Relocation / Temporary Lodging Pre-Approval

# Position / Candidate Information

Name of the (new/present) employee: Reason for Move: Position Control Number:

Relocating from (city/state):

# Funding/ Estimated Expenses

Expenses will be charged to: Fund: Program:

Dept ID:

Project:

|  |  |
| --- | --- |
| Requested stipend amount | $ |
| Supplemental Stipend [ at discretion of the Chancellor or President] | $ |
| Total amount requested | $ |

If reimbursement for temporary lodging expenses is requested, briefly explain why and the number of days it is needed:

Approval for temporary lodging: Date:\_\_\_\_\_\_\_\_\_\_

(Must be approved by Vice Chancellor of Admin Affairs)

|  |  |  |
| --- | --- | --- |
|  | APPROVAL |  |
| Stipend Amount Approved | $ |
|  |  |
| Dean or Division Head Authorization | Date |
|  |  |
| Chancellor Authorization [required for supplemental only] | Date  |

(MU

For further information see <https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/relocation-household-moves-and-temporary-or-indefinite-work-assignments-3/>