



Educational Assistance Application

Name _____ Date of Hire: _____

Mailing Address _____
Street / PO Box City State Zip

Telephone (_____) _____

Current Position _____ Department _____

Employee ID number _____ **Status (circle one)** **Per Diem** **Part time** **Fulltime**
(Located on the front of your badge)

Educational Institution: _____

Address: _____

Give a brief explanation of the educational goals you are pursuing and the estimated completion date of those goals:

List course titles:

How will your course of study assist you in your work at Enloe Medical Center?

Tuition \$ _____ Books \$ _____

*** Please attach the Educational Assistance Program Agreement, tuition &/or book receipts and evidence of a C grade or better.**

*** All items must be received in the Recruiting Services department by the deadline.**



EDUCATIONAL ASSISTANCE PROGRAM AGREEMENT

This agreement entered into this date _____ by and between Enloe Medical Center (hereinafter the “Medical Center”) and _____ (hereinafter referred to as “Employee”), is set forth in order to assure a spirit of mutual cooperation that will promote the greatest benefit to the Employee, the Medical Center and its patients. The Educational Assistance Program is designed to reimburse the full time, part-time and per diem Employee for tuition and book expenses, up to a maximum of \$500.00 per semester/quarter up to three per year or \$1,500.00/year. For each payment under the program the Employee commits to serve as a staff member for a period of two months in part time or full time status.

ARTICLE I

During the term of employment, Employee must abide by all Medical Center rules, guidelines, policies, and procedures as set forth in the Medical Center’s policies, Employee Handbook, and the Employee Job Description. All of the above may be made available to the Employee upon request.

ARTICLE II

In exchange for the acceptance of the Educational Assistance, the Employee agrees:

1. To continue employment for a period of 2 months at a minimum of the employees current schedule upon each payment received. If the work commitment is not met for any reason, the remaining debt will become due and owing.
2. To reimburse the Medical Center all sums advanced in the event the Employee fails for any reason, including involuntary separation of employment, to fulfill the employment obligation referred to in Paragraph 1 of this Article. It is understood this reimbursement obligation shall not apply if failure to fulfill the obligation is caused by reduction of workforce, unavailability of an appropriate position, or transfer to another position within the Medical Center initiated by the Medical Center.

ARTICLE III

1. If Employee fails to reimburse the Medical Center any payment required as set forth in Article II in advance of separation of employment, Employee authorizes Medical Center to obtain payment to the extent possible from any sums due to Employee upon separation of employment, including wages earned prior to separation, accrued Paid Time Off, or any other amounts due to Employee. Any moneys due at the time of separation for hours worked will be paid at the current minimum wage rate, and the difference between that rate and Employee’s regular rate of pay will be applied to the balance of monies owed. If those available funds do not cover the reimbursement due to the Medical Center, Employee will personally repay the debt on the last day of employment.

2. Any repayment due but not paid within 6 months from the date of separation of employment will be submitted to a collection agency. Employee will be responsible for any legal fees and/or collection costs incurred by the Medical Center in the recovery of those funds.

ARTICLE IV

This Agreement shall not be deemed to be an offer or promise of employment or continued employment by the Medical Center and shall not entitle Employee to such employment. Nothing in this agreement should be construed as a guarantee of employment. The sole purpose of the Agreement is to establish the rules necessary for participation in this Educational Assistance program by the Employee.

ARTICLE V

The terms of this agreement shall be binding upon both parties, effective the date both parties affix their signatures to this agreement. Any changes in the terms or condition of this agreement shall require thirty (30) days written notice and must be agreed to in writing by both parties.

Print Name

Employee ID Number

Employee Signature

Date