

Office of the Dean School of Arts and Sciences Phone: (212) 772 5121 Fax: (212) 772 5138

Memorandum

To: Department Chairs & Department Assistants

From: Luz Ramirez

School of Arts & Sciences

Date: April 1, 2017

Re: REVISED--Moving Reimbursement Guidelines for new faculty

***<u>IMPORTANT</u>: Moving expenses are only covered for transportation from your old home address to your new home address and should be no less than <u>35 miles</u>. You can only use <u>one</u> moving company for your entire move. You can also be reimbursed for the travel expenses for you and your family (e.g.: airfare tickets).

In order to submit moving reimbursement receipts for a new faculty they must submit the following:

- 1. Three original estimates or quotes from different moving companies. Please try to submit the original quotes.
- 2. Please make sure that you also include an <u>itemized list of goods that will be delivered</u> (the moving company usually provides this along with your quote).
- 3. Receipt required for reimbursement: <u>Original</u> bill of lading showing breakdown of costs involved in the move.
- 4. Proof of payment (either a copy of the credit card statement or a copy of their bank statement showing the payment).
- 5. Copy of the new faculty's appointment letter with all the necessary signatures.
- 6. On a piece of paper, we need the new faculty's previous home address, previous work address and social security number.
- 7. The "Standard Voucher for CUNY" form filled out and signed by new faculty.
- 8. The "Request/Agreement for Moving Expense Reimbursement" form (signed by new faculty and the Dept. Chair).
- 9. **Department Chair must submit a justification letter stating that "they could not find a candidate within the New York State" if hiring someone outside of the New York State area.

***If you'd like, please give a copy of this Memo to the new faculty so that they plan accordingly.

Continued on the next page.....

State of New York Moving Expense Reimbursement

Eligibility:

Appointees are eligible for reimbursement of transportation cost and moving expenses upon being appointed to a full time technical, scientific, educational, professional or administrative position in a department or agency of the State of New York for a period of one year or more. The head of the agency must approve non-competitive positions; within CUNY the President of the college or designee must approve the reimbursement.

Allowable Expenses:

Appointees eligible for reimbursement shall be reimbursed for actual and necessary expenses up to \$3,000. The reimbursement is not subject to withholding or reportable as income but is included on the employee's W-2 as non-taxable reimbursement.

- The basic cost of moving household goods and personal effects from the appointee's residence at the time of the appointment to the their new residence near the new place of employment by a carrier authorized by the New York State Department of Transportation or the Interstate Commerce Commission more than 35 miles. This covers the cost of packing, loading, transporting, unloading and unpacking of household goods and personal effects up to 12,000 pounds.
- The cost of additional insurance above the lowest valuation rate charged.
- The cost of storage of goods in-transit and for required warehouse handling if required.
- The cost of truck or trailer rental if the appointees perform the move their self.
- The cost of the transportation of the appointee and their family to the new location, by common carrier or for mileage if they use their own vehicle. Reimbursement may be made for only one vehicle regardless of the number owned. The cost of shipping their vehicles is not covered.

Period of Time:

The claim must be made within one year from the effective of the effective date of the appointment. The claim cannot be made prior to being on payroll.

AC1099-S (Effective 1/12)

