

RELOCATION & TRAVEL REIMBURSEMENT REQUEST
SENIOR MANAGEMENT and (EXEMPT) ADMINISTRATIVE EMPLOYEES
FLORIDA STATE COLLEGE at JACKSONVILLE

PART I - (To be completed by new employee)

Employee Name: _____
Please Print

Job Title _____

Campus: _____

Mailing Address: _____

Hire Date: _____

Expenses: Refer to the Administrative Procedure Manual (APM 04-1007)

Airline Ticket \$ _____ (one-way to Jacksonville, employee only) or One-Way

Mileage _____ mi \$ _____ (refer to F.S. 112.061 for State mileage reimbursement)

Mover \$ _____ (house-hold goods) - receipt must indicate paid in full

Lodging \$ _____ receipts required

Meals \$ _____ (maximum per F.S. 112.061) - receipts not required

Storage \$ _____ (maximum two months) - receipts required

TOTAL: \$ _____

In consideration of this payment or reimbursement for relocation and associated expenses, as provided by Florida State College at Jacksonville in connection with my employment, should I resign from the College before the one-year anniversary date of my employment, any payment or reimbursement received by me shall be recoverable by the College on a pro-ratable daily basis as a debt due to the College. The College is hereby authorized to deduct any accrued but unpaid wages. Any balance due to the College beyond the amount recovered from unpaid wages will be the repayment responsibility of the employee.

Employee Signature

Date

Approved by Supervising Administrator _____

Date: _____

Approved by College President or Designee (if total exceeds \$5,000) _____

Date: _____

PART II - (To be completed by the Financial Services)

Position Code

PID # _____

Annual Salary \$ _____

Approved by Director of Accounting _____

Date: _____