Date:

To:

Re: Moving Expense &/or Signing Bonus Stipulation – for Clinician: _____
This regards clinical employment at: _____ (hereafter, Agency)

Hello,

I understand that [_____]'s initial moving expenses &/or signing bonus commit the indicated clinician to work for our Agency for a period of _____, or the clinician is required to pay those funds back.

I understand that the clinician's SHARP loan repayment agreement requires that the clinician not have any other service-obligations to any entity, including our Agency. Our Agency is willing to relinquish the Clinician's above-mentioned service obligation in order for the Clinician to legally commit to the SHARP loan repayment program for a two-year period.

I am formally authorized by our Agency to here-waive this above-described service obligation that was related to our Agency's provision of moving expense reimbursement &/or signing bonus, and through this letter I here do so.

Sincerely,

_____ _____
Signature Date

Site Representative:
Address:
Email:
Phone: