**Your Company Logo**

**Repayment Agreement**

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| --- | --- | --- |
| Employee Name (Please Print) | Social Security Number | Effective Date of Relocation |
| Transfer From (City/State) | Transfer To (City/State) | Business Phone Number |

I understand that I am eligible to receive reimbursement of certain relocation expenses in accordance with [Your Company’s] Relocation Policy. In consideration of and as a condition of my receipt of any such reimbursement, I agree as follows:

If I terminate my employment for any reason, or if my employment is terminated by [Your Company] for cause, within 24 months from the effective date of my relocation as set forth above, I agree and promise to repay to [Your Company], within ten (10) days of demand, any and all relocation expenses paid directly by [Your Company] on my behalf, or for which I received reimbursement from [Your Company], on a prorated basis determined by the length of my employment as follows:

Length of Employment Reimbursement Percentage Obligation

0-12 months 100%

13-24 months 50%

In addition to any other remedies available to [Your Company] for the enforcement of this Agreement, I authorize [Your Company] to deduct any and all amounts that may come due under this Agreement from me from any wages that may be owed to me at such time or any time thereafter.

I understand and agree that if I leave [Your Company] for any reason, all relocation benefits will cease immediately.

This agreement is effective as of the date signed below.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_