



Professional Distinction

Personal Dignity

Patient Advocacy

PROPOSAL NO. 10: LETTER OF UNDERSTANDING - LOAN FORGIVENESS/CANCELLATION

/MNA
Effective Date: XXX xx,

**LETTER OF UNDERSTANDING
Between
ALLINA HEALTH
and
MINNESOTA NURSES ASSOCIATION**

Subject: Loan Participants and Loan Cancellation

This Letter of Understanding applies to registered nurses who are participating in Loan Programs and meet the eligibility requirements of the loan forgiveness/cancellation program. These programs include, but are not limited to: Federal Perkins Forgiveness/Cancellation Program and the Public Service Loan Forgiveness.

For purposes of this Letter of Understanding, the Parties agree that "Full Time" is defined as 0.8 FTE or greater per pay period or an average of 30 hours a week. The Employer agrees to certify a nurse who meets this annual Full-Time standard and who is applying for Federal Perkins Loan Cancellation.

[continued on next page]

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AFL-CIO

The Association reserves the right to add to, delete from, alter, amend, or otherwise modify these proposals during the course of negotiations.

AGREED TO:

_____ **HOSPITAL**

MINNESOTA NURSES ASSOCIATION

By _____

By _____

Its _____

Its _____

Dated _____

Dated _____

_____ **LABOR RELATIONS**

MINNESOTA NURSES ASSOCIATION

By _____

By _____

Its _____

Its _____

Dated _____

Dated _____

Upon the adoption of these proposals, such technical changes as necessary shall be made in order to conform existing contract language with newly modified language contained in the proposals.

The Association reserves the right to add to, delete from, alter, amend, or otherwise modify these proposals during the course of negotiations.