



RELOCATION AUTHORIZATION

Employee Name _____ Department _____

Employee ID _____ Phone _____

Address moving FROM _____

City _____ State _____ ZIP _____

Address moving TO _____

City _____ State _____ ZIP _____

I understand and agree to the following:

- The university will provide the relocation allowance as taxable income to my regular payroll check once approved documents are provided to the Office of Human Resources.
- The relocation allowance has no restrictions on use and no receipts should be provided to the university. The full amount is taxable income and deductibility of qualified moving expenses incurred is my responsibility when completing my own personal federal income tax return. The university does not provide personal tax advice.
- That if my employment with Florida Tech is terminated prior to nine (9) months of employment, I agree to repay Florida Tech for the full amount reimbursed.
- For allowable moving expenses, refer to regulations detailed in IRS Publication 521 (www.irs.gov).

Relocation Allowance Authorized \$ _____

Employee Signature _____ Date _____

Dean/Vice President Signature _____ Date _____

Human Resources Signature _____ Date _____