

**TRINITY INTERNATIONAL UNIVERSITY
FORM 315-A**

Moving and Relocation Expense Agreement

Name: _____ Department: _____

Phone: _____ E-Mail: _____

Distance of move: _____ miles

Trinity International University has agreed to pay for moving expenses to relocate you and your household in order to begin employment. Please refer to the Moving and Relocation Policy (P-315) for all guidelines regarding approved moving and relocation expenses.

Employee Signature _____ Date _____

University Leadership Team Signature _____ Date _____

Human Resources Signature _____ Date _____