

**RELOCATION INCENTIVES AND REIMBURSEMENT  
EXPENSES REQUEST  
New Hires**

Complete the following information and provide to the Assistant County Administrator:

Employee	Job Class
Anticipated Date of Appointment	Department

Indicate which of the following you requesting:

- Reimbursement of Moving Expenses
- Vacation and/or Sick Advance (up to 80 hours for Dept/Asst Dept heads, 24 hours for other positions)

Summary of Justification:

*(If Difficult-to-Fill position, please describe recruiting efforts.)*

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head or Designee

County Administrator's Action:

Approved

Disapproved

Date \_\_\_\_\_

\_\_\_\_\_  
County Administrator or Designee

Original with Personnel File  
Copy to Human Resources  
Copy to CAO  
Copy to Auditor/Controller Payroll