



YESHIVA UNIVERSITY

NEW HIRE RELOCATION BENEFIT APPROVAL REQUEST FORM

SECTION 1 TO BE COMPLETED BY NEW HIRE

New Hire Name: _____

Position: _____

Hiring Department: _____

Old Address: _____

New Address: _____

List Expenses

EXPENSE

AMOUNT

Commercial Moving Company _____

Storage _____

Rental Truck/Trailer _____

Shipping _____

Packing Supplies _____

Transportation _____

Lodging _____

Other _____

Other _____

Other _____

Other _____

Total _____

Name

Signature

Date

ATTACH RECEIPTS OR SUPPORTING DOCUMENTS FOR EACH EXPENSE

SECTION 2 TO BE COMPLETED BY DEPARTMENT

EMPLOYEE NAME: _____ **DATE:** _____

POSITION: _____

DEPARTMENT OR ORGANIZATION: _____

RELOCATION DATE(S): _____

SOURCE OF FUNDS (FOAP): _____ **MAX AMOUNT ALLOWED:** _____

I, _____, hereby request approval to

(Submitted By- Name of Director/Department Administrator)

reimburse the moving and/or relocation expenses of the new employee listed above. This reimbursement is necessary to obtain the services of the qualified person being employed. In accordance with the YU relocation policy, the employee's move meets the Time (one-year test) and Distance (50 mile test) requirements and the terms of the employee's relocation benefit are included in the employee's written letter of appointment of contract.

DEPARTMENT DIRECTOR/VP/ DEAN'S APPROVAL

DATE

PROVOST OR VP APPROVAL

DATE

HUMAN RESOURCES APPROVAL

DATE

**Department should submit to Human Resources for approval
Human Resources will forward to Payroll for payment**