



Relocation Check Request

The relocation reimbursement may be added to a regular payroll run.

Section I: Personal Information

Employee Name: _____

OSU Employee ID #: _____ Pay Period #: _____

Pay Group: Biweekly or Monthly Gross Amount: _____

Job Earnings Distribution:

Org: _____ Fund: _____ Account: _____

64416 for move / 60111 for cash advance

Function: _____ Project: _____ Program: _____ User Def: _____ Med Center Code: _____

Section II: Reason for Request

Section III: Authorization

Department Signature: _____ Date: _____ Phone: _____

Department Contact: _____ Department Address: _____
(please print)

E-mail Address: _____

College/VP Office Signature¹: _____ Date: _____ Phone: _____

¹ Required by some departments.

**Department: Email this form along with the Relocation Request Form, all original receipts, and the letter of offer to taxoffice@osu.edu or send the documents to the address below:
Payroll Services, 2nd Floor Lobby, Blankenship Hall, 901 Woody Hayes Dr., Columbus, OH , 43210-4016**