



**INA/CMS RC-23 TUITION PROGRAM
WORK COMMITMENT AGREEMENT**

I, (Please print name) _____, agree that by accepting tuition and fees through the Illinois Nurses Association Tuition Program, I am also incurring a eighteen-month work commitment with the State of Illinois if my State paid training has not led to a post-secondary degree. This commitment will begin once I complete my most recent course. If I have received State paid training that has led to a post-secondary degree and the State has paid for more that 50% of the required credit hours, I am incurring a four-year work commitment with the State of Illinois. This commitment begins once I receive my degree. If I voluntarily leave state employment prior to the fulfillment of the entire commitment, I will be required to reimburse the state for tuition paid. The amount of funds received will be prorated on a monthly basis relative to the extent the work commitment is fulfilled. Furthermore, I am aware of that the State of Illinois can withhold funds, including, but not limited to, retirement distribution and tax refunds, if payment is not made and will refer seriously past due accounts to a private collection agency.

INA Tuition Program Participant

Participant's Signature: _____

Social Security #: _____

Date: _____

Credential Title Pursuing : _____

RC-23 Tuition Program Approval

By: _____

Date: _____

Title: INA Coordinator

By: _____

Date: _____

Title: Director of Central Management Services