

University of Alaska Relocation Allowance Request Form

Employee's Name: _____

Address: _____

Phone No.: _____ SSN: _____

Department: _____

Position Title: _____

Monthly Salary: _____ Estimated Authorized Relocation Expenses: _____

Relocation Allowance: _____ Account No. : _____

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 approvals. See UA Reg. 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; and I hereby authorize such amount to be withheld from my final pay check or other moneys due me.

Employee's Signature: _____ Date: _____

Chief financial officer, if required: _____ Date: _____

(Approval by the MAU chief financial officer or designee required if not signed by the employee.)

Relocation Allowance Issued: (for administrative use only):

Check No.: _____ Amount: _____ Date: _____

Earnings Record Adjusted: _____ Date: _____

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