Legal Guardian).

**WHEREAS**, the Company has offered to provide certain training through the Jackson Area College and Career Connection Early Middle College to the Student which the Company believes will enable the Student to learn valuable skills; and

**WHEREAS**, the Company is providing such training to the Student in anticipation of the Student continuing to work for the Company for at least two (2) years from the completion date of the training so that the Company may recover some of the cost of the investment in the training; and

**WHEREAS**, the Company, the Student and the Parent/Legal Guardian recognize that this Agreement is not intended to constitute any type of employment agreement or guarantee of continued employment; and

**WHEREAS**, the Student and the Parent/Legal Guardian understand that the Company would not provide such training unless the Student intended to continue to work for the Company and the Student and the Parent/Legal Guardian jointly and severally agree to reimburse the Company in the event that the Student voluntarily terminated his or her employment prior to two (2) years from the conclusion of the training;

**NOW, THEREFORE**, in consideration of the premises and the promise stated below, the undersigned agree that:

1. The Company intends to provide to the Student the training as offered through the Jackson Area College and Career Connection Early Middle College.
2. If the Student voluntarily terminates his/her employment with the Company prior to two (2) years following the date of the completion of the training, the Student and the Parent/Legal Guardian jointly and severally agree to reimburse the Company the cost of the training incurred (see Table 1) by the Company as determined by the schedule shown below:

NUMBER OF MONTHS OF SERVICE FROM COMPLETION DATE OF TRAINING:	REIMBURSEMENT
MONTHS 0-6	100%
MONTHS 7-12	75%
MONTHS 13-18	50%
MONTHS 19-23	25%
MONTH 24	0%

The Student expressly authorizes the Company to deduct any reimbursement amount owed under the terms of this Agreement from any compensation owed by the Company to the Student at the time of or following voluntary termination of employment by the Student. The Student and/or the Parent/Legal Guardian shall promptly pay to the Company the full balance of any amount owed that is not deducted from compensation. The Student may request that a subsequent employer of the Student pay the amount owed to the Company by the Student, but the Student and the Parent/Legal Guardian shall remain personally liable until the entire amount owed is paid in full.

3. For purposes of this Agreement, a full month of service is earned by the Student if the total number of days worked during the month, excluding vacation, sick days, or any unpaid time, is equal to or exceeds fifteen (15) days.

4. In the event that the Company terminates the Student's employment other than for cause during the two (2) years following the date of training completion, the Student's obligations as related to this Agreement will be considered fulfilled.
5. This Agreement shall be construed under the laws of the State of Michigan. If any provision or part of a provision of this Agreement is determined to be invalid by any tribunal of competent jurisdiction, such part shall be deemed automatically adjusted, if possible, and if not possible, it shall be deemed deleted from this Agreement as though it had never been included herein. In either case, the balance of any such provision and of the Agreement shall remain in full force and effect.

**The Company**

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**Company Name**

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**Signature**

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**Name of Company Representative**

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**Title**

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**Date**

**The Parent/Legal Guardian**

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**Parent/Legal Guardian Name**

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**Signature**

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**Home Street Address**

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**Home City, State, ZIP Code**

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**Date**

**The Student**

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**Student Name**

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**Signature**

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**Home Street Address**

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**Home City, State, ZIP Code**

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**Date**

**Witnesses**

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**Witness Name**

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**Witness Signature**

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**Date**

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**Witness Name**

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**Witness Signature**

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**Date**

**Table 1: Planned Approximate Tuition Costs for College Classes**

Fall 11 <sup>th</sup> Grade	2 Classes = \$900
Winter 11 <sup>th</sup> Grade	3 Classes = \$1350
Spring/Summer 12 <sup>th</sup> Grade	2 Classes = \$900
Fall 12 <sup>th</sup> Grade	3 Classes = \$1100
Winter 12 <sup>th</sup> Grade	2 Classes = \$700
Spring/Summer 13 <sup>th</sup> Grade	1 Class = \$950
Fall 13 <sup>th</sup> Grade	3 Classes = \$1200
Winter 13 <sup>th</sup> Grade	3 Classes = \$1450
Spring/Summer 13 <sup>th</sup> Grade	2 Classes = \$950
Fall 14 <sup>th</sup> Grade	Necessary if behind classes
<b>Total</b>	<b>21 Classes = \$9500</b>