

**PARAMEDIC TRAINING REIMBURSEMENT
AGREEMENT AND PROMISSORY NOTE**

EMPLOYEE NAME (Please Print) : _____

I, the undersigned employee, acknowledge that I have read and understand the policies and procedures of the Memorandum of Understanding between the City of Rapid City and the International Association of Firefighters, dated _____.

I understand that in the event my employment terminates or in the event I am no longer able to perform my paramedic duties prior to the completion of my fifth year of service following the start of my paramedic educational process, excluding promotion or reassignment as the reason I am no longer able to perform my paramedic duties, I will be personally responsible for reimbursing the City of Rapid City for the amount designated on the attached schedule and that the reimbursement to the City shall be made through a payroll deduction from my final check. I further understand that if the amount of my final check is not sufficient to cover the amount of reimbursement owed, I will personally be responsible for payment of the reimbursement in full to the City of Rapid City within 30 days of termination.

I understand that in the event my employment ceases based on an approval for disability retirement by the South Dakota Retirement System or my death, the City of Rapid City shall forgive such reimbursement.

I understand that in the event it is determined I made a good faith effort to pass the course but fail such within the first year of course work, I shall only be responsible for one half of the total cost incurred thus far by the City.

Total amount of Paramedic Coursework/Registration
as billed by (instructing organization): \$ _____

Total amount of wages paid by the City for related costs including
hire-back (This calculation is performed by the FD by reviewing
schedules for related hire-back. Repayment for costs incurred for
hire-back shall begin during FTO and clinical training and will not
be applicable during the first year of coursework.) \$ _____

Timeline

- Date Paramedic Coursework begins:
- Date Paramedic Coursework ends:
- Date Paramedic Field Training begins:
- Date Paramedic Field Training ends:
- Date Emergency Medical Director approves licensing:
- Completion date of fifth year following the beginning of the Paramedic education and training:

Attach schedule of reimbursement:

Approved by

Fire Chief _____ Date: _____

EMS Director _____ Date: _____

Signature of Employee: _____ Date: _____

Signature of Union Representative: _____ Date: _____

Cc: Finance
Human Resources
Employee file

08/15/06