In accordance with FSS PPS 03.19, this form is used to obtain authorization for payment of an employee moving allowance **prior to making an offer of employment or commitment to the prospective employee named below.** The completed form must be attached to the Special Payment PCR for payment.

**PAYMENT DATA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prospective Employee | |  | Costing | | | |
| Name |  |  | Employing Department |  | | |
| Mailing Address |  |  | Account Distribution:  (no state funds are allowed)  Account 1  Account 2  Total | Fund | CC or IO | Amount |
|  |  |  |  |  |
|  |  |  |  |  |
| Position Offered |  |  |  |  |  |

**ACCOUNT MANAGER APPROVAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Manager Signature Title Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A – Policy Requirements** | **Yes** | **No** | **NA** |
| Is the new employee full-time, at the director level and above? |  |  |  |
| Is the distance from the prior residence to the employee’s designated headquarters 100 miles or greater? |  |  |
| Is the amount requested less than the greater of $7,500 or 10% of the annual salary (9 months for full-time 9-month faculty)? |  |  |
| If the employee was previously employed by Texas State, has five or more years passed since the last separation? |  |  |  |

**If any of the questions in Section A are answered “No,” Cabinet Officer approval is required below to provide an exception to the provisions of FSS PPS 03.19 as prescribed in Section 01.09 of the policy.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabinet Officer Signature Title Date

|  |  |  |
| --- | --- | --- |
| **Section B – Externally Sponsored Project Funding Approval** | **Yes** | **No** |
| Is the source of funding from an externally sponsored project? |  |  |

**If the question in Section B is answered “Yes,” ORSP approval is required below (Route to JCK 420).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORSP Approver Signature Title Date

**REQUIRED APPROVALS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employing Cabinet Officer Signature Title Date