

University of Alaska

Relocation Allowance Request Form



UA Reg. 05.02.06(B)

Employee Name: _____ SSN: _____
 Mailing Address: _____

 Phone Number: _____ Employment Start Date: _____

Note: Relocation Allowance is a taxable benefit to the employee and is taxed in the year it is issued. Appropriate FICA taxes will be withheld when the relocation benefit is posted to the employee's payroll record.

Campus: _____ Department: _____
 Position Title: _____
 Monthly Salary *: _____ Estimated Authorized Relocation Expenses: _____
**To calculate monthly salary, multiply biweekly salary by 26 (pay periods) then divide by 12 (months).*
 Relocation Allowance: _____ Account Number: _____
 Departmental Contact: _____ Phone: _____

A Relocation Allowance may not exceed the Estimated Authorized Relocation Expenses. In addition, any allowance which exceeds the monthly salary amount requires special approval of the Chancellor or President. See UA Regulation 05.02.06(B)(3).

Hiring Authority Approval: _____ Date: _____
 Budget Approval: _____ Date: _____
 Chancellor/President, if required: _____ Date: _____

EMPLOYEE'S STATEMENT OF RESPONSIBILITY FOR REPAYMENT:

In consideration of the payment of a relocation allowance or expense reimbursement in connection with my employment by the University of Alaska, I agree to repay the university the full amount of such allowance or reimbursement if I voluntarily terminate employment with the university within one year, unless such termination is a result of death, prolonged illness, disability, or a decision by the university not to renew or continue my employment. Any amount due under this provision may be recovered from me as a debt due to the University of Alaska. I hereby authorize such amount to be withheld from my final paycheck or other monies due to me.

I understand that the Relocation Allowance is a taxable benefit to me and will be taxed in the year that it is issued.

Employee Signature*: _____ Date: _____
 Chief Financial Officer, if required: _____ Date: _____
**Approval by the regional campus chief financial officer or designee is required if this form is not signed by the employee.*

**A copy of an accepted appointment letter or other hire documents should be attached to this form.
 Contact your campus Financial Services office for instructions on processing this request.**

Relocation Allowance Issued (for administrative use only):

Accounts Payable:
 Check No: _____ Amount: _____ Date: _____

Payroll:
 Taxable Earnings Records Adjusted: _____ Date: _____

Copy: Campus Payroll Office