

## RELOCATION ALLOWANCE AGREEMENT

In consideration of my taking up an appointment of employment with the University of Lethbridge, as set out in my Employment Contract effective \_\_\_\_\_ [DATE], the University of Lethbridge has agreed to pay to me a Relocation Allowance up to the maximum sum of \$\_\_\_\_\_.

I acknowledge that if I voluntarily terminate my employment with the University of Lethbridge prior to the expiration of the term of my appointment or within 24 months from the initial date thereof, whichever period is less, I shall immediately pay back to the University of Lethbridge, that portion of the Relocation Allowance paid to me, calculated as follows:

- i. For an appointment of 24 months or more, the full amount of the Relocation Allowance paid less an amount equal to 1/24 of such allowance for each full month of my appointment actually served.
- OR
- ii. For an appointment of less than 24 months, the full amount of the Relocation Allowance paid less that amount equal to the ratio of the period of my appointment actually served, to the Employment Contract term end date of my appointment.

I agree that immediately upon terminating my appointment, I shall repay the University of Lethbridge that portion of the Relocation Allowance paid to me as outlined above. Failing which, I irrevocably authorize the University of Lethbridge, at its option, to deduct that amount from any salary, wages, overtime pay or any other entitlements owed to me, and this shall be the University of Lethbridge's sufficient authority to make such deductions.

I acknowledge that any monies owed by me to the University of Lethbridge pursuant to this Agreement, is a just debt due and owing to the University of Lethbridge. I agree to pay interest on such monies at the rate of 18% per annum (simple interest) from the date of the termination of my employment, until such monies have been paid in full to the University of Lethbridge.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in the City of \_\_\_\_\_, in the Province of Alberta.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Witness Appointee

(Witness not required if signed through DocuSign)