Administrative Services Clear Induction Program
Employer Fee Agreement

Applicant Information:

First Name:_____ **Last Name:**_____

Employer Information:

First Name: _____ **Last Name:**_____

Position/Title:_____ **Agency:**_____

Phone:_____ **Email:**_____

*Program Cost***:**

● For each candidate enrolled in the admin induction program, the program fee will be **$8,900** plus a **$160.00** technology fee for the 2024-2026 school year (total cost of **$9,060**).

*Employer Fee Agreement***:**

Please check the appropriate box as it pertains to your institution.

_____We have decided to pass along the Admin Induction Program fee to the candidate. Please make financial arrangements with the candidate who is completing TCSJ's Admin Induction Program.

_____We have decided to pay a portion of the Admin Induction program fee for the Admin Induction candidate. Please invoice us that amount for the Admin Induction candidate and make financial arrangements with the candidate for the remaining balance. The portion that we will pay is: $_____.

_____We have decided to pay the entire Admin Induction program fee for the Admin Induction candidate. Please invoice us for the entire amount for the candidate.

Employer Signature:_____ **Date:**_____