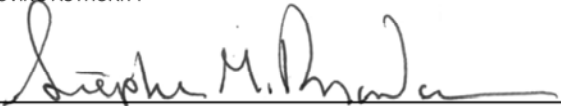


 <b>NEW YORK STATE</b>	<b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>		<b>TITLE</b>  <b>Reimbursement of Moving Expenses for Transferred/New Employees</b>		<b>NO.</b> 2728
					<b>DATE</b> 05/18/2020
<b>SUPERSEDES</b> DIR #2728 Dtd. 02/01/19		<b>DISTRIBUTION</b> A	<b>PAGES</b> PAGE 1 OF 5		<b>DATE LAST REVISED</b>
<b>REFERENCES</b> (Include but are not limited to)  See Section II		<b>APPROVING AUTHORITY</b> 			

**I. DESCRIPTION:** To describe the basis for and process of reimbursing employees and new appointees for moving expenses.

**II. REFERENCES**

- State Finance Law, Sections 202 and 204
- State Civil Service Law, Article 14
- American Correctional Association (ACA) Expected Practice 4-4066
- Division of the Budget Policy and Reporting Manual, Items G-200 and G-205
- Office of the State Comptroller, Guide to Financial Operations, Chapter XIII.8

**III. POLICY:** Reimbursement of moving expenses may be authorized when a current employee is promoted or transferred for the express convenience of the State, when a new State employee is appointed for the express convenience of the State, or when an employee is permanently promoted to a full-time position in accordance with State Finance Law, Sections 202 and 204.

For the purposes of this Department, the express convenience of the State may be established by a lack of qualified applicants or candidates who will accept permanent employment in the title or location where the position is officially assigned.

**IV. ELIGIBILITY FOR REIMBURSEMENT OF MOVING EXPENSES**

- A. The following individuals shall be eligible for moving expenses in accordance with the following and any applicable laws, policy, and guidance referenced in this Directive:
1. Employees with permanent status in full-time positions who are promoted, transferred, or reassigned for the express convenience of the State shall be eligible for reimbursement for approved moving and travel expenditures in accordance with the provisions of this directive.
  2. Employees transferred or reassigned as a result of a relocation of an agency, or subdivision of an agency, or the abolition of a position shall be deemed transferred or reassigned for the convenience of the State.
  3. No reimbursement for moving expenses shall be made to appointees, unless the appropriate appointing authority (for positions outside the competitive class) or by the Department of Civil Services (for competitive class positions) has determined that there exists in New York State a shortage of qualified candidates for the position to which the appointment is made.
  4. Employees granted provisional promotions must wait until their appointment becomes permanent prior to being eligible for reimbursement.

- B. An employee shall not be eligible for reimbursement for expenses incurred in moving if:
  - 1. The transfer or reassignment is a result of a demotion, either voluntary or following disciplinary action;
  - 2. The transfer or reassignment is made for educational or training purposes;
  - 3. The transfer or reassignment is made at the request of the employee and is not expressly for the convenience of the State; or
  - 4. The distance between the old and new places of employment or between the new place of employment and place of residence at time of employment, as measured over the shortest distance along public highways, is less than 35 miles.
- C. In the case of new appointees, it is the policy of the State that such reimbursement may be approved when the Department of Civil Service (for competitive class appointments) or the appointing authority (for appointments outside of the competitive class) determines that there exists in New York State a shortage of qualified candidates for the position to which the appointment would be made and when providing such reimbursement would improve the State's ability to consummate an appointment.
- D. Reimbursement shall be made in accordance with the provisions of the Division of the Budget Policy and Reporting Manual provided that claim for such payment is made within one year of the effective date of appointment.

**V. RESPONSIBILITY FOR AUTHORIZATION:** A Supervisor may recommend reimbursement of moving expenses by forwarding a memorandum describing the circumstances justifying reimbursement to their respective Deputy Commissioner. The Deputy Commissioner shall refer appropriate recommendations to the Commissioner for final decision. If satisfied by the justification, the Commissioner may approve the reimbursement.

NOTE: As indicated in Section IV-C, reimbursement of moving expenses for new competitive class appointees must also be approved by the Department of Civil Service.

