

INDIANA SIGNAL HEALTH GROUP HHA ONLINE COURSE AGREEMENT

Date: _____

This agreement is between Indiana Signal Health Group and _____, said agency has agreed to pay \$99.00 registration fee for the online Home Health Aide course for the above employee.

You, the employee, agree to work for said agency, with working a minimum of 20 hours per week, or 480 hours in 6 months, after passing the Home Health Aide course, test, and comp check off.

If your employment should be terminated by you or this agency, prior to the 6 months, then you, the employee, agrees to allow this agency to deduct the \$99.00 from your final payroll check.

You, the employee, agree to complete the HHA online course in a timely manner, which will be 1 week, starting from the time you receive your online information. If you, the employee, do not complete the course within the time frame, you agree to the agency deducting the \$99.00 cost of the course from your payroll.

Employee Signature

Date

Human Resource Signature

Date