**Manager Agreement for Employee Scholarship**

This Manager Agreement ("Agreement") is entered into on [Date] by and between [Managing Supervisor’s Full Name], in their capacity as the Managing Supervisor, and [HOD/Director/CO/AO’s Full Name], representing [Department Name], hereinafter collectively referred to as "Manager," and [Employee's Full Name], hereinafter referred to as "Employee."

**Scope of Agreement:**

**Support of Educational Success:**

The Manager agrees to regularly engage with the employee regarding their academic progress, to provide opportunities for practical application of what they are learning, to discuss any challenges raised and to identify any adjustments required to support their success. In addition, the Manager commits to fostering an environment conducive to the Employee's academic success by providing necessary resources, mentorship, and encouragement.

**Allocation of Employee Time:**

The Manager agrees to allocate reasonable time during working hours for the Employee to engage in studies, attend classes, and fulfill course-related responsibilities.

This would include flexibility in the Employee's work schedule to accommodate study commitments, exams, and other program-related activities.

**Duration of Agreement:**

This Agreement shall remain in effect for the Employee's participation in the Cayman Islands Civil Service College Scholarship Programme unless terminated earlier by mutual agreement or by the program's completion or discontinuation.

**Termination of Agreement:**

This Agreement may be terminated by either party with written notice to the other party in the event of unforeseen circumstances, changes in employment status, or other justifiable reasons.

**Amendments to Agreement:**

Any amendments or modifications to this Agreement must be made in writing and mutually agreed upon by both parties.

**Signatures:**

By signing below, the parties acknowledge their understanding and agreement to the terms outlined in this Manager Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Title** | **Signature** | **Date** |
|  | Managing Supervisor |  |  |
|  | HOD/Director/CO/AO |  |  |
|  | Employee |  |  |

Please retain a copy of this signed agreement for your records.