



# REQUEST FOR MOVING EXPENSES

### Completed By Department

<b>Employee's Name (Last, First, M.I.)</b>		<b>Employee ID</b> (Optional)	
<b>Title</b>	<b>Job Class</b>	<b>Appt. Start Date</b> ___ / ___ / ___	
<b>UW Department</b>			
<b>Department Contact Name</b>		<b>Campus Box #</b>	<b>Campus Phone</b>
<b>Department Contact Email</b>			

### Completed By Employee

<b>Estimated Dollar Value of Personal / Household Goods</b> \$	<b>Requested Pick-up Date</b>
<b>My move will be coordinated by the State contract movers.</b> _____Yes _____No	<b>I'll move myself and be reimbursed.</b> _____Yes _____No
<b>Current Home Address:</b> Street, Apt. City, State, ZIP Code Country                      Email:	<b>Current Phone Numbers:</b>  HM WK
<b>Destination Home Address</b> (if known) Street, Apt. City, State, ZIP Code Country	

### EMPLOYEE AGREEMENT

I acknowledge receipt of a copy of the Moving Expense Regulations and Guide and agree to pay all costs that are in excess of those allowable costs set forth in the guide. I understand that I will be billed the amount of excess cost by the move supplier.

I understand that payment is due within (30) days from the date of notice of excess charges.

If I terminate or cause termination of my employment from the University of Washington within one year (nine months for nine month academic personnel) of my appointment effective date, I agree to reimburse all previously paid moving costs to the University of Washington and further authorize the University to withhold any sums due me as part or full repayment of such costs in conformance with RCW 43.03.

<b>Date</b>	<b>Employee Signature</b> (Original, no fax or copies)