

State of Washington (Rev 07/01/2007) RELOCATION AUTHORIZATION A33 Form			Hiring agency tracking number:
INSTRUCTIONS: Before completing, read the Moving Expense Regulations and Guide. Complete appropriate sections, sign and submit to your hiring agency. Your signature verifies you received & read the Move Guide.			
Agency / Department (hiring you):			DATE (form completed)
Mark type of employee:	Transferred: _____	New Hire: _____	Client: _____
Employee Name (person moving)		Phone Numbers Home: Work: Email:	Social Security Number:
Present/Origin Address		City/State/Zip	Requested Pick Up Date (Exclude weekends & include a minimum of 2-days to pack & load)
Destination Address (if unknown list anticipated city & state)		City/State/Zip	County (example: King)
Packing Requested (mark one): _____ Yes, or _____ No	Storage-in-transit Requested (mark one): _____ Yes, or _____ No	Are you using your Home Owners Policy for Insurance coverage? (not mandated): _____ Yes, or _____ No	International move (crossing countries). List estimated value of Household goods: \$ _____
Intrastate (within one state). List estimated value of household goods. State contract covers up to \$75,000.00 Value of household goods \$ _____		Interstate moves (crossing one or more state lines) List estimated value of household goods. State contract covers up to \$100,000.00 Value of household goods \$ _____	
Self-Move Information (only complete if NOT electing state assigned move):			
Rental Equipment or Direct Hire of Carrier (state one):		Estimated mileage	Estimated Cost \$
Mobile Home Only (complete only if moving a manufactured/mobile home you will reside in at destination):			
Make of Mobile/Manufactured Home and year		Size (single, double or triple wide)	

Employee Agreement (Altered/modified or unsigned signature block will result in move not being assigned by the state or moving expenses not being reimbursed).	
I acknowledge a receipt of the Moving Expense Regulations and Guide . I authorize that costs in excess of allotments , as set forth in SAAM policy and detailed in the OSP Move Guide, be deducted from my next salary payment; if I do not reimburse my hiring agency for unauthorized expenses, that by regulation must be paid by the employee. I understand payment is due within thirty (30) days from date of notice from the hiring agency.	
PAYROLL WITHHOLDING STATEMENT. I, the undersigned employee, hereby authorize the state to deduct from my salary, my share of cost of the move in accordance with SAAM Policy 60.10.50.	
New Employee Only: In the event I terminate or cause termination of my employment with the state within one (1)-year from date of employment, I agree to reimburse the state for all moving costs which have been paid and hereby authorize the state to withhold any sums due to me as a part or full payment of such costs in conformance with RCW 43.03.120.	
Signature and date of Employee:	Signature and date of Authorized Agency Designee:

Distribution: Employee - complete with signature and submit A33 form to Hiring Agency.