RELOCATION ASSISTANCE AGREEMENT

Date: [Insert Date]

Employee Name: [Insert Employee Name]
Employee ID: [Insert ID Number]
New Office Location: [Insert City, State]

Dear [Employee Name],

This letter outlines the terms and conditions of the relocation assistance being provided to you by [Company Name] in connection with your transfer to [Location].

1. Relocation Benefit
The Company agrees to provide a [Select one: Lump Sum / Reimbursement] in the amount of $[Amount] to cover eligible moving expenses, including transportation, lodging, and shipping of household goods.

2. Eligibility and Documentation
To receive payment, you must provide original receipts for all expenses no later than [Number] days after your start date at the new location. All expenses must comply with the Company's Relocation Policy.

3. Repayment Provision
By signing this agreement, you agree that if you voluntarily terminate your employment or are terminated for cause within [Number] months of your relocation date, you will be required to repay the Company as follows:

- 100% repayment if departure is within 0-6 months.
- 50% repayment if departure is within 7-12 months.

4. Tax Responsibility
You acknowledge that relocation assistance may be considered taxable income under federal, state, and local laws. You are responsible for any applicable taxes.

Please sign below to indicate your acceptance of these terms.

Approvals:

_____
[Name of Company Representative]
[Title]
Date: [Insert Date]

_____
[Employee Signature]

[Printed Name]
Date: [Insert Date]