## **VI. ALLOWABLE CONDITIONS FOR REIMBURSEMENT**

- A. Employees/appointees eligible for reimbursement pursuant to the Division of the Budget Policy and Reporting Manual shall be reimbursed for actual and necessary moving expenses incurred in an aggregate amount not in excess of \$3,000 if claim for such payment is made within one year of the effective date of relocation, transfer, reassignment, promotion, or appointment. No waiver of this limit will be endorsed. Three written quotes of moving expenses should be obtained, and the lowest bidder accepted.
- B. Subject to the above dollar limitation, an eligible employee/appointee shall be reimbursed for:
  - 1. The basic cost of moving household goods and personal effects from the employee's/appointee's residence at the time of appointment to the residence located near the new place of employment, provided that the mover used a carrier authorized by the New York State Department of Transportation or the Interstate Commerce Commission to perform such service. Three written quotes of moving expenses should be obtained, and the lowest bidder accepted. The basic cost of moving shall mean the cost of loading, transporting, and unloading household goods and personal effects, including necessary expenditures for handling such household goods as pianos, refrigerators, and deep freezers.

Household goods shall not be deemed to include: automobiles; other motor vehicles; trailers, other than house trailers used as employees'/appointees' residences; farm tractors, implements and equipment; livestock; boats; animals raised for profit by the employee; belongings which are not the property of the employee's/appointee's immediate family; belongings related to commercial enterprises engaged in by the employee/appointee or his or her family; and building materials.

2. The cost of additional insurance above the valuation rate charged.
  3. If employees/appointees do not use a commercial carrier or do not rent a trailer or truck from a commercial establishment, then they may be eligible for up to \$200 to help cover moving expenses, provided that the claim is accompanied by documentation showing that such expenses were actually incurred.
  4. The cost of packing and/or unpacking of household goods and personal effects if such services provided by the carrier are used.
  5. If an employee does not use a commercial carrier, he or she can be reimbursed for the basic cost of moving household goods and personal effects by rented trailers or trucks. The Division of the Budget has determined that reimbursement is to be limited to the actual rental of equipment. Additional expenses, such as loaders, packers, drivers, or un-packers, hired independently by the employee shall not be reimbursable.
  6. Reimbursement may be made for the cost of storing goods in-transit up to 30 days, as well as necessary warehouse handling, provided it can be demonstrated that these services were needed. Reimbursement shall not be provided for storage or handling of goods in excess of 12,000 pounds.
  7. The cost of transportation of the employee/appointee and their family to the new location at a rate paid by the State for use of personally owned automobiles on official business; the mileage to be measured by the shortest highway route between the two places of residence. Payment shall be made at such rate for one automobile regardless of the number owned or actual method of transportation used.
- C. Expenses other than those enumerated above incurred by the employee/appointee as a result of a move occasioned by transfer, reassignment, promotion, or a new appointment shall not be subject to the reimbursement.

**VII. REPAYMENT OF MONEYS ADVANCED:** It is the responsibility of the Department to enforce applicable provisions of State Finance Law, Section 202, subdivision 202, which states that when an employee resigns or voluntarily separates within one year of appointment, transfer, reassignment, or promotion, other than for reasons specified by law, the agency is to collect money provided for moving and related travel expenses. When this action is not feasible, the claim is then transferred to the Attorney General for action. This State Finance Law may be waived by the Director of the Budget if he or she determines "that such restrictions and limitations would result in an unusual and unavoidable hardship" for the employee.

## **VIII. PROCEDURE**

### **A. Completion of Forms by Employee/Appointee**

1. Follow instructions on the Office of the State Comptroller (OSC) website when completing OSC Forms [AC132-S](#) and [AC1099-S](#) (see also Attachment A).

2. Complete OSC [Form AC132-S](#), "Employee Report of Travel Expenses and Claim for Payment," following directions on the OSC form.
  3. Complete OSC [Form AC1099-S](#), "Request/Agreement for Moving Expense Reimbursement," following directions on the OSC form.
- B. Employee/appointee retains copies of OSC Forms [AC132-S](#) and [AC1099-S](#) for reference.
- C. Employee/appointee forwards OSC Forms [AC132-S](#), [AC1099-S](#), and all other supporting documents to the Budget Unit in Central Office. Supporting documents are:
1. Bill of lading and/or invoice (must be an original or a carbon copy), a freight bill issued by the carrier showing charges collected, or receipts from the rental of a moving truck.
  2. OSC [Form AC3259-S](#), "Statement of Incidental and Transportation Expenses."
  3. Where applicable, an employee should include a copy of the letter from Civil Service stating that there is a shortage of qualified positions in the particular title in the work location.
- D. Certification
1. Central Office Budget Unit receives the forms and forwards them to the Director of Budget and Finance or designee.
  2. The Director or designee pre-audits OSC Forms [AC132-S](#) and [AC1099-S](#), as well as any other supporting documents, as appropriate using guidelines set in this directive, The Budget Policy and Reporting Manual, and Sections 202 and 204 of the State Finance Law.
  3. If any required information or documents are inaccurate or missing, the documents are returned with a letter of explanation.
  4. If an employee/appointee is ineligible for the reimbursement of moving expenses, the documents are returned with a letter of explanation.
- E. Process Forms
1. Central Office Budget Unit returns approved forms to the facility for processing in accordance with current OSC Guide to Financial Operations.
  2. Funds to be paid for approved moving expenses are to be charged to the accounts of the facility where the employee will be working.
  3. If a Central Office or a Community Supervision charge, then the appropriate Budget and Finance Program Chief will provide coding to process the moving expenses.

