

State
of
New York

REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

Pursuant to Section 202 and 204 of the State Finance Law, reimbursement is requested for moving and travel expenses of the following:
(Please check applicable box.) Employee **1** Appointee

Last Name	2	First Name	3	MI	4	Suffix	5	Employee ID	6
Address of New Residence	7	City	8	State	9	Zip	10		
Address of Old Residence	11	City	12	State	13	Zip	14		
Previous Agency	15								
Address of Previous Work Location	16	City	17	State	18	Zip	19		
New Agency	20								
Address of New Work Location	21	City	22	State	23	Zip	24		
Title	25	Negotiating Unit	26	Date of Appointment	27	Date probation ended (if applicable)	28	Grade	29

Distances in miles (shortest measurement along public highways):

a. From old place of work to new place of work	30
b. From old residence to new place of work	31
Note: If the distance in (a) or (b) is less than 35 miles, the employee is not entitled to reimbursement.	
c. From old residence to new place of work	32
d. From old residence to old place of work	33
e. The difference ("c" minus "d")	34
If Employee, have you previously been reimbursed by the State for moving expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	35 If yes, date of previous move: 36
If Appointee, have you previously been appointed to a full time position in a department or agency of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No	37

Reason For Move (Check one of the following): **38**

<input type="checkbox"/>	The move is due to a transfer or reassignment which is for the convenience of the State.
<input type="checkbox"/>	The transfer or reassignment results from the relocation of the agency or subdivision of the agency.
<input type="checkbox"/>	The reimbursement of moving and travel expense is necessary as a result of promotion to a full time qualified position.
<input type="checkbox"/>	The reimbursement of moving and travel expense is the result of initial appointment to a full time technical, scientific, education, professional or administrative position in a department or agency of the State for a period of one year or more.
<input type="checkbox"/>	Other (Please indication reason in the space provided):

Employee/Appointee Agreement

In consideration for the moneys received and/or to be received by me from the State of New York for reimbursement of travel and moving expenses actually incurred by me as a result of transfer, reassignment, promotion or appointment in the service of the State, pursuant to Section 202 and 204 of the State Finance Law and the Regulations Governing the Reimbursement of Moving and Travel Expense promulgated by the Director of the Budget, I hereby certify and agree that in the event of my resignation or voluntary separation from the service of the State in the position to which I was transferred, reassigned, promoted or appointed within one year after such transfer, reassignment, promotion or appointment, the State of New York shall be entitled to the return of the principal sum advanced to me under the aforementioned sections of the State Finance Law and Regulations thereto appertaining, which amount will become due immediately upon said resignation or voluntary separation; and I further agree that the State may deduct said amount from any moneys due or accruing to me from the State at the time of said resignation or voluntary separation. If there are not sufficient moneys due or accruing to me from the State at that time, and if repayment has not been made, the State of New York may enter judgment against me for the said sum advanced to me by virtue of Section 202 and 204 of the State Finance Law and the Regulations thereto appertaining, without further notice to me.

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Employee/Appointee Signature

Date

Certification of Appointing Officer

I do hereby certify that I am the appointing officer; that the facts presented above are correct to the best of my knowledge and that all requirements of the law and regulations now in effect have been met.

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Appointing Officer Signature

Title

Date

Reference	Name	Description
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1	Employee/Appointee	
2	Last Name	Employee/Appointee's last name
3	First Name	Employee/Appointee's first name
4	MI	Employee/Appointee's middle initial
5	Suffix	Suffix to Employee/Appointee's name
6	Employee ID	Employee ID as issued by OSC (must be 10 numeric characters)
7	Address of New Residence	Employee/Appointee's new home street address
8	City	City for Employee/Appointee's new home address
9	State	State for Employee/Appointee's new home address
10	Zip	Zip code for Employee/Appointee's new home address
11	Address of Old Residence	Employee/Appointee's old home street address
12	City	City for Employee/Appointee's old home address
13	State	State for Employee/Appointee's old home address
14	Zip	Zip code for Employee/Appointee's old home address
15	Previous Agency	Name of previous agency worked for
16	Address of Previous Work Location	Street address of previous agency worked for
17	City	City of previous agency worked for
18	State	State of previous agency worked for
19	Zip	Zip code of previous agency worked for
20	New Agency	Name of new agency working for
21	Address of New Work Location	Street address of new agency working for
22	City	City of new agency working for
23	State	State of new agency working for
24	Zip	Zip code of new agency working for
25	Title	Title at new agency
26	Negotiating Unit	Negotiating Unit in new job title
27	Date of Appointment	Date appointed to new job title
28	Date Probation Ended (If applicable)	Date probation ended for new job title
29	Grade	Grade of new job title
30	Distance from old place of work to new place of work	Distance in miles from old place of work to new place of work
31	Distance from old residence to new place of work	Distance in miles from old residence to new place of work
32	Distance from old residence to new place of work	Distance in miles from old residence to new place of work
33	Distance from old residence to old place of work	Distance in miles from old residence to old place of work
34	The difference ("c" minus "d")	Box 32 minus box 33
35	Previously reimbursed?	Check appropriate box answering if employee has been previously reimbursed for moving expenses by the State
36	Date of previous reimbursement	If employee has been previously reimbursed, the date of the previous reimbursement
37	Previously appointed?	Check appropriate box answering if appointee has been previously appointed to a full time position within a department or agency of the State
38	Reason for move	Check the reason for moving
39	Employee/Appointee Agreement	Signature of Employee/Appointee and date signed
40	Certification of Appointing Officer	Signature and title of appointing officer and date signed