

RELOCATION INCENTIVE PAYMENT REQUEST

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 mjstuart@uw.edu for provost review.**

Provost approval