### Instructions for Processing of Reimbursement Request

1. Please **type** or **print plainly** on all forms.
2. The employee/appointee completes the [AC132-S](#) summarizing the detail of allowable expenditures, following the guidelines enumerated in the Division of the Budget Policy and Reporting Manual, Item G-200 for Management/Confidential employees and G-205 for others who negotiate pursuant to Article 14 of the Civil Service Law. The employee/appointee and their supervisor certify the form.
3. The employee/appointee completes the [AC1099-S](#) and signs the agreement satisfying the provisions set forth in Sections 202 and 204 of the State Finance Law.
4. If an appointee, attach a copy of the letter from Civil Service stating there is a shortage of qualified positions in the particular title. Non-statutory positions must have the approval from the head of the department or agency.
5. The employee/appointee attaches a bill of lading or freight bill issued by the carrier showing the charges collected and copies of the three estimates, including the receipted bill in the event a certified carrier is not used. Attach a copy of the rental truck agreement, if applicable.
6. The employee/appointee submits [AC132-S](#) with all applicable documents attached, including [AC1099-S](#).

Click the links below to access instructions for the completion of Forms [AC132-S](#), [AC1099-S](#), and [AC3259-S](#).

[http://osc.state.ny.us/agencies/forms/ac132s\\_instruction.pdf](http://osc.state.ny.us/agencies/forms/ac132s_instruction.pdf)

[http://osc.state.ny.us/agencies/forms/ac1099s\\_instruction.pdf](http://osc.state.ny.us/agencies/forms/ac1099s_instruction.pdf)

[http://osc.state.ny.us/agencies/forms/ac3259s\\_instruction.pdf](http://osc.state.ny.us/agencies/forms/ac3259s_instruction.pdf)

State  
of  
New York

# EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name		Business Unit/Department Code	
Employee ID	Official Station Address		Official Station Zip
Last Name	First Name	MI	Suffix
Home Address	City	State	Zip
Business Purpose	Travel Description		
Start Location Street	Start Location Zip	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street	Destination Location Zip	Normal Work Hours	
Travel Start Date and Time	Travel End Date and Time		

1. Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parenthesis below)</small>	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S)      Overnight Per Diem      @ \$      each =			
Additional Breakfast      @ \$      each + Additional Dinner      @ \$      each =			
Day Trip Breakfast      @ \$      each + Day Trip Dinner      @ \$      each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (AC 160-S)      @      ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
<b>Total Travel Expenses – Enter in Section 2 Line A</b>		<b>Total Amount Claimed</b>	

### Traveler's Certification

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary an incurred in the performance of my official duties.

Signature

Title

Date

### Supervisor's Certification (if required)

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor

Title

Date

**FOR AGENCY USE ONLY**

Expense Report  
Number

Travel Auth. Code

Entered by

Date

State  
of  
New York

# EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name (1)		Business Unit/Department Code (2)	
Employee ID (3)	Official Station Address (4)		Official Station Zip (5)
Last Name (6)	First Name (7)	MI (8)	Suffix (9)
Home Address (10)	City (11)	State (12)	Zip (13)
Business Purpose (14)	Travel Description (15)		
Start Location Street (16)	Start Location Zip (17)	Check if used: (18) <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street (19)	Destination Location Zip (20)	Normal Work Hours (21)	
Travel Start Date and Time (22)	Travel End Date and Time (23)		

## 1. Indicate All Travel Expenses

If more space is required in any section, use the associated detail form (number shown in parenthesis below)

