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| **State of Washington RELOCATION AUTHORIZATION A33 Form** | Hiring agency tracking number: |
| **INSTRUCTIONS: Before completing, read the Moving Expense Regulations and Guide. Complete appropriate sections, sign and submit to your hiring agency.** Your signature verifies you received & read the Move Guide. |
| Agency / Department (hiring you): | DATE (form completed) |
| **Mark type of employee:** | Transferred:  | New Hire:  | Client:  | **Social Security Number:** |
| **Employee Name** (person moving) | **Phone Numbers**Home: Work: Email: | Requested Pick Up Date (Exclude weekends & include a minimum of 2-days to pack & load) |
| **Present/Origin Address** | **City/State/Zip** | **County** (example: King) |
| **Destination Address** (if unknown list anticipated city & state) | **City/State/Zip** | **County** (example: Pierce) |
| Packing Requested (mark one): Yes, or No | Storage-in-transit Requested (mark one): Yes, or No | Are you using your Home Owners Policy for Insurance coverage? (not mandated): Yes, or No | International move (crossing countries). List estimated value of Household goods:$  |
| Intrastate (within one state). List estimated value of household goods. State contract covers up to $75,000.00**Value of household goods $**  | Interstate moves (crossing one or more state lines) List estimated value of household goods. State contract covers up to $100,000.00**Value of household goods** $  |
| **Self-Move Information (**only complete if NOT electing state assigned move)**:** |
| Rental Equipment or Direct Hire of Carrier (state one): | Estimated mileage | Estimated Cost$ |
| **Mobile Home Only** (complete only if moving a manufactured/mobile home you will reside in at destination): |
| Make of Mobile/Manufactured Home and year | Size (single, double or triple wide) |

**Employee Agreement** (Altered/modified or unsigned signature block will result in move not being assigned by the state or moving expenses not being reimbursed).

I acknowledge a receipt of the **Moving Expense Regulations and Guide**. I authorize that costs **in excess of allotments**, as set forth in SAAM policy and detailed in the OSP Move Guide, be deducted from my next salary payment; if I do not reimburse my hiring agency for unauthorized expenses, that by regulation must be paid by the employee. I understand payment is due within thirty (30) days from date of notice from the hiring agency.

**PAYROLL WITHHOLDING STATEMENT**. I, the undersigned employee, hereby authorize the state to deduct from my salary, my share of cost of the move in accordance with SAAM Policy 60.10.50.

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| **New Employee Only:** In the event I terminate or cause termination of my employment with the state within one (1)-year from date of employment, I agree to reimburse the state for all moving costs which have been paid and hereby authorize the state to withhold any sums due to me as a part or full payment of such costs in conformance with RCW 43.03.120. |
| Signature and date of Employee: | Signature and date of Authorized Agency Designee: |

Distribution: Employee - complete with signature and submit A33 form to Hiring Agency.