



## ***Moving Allowance Payment Guidelines and Form***

The following guidelines list the steps and related information to process a request for a Moving Allowance salary supplement through Payroll Services. Allowance payments apply to new employees only. Page 2 of this document is the form departments will complete and submit to Payroll Services for the payment request. **A copy of the appointment letter is required as an attachment to the form.**

- 1. After the effective hire date, submit the required payment form called "Moving Allowance Payment" (Page 2 of this document).*
- 2. All employee relocation expenses must be paid from local funds. **No state funds may be used** (no '1' accounts).*
- 3. Federal income tax will be computed at the 22% supplemental payment rate in addition to FICA deductions at 7.65%*
- 4. IRS considers allowances as Wages and therefore will be reported in Box 1 on their W-2.*
- 5. Moving Allowance Payments are not subject to retirement in accordance with Texas Administrative Code Chapter 25.6(a)(5)(A).*
- 6. A prorated share of the allowance must be repaid to the university if employment does not extend to at least 12 months.*
- 7. No payments will be made directly to moving companies, hotels, or any other vendors providing moving, travel or house hunting services.*
- 8. Receipts are not required for 'allowances'.*

## ***Moving Allowance Payment Request***

**Privacy Notice:** State Law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact the Payroll Office using the information at the bottom of this form.

**INSTRUCTIONS:**

This form is to be used in computing payments to employees for moving allowance purposes. Allowance payments apply to new employees only. Complete the highlighted fields below. State funds may not be used. **The appointment letter is required as an attachment to this form.**

**To be completed by department:**

UIN	Last Name	First Name	PIN

Account Number <i>(Cannot use accounts starting with "1")</i>	Payment Amount

**NOTE:** The only deductions taken are FIT at 22% OASI at 6.2% and OAHF at 1.45%

**Comments:**

\_\_\_\_\_  
Department Head Name (Print)

\_\_\_\_\_  
Dean/Assistant Dean/Director/Designee Name (Print)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Dean/Assistant Dean/Director/Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President/Associate Provost Signature  
(if exceeding \$5,000)

\_\_\_\_\_  
Date

**Send to Payroll Office:  
Email: payroll@tamuc.edu**

**Questions:  
Contact Payroll Services  
Phone: (903) 886-5046**