

This form is used to request approval for a relocation incentive payment in accordance with [Administrative Policy Statement 34.2](#). After obtaining all necessary approvals, the unit loads the completed form into Workday when processing payment. **Incomplete forms will be returned for revision and may result in a delay of approval.**

Appointment Details

Last Name First Name MI Job Title/Rank

Department/School (if applicable) School/College/Campus Roster % (appointment FTE)

Where is the individual relocating from? Starting salary (annualized):

Will moving expenses also be paid? Yes No Proposed relocation incentive amount:

Provide a brief justification for requesting a lump sum relocation incentive payment for the individual identified above.

Is the proposed payment amount in excess of 25% of the individual's annualized first year salary? Yes No

Is the proposed payment amount in excess of \$50,000? Yes No

If you answered "YES" to both of the preceding two questions, this request requires EXCEPTIONAL APPROVAL.

Is the unit requesting a repayment obligation period of greater than one year? Yes No

If you answered "YES", this request requires EXCEPTIONAL APPROVAL.

If exceptional approval is required, provide a brief justification for the exceptional level of payment and/or period of repayment.

By checking the box below, the following officials confirm support for this relocation incentive payment.

Name of Dept Chair/Director/Campus Dean

Name of Dean/Chancellor

If **EXCEPTIONAL APPROVAL** is required, route dean/chancellor-approved form to VPAP@uw.edu for provost review.

– FOR OFFICE OF ACADEMIC PERSONNEL & PROVOST OFFICE USE ONLY –

Signature of provost designee authorizing Workday processing and approval: