

Employee Skill Development Partnership Agreement

This Employee Skill Development Partnership Agreement ("Agreement") is made and entered into as of [Date] by and between:

- **Employer:** [Company Name], with principal business address at [Company Address]
- **Employee:** [Employee Name], residing at [Employee Address]

1. Purpose

The purpose of this Agreement is to set forth the terms under which the Employer will support the Employee's skill development in alignment with organizational and professional objectives.

2. Scope of Skill Development

- The Employee will participate in the following skill development activities: [List of training programs, workshops, courses, or certifications].
- The Employer agrees to provide support in the form of (check all that apply): tuition reimbursement, paid time off for training, access to materials, and/or mentorship.

3. Employee Obligations

- Attend and actively participate in enrolled programs.
- Meet all requirements of the training/certification within the specified time frame.
- Provide proof of completion and share knowledge gained with the team as appropriate.

4. Employer Obligations

- Provide necessary approvals for participation in skill development programs.
- Cover agreed costs as stipulated in Section 2.
- Offer reasonable support to facilitate completion of development activities.

5. Reimbursement and Repayment

- If the Employee fails to complete the activity or leaves employment within [X months/years] of completion, the Employee may be required to reimburse the Employer in full or in part, unless otherwise agreed.

6. Confidentiality

- Both parties will maintain confidentiality regarding any proprietary or sensitive information shared during the development activities.

7. General Provisions

- This Agreement constitutes the entire understanding between the parties.
- Amendments must be made in writing and signed by both parties.
- This Agreement is governed by the laws of [State/Country].

Employer Signature

Name: _____

Date: _____

Employee Signature

Name: _____

Date: _____