

Employee Extended Development Agreement

(This form is for the extended development program made pursuant to TTUOP70.41)

Check One: Faculty Development Leave With Full Pay Faculty Development Leave Without Pay
 Faculty Development Leave With Half Pay Other

Employee Name: _____ Banner ID: _____

Position: _____

Department: _____

Campus Address: _____ Phone: _____

Begin Date: _____ End Date: _____

Describe the professional activity and how it will benefit Texas Tech University:

List Texas Tech Financial Support:

I agree that I will continue my employment with Texas Tech for at least one month for each month of the development period provided under the Extended Development Program described above. If I fail to do so, I will reimburse Texas Tech for all the costs associated with the development, including any amount of salary that I received that is not accounted for as paid vacation or compensatory leave.

Employee Signature: _____ Date: _____

Approved:

Department Chair Signature: _____ Date: _____

Provost or Vice President: _____ Date: _____

Vice President for Administration and Finance and CFO: _____ Date: _____

DISTRIBUTION

Original - Department File

Copy - Employee

Copy - Human Resources (hrs.compensation.operations@ttu.edu)