

PROCESSING RELOCATION ALLOWANCES

APPOINTMENT RECOMMENDATION

Request relocation in the *special conditions* section of the Appointment Recommendation form in PeopleAdmin. Specify an exact amount (up to \$3,000 for in-state hires and \$5,000 for out-of-state) to be included in the final employment contract, based on the resources, needs, etc., of the Hiring Department.

MOVING EXPENSE AGREEMENT (Form attached below)

Forward a Moving Expense Agreement to the new employee after he/she has signed an employment contract, or request that Human Resources forward it simultaneously with the contract. Submit the original agreement through the appropriate approval protocol for the Division. Attach a copy of the fully-executed (i.e., signed by both the employee and the President or Chancellor) employment contract showing that relocation has been approved. Forward the Moving Expense Agreement packet to the Legal Office after approval of the Division Head. That office will obtain the signature of the President and return fully-executed (i.e., affixed with a contract number) copies of the agreement to both the Hiring Department and Human Resources. [NOTE: The Hiring Department should process a Moving Expense Agreement well in advance of the employee's first day, as new employees generally seek payment soon after arrival.]

BUDGET REVISION

Submit a Budget Revision, if needed, in advance of processing an Extra Service Pay Form. [NOTE: Hiring Departments *transferring* funds via a Budget Revision at year-end should ensure those funds are paid by year-end to prevent losing funds set aside in the current year and having to obligate funds in the succeeding year.]

EXTRA SERVICE PAY FORM

Submit an Extra Service Pay (ESP) form in PeopleAdmin along with a copy of the fully-executed Moving Expense Agreement. Payment will be processed on the monthly payroll for that month only if the information reaches Human Resources by the 10^{th} of that month.

TENNESEE BOARD OF REGENTS MOVING EXPENSE AGREEMENT

Agreement made on "<u>Date</u>", between <u>TENNESSEE STATE UNIVERSITY</u> (referred to as the Institution) and "<u>Name</u>" (referred to as the Employee),

WITNESS:					
Nashvil		nstitution desires to	tive "Date", desires to move and reloc eimburse or pay on behalf of the Emplo		to s, the
1.	expenses incurred for tindividual. All reimbu	the relocation. Of trsement claims mus	on behalf of the Employee an amount nois amount, not more than \$ comply with the State Comptroller's ragrees to provide original receipts for	can be reimbursed directly to	o the
2.	In consideration for the Institution either reimbursing or paying the costs of moving, the Employee agrees to remain employed by the Institution for a period of at least one year. For faculty appointed on an academic basis, one year defined as one regular academic session (Fall and Spring semesters, nine months). For all other annual faculty and employees, one year is defined as twelve months. Should the Employee leave employ prior to completion of that year, the Employee will be liable to the Institution for all moving expenses which the Institution has paid (to or on behalf of the Employee), together with reimbursements and all payroll taxes withheld by the Institution in connection with such expenses				
3.	The Employee hereby gives the Institution an express lien on all salaries, wages, and other sums payable to him/her by the Institution, for the purpose of securing all amounts due under Section 2 above in the event the Employee leaves prior to one year's employment at the Institution. The Employee authorizes the Institution to withhold all amounts due under this Agreement from any sum payable to the Employee by the Institution.				
4.	sufficient by the Institu must be approved in wr	ation, all or part of the iting by the Employethe Employee's mo	as indicated in Section 2 above for rease liability under Section 2 may be waivee's Department Head or Dean, and the we must notify Human Resources if the	yed by the Institution. Any such wa President. (The Dean/Department I	aivei Heac
Employee Signature Date		Employee Social Security	Employee Social Security Number		
Department Name			Account Number to be Ch	arged	
Department Head Signature Date		Dean Signature	Date		

INSTRUCTIONS:

Vice President Signature

Date

Submit this form to the Legal Office. All information must be complete and all signatures must be affixed, except that of the President, which will be obtained by the Legal Office. Attach the **employment contract** signed by the President and/or Chancellor that reflects relocation has been approved. (Do not attach an Appointment Recommendation form.)

President Signature

Date

When this agreement has been fully executed, a copy will be forwarded to the hiring Department by the Legal Office to place in PeopleAdmin with an Extra Service Pay form.

01-01-14