

RN/LPN PROGRAM WORK AGREEMENT

- Morton Plant Mease Health Care, Inc. (“MPMHC”) is giving me the opportunity to participate in the RN/LPN following educational program:
 - RN Program (Cost: \$17,745)
 - LPN Program (Cost: \$13,786)

The program I have selected is referred to hereafter as the “Program.” I am aware that the cost of the Program for MPMHC involves the tuition, books and stipends. In consideration of MPMHC paying for the cost of the Program, I agree, upon successful completion of the Program, to complete thirty-six (36) consecutive months of full time employment in an inpatient unit as an RN LPN at Morton Plant Hospital, Mease Dunedin Hospital, Mease Countryside Hospital, Morton Plant North Bay Hospital or Morton Plant Rehabilitation Center. MPMHC will make the decision as to which shift, unit and hospital where I am to work during the thirty-six (36) months following successful completion of the Program. If I complete the thirty-six (36) consecutive months of employment, I understand that I will have no obligation to reimburse MPMHC for the cost of its Program.

- I understand that I must repay MPMHC the cost of the Program under the following situations:
 1. Failure to complete the Program;
 2. Voluntary or Involuntary termination of my employment with MPMHC before completion of the Program;
 3. If I do not complete the RN/LPN Program for any reason or if I complete the RN/LPN Program but do not obtain the license related to the program, I agree to complete thirty-six (36) consecutive months of employment at the above designated community health alliance. If I complete the thirty-six (36) months of employment, I understand I will have no obligation to reimburse the community health alliance for the cost of the RN/LPN Program. If I do not complete the thirty-six (36) months of employment, I will reimburse the community health alliance for the cost of the RN/LPN Program;
 4. Failure of accepting employment with MPMHC after completion of the Program;
 5. Change of work status during the thirty-six (36) months following completion of the Program from full time to part time, or voluntarily resigning employment or being terminated for cause. The responsibility to reimburse to MPMHC for the reasons set out in this paragraph will be pro rata, based upon the number of days remaining in the thirty-six (36) month period (1,095 days).
- I authorize MPMHC to deduct the repayment amount as determined above from my final paycheck up to the limit of the law as defined by Federal Wage and Hour Law. Should that amount be insufficient, I agree to pay the balance within thirty (30) days from the date of my termination or transfer.
- Attached to this RN/LPN Program Work Agreement (the “Agreement”) is a Promissory Note in the amount of the cost of the Program which I have selected. I have signed this Promissory Note to evidence my obligation to fulfill the terms of this Agreement.
- This Agreement shall not be considered an employment contract. Morton Plant Mease Health Care reserves the right to terminate employment with or without cause.

Signed this _____ day of _____, 200____.

Team Member (Print Name)

Signature of Team Member
Team Member Number: _____

Team Resources Rep. (Print Name)

Signature of Team Resources Rep.