



REQUEST FOR PAYMENT OF RELOCATION BENEFITS

The following employee has been approved by the department for the relocation benefits indicated below, under the Letter of Agreement between Marion County and MCEA & ONA. These items will be required to be included in the employee's taxable wages for Payroll reporting purposes according to IRS regulations. Department(s) will retain all necessary backup to substantiate this request, and appropriate documentation, according to retention guidelines.

Employee Name: _____ ID #: _____ Unit: _____ Department: _____

RELOCATION EXPENSE REIMBURSEMENT \$ _____
(not to exceed maximum under LOA)

RELOCATION BONUS
(One-time payment upon proof of residency. Amount based upon LOA)

Employee Signature: _____ Date: _____

Department Authorization: _____ Date: _____

**** The department representative is responsible for emailing the completed form to CentralPayroll@co.marion.or.us. Payment(s) will be issued on the next applicable pay period.**

FOR CENTRAL PAYROLL OFFICE USE ONLY		
Received by Payroll:	Date: _____	Initials: _____