

UNIVERSITY OF ALASKA

Relocation Allowance Request Form

Employee's Name: _____
 Address: _____
 Phone No.: _____ SSN: _____

Department: _____
 Position Title: _____
 Monthly Salary: _____ Est. Auth. Relocation Expense: _____
 Relocation Allowance: _____ Account No.: _____
 Departmental Contact: _____

[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 _____ Date: _____
 (if required)

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: _____ 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.