



CITY OF LAWTON EMPLOYEE CDL REIMBURSEMENT AGREEMENT

Part A. For completion by the Applicant

NAME: _____ DEPARTMENT: _____

I have read and understand the CDL Payment/Reimbursement policy. I agree to maintain employment with the City of Lawton for a minimum of one (1) year following the payment/reimbursement of my CDL. I understand that if I voluntarily leave employment before one (1) year post my CDL payment/reimbursement that I'm required to reimburse the city. The reimbursement will be withheld from my final payroll check, at the prorated rate listed below.

Repayment Due to Separation of City Employment

Separation	Amount of repayment
One to three months	100% of certification fees shall be reimbursed
Four to six months	50% of certification fees shall be reimbursed
Seven to nine months	33% of certification fees shall be reimbursed
Ten to Twelve months	25% of certification fees shall be reimbursed

Signature: _____ Emp. # _____ Date: _____
(employee)

Part B. For completion by the Department Director or Designee

I acknowledge that the employee has been given a copy of the CDL payment/reimbursement policy. The City of Lawton paid/reimbursed fees for the employee's CDL on the following date:

_____ (entered claim) _____
CDL Payment Date

Signature: _____ Date: _____