



## MOVE EXPENSE LETTER OF COMMITMENT

This will confirm that as an ☐ Intern or ☐ Co-Op

### EMPLOYEE INFORMATION

<b>First Name:</b>		<b>Last Name:</b>	
<b>Current Address:</b>		<b>Relocation Destination:</b>	
<b>Contact Phone #:</b>	<b>Contact Email Address:</b>		<b>Employee ID #:</b>
<b>Position:</b>	<b>Hiring Manager/Title:</b>		

### ACCOUNTING and HR INFORMATION

<b>Hire Date or Transfer Date:</b> _____	<b>Billing Cost Center:</b> _____
<b>Requisition #:</b> _____	<b>Position ID:</b> _____
<b>Notes/Special Instructions:</b> _____ *****CAMPUS*****	

By signing this Relocation Letter of Commitment, you agree that if you voluntarily terminate service before your assignment is completed you must reimburse the Company for your move expenses paid by the Company.

The Company is authorized to withhold part or all of any amounts which may be due to the Company, as described above, from any salary, expense or other payments that may otherwise be due to me in order to reimburse the Company. Any and all deductions or withholdings will be done in accordance with applicable law.

### SIGNATURE OF AGREEMENT:

\_\_\_\_\_  
Intern or Co-Op Signature

\_\_\_\_\_  
Date