EDUCATIONAL ASSISTANCE AGREEMENT

THIS AGREEMENT is made by and between _____Rehabilitation Hospital of Ft. Wayne_____ ("Facility") and _____ ("Associate") 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. Associate agrees that in return for the reimbursement of educational expenses to Associate in the amount of $_____, subject to the terms of the Community Health Systems Educational Assistance Program, Associate will agree to remain in the employment of Facility for one year for each $2,500 of educational expenses reimbursed. Reimbursed amounts less than $2,500 will be pro-rated to the nearest 1/12th to determine the number of months during which the Associate has agreed to remain in the employment of the Facility.

2. Associate agrees that, should his/her employment with Facility terminate for any reason (except layoff), or if the Associate voluntarily changes his/her employment status to part-time (working less than 36 hours per week, on an average) or PRN, the Associate will be responsible for any amounts of educational expenses reimbursed to Associate by Facility for which Associate has not fulfilled his/her employment commitment under this Agreement. Such amounts shall be offset from Associate'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. Associate 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 Associate at any time and for any reason with or without notice.

_____
Associate Acknowledgment Date

_____Rehabilitation Hospital of Ft Wayne_____
Name of Facility

_____
Chief Executive Officer Signature Date