

EMPLOYEE RELOCATION AGREEMENT

INSTRUCTIONS FOR RELOCATION ALLOWANCE AGREEMENT

*****This Agreement must be reviewed by Legal Counsel prior to execution*****

Purpose and Use:

This Agreement should be used by Human Resources and Hospital Administration to provide assistance to newly hired or transferred employees with moving costs, in keeping with the guidelines set forth in the _____ Policy. This assistance is provided in exchange for a current commitment to provide eighteen months of full-time services in the relevant job category for a specific period of time. The employee's failure to complete the work commitment results in a repayment obligation.

Fields to Be Completed:

Please complete all of the fields (marked with gray boxes) in the template. Should you have questions regarding the appropriate information to place in a particular field, please do not hesitate to contact the attorney assigned to employment and human resources-related issues.

Exceptions:

None.

Process for Obtaining Legal Review and Signature:

1. Once you have placed the required information into the template, please forward the document to the attorney assigned to employment and human resources-related issues for review.
2. Include with the draft agreement a copy of the e-mail or other documentation demonstrating vice-president level approval for the allowance.
3. Once the contract has been approved by Legal Counsel, the contract sponsor should obtain the signature of the employee.
4. A copy of the executed contract should be returned to Legal Counsel for placement into the contracts database.

Contact Information:

Contact the attorney assigned to employment and human resources-related issues to answer any questions.

RELOCATION ALLOWANCE AGREEMENT

This Agreement for Relocation Allowance (“Agreement”) is made and entered into this DAY Day of MONTH, YEAR by and between ENTITY (“Employer”) and EMPLOYEE NAME (Employee Identification No. EMPLOYEE IDENTIFICATION NO.) (“Employee”).

1. Employee has accepted full-time employment with Employer as a JOB TITLE in the DEPARTMENT NAME. Employee’s date of hire is HIRE DATE.
2. Employer agrees to pay Employee a relocation allowance in the NET OR GROSS amount of \$ DOLLAR AMOUNT (“Allowance”). In consideration for such relocation allowance, Employee agrees to remain employed full-time with Employer as a JOB TITLE in the DEPARTMENT NAME for 18 months (“Full-Time Commitment”). Employee understands that this allowance is subject to state and federal taxes.
3. In the event Employee voluntarily terminates his/her full-time employment before completing the Full-Time Commitment or Employee does not perform satisfactorily, Employee agrees to repay Employer a pro-rated amount of the Allowance upon the end of employment. The pro-rated amount owed to Employer is based upon the number of months the Employee has been employed. For each month Employee remains employed \$ ONE-EIGHTEENTH OF THE TOTAL DOLLAR AMOUNT of the Allowance will be deemed repaid to Employer. If Employer involuntarily terminates Employee’s full-time employment for grounds other than unsatisfactory performance or violation of Employer’s policies, Employee will not be liable to repay the Allowance.
4. EMPLOYEE ACKNOWLEDGES AND AFFIRMS THIS AGREEMENT IS NOT A CONTRACT FOR EMPLOYMENT AND DOES NOT ALTER EMPLOYEE’S AT-WILL EMPLOYMENT RELATIONSHIP WITH EMPLOYER. THIS MEANS EITHER THE EMPLOYEE OR THE EMPLOYER MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE.
5. Employee acknowledges and agrees Employee is subject to all of the policies and procedures of Employer.
6. Any amount due to Employer pursuant to this Agreement is due and payable to Employer immediately upon demand. **By signing this Agreement, Employee hereby authorizes said payment, should it become due under these provisions, to be deducted from Employee’s final paycheck or any check due for Paid Personal Leave (PPL),** and Employee agrees to be responsible for payment in full of any remaining moneys due. Should it become necessary for

Employer to collect any payment due, Employee agrees to pay Employer for all reasonable costs of collection and/or litigation, including necessary and reasonable attorney's fees.

- 7. Employer maintains a voluntary corporate compliance program to detect and prevent illegal and unethical activities. Employee specifically agrees to observe, comply with and be bound by all regulations, policies, and procedures of general application to individuals employed by Employer as may be adopted and/or amended from time to time during the term of this Agreement, which regulations, policies, and procedures may address administrative matters, patient care matters, legal compliance matters, and other matters pertaining to Employee's obligations to Employer, including, the Employer's corporate compliance program, and its Code of Conduct, which may be found at <http://www.integrus-health.com/INTEGRIS/en-US/ABOUTUS/codeofconduct.htm>.
- 8. EMPLOYEE ACKNOWLEDGES AND AFFIRMS EMPLOYEE HAS READ THE ABOVE AND FOREGOING, UNDERSTANDS IT AND IS VOLUNTARILY ENTERING INTO THIS AGREEMENT.

EMPLOYEE:

EMPLOYEE NAME

EMPLOYEE HOME ADDRESS

CITY, STATE ZIP

Signature of EMPLOYEE NAME