

# Section 10: REWARD Oklahoma Participant Agreement

## INSTRUCTIONS:

- Please read the agreement below, print your name and sign and date the agreement on the lines provided.

This document is an agreement between the participant and the *Center for Early Childhood Professional Development*. The participant must read the following statements and sign that he/she understands the agreement. Please note that the *Center for Early Childhood Professional Development* reserves the right to modify the terms of this agreement.

Participant agrees to:

- I. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the ***The Oklahoma Registry*** level and work schedule of the participant over the six-month period completed. No portion of the award will be issued if the participant leaves his/her program prior to the completion of the entire six-month period. ***Leave time or summer breaks cannot be counted toward the completion of a commitment period.***
- II. Notify CECPD/REWARD Oklahoma regarding any changes to the following: employment status, level of education, position in facility, salary or hourly rate and the number of hours worked each week.
- III. Acknowledge that the supplements for this program are provided through the Oklahoma Department of Human Services, Oklahoma Child Care Services and that payment will depend on available funding. The participant's employer is not responsible for providing the supplement should funding no longer be available.
- IV. Report and pay any personal income taxes due on annual supplements as required by current tax law and to keep an updated W-9 on file with CECPD.
- V. Acknowledge that *REWARD Oklahoma* reserves the right to adjust commitment periods based on administration and/or fiscal needs.
- VI. Voluntarily participate in the *REWARD Oklahoma* program. I understand that this program is being administered by the University of Oklahoma Center for Early Childhood Professional Development (CECPD) on behalf of the Oklahoma Department of Human Services (OKDHS). I grant permission for CECPD to receive my educational information including but not limited to certifications, diplomas, and training records (information), and I expressly consent to CECPD sharing my information as needed with OKDHS.
- VII. Agree that the information provided in this contract is accurate, and if falsified can cause permanent removal from the *REWARD Oklahoma* program. In addition to being permanently removed from the program, the participant will be required to pay back his/her entire supplement to *REWARD Oklahoma*.

Center for Early Childhood Professional Development agrees to:

- I. Award annual salary supplements twice a year as long as participants continue to meet the eligibility requirements and if funding is still available.
- II. Provide IRS-1099 forms at the end of the year to participant as mandated by current tax law.

## Statement of Affirmation:

I, \_\_\_\_\_, attest that the information appearing on this  
Applicant's PRINTED NAME  
application and the supporting documentation is true to the best of my knowledge. I also have read and understand the above agreement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

