



## AGREEMENT FOR RECOUPING RELOCATION PAYMENTS

As a condition of receiving relocation payments I, \_\_\_\_\_  
*(Insert Employee Name)*

agree to continue employment with the \_\_\_\_\_  
*(Insert Agency Name)*

(the Department) for \_\_\_\_\_ months. In the event that I am discharged or voluntarily leave employment with the Department prior to the expiration of the \_\_\_\_\_ month period for any reason, I will repay any relocation payment(s) made by the Department, prorated by dividing the amount received by the number of months (\_\_\_\_), and then multiplied by the number of months remaining in the period I agreed to remain employed.

If my employment is continued with the State, but in another department, the repayment will be subject to a repayment schedule approved by the director of the Department noted above.

If I am no longer employed by the State, the repayment will be recouped from my final paycheck, and any remaining balance will be subject to a repayment schedule approved by my department director.

**I UNDERSTAND AND AGREE THAT NOTHING HEREIN SHALL BE CONSTRUED AS A CONTRACT OR PROMISE OF CONTINUED EMPLOYMENT, OR NEGATE, IF APPLICABLE, MY AT-WILL EMPLOYMENT STATUS.**

\_\_\_\_\_  
*(Employee Signature)*

\_\_\_\_\_  
*(Department Director Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Date)*