







OUR PEOPLE



Paramedic Incentive

Program









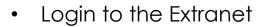




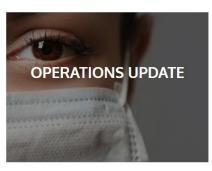


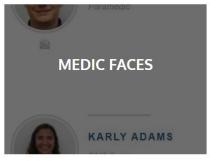












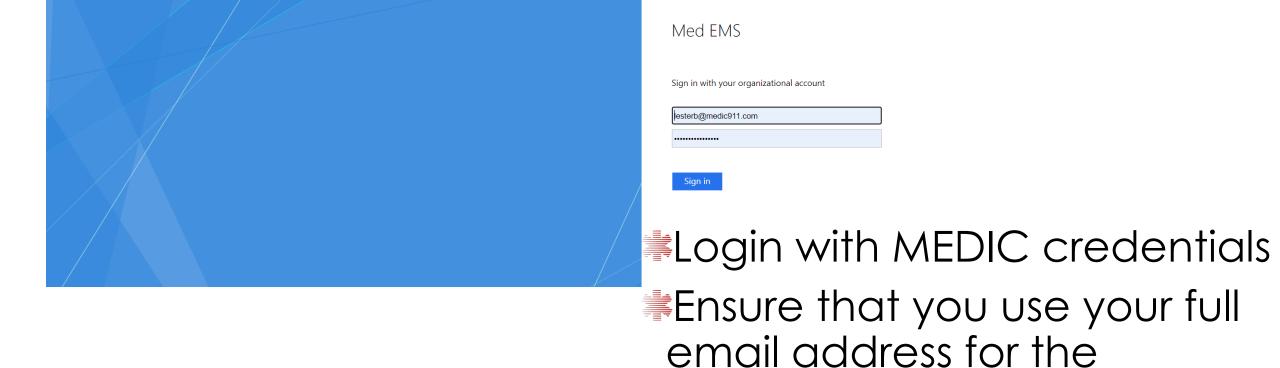










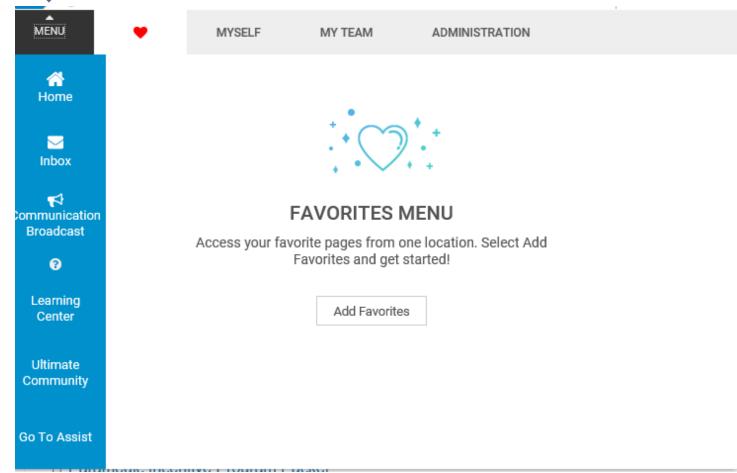


username





1. Click On Menu

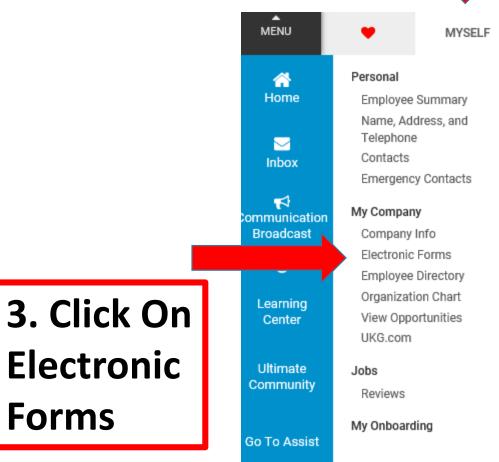




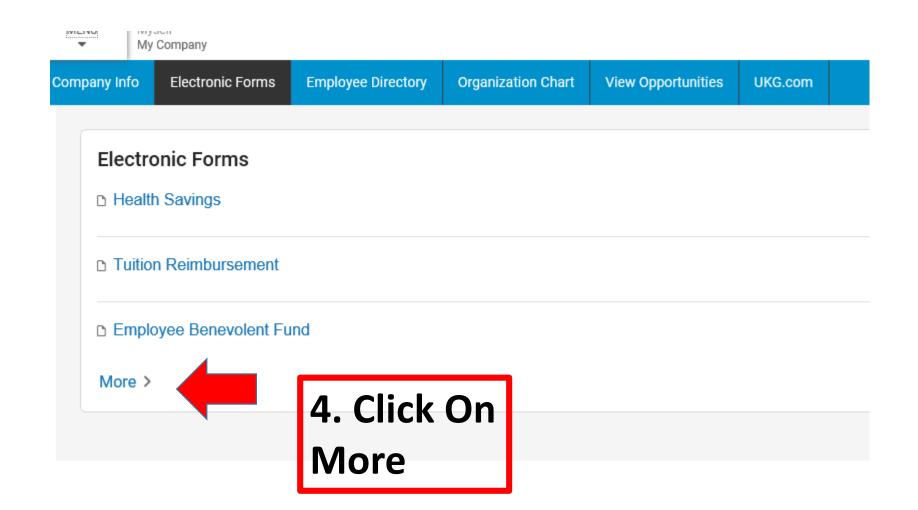
2. Click On Myself



W-2



MY TEAM ADMINISTRATION Career & Education Benefits Goals Benefits Summary Goal Planning Beneficiaries/Dependents Competencies Investments Personal Development 1095-C Licenses Open Enrollment Career Development Life Events Current Life Events Completed Documents **UKG Pro Learning** Employee Documents Pay Document Acknowledgment Current Pay Statement Pay History YTD Summary Direct Deposit Income Tax





Electronic Forms

Health Savings Tuition Reimbursement □ Employee Benevolent Fund 5. Click On FMLA Request **Paramedic** Paramedic Incentive Program Packet **Incentive Program Packet**

This will then open a PDF.



PARAMEDIC INCENTIVE PROGRAM PARTICIPATION AGREEMENT (Program Applicant)

THIS PARTICIPATION AGREEMENT ("Agreement") is entered into as of the date set forth below by and between the Mecklenburg Emergency Medical Services Agency, a North Carolina joint governmental agency ("Medic"), and _______ a Medic employee ("Employee").

BACKGROUND

Employee is currently employed with MEDIC as a full-time emergency medical technician ("EMT"). Employee has applied for and been accepted as a participant in an accredited North Carolina paramedic program provided or approved by Medic ("Program"). To encourage Employee to successfully complete the Program and thereafter continue employment with Medic as a paramedic, Medic has agreed to provide financial and/or other incentives to Employee in accordance with the terms of this Agreement.

