



CONTRACT OF ENROLLMENT

**For employee participation in the
Duke University
Financial Certification Program
administered by Financial Services**

I have read and fully understand the [Supervisor Expectations](#) for participation in the Certified Payroll Representative curriculum of the Financial Certification Program as detailed in the Policy document. As a supervisor, I resolve to support my employee's dedication to the successful and timely completion of this certification. I will partner with my employee to ensure that classroom attendance and required testing are performed during work hours. I attest to the fact that my employee meets the eligibility requirements of the FCP:

- Is a full time employee
- Employed by Duke University for a minimum of six (6) months
- Has relevant professional responsibility at Duke, i.e. payroll representative or backup payroll representative

In addition, I fully understand the implications of and accept the \$100.00 per class Failure to Attend Charge.

Supervisor _____ Date _____

I have read and fully understand the [Participant Expectations](#) for acceptance and participation in the Certified Payroll Representative Curriculum of the Financial Certification Program as detailed in the [Policy document](#). As a participant, I accept the rigors of the program and resolve to successfully complete the coursework and testing included in this curriculum in the allotted timeframe. I also fully understand and accept the implications of the \$100.00 per class Failure to Attend Charge.

Employee _____ Date _____

Please sign and return via scan to email to:

Financial Training Team
finance-training@duke.edu