

## RELOCATION INCENTIVE PAYMENT APPROVAL REQUEST FORM

Use for relocation incentive payment approval for academic personnel in accordance with Administrative Policy Statement 34.2. After final approval, send completed form to your Academic HR specialist at [acadpers@uw.edu](mailto:acadpers@uw.edu).

### Completed by employing department

Employee Last Name		First Name		Middle	
Home Department			Phone:		
Appointment Type					
Faculty		Academic Appointee		Librarian Other	
Business Title		Relocation Incentive Payment Amount \$		Starting Salary \$	
				FTE %	
Job Profile					
Statement of reasons for requesting approval for lump sum relocation incentive payment					
Attach copy of draft job offer letter confirming notification of the repayment obligation for leaving the position with less than one year's service.					
Check if moving expenses are being paid in addition to the proposed relocation incentive payment.					
Check if the proposed lump sum relocation incentive payment is in excess of \$50,000 or 25% of the employee's first year annual salary, whichever is greater. State the reason(s) for the exceptional payment:					

### Signatures

Hiring official name	Hiring official signature	Date
Department head name	Department head signature	Date
Name of unit dean	Dean signature	Date

**Relocation payments in excess of \$50,000 or 25% of the employee's first year annual salary, whichever is greater, must be approved in advance by the provost or designee for faculty and academic personnel appointees.**

Provost Signature (if for faculty, academic appointee, or librarian)	Date
_____	