

**Professional Credential and License Renewal Reimbursement Program Details**

**Purpose:** The purpose of this Cost Agreement is to outline the details in reference to the Professional Credentials and License Renewal Reimbursement policy. This program does not cover education costs, as such requests should be referred to the Tuition Reimbursement policy or scholarship programs.

- A. Team Members who are reimbursed for professional credentials or license renewals over the amount of \$100 are required to agree to the terms of this Reimbursement Cost Agreement.
- B. In consideration of Sun Health reimbursing for the below named or attached credential or license, the Team Member will be subject to reimburse Sun Health (SH) the full amount of the total cost if the Team Member leaves their employment within one (1) year from receiving the reimbursement.
- C. The Team Member authorizes SH to deduct the reimbursement amount owed under the terms of the Reimbursement Cost Agreement from any wages owed by SH to the "Team Member" in the final paycheck. If the full amount is not paid back in the final paycheck the Team Member will work with Human Resources and the Chief Financial Officer to develop an appropriate payback schedule.
- D. This Agreement is not intended to constitute any type of employment agreement or guarantee of continued employment.

**Professional Credential and License Renewal Request**

Team Member Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Team Member Address \_\_\_\_\_

Location &amp; Department Code \_\_\_\_\_ - \_\_\_\_\_ - 682- 61610-00000 Position \_\_\_\_\_

Full-Time or Part-Time \_\_\_\_\_ Manager Name \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

Notes \_\_\_\_\_

\*Receipts for each item must be documented and attached with a signed and completed **Employee Expense Reimbursement Form**.

Total Reimbursement Request Amount: \$ \_\_\_\_\_

Reimbursement Cost Agreement Expiration Date: \_\_\_\_\_

**Acknowledgements & Signatures:**

By signing below, I acknowledge the amount I am requesting for Professional Credential and/or License Renewal Reimbursement has not been paid by any other Sun Health source and I understand the conditions of the policy including the outlined in this Reimbursement Cost Agreement.

**RELATED RESOURCES: POLICY: POLICY: Professional Credential and Licenses Renewal Reimbursement; Tuition Reimbursement; Employee Expense Reimbursement Form.**

Team Member: _____	Date Submitted	VPCO/ED: _____	Approval Date
Manager: _____	Approval Date	HR: _____	Approval Date