



Payroll Services

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. Once an EPA has been processed for the new hire, 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. Payments will be processed on the next scheduled biweekly pay date in accordance with the due dates.*
- 4. Federal Income Tax will be computed at the 25% supplemental payment rate in addition to FICA deductions at 7.65%*
- 5. IRS considers allowances as Wages and therefore will be reported in Box 1 on their W-2.*
- 6. Moving Allowance Payments are not subject to retirement in accordance with Texas Administrative Code Chapter 25.6(a)(5)(A).*
- 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'.*



Payroll Services

Moving Allowance Payment

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:

Table with 4 columns: UIN, Last Name, First Name, PIN

Table with 2 columns: Account Number (Cannot use accounts starting with "1"), Payment Amount

NOTE: The only deductions taken are FIT at 25% OASI at 6.2% and OAHF at 1.45%

Comments:

Empty text box for comments

To be completed by payroll:

Table with 3 columns: Title Code, Adloc, Accounting Analysis

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, Campus Mail, Fax:(903) 886-5670. Questions: Contact Payroll Services, Phone: (903) 886-5046