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|  | **Removal Expenses Application Form** |

Please complete in BLOCK letters and return to relocation.service@durham.ac.uk

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| --- | --- |
| Surname |  |
| Forenames |  |
| Title |  |
| Department |  |
| Post |  |
| Date of Appointment |  |
| Expected date of Removal |  |
| New address (if known) |  |

I have read the University’s removal expenses policy and wish to apply for removal expenses according to the terms and conditions of that policy statement.

1. I agree to abide by the conditions of the scheme and accept that financial assistance is given on condition that I remain an employee of the University for the minimum period specified in the policy.
2. I agree that in the event of termination of my employment within the relevant specified period. I will repay the relocation/removal expenses incurred by the University; this amount will decrease by 1/24 for every month of services completed.
3. If I am obliged to make repayment under the terms set out in 2 above, I agree that the debt will be recovered from any monies owed to me by the University in respect of salary or other expenses.

I enclose three quotations from removal firms or equivalent documentation to evidence removal costs

Employee’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**OFFICE USE**

Amount of agreed grant:

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_