



HUMAN RESOURCES
MANAGEMENT

Moving & Relocation Reimbursement Authorization Form

This authorization form will be used to provide a new employee with a one-time payment for their reasonable moving expenses from their current home to the general area of California State University Dominguez Hills. Please note, the reimbursement of moving expenses by the university will be reported as taxable income and subject to state and federal taxation per IRS guidelines. The approved reimbursement will be issued through the State Controller’s Office payroll system as a separate one-time payment after the first regular paycheck has been issued. In the event that the new employee ends their employment with the University within two (2) years of this appointment, they will owe a pro rata amount to California State University Dominguez Hills.

MPP

Staff

Faculty

Name: _____ College/Dept: _____

Working Title: _____ Classification: _____

Employee Current Address and Contact Information:

Address: _____
City State Zip

Phone #: _____ Email: _____

Up to \$7,500 may be allocated for moving costs associated with relocations from outside of California.
Approved amount: \$ _____

Up to \$3,500 may be allocated for moving costs associated with relocations from within California in excess of 50 miles from the University.
Approved amount: \$ _____

In excess of the above policy limits requires President’s approval
Recommended amount: \$ _____

Justification:

President Approval: _____ Date: _____

Approvals

For Staff/MPP Reimbursements:

Administrator: _____ Signature: _____ Date: _____

For Faculty Reimbursements:

Dean: _____ Signature: _____ Date: _____

Office Use Only

Reviewed by (for staff/MPP): _____; Submit form with hiring documents to Payroll.

Payroll Use Only: Appointment in PIMS; reimbursement to be processed after regular pay has issued (green cycle)

Reimbursement keyed by: _____ Reimbursement issued on: _____ **Earnings ID: 9R2**