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.		
Additional Moving Charges • Moving company - Full value insurance - Appliance blocking charges - Extra handling fees for large or bulky items such as pianos - Transports vehicle • Self Move - Insurance for truck and personal belongings - Labor costs for loading and unloading appliances or large or bulky items such as pianos	• Up to $2,000	
Vehicles • Moving company hauls • Self move with car dolly • Self drive	Current Vehicle Mileage Rate	
Miscellaneous Expenses Agency to Include definition & disclaimer about pre-approving items for this category.	• Up to $5,000	

I, _____ accept the terms and conditions of the above agreement.
(Employee Name)

_____
Employee Signature **Date**

APPROVALS:

_____ _____
Agency Director or Designee **Date** **Manager** **Date**

_____ _____
Human Resource Manager **Date** **Fiscal Manager** **Date**

Copy: Personnel File
Payroll