In consideration of the foregoing, and for other good and valuable consideration, MEDIC and Employee agree as follows:

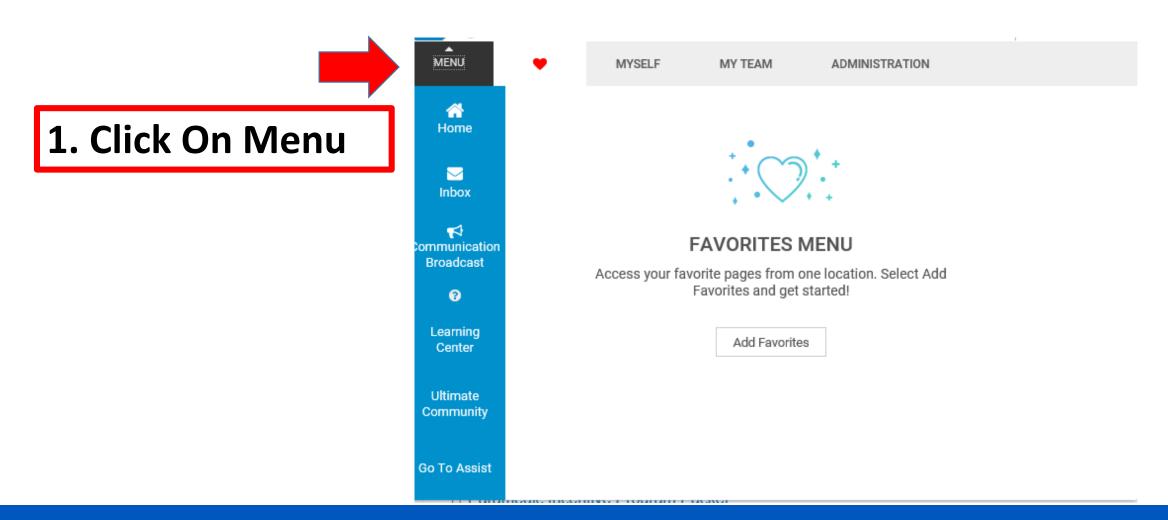
- Incentives. Subject to the terms and conditions of this Agreement, Medic shall provide the following incentives to Employee for participation in the Program:
 - a. <u>Covered Costs</u>. In addition to benefits under Medic's Tuition Reimbursement Program, Medic agrees to pay Employee's Program tuition costs, including books and associated fees.
 - b. <u>Program Completion Bonus</u>. Medic will pay Employee a \$1,250 bonus on a one-time basis upon Employee's graduation from the Program. The completion bonus will be paid to Employee within thirty (30) days of Medic's confirmation of Employee's graduation from the Program.
 - c. <u>Retention Bonus.</u> Medic will pay the employee a \$1,250 retention bonus on a one-time basis upon Employee's completion of: (i) at least one (1) calendar year of employment with Medic following graduation from the Program and (ii) completion of at least 1,880 hours worked for Medic as a certified and credentialed paramedic ("Service Obligation Period"). For purposes of this paragraph, "hours worked" does not include paid or unpaid time off.
 - d. <u>Voucher Time</u>. Medic will provide Employee with ten (10) vouchers which can be redeemed by Employee for scheduled days off from work. The days off are in addition to other paid time off to which Employee is entitled. Except as noted below, each voucher is good for one (1) day off. Vouchers may be used at any time, subject to the following restrictions:
 - Voucher are only valid while Employee is enrolled in the Program.
 Unused vouchers automatically become invalid when Employee graduates from or leaves the Program for any reason.

