

STATE OF ALASKA EMPLOYEE MOVE AUTHORIZATION REQUEST

PART I (Department Completes)

Department: _____ Division: _____

Division Move/Travel Representative: _____ Phone: _____

Employee Name: _____ Date: _____

New Duty Station: _____ PCN: _____ Bargaining Unit: _____

Date employee is scheduled to report to new duty station _____.

Reimbursement/payment of moving costs for this employee shall not exceed \$_____. This includes all payments made directly to the employee as well as payments made on the behalf of the employee for this move.

PART II (Employee Completes)

INSTRUCTIONS: Employees should read [AAM 60.310](#) through [60.400](#). Read and complete the following request for information including the **household cube sheet** (provided by moving company). This request initiates the moving process, which **must be authorized** by your division director or designee prior to any move beginning. Please consult with your division move/travel representative if you have any questions. The employee pays for all move expenses unless stated otherwise in this Authorization Request. The amount of moving expenses that will be reimbursed may be limited by the employee's State agency.

1. Move from _____ to _____
(city/location) (city/location)

2. Date you wish to start moving _____.

- ◆ This is the actual date the movers arrive to begin packing
- ◆ Please submit this request at least **three weeks** (or as soon as possible) prior to your move date.
- ◆ The move must be completed within one year of assignment to the new duty station.

3. Members of immediate family who will be moving. If any are also State of Alaska employees, please note the State agency where employed.

NAME	RELATIONSHIP (age of dependent)	DATE OF TRAVEL	MODE OF TRAVEL	AGENCY (if State employee)

Employee Initials _____

Director/Director's Representative Initials _____

STATE OF ALASKA EMPLOYEE MOVE AUTHORIZATION REQUEST

4. TRANSPORTATION EXPENSES

- ◆ Airfare: tourist class airfare (one way only) for the employee, spouse, and his/her dependents.
- ◆ Mileage will be paid for driving family-owned vehicles (limit two) in accordance with bargaining unit agreements or the Alaska Administrative Manual. Per diem will be paid for a single one-way trip. Airfare and/or per diem will not be paid for subsequent trips to transport vehicles.
- ◆ Alaska Marine Highway System (ferry): when applicable, a ticket for all members of the family and each conveyance (limit two) for transportation on the State ferry system. Staterooms aboard the ferry systems will only be provided if length of voyage is at least 12 hours and overnight.
- ◆ Car rental: The cost of renting an appropriate vehicle for personal use before, during, or after the move (for example, while a personal vehicle is being shipped) may be reimbursed by the State at the discretion of the appointing authority. Such reimbursement is limited to a maximum of 15 days total rental for all aspects of the move. The employee is responsible for insurance coverage (the State assumes no liability) and the vehicle may not be rented under the State's contract for rental vehicles. All reimbursements are taxable compensation to the employee.

5. CONTACT TELEPHONE NUMBERS

	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
PRESENT LOCATION		
NEW LOCATION		
SPOUSE		
OTHER		

6. PREMOVE EXPENSES

Do you request a househunting trip to seek residence quarters prior to the actual move?

yes no

- ◆ A premove househunting trip is only allowed for a move that is made at the request of the employer.
- ◆ A premove househunting trip will include payment for transportation and per diem for the employee and spouse prior to change of duty station. No costs or per diem will be paid for other dependents on a premove househunting trip.
- ◆ The not-to-exceed fifteen-day per diem allowance (see item 8) will be reduced by days used for a premove househunting trip.
- ◆ All amounts paid for the premove househunting trip (including airfare) are taxable to the employee.

Mode of travel: _____.

Planned dates of premove househunting travel: _____.

Employee only Employee and spouse

Employee Initials _____

Director/Director's Representative Initials _____

**STATE OF ALASKA
EMPLOYEE MOVE
AUTHORIZATION REQUEST**

7. PER DIEM

Per diem is paid at the rate established in Alaska Administrative Manual section AAM 60.360 or in the employee's bargaining unit agreement. When en route, the employee is taxed on the meal portion of the per diem received. However, if per diem or lodging reimbursement is paid to an employee while in temporary housing, all of the per diem or reimbursement received is taxable to the employee.

Advances for per diem are not authorized for new employees, including former employees returning to State service, and it is the policy of some State agencies to not issue advances. If you need an advance of per diem call your division move/travel representative before answering this question.

Do you request an advance of per diem?

yes no

The advance will be limited to a maximum of 70% of the estimated amount of per diem.

8. TEMPORARY HOUSING

Do you require temporary housing at the current duty station prior to the move to the new duty station?

yes no

How many days? _____

Do you require temporary housing upon reaching the new duty station?

yes no

How many days? _____

- ◆ Temporary housing at the current duty station prior to the move may be necessary, beginning with the date when the personal effects are packed.
- ◆ Temporary housing is limited to a maximum of fifteen days (actual lodging and meals and incidental per diem). The fifteen-day limit applies to premove househunting, time spent at the previous location after goods are moved, and time spent at new location before settled into new residence.
- ◆ Reimbursement for temporary housing ends when the employee has obtained permanent housing or when the employee has reached the 15 day per diem limit, whichever occurs first. Any long-term housing arrangement (which provides cooking facilities) qualifies as permanent housing. It is not limited to a house and would include an apartment, other rental lodging facility, as well as long-term quarters provided in a hotel that have cooking facilities available to the employee and family.

