Sample Relocation Agreement Form – Current or Recalled Employee Statewide HR Policy 40.055.10

Agency Name:	Date:	
Division/Section/Unit:	Employee Name:	
Work Location:	Employee Start Date:	
NOTICE: Employees are encouraged to consult a tax professional for advice on their tax liability and deductions. An employee must move his or her residence within six months of reporting to the new location to be eligible for moving expense reimbursement. However, an employee may begin the move upon official written notification. A six month extension may be granted for good cause if requested in writing a minimum of 30 days prior to the end of the initial six months. I acknowledge that I have been advised to seek professional tax advice and of the timeframes related to reimbursement eligibility. Employee's Initials		
Category of Expense	Policy Provision	Amount and Terms Agreed Upon
Personal Belongings (general household goods) Moving company Self move (rental truck fees, car dolly rental, rental of moving blankets, fuel for rental vehicle)	Up to 20,000 pounds Actual costs	
Packing, Crating, Unpacking (Service and/or materials) Moving company Self pack	• Up to \$1,500	
Paid Time Off	Up to ten (10) days of paid leave	
House Hunting Vehicle Mileage Lodging Meals	Per diem rates	
Temporary Living Quarters If agency required the employee to begin work at the new work site within the 45 days notice period.	w	
Additional Moving Charges Moving company Full value insurance Appliance blocking charges Extra handling fees for large or bulky items su as pianos Transports vehicle Self Move	• Up to \$2,000	
 Insurance for truck and personal belongings Labor costs for loading and unloading applian or large or bulky items such as pianos 	ces	
Vehicles	Current Vehicle Mileage Rate	
Miscellaneous Expenses Agency to Include definition & disclaimer about pre-approving ite for this category.	• Up to \$5,000	
I,accept the terms and conditions of the above agreement. (Employee Name)		
Employee Signature Date	<u> </u>	
APPROVALS:		
Agency Director or Designee Date	e Manager	Date
Human Resource Manager Date	Fiscal Manager	Date

Copy: Personnel File Payroll