East Tennessee State University Tennessee Board of Regents Moving Expense Allowance Request Form

Potential E	Employee's Name:		_		
E# if availa	able or last 4 digits of Social Security #:				
Potential E	Employment Date:				
				1	
		Payment Calculati	on		
	Gross Amount:		\$		
	Less: Income Tax Withholding (25%		\$		
	Less: FICA Tax (6.2%)		\$		
	Less: Medicare Tax (1.45%)		\$		
	Net Amount to be paid to the potential employee:		\$		
		Note: Individuals in special tax situations (non-citizens, graduate students, etc) may have more or less tax deducted.			
year-end tax statement (W-2) will include the gross amount of the date. Additionally, the responsible department will be charged the Prepared by:		ill be charged the matching amoun			
Chair Appı	roval:	Date:			
Note: This	charge will appear on your ledger as a Movi	ng Expense Allowance when the payro	ll is posted.		
Dean Appr	roval:	Date:			
Vice Presic	dent Approval:	Date:			
Potential E	Employee Acknowledgement:		Date:		
	Mo	oving Expense Alloca	tion		
	Index to be Charged	Percentage	Account	Code	
		U	o Executive: 6		
			○ Faculty: 613	275	

NOTE: All required forms for new employees, including fully executed employment contract, moving allowance agreement and the ETSU employment application, I-9 (plus documentation), Tennessee Lawful Employment Act documentation, copy of Social Security card, W-4, and direct deposit, must be received in the Office of Human Resources, as appropriate, by the 10^{th} or the last working day prior to the 10^{th} for the end of the month payroll, (by the 3^{rd} or the last working day prior to the 3^{rd} in December), and by the 25^{th} of the previous month or the last working day prior to the 25^{th} for the 15^{th} payroll to ensure payment.

Administrative: 61675

Payments authorized by the actions completed after the cut-off dates will be included on the next regular payroll for that person.