

**Human Resources**

***Relocation Expense Reimbursement***

***Acknowledgement Form***

Pursuant to Salt Lake City Corporation Policy 3.01.01(IX) and Salt Lake City Corporation’s Relocation Procedure, I request reimbursement of relocation expenses.

In making this request and signing this form, I acknowledge and agree that, if I voluntarily leave City employment within two (2) years of my hire date, I am required to repay the City, on a prorated basis, all or a portion of the total relocation expense reimbursement received.

In making this request and signing this form, I also acknowledge and agree that, if I am terminated “for cause” from City employment, I may be required to repay the City, on a prorated basis, all or a portion of the total relocation expense reimbursement received.

Employee Name:

Position:

Hire Date:

Employee Signature:

Date: