

	Requ	est to Author	rize Mo	ving & R	elocation A	ssistance	
		Send complete	ed form w	ith require	d signature(s) t	to:	
Staff Positions – Employment Services: hr-empservices@csus.edu				Faculty & Other Unit 3 Positions: Upload completed form to PageUp offer			er card
III CIII pocit	10000 00000000		Contact	Informatio		to ruge op on	<u></u>
From:					Date:		
Email:					Phone:		
Subject:	Authorization to Offer Moving & Relocation Assistance						
This request serves to authorize reasonable moving and relocation expenses for:							
				Information			
Employee Name:		Department/College:					
Position:				Anti	icipated Start Date:		
Current Home Address:					City:		
State:					Zip:		
Phone:					Email:		
Amount Requested							
\$	ining an appropriate amount, the hiring department should take into the size of the household as well as the distance of the relocation.  ost Calculator on Moving.com may be used as a resource.						
Type of Moving & Relocation Assistance Requested							
☐ Lump Sum				☐ Reimbursement			
			App	provals:			
Dean/Associate Vice President (Up to \$10,000) Print			Print N	Name			Date
Vice President/Provost (\$10,001 - \$15,000) Pr			Print N	nt Name			 Date
President (Required for amounts exceeding \$15,000) Prin				Name			 Date

Sac State Human Resources Revised 08/24/23