

## EDUCATION PROMISSARY NOTE

Class Cost & Fees \_\_\_\_\_

Wages \_\_\_\_\_

Expenses (motel, mileage, etc)\_\_\_\_\_

Total Amount \_\_\_\_\_

Date:\_\_\_\_\_

### I

FOR VALUE RECEIVED, this agreement has been entered into with Ashley County Medical Center, hereinafter referred to as "ACMC" and \_\_\_\_\_ hereinafter referred to as "employee". The employee is subject to the Education policy effective January 28, 2013 in regards to reimbursement of cost for Education Classes and any reimbursed costs to the employee received during employment.

Class: \_\_\_\_\_

Date & Time: \_\_\_\_\_

### II

The employee agrees to continue to work for ACMC for a minimum of two (2) full year following completion of the education program.

### III

The employee, at the time of application for all educational class (ACLS, NALS, PALS, Zumba, Ultra Sound, etc.) must sign a commitment to work for ACMC for a minimum of two (2) year following completion of the education program. If the employee voluntarily terminates employment from ACMC prior to completion of two year of employment, ACMC will forgive 1/12 of the cost of the education program, any expenses incurred and reimbursed for each month of work actually completed, then the balance of the educational class cost, wages, mileage and any other expenses for the class paid by ACMC will be deducted from the employee's final payroll check(s).

I do hereby agree to the conditions of the Education Policy of ACMC dated January 28, 2013 and hereby give the said ACMC, its successors and assigns, the full power and authority to collect from my last check(s) the balance of the cost for my classes.

This note is executed under the Agreement and is subject to the terms thereof.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by:

\_\_\_\_\_  
Phillip Gilmore – CEO