

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE  
CERTIFICATION OF RELOCATION FORM**

(All moving expenses are considered taxable wages and are subject to tax withholding.)  
(The moving allowance is not subject to State University Retirement System withholdings.)

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\_\_\_\_\_  
Employee Name                                      Employee 800#                                      Employee Title

\_\_\_\_\_  
Ext.                                      Email                                      Campus Box #

Relocation reimbursement amount for the current tax year: \_\_\_\_\_

Account Number:

<input type="checkbox"/>
<input type="checkbox"/>

Check here to use the account number associated with the individual's position

Other Account Number(BP# ): \_\_\_\_\_

*I hereby certify that I have relocated to the Southern Illinois University Edwardsville area. I further acknowledge that this allowance will be reimbursed to SIUE if the total amount is \$5,000 or greater AND if I voluntarily leave SIUE employment within 24 months. Please see Moving Allowance policy for more information.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved:**

Fiscal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this Certification of Relocation form along with a copy of the official offer letter stating the allowance to: Payroll, Campus Box 1040.**

**HR Use Only:**

Payroll Paid on: \_\_\_\_\_