9. EXPENSES FOR MOVING HOUSEHOLD GOODS AND PERSONAL EFFECTS THAT MAY BE REIMBURSED

- ◆ Actual and necessary expenses charged by a commercial mover for packing, transporting, and unpacking up to fifteen thousand (15,000) pounds of household and personal effects.
- ◆ In-transit premium insurance up to three hundred (\$300) for in-state moves and one thousand (\$1,000) for out-of-state moves. However, if there is partial damage to the shipment, then the replacement value or repair of individual articles may be contested or depreciated by the vendor. If the full value replacement cost of an article or articles is of major concern, the employee is encouraged to buy additional insurance at their own expense.

Employee Initials _____

Director/Director's Representative Initials _____

STATE OF ALASKA EMPLOYEE MOVE AUTHORIZATION REQUEST

- ◆ Cost of in-transit storage up to thirty days.
- ◆ Up to two vehicles may be shipped (or driven) which are **NOT** included in the 15,000 pounds. The weight of the vehicles shipped may not exceed 12,000 pounds. Vehicles may include automobiles, trucks, motor homes, motorcycles, aircraft, boats, snow machines, or other vehicles.
- ◆ The cost of moving personal effects in excess of the allowable weight will be paid by the employee.
- ◆ Reasonable and adequate competition must be solicited when acquiring commercial moving company services (if over \$10,000 three verbal quotes are required; if over \$50,000 three written quotes are required).
- ◆ The cost of renting a trailer or truck to move household effects and charges by a commercial company to tow house trailers containing the personal effects of an employee are allowable expenses, provided that the total cost of such a move is not in excess of the cost of moving 15,000 pounds of household effects by commercial carrier.
- ◆ Mileage for a personal vehicle at the rate established in the Alaska Administrative Manual section AAM 60.350 or in the employee's bargaining unit agreement, for towing a house trailer or other trailer or driving a truck containing the household effects of an employee, provided that the total cost of the move is not in excess of the cost of moving 15,000 pounds of household effects by commercial carrier. Any amount over the IRS allowed mileage rate is taxable as compensation.
- ◆ Original receipts (for items for which reimbursement is being requested) must be submitted with the final Moving Expense Report (MER). This would include employee-paid moving company receipts, U-Haul rental receipts, etc.
- ◆ If you have a household pet to move, or other special items such as plants, antiques, collector's items, firearms, etc., you will need to make special arrangements. The cost of transporting pets or other special items is not reimbursable by the State.

10. How many vehicles do you plan to move? _____

MAKE OF VEHICLE	APPROX. WEIGHT	LENGTH	WIDTH

Special arrangements will need to be authorized to transport vehicles to a location outside the road system. Please call the division move/travel representative. Such vehicles are transported empty without personal effects.

Employee Initials _____

Director/Director's Representative Initials _____

**STATE OF ALASKA
EMPLOYEE MOVE
AUTHORIZATION REQUEST**

11. Lodging for the employee will be paid based upon actual receipts. Do you require additional lodging reimbursement to accommodate additional family members?

yes no

If yes, please justify the additional rooms required for approval. _____

12. REIMBURSEMENT AGREEMENT (requirement for new employees only)

It is agreed that if employment with the State of Alaska should be terminated in less than two years, unless the termination is a result of death, prolonged illness, disability, or unacceptability of the applicant or employee, the undersigned will reimburse the State for an amount in accordance with the following schedule which may not be amended without the written approval of the Commissioner of the Department of Administration:

- a. 100% if termination occurs before completing 6 months service.
- b. 75% if termination occurs after 6 months but before 12 months service.
- c. 50% if termination occurs after 12 months but before 18 months service.
- d. 25% if termination occurs after 18 months but before 24 months service.
- e. 0% if termination occurs after 24 months service.

Termination for reasons due to misconduct or delinquency on the part of the applicant or employee, or to false statements on appointment documents, either prior to, or subsequent to employment will be considered as termination for reasons within control of the applicant or employee.

The applicant/employee hereby gives the State of Alaska an express lien on all salaries, wages, and other sums payable to him/her by the State, for the purpose of securing all amounts due under the schedule above. The applicant/employee authorizes the State of Alaska to withhold all amounts due under this agreement from any sum payable to the applicant/employee by the State, or to recover such monies by other legal means. The applicant/employee understands they will be required to pay any attorney fees and expenses necessary to recover these funds.

Prior to the expiration of this two year requirement, the department may begin recovery of the moving debt from the employee's payroll check once an employee's resignation has been rendered and accepted.

13. If you need to provide additional information concerning your move, please attach a memorandum. For example, if all of your household goods are not being shipped at the same time, this information would be included in the memorandum.

Employee Initials _____

Director/Director's Representative Initials _____

**STATE OF ALASKA
EMPLOYEE MOVE
AUTHORIZATION REQUEST**

I agree to abide by the conditions as stipulated in this document and the moving policies of the State of Alaska under which I am being moved.

Employee signature: _____ Date: _____

PART III(Department Completes)

14. Complete and attach the Moving Authorization/Assignment form.

I have reviewed this Employee Move Authorization Request and approve it as completed.

_____ Date _____

Director/Director's Representative

Date

Employee Initials _____

Director/Director's Representative Initials _____