

**UNIVERSITY OF PENNSYLVANIA
PAYROLL DEPARTMENT**

Relocation Information Form

DATE: _____

HIRING DEPT : _____

Contact Name: _____

Contact Phone: _____

EMPLOYEE NAME: _____

ADDRESS MOVING FROM: _____

ADDRESS MOVING TO: _____

START DATE: _____

**Please see attached web site for move management guidelines:

<http://www.hr.upenn.edu/recruitment/hiringofficer/domesticrelocations.asp> .

<i>Check Benefits Covered</i>	<i>Benefits</i>
	Household Goods Move: Limited reimburse for self move
	Final Family Move
	House Hunting Trip
	Temporary Living Arrangements: Include # of months
	Other: Please provide additional documentation to support

All relocation expenses must be approved by the Corporate Tax Office prior to processing.

Please be advised, that any hiring department that chooses not to utilize Whalen's Allied either by using another third party or by contracting with vendors directly to initiate employee relocation, will be charged a minimum fee of \$500 instituted by the Payroll Department. This fee is necessary to cover the cost of the administrative effort of monitoring and controlling payment as well as ensuring tax compliance of these transactions.

Account Number: _____