

Arizona Department of Administration
TRAINING PAYMENT AGREEMENT

APPLICANT/TRAINING INFORMATION

NAME	<input type="text"/>	TITLE	<input type="text"/>				
DIVISION	<input type="text"/>	SECTION	<input type="text"/>				
WORK PHONE	<input type="text"/>	WORK E-MAIL	<input type="text"/>				
TRAINING COURSE TITLE	<input type="text"/>	TRAINING INSTITUTION	<input type="text"/>				
ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
DATE COURSE BEGINS	<input type="text"/>	DATE COURSE ENDS	<input type="text"/>	TUITION/REGISTRATION FEE	<input type="text"/>		

EXPLAIN HOW THIS TRAINING WILL HELP IN YOUR CURRENT POSITION OR IN THE NEXT STEP IN YOUR CAREER PATH WITHIN YOUR STATE OF ARIZONA EMPLOYMENT. (ATTACH TRAINING DESCRIPTION AND FEE SCHEDULE)

AGREEMENT

I UNDERSTAND AND ACCEPT THE CONDITIONS SET FORTH IN THE TRAINING PAYMENT POLICY AND AGREEMENT PERTAINING TO MY PARTICIPATION IN THE TRAINING COURSE LISTED ABOVE. I UNDERSTAND THAT PAYMENT IS CONTINGENT UPON DIVISION FUNDING AVAILABILITY. IF I LEAVE ADOA PRIOR TO TWELVE MONTHS AFTER COMPLETING THIS TRAINING COURSE, I AUTHORIZE ADOA TO WITHHOLD FUNDS FROM MY PAYCHECK TO REIMBURSE THE DEPARTMENT FOR EXPENSES AS OUTLINED IN THE TRAINING PAYMENT POLICY. I FURTHER UNDERSTAND THAT IF I FAIL TO REPAY THE AMOUNT OWED, ADOA MAY BRING CIVIL SUIT TO RECOVER THE BALANCE AND I WILL BE RESPONSIBLE TO PAY ALL COSTS OF THAT ACTION, AS WELL AS REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE, IF THE STATE PREVAILS.

Signature

Date

APPROVAL - SUPERVISOR

APPROVE

COMMENTS

DENY

Supervisor Signature

Date

APPROVAL - ASSISTANT DIRECTOR

APPROVE

COMMENTS

DENY

Assistant Director Signature

Date