

**MIAMI-DADE COUNTY COMMUNITY ACTION and  
HUMAN SERVICES DEPARTMENT**

**STAFF QUALIFICATION AGREEMENT FORM**

Last Name	First Name	Middle Initial
Social Security Number	Center or Delegate Agency	Position
Hire Date	Work Telephone Number	Home Telephone Number
Field of Study	Level Complete	Completion Date

**Complete this Section for all coursework approval:**

Course Code	Course Title	Course Reference Number	Campus

**AGREEMENT**

I agree to complete the above coursework with a satisfactory grade of "C" or higher. **Further, I agree to provide a copy of my grade report at the completion of each semester or quarter.** I understand that failure to complete any of the above coursework satisfactorily will result in the repayment of funds to CAHSD Head Start/EHS or disciplinary action. Additionally, I acknowledge my intention to remain employed for a minimum of three (3) years following the completion of this coursework. If I terminate prior to the expiration of this period, I will repay Miami-Dade County the total or prorated amount of the financial assistance received based on the length of service completed. If payment is not received, the County will institute collection procedures.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date