

Barrow County School System Professional Learning Training Agreement

Employee _____ School/Location _____

Training Site _____ Date of Training _____

Course _____

Funding source(s) for course:

_____	Employee will pay	(Amount _____)
_____	School will pay	(Amount _____)
_____	System will pay	(Amount _____)
_____	Other (Specify):	

- If I do not attend this professional learning activity or drop out of a course, I will repay the district the registration fee.
- If the courses are for certification/endorsement training, I understand that:
 - If I fail to complete the coursework necessary for certification/endorsement (three courses total) within two years from the beginning date of the first course, I will forfeit the money I paid and/or reimburse the school/system.
 - If offered a contract for the following school year, that I am obligated to remain in the school system for a minimum of one full contract year after my certification/endorsement training is obtained; or I will reimburse the school or school system for the full cost of these courses.
- OTHER:

Employee Signature

Principal Signature

System Professional Learning Coordinator

Copy: School

Copy: System Professional Learning Coordinator

Copy: Employee