### Totals

### 2. Summary

### Amount

Lodging		A. Total Travel Expenses	(25)
		B. Subtract Amount Paid with Travel Advance	(26)
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	(27)
		D. Other Direct Bill to Agency (Specify)	(28)
Meals (AC 3258-S)      Overnight Per Diem      @ \$      each =			
Additional Breakfast      @ \$      each + Additional Dinner      @ \$      each =			
Day Trip Breakfast      @ \$      each + Day Trip Dinner      @ \$      each =			
		E. Other Adjustments (Specify)	(29)
Mileage Claimed (AC 160-S)      @      ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
<b>Total Travel Expenses – Enter in Section 2 Line A</b>	(25)	<b>Total Amount Claimed</b>	(30)

### Traveler's Certification

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.

(31)

Signature

Title

Date

### Supervisor's Certification (if required)

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

(32)

Signature of Supervisor

Title

Date

## FOR AGENCY USE ONLY

Expense Report Number (33)

Travel Auth. Code (34)

Entered by (35)

Date (36)

Reference	Name	Description
1	Agency Name	State Agency traveler is working for
2	Business Unit/Department Code	Business Unit/Department Code of Agency traveler is working for
3	Employee ID	Employee ID as issued by OSC (10 characters beginning with N)
4-5	Official Station: Street and Zip	Traveler's official station as determined by traveler's Agency – Enter street address and zip code or “Residence” if the official station is the same as the home address.
6-8	Last Name, First Name, MI	Traveler's last name, first name, and middle initial
9	Suffix	Suffix to traveler's name
10-13	Home Address	Traveler's home street address, city, state and zip
14	Business Purpose	The reason for the travel (e.g. "Site visit", "Meeting", etc.)
15	Travel Description	Enter a brief, specific description of the travel activities so that it can be identified quickly by the employee and supervisor. As a best practice and to facilitate the search and identification of an expense report, this field should contain the start date of the travel event (e.g., “01/01/2017 Meeting in NYC”).
16-17	Start Location: Street and Zip	Address of start location, enter street address and zip code
18	Alternatives to Reimbursement:	Check associated box if either a State Corporate Travel card, a travel advance, or direct bill was used. (Note: If a State Corporate Travel card was used, AC3256-S must be filled out and submitted.)
19-20	Destination Location: Street and Zip	Address of destination, enter street address and zip code
21	Normal Work Hours	Traveler's normal work hours. (Note: If traveler has a schedule in which the work hours vary by day, then traveler should provide the normal start time of the first day of travel and the normal end time of the last day of travel.)
22	Travel Start Date and Time	Date of the first day of travel and time departed on trip
23	Travel End Date and Time	Date of the last day of travel and time returned from trip
24	Travel Expenses Section	Detail all travel expenses which are being claimed. Organize expenses into the appropriate categories, using the associated detail forms (form number listed next to each category) if needed.
25	Total Travel Expenses	The sum of the travel expenses from box 24
26	Travel Advance	If a travel advance was used, the amount of the travel advance
27	Corporate Card	If the State Corporate Travel card was used, the total from AC 3256-S
28	Other Direct Bill	If an amount was directly billed to the agency (not on the State Corporate Travel card), the total amount of direct bill
29	Other Adjustments	Any other amounts which must be subtracted or added.
30	Total Amount Claimed	Box 25 minus Boxes 26, 27, and 28, and adding/subtracting 29
31	Traveler's Certification	Traveler's signature, title and date signed
32	Supervisor's Certification	Supervisor's signature, title and date signed
33	Expense Report Number	The number of the expense report that was created in SFS Expenses using this document
34	Travel Authorization Code	Travel authorization code from SFS Expenses, if required
35	Entered by	Name of employee entering information into SFS Expenses from this document
36	Date	Date information is entered into SFS Expenses

State  
of  
New York

# REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

Pursuant to Section 202 and 204 of the State Finance Law, reimbursement is requested for moving and travel expenses of the following:  
(Please check applicable box.) ☐ Employee ☐ Appointee

Last Name		First Name		MI	Suffix	Employee ID	
Address of New Residence				City		State	Zip
Address of Old Residence				City		State	Zip
Previous Agency							
Address of Previous Work Location				City		State	Zip
New Agency							
Address of New Work Location				City		State	Zip
Title	Negotiating Unit	Date of Appointment		Date probation ended (if applicable)		Grade	

## Distances in miles (shortest measurement along public highways):

a. From old place of work to new place of work

b. From old residence to new place of work

Note: If the distance in (a) or (b) is less than 35 miles, the employee is not entitled to reimbursement.

c. From old residence to new place of work

d. From old residence to old place of work

e. The difference ("c" minus "d")

If Employee, have you previously been reimbursed by the State for moving expenses? ☐ Yes ☐ No

If yes, date of previous move:

If Appointee, have you previously been appointed to a full time position in a department or agency of the State? ☐ Yes ☐ No

## Reason For Move (Check one of the following):

The move is due to a transfer or reassignment which is for the convenience of the State.

