Relocation Reimbursement Request
USFFA Faculty and Librarians

The Collective Bargaining Agreement between the University of San Francisco and the USF Faculty Association (USFFA) provides that new faculty/librarians are eligible for reimbursement of the following relocation expenses, subject to appropriate receipts:

- Relocation from the East Coast (EDT): $4000 maximum
- Relocation from Midwest (CDT): $2500 maximum
- Relocation from West Coast (PDT, MDT): $2000 maximum
- Relocation from outside the continental U.S. (Alaska and Hawaii): $4,000 maximum

To qualify for relocation reimbursement, former residence must be greater than 50 miles from the USF main campus, and the move must be made within one year of the first day of USF full-time employment.

Certain relocation reimbursements may be deemed taxable income per Internal Revenue Service (IRS). Such reimbursements will be added to the USFFA member’s income, and taxes relating to those amounts will be withheld from their paycheck at the time of reimbursement during that calendar year. For important information about treatment of reimbursements for tax purposes, please review the Moving Reimbursement Policy available at myusf.usfca.edu/abs/policies.

For reimbursement of first and last months’ rent, please submit a Rent Reimbursement Request available at myusf.usfca.edu/human-resources/current-employees/rent-relocation-reimbursement.
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Instructions:

1. Dean’s Office completes Section 1 and returns request form to USFFA member
2. USFFA member completes Section 2 within 60 days of relocation
3. USFFA member or Dean's office inputs the amounts being reimbursed into Concur and uploads this form along with supporting receipts
4. A check payable to the USFFA member will be issued within ten business days of approval in Concur

Section 1: Dean’s Office

________________________________________
(Recipient's Name) is eligible for reimbursement of relocation and housing expenses as outlined below:

$__________ _______ Amount to be reimbursed by Human Resources

$__________ _______ Additional amount to be reimbursed by College

$__________ _______ Total relocation reimbursement amount

________________________________________
Print Name

________________________________________
Signature

________________________________________
College

________________________________________
Date

Section 2: USFFA MEMBER

________________________________________
Print Name

________________________________________
Signature

________________________________________
CWID # (8 digits)

________________________________________
USF Phone Extension

________________________________________
College

________________________________________
Date