



Tuition Reimbursement Plan Agreement

Employee Name: _____

Company of Employ: _____

Hire Date: _____ RN: _____ LPN: _____

Amount of Approved Tuition Reimbursement: _____

Quarterly Bonus Payments of: _____ Effective: _____

For a total of _____ (Quantity) calendar quarters with a final
payment of: _____ Effective: _____.

I agree I have provided copies of all receipts and transactions for Educational expenses, incurred within the 24 month period preceding my date of hire and relating to my licensure accreditation.

This documentation must be directed to the Navarre Business Office HR Department upon hire and prior to acceptance into this Bonus Program.

_____ Employee Signature

_____ LNHA Signature

_____ Regional VP Signature

_____ Diane M. Geis, EVP, PHR

_____ Gregory Colaner, Pres.

Copy of Agreement to Personnel File; Original to Diane Geis

June 01, 2008