

Acknowledgement of SMCCCD New Employee Relocation Reimbursement Procedure

The San Mateo County Community College District is providing in its offer of employment a moving and relocation reimbursement up to \$5,000 to [Employee Name] for actual expenses related to relocation. This amount will be reimbursed to [Employee name] with his/her paycheck on [Date].

I, [Employee Name] agree to reimburse San Mateo County Community College District if I voluntarily terminate my employment prior to the completion of one year of service. Any repayment of relocation expenses would be deducted from my final paycheck.

I also acknowledge that this payment provided for non-deductible moving and relocation expenses will be included in my gross income as wages and treated by San Mateo County Community College District as taxable wages subject to withholding of all applicable taxes.

In order to receive reimbursement for actual relocation expenses, I agree to provide original itemized receipts within six months of the start of employment. Reimbursement claims will adhere to the following:

Allowable Expenses

- Moving and shipping of household goods including packing, crating, temporary storage, and shipment;
- Mileage for personal vehicles (up to 2 vehicles) at \$0.18/mile¹;
- Lodging expenses for employee and household members while moving from previous residence to new residence;
- Meals for employee and household members while moving from previous residence to new residence.
- All other expenses directly related with relocation.

Unallowable Expenses

- Direct costs associated with selling or purchasing a home;
- Expenses related to breaking a lease;
- Expenses incurred while looking for a new residence;
- Expenses incurred during the hiring process;
- Return trips to former residence;
- Expenses to improve former residence;
- Expenses to connect or disconnect household utilities;
- Security deposits.
- All other expenses not directly related with relocation.

I hereby acknowledge the information listed above and agree to reimburse the District in the event of my voluntary termination of employment prior to the completion of one year of service.

Employee Name (print): _____

Employee Signature: _____ Date _____

Supervisor Name (print): _____

Supervisor Signature: _____ Date _____

College President or Designee Name (print): _____

College President or Designee Signature: _____ Date _____

¹ Mileage rate based on CA approved [personal vehicle mileage reimbursement for relocation](#)