

RECOMMENDATION FOR RELOCATION ALLOWANCE

TO BE COMPLETED BY DEPARTMENT CHAIRPERSON OR DEPARTMENT DIRECTOR: Forward this form when applicable with your recommendation to appoint a Faculty or Professional/Administrative Staff member. Faculty or staff who live within 50 miles of campus at the time of appointment, or do not relocate their household within three months after the effective date of appointment, are ineligible for the allowance.

CANDIDATE'S NAME AND ADDRESS Name _____ Social Security No. _____ Street _____ City, State _____ Zip _____	POSITION FOR WHICH RECOMMENDED Department _____ Rank/Title _____ Effective Date _____
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|--------------------------|----------------------------|-------|
| <input type="checkbox"/> | Recommended _____ | _____ |
| | Chairperson/Director | Date |
| <input type="checkbox"/> | Endorsed _____ | |
| <input type="checkbox"/> | Not Endorsed _____ | |
| | Dean/Executive Director | Date |
| <input type="checkbox"/> | Approved _____ | |
| <input type="checkbox"/> | Disapproved _____ | |
| | Division Executive Officer | Date |

PAYMENT AUTHORIZED: CN: _____ Amount: <u>\$1,000</u> Account 111000-120203-606735-63	
_____ Executive Director of Human Resources/Labor Relations	_____ Date

TO BE COMPLETED BY FACULTY OR STAFF MEMBER: I hereby request payment of the Relocation Allowance of \$1,000. I certify that I have relocated my household to the address shown below as a result of having accepted my appointment at Youngstown State University.

_____ Name	_____ Signature
_____ Street	_____ Date
_____ City, State, Zip	

CHECK DISTRIBUTION: _____ Send inter-office to payee	Check Number _____
_____ Send inter-office to Human Resources	Check Date _____ Initials _____