The transfer or reassignment results from the relocation of the agency or subdivision of the agency.

The reimbursement of moving and travel expense is necessary as a result of promotion to a full time qualified position.

The reimbursement of moving and travel expense is the result of initial appointment to a full time technical, scientific, education, professional or administrative position in a department or agency of the State for a period of one year or more.

Other (Please indication reason in the space provided):

## Employee/Appointee Agreement

In consideration for the moneys received and/or to be received by me from the State of New York for reimbursement of travel and moving expenses actually incurred by me as a result of transfer, reassignment, promotion or appointment in the service of the State, pursuant to Section 202 and 204 of the State Finance Law and the Regulations Governing the Reimbursement of Moving and Travel Expense promulgated by the Director of the Budget, I hereby certify and agree that in the event of my resignation or voluntary separation from the service of the State in the position to which I was transferred, reassigned, promoted or appointed within one year after such transfer, reassignment, promotion or appointment, the State of New York shall be entitled to the return of the principal sum advanced to me under the aforementioned sections of the State Finance Law and Regulations thereto appertaining, which amount will become due immediately upon said resignation or voluntary separation; and I further agree that the State may deduct said amount from any moneys due or accruing to me from the State at the time of said resignation or voluntary separation. If there are not sufficient moneys due or accruing to me from the State at that time, and if repayment has not been made, the State of New York may enter judgment against me for the said sum advanced to me by virtue of Section 202 and 204 of the State Finance Law and the Regulations thereto appertaining, without further notice to me.

\_\_\_\_\_  
Employee/Appointee Signature

\_\_\_\_\_  
Date

## Certification of Appointing Officer

I do hereby certify that I am the appointing officer; that the facts presented above are correct to the best of my knowledge and that all requirements of the law and regulations now in effect have been met.

\_\_\_\_\_  
Appointing Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

State  
of  
New York

# REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

Pursuant to Section 202 and 204 of the State Finance Law, reimbursement is requested for moving and travel expenses of the following:  
(Please check applicable box.) ☐ Employee **1** ☐ Appointee

Last Name	<b>2</b>	First Name	<b>3</b>	MI	<b>4</b>	Suffix	<b>5</b>	Employee ID	<b>6</b>
Address of New Residence	<b>7</b>	City	<b>8</b>	State	<b>9</b>	Zip	<b>10</b>		
Address of Old Residence	<b>11</b>	City	<b>12</b>	State	<b>13</b>	Zip	<b>14</b>		
Previous Agency	<b>15</b>								
Address of Previous Work Location	<b>16</b>	City	<b>17</b>	State	<b>18</b>	Zip	<b>19</b>		
New Agency	<b>20</b>								
Address of New Work Location	<b>21</b>	City	<b>22</b>	State	<b>23</b>	Zip	<b>24</b>		
Title	<b>25</b>	Negotiating Unit	<b>26</b>	Date of Appointment	<b>27</b>	Date probation ended (if applicable)	<b>28</b>	Grade	<b>29</b>

## Distances in miles (shortest measurement along public highways):

a. From old place of work to new place of work	<b>30</b>
b. From old residence to new place of work	<b>31</b>
Note: If the distance in (a) or (b) is less than 35 miles, the employee is not entitled to reimbursement.	
c. From old residence to new place of work	<b>32</b>
d. From old residence to old place of work	<b>33</b>
e. The difference ("c" minus "d")	<b>34</b>
If Employee, have you previously been reimbursed by the State for moving expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>35</b>
If yes, date of previous move: <b>36</b>	
If Appointee, have you previously been appointed to a full time position in a department or agency of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>37</b>

