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**State of Iowa**

**AGREEMENT FOR RECOUPING EDUCATION PAYMENTS**

As a condition of receiving education reimbursement in the amount of $\_\_\_\_\_\_\_,

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| I, |  | , agree to continue employment with the |
|  | *(employee name)* |  |

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_ months. In the event that I am discharged or voluntarily leave employment with the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prior to the expiration of the \_\_\_\_\_ months for any reason, I will repay the above amount to the Department, prorated by dividing the amount received ($\_\_\_\_\_\_\_) by the number of months (\_\_\_\_),and then multiplied by the number of months remaining in the period I agreed to remain employed.

If my employment is continued with the State, but in another department, the repayment will be subject to a repayment schedule approved by the director of my current department. If I am no longer employed by the State, the repayment will be recouped from my final paycheck, and any remaining balance will be subject to a repayment schedule approved by my department director.

I UNDERSTAND AND AGREE THAT NOTHING HEREIN SHALL BE CONSTRUED AS A CONTRACT OR PROMISE OF CONTINUED EMPLOYMENT, OR NEGATE, IF APPLICABLE, MY AT-WILL EMPLOYMENT STATUS.

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|  |  |  |
| (Employee Signature) |  | *(Department Director Signature)* |

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| --- | --- | --- |
|  |  |  |
| (Date) |  | *(Date)* |