RELOCATION EXPENSE AGREEMENT

Agreement between His Majesty in Right of Newfoundland and Labrador, as represented by the Minister responsible for _____ (Department) and _____(Name of employee).

The above-named employee has been offered and has accepted a position with the Department of _____ of the Government of Newfoundland and Labrador. The parties hereby agree that the following provisions shall apply in respect of the relocation expenses incurred by the employee.

1. The Government of Newfoundland and Labrador agrees to reimburse the approved relocation expenses incurred by the employee in accordance with the Relocation Policy, which the employee acknowledges to have examined, and in accordance with the Relocation Estimates Form attached.

2. Permanent employees undertake to render service in the employment of the Government of Newfoundland and Labrador for a continuous period of not less than two years from the date on which he/she reports for duty at whatever location the Government of Newfoundland and Labrador may decide and to follow all Government rules, regulations and policies.

3. Temporary, seasonal or contractual employees who complete their employment contract in accordance with its terms are not required to repay relocation expenses even if their period of service is less than two years. Temporary, seasonal or contractual employees who render service for more than two years are not required to repay Government for relocation expenses received.

4. The employee agrees that, in the event of the failure to complete the required continuous period of service, the employee shall repay such part of the relocation expenses that are proportionate to the period by which the employee's continuous service was less than a period of two years for permanent employees and, subject to paragraph 3, less than the term of the employment contract, for temporary, seasonal or contractual employees.

5. The employee agrees to furnish receipts or other satisfactory proof of payment of any relocation expenses which the employee initially paid in full.

Dated at _____this _____ day of _____, 20_____.

_____ _____

Witness **Employee**

_____ _____

Witness **Deputy Minister**