

## AGREEMENT FOR REIMBURSEMENT OF MOVING EXPENSES

THIS AGREEMENT is made and entered into by and between \_\_\_\_\_  
(Name of Agency)

at \_\_\_\_\_, an agency of the State of Kansas, Party of the First Part, hereinafter called  
(Location of Position)

Agency, and \_\_\_\_\_, \_\_\_\_\_, of \_\_\_\_\_,  
(Name of Employee) (Social Security Number) (City and State)

Party of the Second Part, hereinafter called Employee.

WITNESSETH: That

WHEREAS, the Agency has engaged/transferred employee as \_\_\_\_\_ and employee  
has (Position)

accepted such employment/transfer which became effective ; \_\_\_\_\_ and  
(Effective Date)

WHEREAS, The Agency tendered this offer of reimbursement of moving and relocation expenses to employee as an inducement to accept employment/transfer, to the extent authorized by the Agency head, not to exceed maximum amounts provided by law, and employee desires such reimbursement.

As a condition of this Agreement, employee agrees that if such employee leaves employment within one year from the beginning date of employment/transfer, unless separated for reasons beyond the employee's control that are acceptable to the agency concerned, such employee will reimburse to the Agency the full amount paid to him/her for moving and relocation expenses and such obligation to so repay shall constitute and be considered a lien and setoff by the state against such employee's unpaid wages or salary, all as provided by Chapter 115, New Section 1, of the 1997 Kansas Session Laws, and K.S.A. 75-3207.

WITNESS our hands this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Agency

By: \_\_\_\_\_  
Designated Official  
(Party of the First Part)

\_\_\_\_\_  
Employee  
(Party of the Second Part)

## REQUEST FOR EXTENSION OF SUBSISTENCE PERIOD

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### **INSTRUCTIONS**

1. Complete the requested information below.
2. Submit the form in triplicate to the Director of Accounts & Reports at least two weeks prior to the beginning date of the extension to allow adequate request processing time.
3. Submit the approved original copy of the request with the first payment voucher submitted for payment of subsistence expenses during the extension period.
4. Attach a photocopy of the approved request to each additional voucher submitted for payment.

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(Please Type Or Print)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Official Station: \_\_\_\_\_ Domicile: \_\_\_\_\_

Assigned Duty Station: \_\_\_\_\_

Period of Request: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for the Requested Extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**DIRECTOR OF ACCOUNTS & REPORTS  
APPROVAL:**

**AGENCY APPROVAL:**

\_\_\_\_\_  
(Director of Accounts & Reports)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Agency Head or Designee)

\_\_\_\_\_  
(Date)

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**REQUEST TO PAY EXPENSES OF OUT-OF STATE-APPLICANTS**

TO: Secretary of Administration  
2nd Floor, The Statehouse  
Topeka, Kansas 66612

Date: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Agency) (Department or Division)

\_\_\_\_\_  
(Complete Mailing Address)

\_\_\_\_ Approval is hereby requested to reimburse the travel and subsistence expenses of the following-named out-of-state applicants to attend an and/or interview for a vacant agency position, subject to limitations as provided by law. (K.S.A. 75-3218)

\_\_\_\_ Approval is hereby requested to pay the moving expenses of the following-named out-of-state applicants, if selected for employment, for a vacant agency position, subject to limitations as provided by law. (Chapter 115, New Section 1, of the 1997 Kansas Session Laws)

\_\_\_\_\_  
(Applicant) (City, State)

\_\_\_\_\_  
(Applicant) (City, State)

\_\_\_\_\_  
(Applicant) (City, State)

I do hereby certify that persons qualified to fill the position of \_\_\_\_\_, which is currently or soon to be vacant, are substantially unavailable within the State of Kansas; and that the person(s) listed above appear to possess the requisite professional, technical or unusual qualifications. This agency has taken the following actions to locate qualified applicants within the State of Kansas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED:

\_\_\_\_\_  
Secretary of Administration (Date)

APPROVED:

Respectfully submitted,

\_\_\_\_\_  
Governor (Date)

\_\_\_\_\_  
Administrative Head of Agency/Dept

(K.S.A. 75-3218 provides that travel and subsistence shall be same rate as State employees)  
(K.A.R. 1-16-2b provides payment for not to exceed 12,000 pounds of household goods)