

## REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

Last Updated: 3/15 /2019

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Pursuant to Section 202 as	nd 204 of th	e State Finance La	w, reimbursement is	s requeste	ed for	moving and	travel expens	es for the	CUNY	employee below:		
Last Name	First Name			MI		Suffix	CUNYfi	st Employee ID				
Address of New Residence				Cit	City			State	Zip Code			
Address of Old Residence				Cit	City			State	Z	ip Code		
Previous Employer Name (income include on separate sheet)		ployers who you w	orked for within the	e past 3 ye	ears fr	om the date	of appointme	ent, include	e dates v	worked, if more than		
Address of Previous Location				City				State Zip Code		ip Code		
Dates Worked:			From:			То:						
Name of Current Employer:												
Address of New Work Location				City			State		Z	Zip Code		
Functional Title:	functional Title: Payroll Title:			I I				Is it an Interim or Acting Appointment?		Duration of Appointment:		
			Full Time:				Yes No					
Distance in Miles (Shortest measurement along public highways):												
A. From old place of work to new place of work												
B. From old residence to new place of work												
If the distance in either (A) or (B) is less than 100 miles, the employee is not entitled to reimbursement												
Other Eligibility Criteria												
Have you previously been rein If yes, date of previous move:		the State or City o	f NY or CUNY or o	one of its a	affilia	ted entities f	or moving ex	penses?	Yes	No		
Reason for Move (Check one of the following):												
The reimbursement for relocation expenses is the result of initial appointment to a full time technical, scientific, education, professional or administrative position at a <b>State</b> funded CUNY college, and who meets the eligibly criteria set forth in CUNY Relocation/Moving Guidelines.												
The reimbursement for relocation expenses is the result of initial appointment to a full time technical, scientific, education, professional or administrative position at a <b>City</b> funded CUNY college, and who meets the eligibly criteria set forth in CUNY Relocation/Moving Guidelines.												
Repayment of Relocation Ex	xpenses:											
In the event that the CUNY employee resigns or voluntarily separates within two (2) years of the effective date of employment at the University, he/she will be subject to reimburse the moving expense monies back to The City University of New York in accordance with Section 121 of the State Financial Law. If these monies cannot be collected, the claim will be transferred to the New York State Attorney General's Office who will take the actions necessary to collect the movies advanced. (For further guidance, see Section IX of the CUNY Moving Guideline.)												
Employee Agreement												
In consideration for the moneys received and/or to be received by me from the City University of New York, pursuant to Section 202 and 204 of the State Finance Law and the Regulations Governing the Reimbursement of Moving and Travel Expense promulgated by the Director of the Budget, I hereby certify and agree that in the event of my resignation or voluntary separation from the service of the City University of New York in the position to which I was appointed to, I will be subject to repayment of these relocation expenses as stipulated in the section above. The State or The City of New York will be entitled to the return of the principal sum advanced to me under the aforementioned sections of the State Finance Law and Regulations thereto appertaining, which amount will become due immediately upon said resignation or voluntary separation; and I further agree that The City University of New York may deduct said amount from any moneys due or accruing to me from The City University of New at the time of said resignation or voluntary separation. If there are no sufficient moneys due or accruing to me from The City University of New York, at that time, and if repayment has not been made, The City University of New York may enter judgment against me for the said sum advanced to me by virtue of Section 202 and 204 of the State Finance Law and the Regulations thereto appertaining, without further notice to me.												
Employee Signature									Date			
Certification of Appointing Officer  I do herby certify that I am the appointing officer, that the facts presented above are correct to the best of my knowledge and that all requirements of the law and regulations now in effect have been met.												
Appointing Officer Signatu	Appointing Officer Signature			Title					Date:			