

TRAINING AGREEMENT

The **NATIONAL CENTER FOR MENTAL HEALTH** herein referred to as “**NCMH**” places utmost importance in the partnership with its human resources for health in their optimum development towards a quality delivery of patient care. Investing in their learning and development is projected to result to competent and satisfied human resources. In view of this, it is important that this partnership is honored in the form of a training agreement

Personal Information

| | | |
|---|---------------------|--------------------------|
| Name: _____ <i>(Family Name, Given Name Middle Name)</i> | | ID No. _____ |
| Position: _____ | Area/Section: _____ | Service: _____ |
| Title of Learning and Development Intervention or LDI (training program): _____ _____ | | |
| Inclusive Date of LDI: | | From: _____ To: _____ |

All NCMH employees (regardless of rank and tenure) who attend any LDI shall be required to render a minimum period of service on the basis of the following:

- a. **Official Time:** *Using **government time** only (no government funds used for registration/ tuition/ seminar)*

| Duration | Required Service Contract |
|----------------------------------|---------------------------|
| More than six (6) months | 2 years |
| Two (2) months to six (6) months | 1 year |
| Less than two (2) months | 6 months |

*CSC MC No. 44 s. 1992

- b. Using **government funds** for registration/tuition/seminar fee sponsored by NCMH:

| Registration/Tuition/Seminar Fee Involved | Required Service Contract |
|---|---------------------------|
| Above Php 2,000.00 to Php 10,000.00 | 3 months |
| Above Php 10,000.00 to Php 25,000.00 | 6 months |
| Above Php 25,000.00 to Php 40,000.00 | 8 months |
| Above Php 40,000.00 to Php 55,000.00 | 1 year |
| Above Php 55,000.00 | 1 and ½ Years |

- a. I AGREE that upon completion of the training that I have requested, I will serve in **NCMH** for ___ year/s and ___ month/s, FROM (enter date): _____ TO (enter date): _____, according to the required service contract.

- a. In the event that I am unable to complete my service obligation stipulated above, I AGREE to refund **NCMH** the registration fees, travel, per diem, salaries, and other miscellaneous expenses incurred in connection with my training. The amount of the refund shall be computed on a pro-rated basis according to the percentage of service rendered. *(Sample computation: If the training cost is 2,000.00 and I completed two-thirds of the service obligation, I will refund **NCMH** Php 666.66 instead of Php 2,000.00)*

- b. I AGREE that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs including salary associated with my attendance.

Signature Over Printed Name of Trainee

Signature Over Printed Name of Chief of Section/ Office

Date: _____

Date: _____

Signature Over Printed Name of Chief PETRO

Date: _____