



Relocation Check Request

The relocation reimbursement may be added to a regular payroll run.

Section I: Personal Information

Employee Name: _____

OSU Employee ID #: _____ Pay Period #: _____

Pay Group: Biweekly or Monthly Gross Amount: _____

Job Earnings Distribution:

Org: _____ Fund: _____ Account: _____

64416 for move / 60111 for cash advance

Function: _____ Project: _____ Program: _____ User Def: _____ Med Center Code: _____

Section II: Reason for Request

Section III: Authorization

Department Signature: _____ Date: _____ Phone: _____

Department Contact: _____ Department Address: _____
(please print)

E-mail Address: _____

College/VP Office Signature¹: _____ Date: _____ Phone: _____

¹ Required by some departments.

Department: return this form along with the Relocation Request Form, all original receipts, and the letter of offer to Payroll Services, 2nd Floor Lobby, Blankenship Hall, 901 Woody Hayes Dr., Columbus, OH , 43210-4016