

Request to Authorize Moving & Relocation Assistance			
Send completed form with required signature(s) to:			
Staff Positions – Employment Services: hr-empservices@csus.edu		Faculty Positions – Office of Faculty Advancement: faculty.advancement@csus.edu	
Contact Information			
From:		Date:	
Email:		Phone:	
Subject:	Authorization to Offer Moving & Relocation Assistance		
This request serves to authorize reasonable moving and relocation expenses for:			
Employee Information			
Employee Name:		Department/College:	
Position:		Anticipated Start Date:	
Current Home Address:		City:	
State:		Zip:	
Phone:		Email:	
Amount Requested			
\$	<i>When determining an appropriate amount, the hiring department should take into consideration the size of the household as well as the distance of the relocation. The Moving Cost Calculator on Moving.com may be used as a resource.</i>		
Type of Moving & Relocation Assistance Requested			
<input type="checkbox"/> Lump Sum		<input type="checkbox"/> Reimbursement	
Approvals:			
Dean/Associate Vice President <i>(Up to \$10,000)</i>	Print Name	Date	
Vice President/Provost <i>(\$10,001 - \$15,000)</i>	Print Name	Date	
President <i>(Required for amounts exceeding \$15,000)</i>	Print Name	Date	