

**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 70.47, Section 5.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