EDUCATIONAL ASSISTANCE AGREEMENT

THIS AGREEMENT is made by and between Dupont Hospital, LLC ("Facility") and _____ ("Team Member") on the _____ day of _____, 20_____.

In consideration of the premises and agreements herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby forever acknowledged and confessed, the parties hereto agree as follows:

1. Team Member agrees that in return for the reimbursement of educational expenses (course fees only) to Team Member in the amount of $_____, subject to the terms of Dupont Hospital Tuition Reimbursement Program, Team Member will agree to remain in the employment of Facility for 1.0 worked hours per $1.20 reimbursement received (2084 hours = $2,500) educational reimbursement per academic year. Worked hours shall be defined as only those hours that are coded in Kronos as REG, Orientation, In-house Education, and External Education. Reimbursed amounts less than $2,500 will be pro-rated to determine the number of months during which the Team Member has agreed to remain in the employment of the Facility.

2. Team Member agrees that, should his/her employment with Facility terminate for any reason (except layoff), or if the Team Member voluntarily changes his/her employment status, the Team Member will be responsible for any amounts of educational expenses reimbursed to Team Member by Facility for which Team Member has not fulfilled his/her employment commitment under this Agreement. Such amounts shall be offset from Team Member's last paycheck, in the event of termination, or on a prospective basis following a change in status, as determined by the Facility, unless prohibited by law. Team Member also agrees to pay any amounts not satisfied by such offset within ten (10) days of the termination of his/her employment.

3. This Agreement and/or any of the terms contained herein shall not be construed in any way to limit the ability of the Facility to terminate its employment relationship with the Team Member at any time and for any reason with or without notice.

For HR Use only:

Reimbursement Processed
Payperiod _____, 20____

Agreement commences the following payperiod for a total of _____ worked hours.

Agreement met:_____

_____
Team Member Acknowledgment Date

_____
Social Security Number

_____ _____
Chief Executive Officer/Designee Signature Date