State University System of Florida
University of West Florida
Employee Grant-In-Aid Program Promissory Note

FOR VALUE RECEIVED, I, _____ promise to pay to The University of West Florida the equivalent sum of all gross salary paid to or earned by me while on educational leave under the State University System of Florida Employee Grant-in-Aid Program. If applicable, I also agree to repay any stipends which I received as a University Work Force employee during my educational leave. The total amount of gross salary and stipend (if applicable) paid to or earned by me during the educational leave is calculated to be $_____. In addition, I agree to pay all attorney's fees and other costs and charges as may be necessary for the collection of any amount not paid when due or otherwise canceled by the terms and conditions of this Promissory Note.

Repayment shall begin on the first work day following the end of the educational leave or discontinuation of my program of study, whichever comes first. (For those employees on fewer than a twelve (12) month employment agreement, the employment obligation shall begin on the first day of the subsequent employment agreement). Repayment of the amount due shall be over a maximum period of five (5) years and shall bear interest on the principal sum outstanding at a rate of two percent (2%) per annum above the prime rate as of the date of execution of this Promissory Note.

Pursuant to University Policy HR-19.00-2004/07, F.A.C., I understand that I will continue to accrue annual and sick leave during any educational leave with pay.

The period of paid educational leave granted to me and governing this Promissory Note begins _____ and extends through _____ for a total leave period of _____ weeks of ☐ full-time ☐ half-time educational leave

I understand that this Promissory Note shall be cancelled and rendered null and void upon fulfillment of the following conditions:

1. Satisfactory completion of course work and/or other educational program requirements during the period of my educational leave as stipulated by the institution of my enrollment and as specifically related to my educational objective.

I understand that this condition may be waived in the event that documented reasons are provided which constitute good cause (as defined in the Grant in Aid Policy) for failure to obtain my objective during the period of my educational leave.

2. Completion of a period of employment at the University of West Florida equal to twice the full-time or, if applicable, half-time equivalent of my educational leave.

Notwithstanding the above, I understand that my repayment and/or employment obligations may be deferred if the University of West Florida elects to grant me additional leave for educational purposes. Such deferral must be approved by my supervisor, department head, and the Associate Vice President for Human Resources.

State of Florida/County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ , by _____
who is personally known to me or who has produced _____
_____ as identification and
☐ who did ☐ (did not) take an oath.

_____
Employee's Signature UWF Identification Number

_____
Notary Public

My commission expires:_____