



Leah Karpen Emergency Loan Repayment Agreement

Employee Name: _____

Social Security #: _____
(For use by Payroll)

Loan Amount: _____

Date Loan Received: _____

I understand and agree to repay the loan I received through payroll deductions in the amount of \$_____ per payroll period beginning with my _____ payroll check (Date). I also understand that interest will not be collected on this loan until the end of the term for each loan.

In the event of separation of employment with UNC Asheville, I agree to pay any outstanding amount from the emergency loan(s) plus interest accumulated from my final check and/or other funds.

I further understand if I fail to repay the loan in accordance with the above specifications, I will be responsible for any legal fees and/or collection costs that may be assessed to collect this loan.

In the event of personal bankruptcy, special circumstances for collection will be applied on a case by case basis. Please contact the Human Resources staff for further assistance.

The University of North Carolina at Asheville reserves the rights to change or modify terms and conditions, and/or request any relevant information that pertains to this policy at any time.

A signature indicates my acknowledgment that I have read the above statements carefully and have agreed to its terms and conditions.

Employee Signature _____

Date Signed _____

Telephone #: _____