# **Relocation Assistance Reimbursement Policy**

Date: [Insert Date]

Dear [Employee's Name],

We are pleased to inform you about our Relocation Assistance Reimbursement Policy, which is designed to support employees who need to relocate for their position within the company.

## **Eligibility**

To be eligible for reimbursement, you must meet the following criteria:

- Be a full-time employee.
- Relocate for a company-approved position.
- Provide all required documentation for relocation expenses.

### **Covered Expenses**

The following expenses may be reimbursed:

- Moving costs (e.g., moving truck, labor, packing supplies)
- Travel expenses for house hunting.
- Temporary housing costs while you await permanent accommodation.

#### **Reimbursement Process**

To receive reimbursement, please follow these steps:

- 1. Submit a completed reimbursement form.
- 2. Attach all relevant receipts and documentation.
- 3. Email the completed form and attachments to [HR Email Address].

#### **Timeline for Reimbursement**

Reimbursement requests will be processed within [insert number] weeks from the submission date.

If you have any questions regarding this policy, please do not hesitate to contact [HR Contact Name] at [HR Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]