Reason For Move (Check one of the following): **38**

<input type="checkbox"/>	The move is due to a transfer or reassignment which is for the convenience of the State.
<input type="checkbox"/>	The transfer or reassignment results from the relocation of the agency or subdivision of the agency.
<input type="checkbox"/>	The reimbursement of moving and travel expense is necessary as a result of promotion to a full time qualified position.
<input type="checkbox"/>	The reimbursement of moving and travel expense is the result of initial appointment to a full time technical, scientific, education, professional or administrative position in a department or agency of the State for a period of one year or more.
<input type="checkbox"/>	Other (Please indication reason in the space provided):

### Employee/Appointee Agreement

In consideration for the moneys received and/or to be received by me from the State of New York for reimbursement of travel and moving expenses actually incurred by me as a result of transfer, reassignment, promotion or appointment in the service of the State, pursuant to Section 202 and 204 of the State Finance Law and the Regulations Governing the Reimbursement of Moving and Travel Expense promulgated by the Director of the Budget, I hereby certify and agree that in the event of my resignation or voluntary separation from the service of the State in the position to which I was transferred, reassigned, promoted or appointed within one year after such transfer, reassignment, promotion or appointment, the State of New York shall be entitled to the return of the principal sum advanced to me under the aforementioned sections of the State Finance Law and Regulations thereto appertaining, which amount will become due immediately upon said resignation or voluntary separation; and I further agree that the State may deduct said amount from any moneys due or accruing to me from the State at the time of said resignation or voluntary separation. If there are not sufficient moneys due or accruing to me from the State at that time, and if repayment has not been made, the State of New York may enter judgment against me for the said sum advanced to me by virtue of Section 202 and 204 of the State Finance Law and the Regulations thereto appertaining, without further notice to me.

**39**

Employee/Appointee Signature

Date

### Certification of Appointing Officer

I do hereby certify that I am the appointing officer; that the facts presented above are correct to the best of my knowledge and that all requirements of the law and regulations now in effect have been met.

**40**

Appointing Officer Signature

Title

Date

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
11	Address of Old Residence	Employee/Appointee's old home street address
12	City	City for Employee/Appointee's old home address
13	State	State for Employee/Appointee's old home address
14	Zip	Zip code for Employee/Appointee's old home address
15	Previous Agency	Name of previous agency worked for
16	Address of Previous Work Location	Street address of previous agency worked for
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 work
32	Distance from old residence to new place of work	Distance in miles from old residence to new place of work
33	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
35	Previously reimbursed?	Check appropriate box answering if employee has been previously reimbursed for moving expenses by the State
36	Date of previous reimbursement	If employee has been previously reimbursed, the date of the previous reimbursement
37	Previously appointed?	Check appropriate box answering if appointee has been previously appointed to a full time position within a department or agency of the State
38	Reason for move	Check the reason for moving
39	Employee/Appointee Agreement	Signature of Employee/Appointee and date signed
40	Certification of Appointing Officer	Signature and title of appointing officer and date signed

## STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES

Name	Travel Start Date	Travel End Date
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### Incidental Expenses

Date	Description, Purpose, Item of Expenditure, Etc.	Amount Claimed
<b>Total Incidental Expense Amount Claimed</b> (Report on AC132-S or AC3257-S under Incidentals)		

## Transportation

Date	Method, Destination, Etc.	Amount Claimed
Total Transportation Amount Claimed (Report on AC132-S or AC3257-S under Transportation)		

## STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES

Submit with expense report – Use this form only when additional space is required to submit all necessary information.

Name	Travel Start Date	Travel End Date
1	2	3

### Incidental Expenses

Date	Description, Purpose, Item of Expenditure, Etc	Amount Claimed
4	5	6
Total Incidental Expense Amount Claimed (Report on AC 132-S or AC 3257-S under Incidentals)		7

## Transportation

Date	Method, Destination, Etc	Amount Claimed
8	9	10
Total Transportation Amount Claimed (Report on AC 132-S or AC 3257-S under Transportation)		11

Reference	Name	Description
1	Name	Traveler's first and last name
2	Travel Start Date	Date of the first day of travel
3	Travel End Date	Date of the last day of travel
4	Date	Date incidental expense was incurred
5	Description, Purpose, Item, Etc	Description of what expense was, why it was incurred, etc
6	Amount	Amount of incidental expense
7	Total Incidental Expense Amount Claimed	Sum of all amounts in box 6
8	Date	Date transportation expense was incurred
9	Method, Destination, Etc	Type of transportation, destination, etc
10	Amount	Amount of transportation expense
11	Total Transportation Amount Claimed	Sum of all amounts in box 10