

Employment Related Claim Mitigation Initiative

Letter of Intent Regarding Education Program

The College or Organizational Unit of _____ agrees to participate in the “Supporting Supervisors in the Workplace” education program with the intent to comply with and fulfill the requirements as outlined in the attached Employment Related Claim Mitigation Initiative Document.

Stated College/ Organizational Unit agrees to an implementation date beginning _____ and concluding _____ (the Implementation Period). College/ Organizational Unit understands this period will not exceed three years. It is further agreed that the anniversary date to be utilized in calculating the training participation progress rate will be the annual period beginning with the beginning implementation date above.

College/ Organizational Unit will make a best faith effort in attaining participation levels as indicated in the education program, and understands it may be eligible for certain deductible waivers based on participation levels as outlined in the attached program document.

Signature of College/ Organizational Unit VP/dean

Date

Attachment:

https://www.purdue.edu/business/risk_mgmt/pdf/Employment%20Related%20Claim%20Mitigation%20Initiative.pdf.pdf

Note-This form to be signed by each Purdue Organizational Unit VP, dean, or equivalent person

This form to be printed, completed, signed, and faxed/e-mail scanned to Tiffany Utermark in the Risk Management Department: Fax 765-496-1338 or e-mail tutermark@purdue.edu