State of New York

REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

| New York 1110 U | | | | | | | | | | | |
|---|---|---|---|--|---|---|--|--|--|--|--|
| Pursuant to Section 202 and 204 of the (Please check applicable box.) | e State Finance Law, re Employee | Appointee | equest | ed for | | g and tr | | | , | | |
| Last Name | First Name | | | MI | Suffix | | Emplo | yee ID | (5000 | al sec | mty# |
| Address of New Residence | 1 | | City | | | | | Stat | te | Zip | |
| Address of Old Residence | | | City | | | | | Stat | te | Zip | |
| Previous Agency | | | | | | | | ٠, | | | |
| Address of Previous Work Location | 2 | | City | | | | | Stat | te | Zip | |
| New Agency | | | | | | | | | | | |
| Address of New Work Location | / | | City | | | | | Stat | te | Zip | |
| Title | | Negotiating Unit | Date o | of Appoin | tment | Da | ate probat | ion end | led (if app | olicable) | Grade |
| Distances in miles (shortest measure | ment along public high | ways): | | | | | | | | | |
| a. From old place of work to new | place of work | | | | | | | | | | |
| b. From old residence to new pla | ice of work | | | | | | | | | | |
| Note: If the distance in (a) or (b) is less | than 35 miles, the emplo | yee is not entitled t | o reimb | ursem | ent. | | | | | | |
| c. From old residence to new pla | ice of work | | | | | | | | | | |
| d. From old residence to old place | e of work | | | | | | | | | | |
| e. The difference ("c" minus "d") | | | | | | | | | | | |
| Note: If the difference calculated in "e" is | s less than 50 miles, the | reimbursement is t | axable a | and su | bject to | withhol | ding. | | | | |
| If Employee, have you previously been r | eimbursed by the State f | or moving expense | s? | Yes | s | No | | If ye | es, date o | f previous | move: |
| If Appointee, have you previously been a | appointed to a full time po | osition in a departm | ent or a | agency | of the | State? | | res | No | | |
| Reason For Move (Check one of the following | owing): | | | | | | | | | | |
| The move is due to a transfer or | reassignment which is fo | or the convenience | of the S | State. | | | | | | | |
| The transfer or reassignment res | sults from the relocation of | of the agency or su | bdivisio | n of the | e agen | су. | | | | | |
| The reimbursement of moving ar | | | | | | | | | | | |
| The reimbursement of moving ar administrative position in a depa | | | | | | technica | al, scier | ntific, | educati | ion, pro | fessional or |
| Other (Please indication reason | in the space provided): | | 3,012,000 | | | | | | | | |
| | 20 | Employee/Appoint | e | | | | | | | | |
| In consideration for the moneys received incurred by me as a result of transfer, rea Law and the Regulations Governing the F in the event of my resignation or voluntar within one year after such transfer, reasses me under the aforementioned sections of resignation or voluntary separation; and I said resignation or voluntary separation, the State of New York may enter judgmer Regulations thereto appertaining, without | ssignment, promotion or app Reimbursement of Moving ar y separation from the service ignment, promotion or appoli the State Finance Law and further agree that the State If there are not sufficient mont against me for the said su | from the State of Net pointment in the service of Travel Expense pro- to of the State in the pointment, the State of Na Roughaldons thereto a may deduct said amoneys due or accruling | ce of the omulgate osition to lew York ppertaini unt from to me fro | State, point of the shall be ing, which any moon the S | oursuante Directi was tra e entitle ch amo oneys di State at | t to Section of the Eansferred, do to the reunt will be ue or according to that time, | on 202 a Budget, reassig eturn of ecome d ruing to r , and if re | ind 204 hereb ned, pi the pri ue imm me froi epaym | 4 of the by certify romoted ncipal si nediatel m the St lent has | State Fire and ago of and ago of appointment of a control | nance ree that pinted inced to said se time of n made, |
| | * | | | | | | | | | | |
| | Employee/Ap | ppointee Signature | | | | | | | | | Date |
| I do herby certify that I am the appointing regulations now in effect have been met. | | ication of Appointin | 7 | | ny know | ledge and | d that all | requir | ements | of the la | w and |
| Appointing Officer Signature | | Ti | tle | | | | | | | | Date |

| State of New York | REQUEST/AGRE MOVING EXPENSE R | EIMBURSEMEN' | |
|--|--|--|---|
| Pursuant to Section 20 (Please check applica | D2 and 204 of the State Finance Law, reimbursement ble box.) Employee 1 Appointee | | |
| Last Name | First Name 3 | MI 4 Suffix 5 Employ | • |
| Address of New Residence | (7) | City 8 | State 9 Zip 10 |
| Address of Old Residence | (11) | City 12 | State 13 Zip 14 |
| Previous Agency | (15) | | |
| Address of Previous Work Loca | | City 17 | State 18 Zip 19 |
| New Agency | (20) | , | |
| Address of New Work Location | (21) | City 22 | State 23 Zip 24 |
| Title | Negotiating Unit 26 | Date of Appointmen 27 Date probat | ion ended (if 28 e) Grade 29 |
| Distances in miles (sh | ortest measurement along public highways): | | |
| a. From old place | be of work to new place of work | | 30 |
| b. From old resi | dence to new place of work | | (31) |
| Note: If the distance in | (a) or (b) is less than 35 miles, the employee is not entitle | ed to reimbursement. | |
| c. From old resi | dence to new place of work | | 32 |
| d. From old resi | dence to old place of work | | 33 |
| | e ("c" minus "d") | | (34) |
| Note: If the difference | calculated in "e" is less than 50 miles, the reimbursement | is taxable and subject to withholding. | If yes, date of previous move: |
| If Employee, have you | previously been reimbursed by the State for moving expe | nses? Yes No 35 | if yes, date of previous fibro. |
| If Appointee, have you | previously been appointed to a full time position in a dep | artment or agency of the State? | Yes No (37) |
| Reason For Move (Che | eck one of the following): 38 | | |
| The move is du | e to a transfer or reassignment which is for the convenier | nce of the State. | |
| The transfer or | reassignment results from the relocation of the agency of | subdivision of the agency. | |
| The reimburser | nent of moving and travel expense is necessary as a res | ult of promotion to a full time qualified p | osition. |
| The reimburser administrative p | ment of moving and travel expense is the result of initial a position in a department or agency of the State for a period | ppointment to a full time technical, scie d of one year or more. | ntific, education, professional or |
| Other (Please i | ndication reason in the space provided): | | |
| | Employee/App Agreemen | t | |
| transfer, reassignment, prom- Moving and Travel Expense the position to which I was the entitled to the return of the p immediately upon said resign | by received and/or to be received by me from the State of New York feotion or appointment in the service of the State, pursuant to Section 202 promulgated by the Director of the Budget, I hereby certify and agree it ansferred, reassigned, promoted or appointed within one year after such rincipal sum advanced to me under the aforementioned sections of the Station or voluntary separation; and I further agree that the State may deseparation. If there are not sufficient moneys due or accruing to me from the said sum advanced to me by virtue of Section 202 and 204 of the to the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me by virtue of Section 202 and 204 of the said sum advanced to me sum advan | r reimbursement of travel and moving expenses a and 204 of the State Finance Law and the Regula tat in the event of my resignation or voluntary set transfer, reassignment, promotion or appointment tate Finance Law and Regulations thereto appertatuct said amount from any moneys due or accruin | paration from the service of the State in the State of New York shall be aining, which amount will become due to the time of the been made, the State of New York may |
| | Employee/Appointee Signature | | Date |
| | Employee/Appointee signature Certification of Appoi | nting Officer | |
| I do herby certify that I am that have been met. | the appointing officer; that the facts presented above are correct to the be | est of my knowledge and that all requirements of | the law and regulations now in effect |
| | Title | | Date |

