Moving Allowance Payment Guidelines and Form

This form is to be used to request payments to new employees only for moving allowance purposes. The hire must be fully completed and form will be processed after effective hire date.

EAST TEXAS A&M UNIVERSITY

Payroll Services

INSTRUCTIONS:

Complete the form below and attach the fully executed appointment letter. After all signatures have been obtained send to Payroll Services at Payroll@etamu.edu.

To be completed by department:

UIN	Last Name	First Name	PIN or POSITION #

Account Number All employee relocation expenses must be paid from local funds. **No state funds may be used** (no '1' accounts).	Payment Amount

Comments:

ACKNOWLEDGMENT and SIGNATURE

- Payments will be processed on the next scheduled biweekly pay date in accordance with the due dates.
- Federal income tax will be computed at the 22% supplemental payment rate in addition to FICA deductions at 7.65%
- IRS considers allowances as Wages and therefore will be reported in Box 1 on their W-2.
- Moving Allowance Payments are not subject to retirement in accordance with Texas Administrative Code Chapter 25.6(a)(5)(A).
- A prorated share of the allowance must be repaid to the university if employment does not extend to at least 12 months.
- No payments will be made directly to moving companies, hotels, or any other vendors providing moving, travel or house hunting services.
- Receipts are not required for 'allowances'.

Privacy Notice: State Law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact the Payroll Office at Payroll@etamu.edu

Employee: _____ Signature: _____ Date: _____

APPROVAL and SIGNATURE

Department Head: _____ Signature: _____ Date: _____

Dean/Director/AVP: _____ Signature: _____ Date: _____
(Or Designee)

If exceeding $5,000

VP/President: _____ Signature: _____ Date: _____
(Or Designee)