**Strategic Analytix**

**Professional Development Expense Reimbursement Agreement**

You recently requested approval for payment of expenses for professional development. In accordance with our professional development assistance policy, please complete the following Professional Development Agreement and submit it to HR (Shawn Bonner). If you have any questions regarding our Professional Development policy or this Agreement, please contact Shawn Bonner.

As part of Strategic Analytix’s (SA) professional development assistance program, SA agrees to reimburse professional development expenses for the attended event(s)/course(s) below:

Event/Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor or College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expense Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_ (includes registration/course/event fees to a cumulative yearly maximum of $2,000 per employee)

In consideration of payment of these expenses, you agree to the following:

If you are unable to complete this event/course due to what the company considers extenuating circumstances (such as your illness or the illness of a family member) and you receive an event/course or materials refund, you agree to give the full refund to the company via personal check within one week of receipt.

If you voluntarily terminate employment with Strategic Analytix after completion of the event/course and prior to completing **six consecutive months** of active employment from the date the event/course was completed, you will refund the entire amount of the educational expenses provided to you.

If you voluntarily terminate employment with Strategic Analytix after completion of the event/course and after completing six months of active employment but prior to completing 12 consecutive months of active employment, you will refund a prorated share of the professional development expenses provided to you. The prorated amount will be based on the total amount of professional development expenses provided divided by the percentage of time left in months from one year that you did not continue working. For example, if you receive the yearly cumulative maximum of $2,000 for an event/course and work only nine months after completion of the event/course, you will refund 25% of the $2,000 or $500 (three months not served divided by 12 months equals 25%).

If any action is brought to enforce any provision of this Agreement by Strategic Analytix, you agree to pay all costs associated with the action as well as any costs of litigation, including all reasonable attorney fees.

This Professional Development Agreement creates no contract of employment between you and Strategic Analytix. You may terminate your employment with this company at any time with or without cause, and Strategic Analytix may terminate your employment at any time with or without cause.

Employee printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed to by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strategic Analytix

Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strategic Analytix  
Professional Development Request Form**

This form should be completed and a photocopy should be emailed to Human Resource (Shawn Bonner). The original form and supporting documents should be emailed to Shawn Bonner. Forms must be completed and final approval received prior to the first day of the event/course.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_  
Proposed Event/Course is:\_\_\_\_\_\_\_\_\_\_\_\_\_  
Event/Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Fees and Itemized Receipts Required

Attach supporting documentation addressing the following questions and any other comments:  
How does the proposed event/course relate to your job assignment/position duties?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If the event/course meets during your normal work hours, how will your work schedule be adapted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
How will the event/course-provided knowledge/techniques improve your performance and be useful to the company?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Review and Signatures:  
Supervisor review, sign off and forward to HR, even if not approved.  
If approved, employee will receive a copy. HR will also e-mail notice of approval to the employee.  
If request is not approved, HR will inform the parties of the decision.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
□ Approved □ Denied  
If denied, state reason: \_\_\_\_\_\_\_\_\_\_\_\_