

DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES
TRAINING REQUEST

NAME: _____

EMPLOYEE ID: _____ REGION/DIVISION: _____

Training Name: _____

Date(s), Time, and Place of Training: _____

Type of Training:

A. Mandatory: Required by Supervisor (Reimbursement Agreement N/A)

B. Non-Mandatory - Designate if job or career related training:

Job-Related: Cost reimbursed to employee at 100% (Reimbursement Agreement N/A)

Career-Related: Cost reimbursed to employee at 50%

*For definition of mandatory, non-mandatory, and job/career-related see P&P 02.04.010

If the educational expenses for **non-mandatory career-related training** exceeds \$500, a Reimbursement Agreement must be signed by the employee (see next page):

Itemized Cost:

Personnel cost (Salary + Overhead)	\$ _____	State Obligation 100% _____
Tuition/Registration, fees, books, etc.	\$ _____	State Obligation 50% _____
Travel & Per diem (Attach TA)	\$ _____	
Miscellaneous	\$ _____	
TOTAL COST OF TRAINING IS	\$ _____	

Funding for Tuition and Fees:

Operating Coding: _____

Capital Coding: _____

RSA Coding: _____

Employee

Date

APPROVALS:

Immediate Supervisor

Date

Division Director

Date

Section Chief

Date

Commissioner (Out of State)

Date

Revised: September 2016

Copy to HQ Administrative Services Division
Copy to Employee
Copy to Supervisor

DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES

REIMBURSEMENT AGREEMENT

It is agreed that if the employee voluntarily leaves state service within one year as a result of their own action the undersigned will reimburse the state for tuition, other fees, and course materials in accordance with the following schedule:

- 100% if termination occurs before completing 6 months
- 50% if termination occurs after 6 months or before 12 months
- 0% if termination occurs after 12 months

Termination for reasons due to misconduct or delinquency on the part of the applicant or employee, or to false statements on appointment documents, either prior to, or subsequent to employment will be considered as termination for reasons within the control of the applicant or employee.

This agreement shall be considered null and void if the employee is

- terminated involuntarily due to budgetary considerations (lay-off)
- notified of a lay-off and the training event has not begun
- terminated as a result of death, prolonged illness, disability, or layoff

It is also agreed the employee will be responsible to reimburse the department in case of failure to pass or attend the training for any reason within their control and if the department is unable to obtain a refund.

It is further agreed the State of Alaska shall have the right to deduct from the undersigned applicant or employee's final paycheck any monies owed to the State in accordance with the above schedule or to recover such monies by other legal means.

Name of training: _____

Amount subject to this reimbursement agreement: \$_____

Date: _____ Employee Signature: _____