Title

Appointing Officer Signature

| Reference | Name | Description |
|-----------|---|---|
| 1 | Employee/Appointee | |
| 2 | Last Name | Employee/Appointee's last name |
| 3 | First Name | Employee/Appointee's first name |
| 4 | MI | Employee/Appointee's middle initial |
| 5 | Suffix | Suffix to Employee/Appointee's name |
| 6 | Employee ID | Employee ID as issued by OSC (must be 10 numeric characters) |
| 7 | Address of New Residence | Employee/Appointee's new home street address |
| 8 | City | City for Employee/Appointee's new home address |
| 9 | State | State for Employee/Appointee's new home address |
| 10 | Zip | Zip code for Employee/Appointee's new home address |
| | Address of Old Residence | Employee/Appointee's old home street address |
| 12 | | City for Employee/Appointee's old home address |
| 13 | City State | State for Employee/Appointee's old home address |
| 14 | | Zip code for Employee/Appointee's old home address |
| | Zip | Name of previous agency worked for |
| 15 | Previous Agency | Street address of previous agency worked for |
| 16 | Address of Previous Work Location | |
| 17 | City | City of previous agency worked for |
| 18 | State | State of previous agency worked for |
| 19 | Zip | Zip code of previous agency worked for |
| 20 | New Agency | Name of new agency working for |
| 21 | Address of New Work Location | Street address of new agency working for |
| 22 | City | City of new agency working for |
| 23 | State | State of new agency working for |
| 24 | Zip | Zip code of new agency working for |
| 25 | Title | Title at new agency |
| 26 | Negotiating Unit | Negotiating Unit in new job title |
| 27 | Date of Appointment | Date appointed to new job title |
| 28 | Date Probation Ended (If applicable) | Date probation ended for new job title |
| 29 | Grade | Grade of new job title |
| 30 | Distance from old place of work to new place of work | Distance in miles from old place of work to new place of work |
| 31 | Distance from old residence to new place of work | Distance in miles from old residence to new place of worl |
| | Distance from old residence to new place of work | Distance in miles from old residence to new place of work |
| 32 | Distance from old residence to flew place of work Distance from old residence to old place of work | Distance in miles from old residence to old place of work |
| 34 | The difference ("c" minus "d") | Box 32 minus box 33 |
| | The difference (c fillings or) | Check appropriate box answering if employee has been |
| 35 | Previously reimbursed? | previously reimbursed for moving expenses by the State |
| 26 | Date of previous reimbursement | If employee has been previously reimbursed, the date of the previous reimbursement |
| 36 | Date of previous reimbursement | Check appropriate box answering if appointee has been previously appointed to a full time position within a department or agency of the State |
| 37 | Previously appointed? | |
| 38 | Reason for move | Check the reason for moving Signature of Employee/Appointee and date signed |
| 39 | Employee/Appointee Agreement | |

| | nating Agency | | | | | | Orig. Agency | Code | | Inte | rest Eli | gible (Y/N | J) | | 2 P-C | ontract | t |
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| | | | | nter Colle | | | | 70030 | | | | | | | | | |
| Payment | Date (MM) | (DD) | (YY) | | Check Date | (MM) (D | (YY) | | | Lie | bility D | ate (f | MM) | (DD) / | (YY) | | |
| 3 Payer | Social Sec | unty#) | Addition | nel | 1 | Zip Code | | Route | | Pay | yee Am | ount | | | - | | |
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| Payee Na | ime (Limit to 30 | spaces) | | | | | | | | Sta | tistic T | ype | | Statis | stic | | |
| Address | (Limit to 30 space | ces) | | | | | | | | 6 | RefA | ıv. No. (L | imit to | 20 space | 98) | | |
| Address | (Limit to 30 space | ces) | | | | | - | | | Ref | Mnv. D | nte (MM) | (DI | D) (Y) | Y) | | _ |
| City (Limi | it to 20 spaces) | | | (Limit to 2 sp | aces) | State | Zip Code | | | + | | | /_ | | | | _ |
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