

THE UNIVERSITY OF ALABAMA
APPROVAL REQUEST FOR RELOCATION ALLOWANCE
All Relocation Allowances must be approved in ADVANCE!

The purpose of this form is to request your approval for payment of supplemental compensation for the individual listed below. University policy requires that prior approval be obtained **BEFORE** undertaking **ANY** compensated activities.

Information on the Individual Receiving Supplemental/Occasional Pay			
Employee Name			
Employee CWID		Date of Request	
Employee's Supervisor		Employee's Home Department	
Individual's Current Status (check one)			
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
Individual's Current Classification (check one)			
<input type="checkbox"/> Faculty		<input type="checkbox"/> Staff	
Employee's Current Job Title			
Details			
Purpose of Compensation	Please check the appropriate box. Please see Relocation Allowance Policy and the Relocation Allowance Guidelines for detailed information.		
<input type="checkbox"/> Moving Expenses <input type="checkbox"/> Temporary Living Expenses			
Amount of Compensation Requested	Please be sure that the compensation does not exceed the previously approved amount. All relocation allowances should be approved in advance by the appropriate dean, director, department head, or other designated personnel.		
Examples: 4286.00 – or 1000 dollars per month not to exceed the approved amount or UA supplemental policy limits			
Time Period	Please detail the time period of the temporary living expenses for this supplemental pay. (Ex. January 2018, February 2018, March 2018, etc.) Be sure these approved dates match the dates on the PA form. This form may cover one Academic Year only.		
Examples: January 2018, February 2018, March 2018, etc.			
Return completed and approved form to the individual below (please print/type)			
Name	Box/Address	Phone #	
Approvals			
<i>By signing this form, you are supporting this request. Please sign and forward as indicated below.</i>			
Supervisor's Dean/Director/Division VP		Date	
OAA (for OAA, Research, Advancement, Student Affairs, President's Office) HR (Athletics, Community Affairs, Financial Affairs)		Date	

This approved form should be attached to the PA form unless it is already attached to the Hiring Proposal in the faculty hiring system