

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO**

**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  
TTUHSCEP:

List TTUHSCEP financial  
support:

I agree that I will continue my employment with TTUHSCEP for at least one month for each month of the development period provided under the Extended Development Program described in HSCEP OP 70.47, Section 5.c, or if I receive over \$5250 in reimbursement. If I fail to do so, I will reimburse TTUHSCEP 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