



MCDANIELS

MEMORANDUM OF AGREEMENT
FOR EDUCATIONAL/TRAINING BENEFITS

Class: _____ Date: _____

Class: _____ Date: _____

I agree that I desire the above training, and I understand that it will add value to my professional career. McDaniels will pay the cost of this training to improve my skills and productivity in return for my agreeing to make myself available to work for the Company for at least the next 12 months.

This agreement in no way obligates McDaniels to continue to offer employment for this period.

I understand that if I should quit, resign, abandon my position or take actions that force my termination from McDaniels within twelve (12) months of the completion of the training course I am attending (the Cost of which has been paid by McDaniels, I must reimburse McDaniels for the full amount of the cost of the training (to include travel expenses, lodging, meals, class costs, wages paid to me for training, etc.), and I agree to these conditions. **I further authorize McDaniels to deduct proceeds from any payroll checks to assist in fulfilling my obligations under this agreement.**

An itemized listing of my training costs will be in my training file and available for inspection within 30 days after completion of the training.

DATE

Signature of Associate

DATE

Signature of Supervisor