Complete the PDF

- *Where it requests a signature, please just type your name.
- *Once Complete, save the PDF.
- *You will now upload the document into the Payroll Portal/UKG.



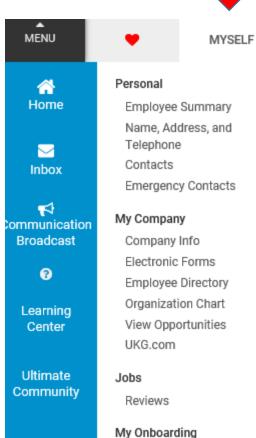
Uploading Completed PIP Packet





2. Click On Myself





Go To Assist

MY TEAM ADMINISTRATION Career & Education Benefits Goals Benefits Summary Goal Planning Beneficiaries/Dependents Competencies Investments Personal Development 1095-C Licenses Open Enrollment Career Development Life Events Current Life Events Completed Documents **UKG Pro Learning** Employee Documents Pay Document Acknowledgment Current Pay Statement Pay History YTD Summary Direct Deposit

Income Tax

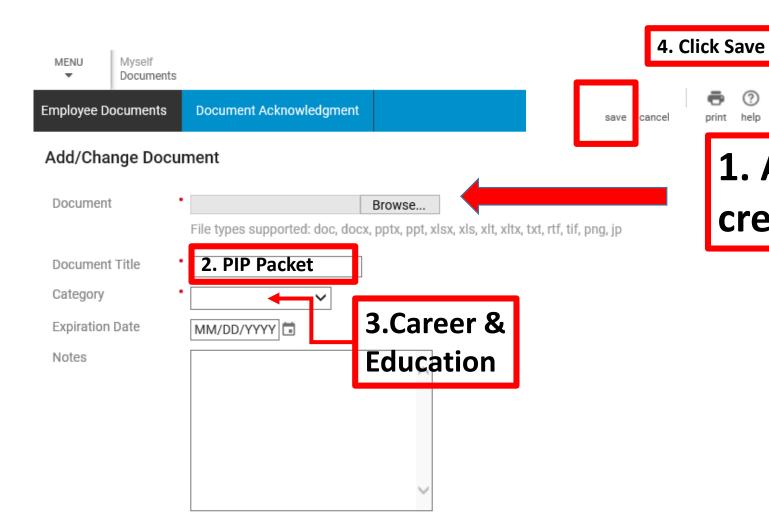
W-2

3. Click On Documents





Click On Add



1. Add your PDF you created and saved.

You Will Be Emailed a FERPA

- *This form will be emailed to you.
- Please fill out this form entirely.
- *Place MEDIC in the fields that you are giving permission to obtain records. (Third Party)
- *Submit this form the same way as you did with the Packet.

FERPA Family Educational Rights and Privacy Act







Contact the HR Generalist-Training & Development 704-943-6083

HumanResources@medic911.com







