

# **RELOCATION ALLOWANCE POLICY**

Group: Full-time, Benefit Status  
Faculty and Administrative/Salaried  
Effective: Staff January 1, 1999  
Updated: November 29, 2021

**REQUEST FOR RELOCATION ALLOWANCE**  
**DePauw University**

Name of Employee: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Old Home Address: \_\_\_\_\_

New Home Address: \_\_\_\_\_

A) Miles between old address and DePauw:	
B) Miles between new address and DePauw:	
C) Difference between A and B (in miles):	
D) Total Moving Expense Allowance (in dollars): (See chart in policy)	

The moving expense allowance will be issued with the next available payroll following approval of the Request for Moving Expense Allowance Form by the appropriate Vice President and the Vice President of Finance and Administration.

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Date Signed

*\*Additional Allowance: Arrangements for the additional allowance must have been approved in advance of the offer of employment.*

Specify Additional Amount: \_\_\_\_\_

Specify Reason for the Additional Amount: \_\_\_\_\_

\_\_\_\_\_  
Account Number to Charge: \_\_\_\_\_

\_\_\_\_\_  
Signature of Vice President

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Vice President, Finance & Administration

\_\_\_\_\_  
Date Signed