STATE OF NEW YORK

REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

(See Instruction Form AC-1099i)

PORTION TO BE COMPLETED BY APPOINTING OFFICER

Pursuant to Section 202 and 204 of the State Finance Law, reimbursement is requested for moving and travel expenses of the following: (Please check applicable box.)

☐ EMPLOYEE ☐ APPOINTEE

1. Name _____

2. Social Security No. _____

3. Residence _____
(No. & Street)

_____
(City) (State) (Zip Code)

4. Previous Employer _____

5. New Agency _____

Address _____

_____

Title _____

Grade _____ Negotiating Unit _____

6. a. Date of Appointment _____

b. Date probation ended (if applicable) _____

7. Distances (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: _____

Note: If the distance in (a) or (b) is less than 35 miles, the employee is not entitled to reimbursement.

c. From old residence to new place of work: _____

d. From old residence to old place of work: _____

e. Difference ("c" minus "d"): _____

7. Distances (continued)

Note: If the difference shown on line "e" is less than 50 miles, the reimbursement is taxable and subject to withholding.

If "e" is less than 50 miles, provide the following for payroll purposes:

Current Employee Line Number _____

Total Reimbursement Amount _____

8. If Employee, has he/she previously been reimbursed by the State for moving expenses? ☐ **YES** ☐ **NO**

If "Yes" give date of such previous move _____

9. If Appointee, has he/she previously been appointed to a full time position in a department or agency of the State? ☐ **YES** ☐ **NO**

10. Reason For Move (Check One Of The Following):

☐ The move is due to a transfer or reassignment of the employee which is for the convenience of the State.

☐ The transfer or reassignment results from the relocation of the agency or subdivision of the agency.

☐ The reimbursement of moving and travel expense for the employee named is necessary as a result of promotion to a full time qualified position.

☐ The reimbursement of moving and travel expense is the result of the initial appointment to a full time technical, scientific education, professional or administrative position in a department or agency of the State for a period of one year or more.

☐ Other (please indicate reason in space provided):

_____

_____

CERTIFICATION OF APPOINTING OFFICER

I do hereby 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.

_____ _____

DATE **SIGNATURE OF APPOINTING OFFICER AND TITLE**

PORTION TO BE COMPLETED BY EMPLOYEE/APPOINTEE AGREEMENT

In consideration for the moneys received and/or to be received by me from the State of New York for reimbursement of travel and moving expenses actually incurred by me as a result of transfer, reassignment, promotion or appointment in the service of the State, pursuant in 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 State in the position to which I was transferred, reassigned, promoted or appointed within one year after such transfer, reassignment, promotion or appointment, the State of New York shall 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 State may deduct said amount from any moneys due or accruing to me from the State at the time of said resignation or voluntary separation. If there are not sufficient moneys due or accruing to me from the State at that time, and if repayment has not been made, the State 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.

_____

SIGNATURE OF EMPLOYEE/APPOINTEE