



# WORK STUDY OBLIGATED SERVICE AGREEMENT

Training Services Division, Office of Human Resources

Workday #:

SEMESTER | COURSE | INTERNSHIP:    START DATE:    ---    END DATE:

This obligated service agreement, hereafter referred to as "AGREEMENT", is entered into between the employee named below and the Maryland Department of Health (Department).

- I, \_\_\_\_\_, an employee about to participate in the **Maryland Department of Health's Work Study Program** (Program) understand that this Agreement is legally binding and agree to abide by the requirements of this program as defined in the Work Study Program Guidelines. If my Work Study application is approved, I (a) will participate in and complete the program to the best of my ability and my grades will not fall below a C and (b) will remain an employee of the Department following completion of my specified work study educational program for the obligated service repayment period required.
- I understand that if I withdraw from the Program in good standing or move to another position within the Department, I am still bound to this Agreement and must continue repayment until it has reached a Zero (0) balance. If I separate from the Department, I am legally obligated and agree that any pre-calculated work study time not paid back in service hours would be converted to cash owed to the Department. For example, if I still owed the Department 12 weeks of obligated service, that time would be converted to 12 weeks of my salary when I started the program, which would be paid back in full to the Department. If I return within three years, the cash repayment is eligible to cease and service hour repayment can begin **after I have contacted the Training Services Division regarding my return to service. However, if I leave the Department again, cash repayment will resume.**
- If I am dismissed from the Work Study Program or the Department for any reason, the three-year return option will not be available to me and I must continue cash repayment. Additionally, I will no longer be able to participate in the Program.
- I will accurately record all work study hours on my timesheet using **THE WORKTAG CODE – REMOTE WORK LOCATION: WORK STUDY**. I will not abuse the Program by **falsifying school release times, travel or work study time used**. I understand that any abuse will be grounds for dismissal.
- I agree that the obligated service repayment period shall be computed by the Training Services Division and the Payroll Department. Service hours or cash repayment will be based on the total amount of time used for work study. The repayment of obligated service shall start on the first day of work that I return to full-time duty following completion of my specified Program or withdrawal in good standing.
- I agree that the amount which becomes due the Department because of my failure to meet the terms of this agreement may be withheld from any money due me from the Department, including future wages or tax returns.

### TIMEKEEPING CONVERSION CHART

- Up to 10 hours per week of work study time per week of work study time = hour per hour payback
- Any work study time 11 hours through 20 hours per week = 1.5 times per hour payback
- Any work study time 21 hours through 40 hours per week = 3 times per hour payback
- **CASH:** Based on the remaining obligated service hours multiplied times the salary earned at the time you completed your Work Study Program.

### EMPLOYEE OFFICE APPROVALS - (Please sign in blue ink)

<b>PRINT APPOINTING AUTHORITY NAME &amp; TITLE</b>	<b>Appointing Authority Signature</b>	<b>Date</b>
<b>PRINT SUPERVISOR NAME &amp; TITLE</b>	<b>Supervisor Signature</b>	<b>Date</b>
<b>PRINT EMPLOYEE NAME &amp; TITLE</b>	<b>Employee Signature</b>	<b>Date</b>

### +++++ TSD APPROVAL/DENIAL +++++

<b>REVIEWER/TRAINING SERVICES DIVISION:</b>	<b>DATE:</b>	
<b>SIGNATURE:</b>	201 W. Preston Street, Room 106 Baltimore, Maryland 21201	Phone Number 410-767-1605

