



The University of Montana

Relocation Allowance Authorization Form

Employee Name: _____ UM ID: _____

Employment Start Date: _____

New Address _____

Department: _____ Phone# _____ Index to be charged: _____

Amount authorized \$ _____ for relocation allowance

Employee's Signature: _____ Date: _____

Dean/ Director's Signature: _____ Date: _____

Upon acceptance of employment, submit this form with an attached copy of the signed offer letter to UM Payroll at askpayrollacct@mso.umt.edu. This payment will be paid on the next available payroll after the employee's first day of employment and will be taxed in accordance with IRS regulation. We are unable to give any tax advice regarding this payment.