

Additional Relocation Allowance Form

Employee Name: _____

Hire Date: _____

Job Title: _____

Relocation Date: _____

Department: _____

Employee Number: _____
(If known/assigned)

Any additional relocation allowance payments made after the future employee has elected the disbursement path are processed only through payroll in combination with the regular payroll and require dean/VP approval.

Beginning in 2018, an employee can no longer deduct personal moving expenses nor can an employer pay or reimburse an employee's personal moving expenses on a tax-free basis. However, UAB can continue to pay such moving expenses to be treated as taxable W-2 wages through Payroll. Moving expenses, house hunting trips, and temporary housing allowances are all classified as a Relocation Allowance.

Additional Payment Options

1. A one-time additional payment of \$ _____. The payroll payment would be processed on the first available regular payroll in combination with regular payroll and any other additional payments. Any temporary moving deposits should be included as one time additional payments if not included in the Relocation Allowance.

2. Additional \$ _____ for ____ month(s) relocation allowance for temporary housing allowance will be paid through payroll in combination with regular payroll and any other additional payments. The First Payment should be processed on the _____ Payslip. Note: Payment should be the month-end of payroll prior to the 1st month rent is due.

Notwithstanding any language to the contrary, UAB will follow applicable laws, rules and regulations regarding the taxability of, and withholding for, any and all payments made to or on behalf of its employees.

Employee

I, _____, understand that the above payments are for additional relocation allowance.

Signature: _____ Date: _____

Department

Department: _____ Contact Name: _____

Email: _____ Phone Number: _____

Sign-On pay is not allowable on a grant. Relocation Allowances will be charged to remaining payroll labor sources based on the percentage distribution. If you wish to provide an override account (s), please list below:

Account: _____ Percentage: _____

Account: _____ Percentage: _____

Account: _____ Percentage: _____

Dean or Delegate Approval

Name: _____

Signature: _____ Date: _____

Central