

**East Tennessee State University
Tennessee Board of Regents
Moving Allowance Agreement**

Agreement made on _____, between East Tennessee State University (referred to as "the Institution") & _____ (referred to as "the Employee").

WITNESS:

1. WHEREAS, the Employee, with employment date effective _____, desires to move and relocate _____ residence from _____ to Johnson City, TN and the Institution desires to provide an allowance to help defray the cost of the moving expense, the parties therefore, agree as follows:
2. The Institution agrees to provide to the Employee an amount not to exceed \$_____ for moving expenses incurred for the relocation.
3. In consideration for the Institution providing this allowance, the Employee agrees to remain employed by the Institution for a period of at least one year. For faculty appointed on an academic basis, one year is defined as one regular academic session (fall and spring semesters, nine months). For all other annual faculty and employees, one year is defined as twelve months. Should the Employee leave employ prior to completion of that year, the Employee will be liable to the Institution for the amount of the moving allowance provided.
4. The Employee hereby gives the Institution an express lien on all salaries, wages, and other sums payable to _____ by the Institution, for the purpose of securing all amounts due under Section 2 above in the event the Employee leaves prior to one year's employment at the Institution. The Employee authorizes the Institution to withhold all amounts due under this Agreement from any sum payable to the Employee by the Institution.
5. If the Employee fails to remain employed, as indicated in Section 3 above, for reasons beyond _____ control considered sufficient by the Institution, all or part of the liability under Section 2 may be waived by the Institution. Any such waiver must be approved in writing by the Employee's department head or dean and the President. (The dean/department head, whose account paid for the Employee's move, must notify Human Resources if the Employee does not remain employed at the Institution for at least one year.)

Employee (Signature) Date

Chair (Signature) Date

Employee (Print or Type)

Dean (Signature) Date

Employee's Social Security No./E#

Vice President (Signature) Date

Department Name

Department Contact & Phone Number

Account Number to be Charged