

Employee Relocation Authorization Form

Employee Information

Employee Name

Employee ID

Job Title

Department

Current Location

Office/City/State

Relocation Details

New Office/Location

Relocation Date

Reason for Relocation

Relocation Benefits

Benefit	Eligible	Details
Moving Expenses	<input type="checkbox"/>	<input type="text"/>
Temporary Housing	<input type="checkbox"/>	<input type="text"/>
Travel Allowance	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

Approvals

Manager Name

Manager Signature

Manager Date

HR Name

HR Signature

HR Date