



**EMPLOYEE RELOCATION EXPENSE REIMBURSEMENT REQUEST FORM**

This form must be completed within 60 days of the date the approved moving expenses are incurred and after the employee has begun working for the County. Please submit the completed form and applicable receipts/documentation to your department payroll clerk for reimbursement through your regular paycheck.

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Job Class: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Hiring Department: \_\_\_\_\_

<b>Approved Moving Expense Detail (Receipts or other documentation required for all items)</b>	
Payment for truck rental (including dolly and pads)	\$
Loading and unloading assistance	\$
Gasoline for rental truck	\$
Transportation of one personal vehicle	\$
Professional movers charges (proof of payment required)	\$
If moving self, candidate/employee meals, lodging, tolls, mileage*	\$
Moving insurance protection from origin to destination (receipt required)	\$
Storage of household goods at destination	\$
Airfare for relocation of newly hired employee, spouse/partner and dependent children	\$
Temporary housing at destination (rent or lease expenses)	\$
Employee/candidate visit to Sonoma County to secure housing including: transportation (airfare or mileage*), lodging, and meals	\$
Mileage: _____ miles (*mileage is reimbursed based on distance between old and new residence at County and IRS reimbursement rate)	\$
<b>Total</b>	\$
By signing below, I certify that the expenses listed above were directly associated with my relocation and approved by the County of Sonoma. I understand that I will be required, within 30 days of my separation, to repay 100% of the total reimbursement if I leave voluntarily or am terminated for cause within one year (12 months) from the date of hire and 50% of the total reimbursement if the separation occurs following one year but prior to completion of the second year of employment. I also acknowledge that the reimbursement is taxable income and will be included on my regular paycheck with applicable payroll tax deductions applied.	
<b>Employee Signature:</b>	<b>Date:</b>
<b>ATTACH ALL ORIGINAL RECEIPTS</b>	

<b>Department Approval</b>	
<b>Department Head/Designee Signature:</b>	<b>Date:</b>
<i>Attach a copy of the approved Relocation Expense and Paid Leave Advancement Authorization and an executed copy of the Relocation Expense Assistance Agreement and submit with this form and applicable receipts/documentation to the Auditor-Payroll Office for processing.</i>	