State of Kansas
Department of Administration
Office of Accounts and Reports
DA-195 (Rev. 08-2024)

State of Kansas
Professional Development Repayment Agreement

_____, hereinafter referred to as "Agency", has
(Authorizing state agency)

approved a request to provide a professional development opportunity, in accordance with K.A.R. 1-16-21(c), to

_____ for the following organizational membership,
(Name and job title of employee)

professional license fees, dues, and/or certification in the name of the employee:

_____.
(Name of job-related organizational membership or professional license/certification or dues)

The effective period of the membership/license/certification is _____ with an estimated
(Period of membership/license/certification)

value of _____.
(Cost of membership/license/certification)

It has been determined that the above-named organization membership, professional license, dues or certification is necessary for the employee and provide a direct benefit to the Agency.

It is therefore agreed as follows:

In consideration of this Agreement, the employee hereby agrees to remain as an employee of the Agency for a period of at least 12 full months after receipt of the job-related organizational membership, professional license, or certification. If the employee separates from the Agency prior to 12 months after the receipt or reimbursement for the successful completion of all requirements that result in a job-related organizational membership, professional license, or certification, the employee hereby agrees to repay the estimated value indicated above. The amount owed by the employee in the event of such separation shall be prorated based on the number of full months employed after the receipt of the job-related organizational membership, professional license, dues and certification. See Policy Manual filing 3,922 for more detailed information as needed.

This agreement is entered into effective _____ and the employee's obligation to repay shall
(Date Signed)

expire on _____.
(12 months after receipt)

Employee:

_____
(Signature and Date)

Employee Supervisor:

_____
(Signature and Date)

Agency Head or designee:

_____
(Signature and Date)