



# Eastern Washington University

## Lump Sum Relocation Assistance Authorization Form

Employee Name:	
Employee ID#:	
Job Title:	
Start Date:	
Department:	
Budget to be charged:	
Lump Sum Allowance Amount:	

I authorize the Lump Sum Relocation Assistance Allowance payment.

\_\_\_\_\_  
Supervisor/Department Chair Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Authority Signature

\_\_\_\_\_  
Date

*This form authorizes a relocation assistance allowance in the amount of \$ \_\_\_\_\_ (less applicable taxes). Acceptance of this offer confirms your understanding that the full amount of the allowance must be repaid to the University, if within one year of the date of your appointment you voluntarily terminate University employment, or if you engage in behavior that makes termination of employment necessary. In addition, acceptance of this offer will have tax consequences for you, and necessary payroll deductions will be taken from the allowance. If you have questions about the tax implications of the relocation assistance allowance, you may wish to consult a tax professional for advice.*

*After this form is turned in, you will receive this payment with your first regular paycheck (10<sup>th</sup> or 25<sup>th</sup> of the month).*

*I agree with the conditions stated above.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Distribute agreement as follows:** Original to be provided to Payroll for processing; one copy to the employee; one copy on file in the employee's department.