# THE RADBURN ASSOCIATION POOL LIFEGUARD CERTIFICATION REIMBURSEMENT POLICY

The Radburn Association will reimburse lifeguard certification cost over a two year period - based upon the following conditions:

1. He/she/they meets all requirements for the lifeguard training and receives certification as a lifeguard.

2. He/she/they provides receipt reflecting certification or recertification cost from qualified certifier to the Association prior to working for the Association as a certified lifeguard.

3. He/she/they agrees to work for the Radburn Association as a certified lifeguard for at least 80% of the pool season to receive the first reimbursement of 50%, or up to $125.00 for certification. The Association will reimburse 100% or up to $100 for recertification costs. The lifeguard agrees to work for the Radburn Association for at least 150 hours in the season.

4. He/she/they agrees to work for the Association as a certified lifeguard for at least 80% of the pool season to receive the second reimbursement of 50% or up to $125.00 for certification. The lifeguard agrees to work for the Radburn Association for at least 250 hours in the season.

5. He/she/they understands that payment of either reimbursement will be at the completion or end of each pool season and if employment is terminated by cause prior to the end of a pool season or the lifeguard resigns, the reimbursement is forfeited.

6. He/she/they understands that lifeguard reimbursements shall be for consecutive pool seasons. If employment was terminated for cause for the first season or if the lifeguard resigns, but employment is offered the next season, the reimbursement will only be for that second season of work. There will be no retroactive repayments.

I, the undersigned employee of Pleasure Pools (working at the Radburn Association pools), hereby acknowledge that I have received and read and understand the Pool Lifeguard Certification Reimbursement Policy. I have attached my receipt reflecting lifeguard certification training cost from a qualified certifier and agree to the reimbursement schedule.

_____ _____ Date_____

Employee Printed Name Employee Signature