



Tri-County Special Education Joint Agreement
Jackson, Perry & Union Counties

1725 SHOMAKER DRIVE Murphysboro, Illinois 62966
Phone: 618-684-2109 FAX: 618-687-1638 C.W. (Chuck) Hamilton, Director

Tri-County Special Education Tuition Program Contract

As an employee of Tri-County Special Education, I (Print) _____,
agree that by accepting tuition and fees toward a Special Education degree or certification from
a Tuition Program(Applicable to Four Year University Program), I am also incurring a two-year
work commitment with Tri-County Special Education Joint Agreement from completion of the
most recent course taken toward degree or certification. If I voluntarily leave Tri-County Special
Education employment *prior* to the fulfillment of the entire two-year commitment, I will be
required to reimburse Tri-County Special Education Joint Agreement for tuition and fees paid .
The amount of reimbursement will be prorated on a monthly basis relative to the extent the
work commitment is fulfilled. I understand that an annual interest rate of 7% will be charged to
the amount owed to Tri-County Special Education Joint Agreement beginning 30 days after
notification of repayment. Furthermore, I am aware that seriously past due accounts will be
referred to a collection agency.

Participant Signature: _____ DOB: _____

Date: _____

Office Use:

Tuition Program Coordinator

_____ Date: _____

Administrative/Director Signature

_____ Date: _____

Distribution: Original – Tri-County Personnel File Copy - Participant

