|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | REQUEST FOR AUTHORITY TO PAY  MOVING EXPENSES | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| DEPARTMENT NAME | | | | | | | | | | | | |
| NAME OF EMPLOYEE | | | | | | | | SOCIAL SECURITY NUMBER | | | | |
| TYPE OF APPOINTMENT:  Original  Promotion  Reassignment  Demotion  Reinstatement | | | | | | | | | | | | |
|  | | | | | | FROM | | | | TO | | |
| CLASS TITLE | | | | | |  | | | |  | | |
| PLACE TO WORK | | | | | |  | | | |  | | |
|  | | | | |  | | | | | | | |
| ANTICIPATED MOVE DATE: | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| POUNDS: (not to exceed 15,000 pounds maximum gross weight) | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| ESTIMATED COST: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |
| JUSTIFICATION: Payment of moving expenses for this employee is in the best interest of the State of Florida for the following reasons: | | | | | | | | | | | | |
| ACTION TAKEN: | | Approved  Disapproved | | | | | | |  | | | |
|  | |  | | | | | | |  | | | |
| Agency Authorized Signature: | | | |  | | | | |  | | | |
|  | | | |  | | | | |  | | | |
|  | | | |  | | |  | |  | |  | |
| *(Print Name)* | | | |  | | | *(Sign)* | |  | | *(Date)* | |