

Kent



County

LICENSE/CERTIFICATION & TRAINING REQUEST FORM

EMPLOYEE NAME _____ DATE _____

POSITION TITLE _____ DEPARTMENT/DIVISION _____

TITLE OF TRAINING COURSE/EXAM _____ COST _____

DATE OF COURSE/EXAM _____ LOCATION _____

REASON FOR COURSE/EXAM _____

HAVE YOU PREVIOUSLY TAKEN THIS SAME COURSE/EXAM? _____ IF YES, HOW MANY TIMES _____

LICENSE/CERTIFICATION EARNED FROM COURSE _____ RECERT? _____

LICENSE/CERTIFICATION EFFECTIVE FROM: _____ TO: _____

IS LICENSE/CERTIFICATION REQUIRED FOR YOUR POSITION _____

Kent County Levy Court Policy 2-16 requires that a report outlining the name of the training course/workshop/seminar/conference, dates attended, and personal/professional knowledge gained from attendance be submitted promptly to the Department Head.

Kent County Levy Court Policy 2-15 requires advance approval if seeking a course of study resulting in a degree, a work related certification or pay increase upon completion. Please attach details regarding the degree or certification.

I hereby certify that I am ineligible for and not receiving any educational assistance from a scholarship or other source, and will not use this license/certification for personal gain or profit. In return for this payment or reimbursement, I hereby agree to continue my employment with Kent County for a minimum of one (1) year following the payment/reimbursement date. Further, I understand that if I fail to complete one (1) year of employment then I must repay Kent County the total amount of the payment/reimbursement. Upon completion of each exam or preparatory course, I will submit necessary documentation to validate participation or attendance (i.e. exam score, handouts, etc.) to my Department Head and /or Finance Department. By my signature below, I authorize Kent County to withhold from my final paycheck the full amount of the license/certification or examination/training course(s) reimbursed or paid within the last twelve (12) months if I terminate my employment before the conclusion of one (1) year or per policy following any payment/reimbursement.

Employee Signature (live) Date P-2.15 increase eligible/requested? _____

Reviewed and Approved:

Department Head Date Finance Department Date

Personnel Director Date P-2.15 Approved (Yes/No) Personnel Director Initial