TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

EMPLOYEE EXTENDED DEVELOPMENT AGREEMENT

Check one: [ ] Faculty Development Leave [ ] Other

Employee Name:_____

Title:_____ R#: _____

Dept:_____Campus Mailing Address:_____

Dept. Phone:_____

Begin Date:_____ End Date:_____

Describe the professional activity and how it will benefit TTUHSC:

List TTUHSC financial support:

I agree that I will continue my employment with TTUHSC for at least one month for each month of the development period provided under the Extended Development Program described in HSC OP 70.14 Section 4.c, or if I receive over $5250 in reimbursement. If I fail to do so, I will reimburse TTUHSC 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_____

Approval:

Department Signature _____ Date_____

Dean/Vice President _____ Date_____

Distribute to: Accounting Services
Human Resources
Payroll Department