

RN PROGRAM WORK AGREEMENT

- I agree that in recognition of the substantial cost to Morton Plant Mease Health Care in providing the RN Program. I will complete 24 consecutive months of employment in an inpatient unit as a RN(after successful completion of the RN program) at Morton Plant Hospital, Mease Dunedin Hospital, Mease Countryside Hospital, North Bay Hospital, or Morton Plant Rehabilitation Center. **I agree to work the shift, unit and hospital according to the needs of Morton Plant Mease Health Care.**
- I understand that I must stay within Morton Plant Mease Health Care for the term of this agreement and may transfer to another Baycare facility only after the terms of this agreement have been met.
- I agree that during the RN program that I will work at least 2 shifts (16 hours) during each pay period in an inpatient unit. A minimum of one of the shifts will be on the weekend (you may be working every other weekend), according to the needs of the hospital .The hospital location, unit and shift which I work will be determined by the needs of the Morton Plant Mease Health Care. When school is not in session, I am expected to work the number of hours normally in school in addition to the 2 scheduled shifts, according to the unit need.

If I do not complete the RN Program or I leave Morton Plant Mease before 24 months of full time employment I will owe Morton Plant Mease Health Care a monetary balance determined as follows.

I. Voluntary or Involuntary Status Change Or Termination Before Graduation:

Should I voluntarily or involuntarily terminate employment with Morton Plant Health Care before graduation except for medical reasons due to illness or accident or other FMLA reasons, I agree to

1. Repay Morton Plant Mease Health Care all tuition reimbursements and all education stipends that have been reimbursed to me to date, I authorize Morton Plant Mease Health Care to deduct the amount thus derived from my final paycheck up to the limit of the law as defined by the Federal Wage and Hour Law. Should that amount be insufficient I agree to pay this balance to Morton Plant Mease Health Care within thirty (30) days from the date of my termination.

-OR-

2. Commit to full-time employment for a minimum of 1 year in a patient care role, shift and hospital to be determined by hospital need.

II. Voluntary or Involuntary Status Change or Termination Before Completion of 24 Month Employment Obligation:

Should I voluntarily or involuntarily terminate employment with Morton Plant Mease Health Care before completing the work obligation, except for medical reasons due to illness or accident, or other FMLA reasons, I agree to repay Morton Plant Mease Health Care that portion of the cost of tuition reimbursement plus the education stipend on a pro rated scale based on percentage of the work agreement completed, I authorize Morton Plant Mease Health Care to deduct the amount from my final paycheck up to the limit of the law as defined by the federal Wage and Hour Law. Should this amount be insufficient to cover the amount owed, I agree to pay the balance to Morton Plant Mease Health Care within thirty (30) days from my date of termination.

This agreement shall not be considered an employment contract. Morton Plant Mease reserves the right to terminate employment at any time for any reason or no reason.

SIGNED THIS _____ DAY OF _____, 20__

Team member/applicant (Signature)

Witness Morton Plant Mease Health Care

Team Member/Applicant (Print Name)

Revised 8/9/02

