



**RELOCATION AUTHORIZATION**

OES-ACCT-027 (Rev. 12-2022)

Upon hiring an employee who qualifies for relocation reimbursement, the hiring supervisor completes Part I and submits this form to PAU for budgeting approval and processing. The supervisor shall advise the Employee not to incur relocation expenses until all approvals have been obtained on this form and the employee has received an approved "Moving Service Authorization" (STD 255/STD 255A) and a relocation packet.

**PART I. HIRING SUPERVISOR COMPLETES**

<b>EMPLOYEE NAME</b> <i>(First, MI, Last)</i>	Appointment Effective Date	Reporting Date
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RESIDENCE ADDRESS AT THE TIME OF RELOCATION NOTIFICATION

Check if this residence is a mobile home to be moved to the new location

APPOINTMENT TYPE

Promotion     In Lieu of Layoff     Other *(Describe below the type of appointment and give justification for relocation expense reimbursement)*

Transfer

\_\_\_\_\_

\_\_\_\_\_

RELOCATION PACKET/STD 255/STD255a <i>(Please contact Travel Division at <a href="mailto:TravelUnit@caloes.ca.gov">TravelUnit@caloes.ca.gov</a> for packet)</i>	DATE RECEIVED	RELOCATION REIMBURSEMENT FEES NOT TO EXCEED
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CURRENT POSITION		NEW POSITION	
POSITION NO.	CONTROL NUMBER	POSITION NO.	CONTROL NUMBER
CLASS TITLE	CBID	CLASS TITLE	CBID
DEPARTMENT		DEPARTMENT <b>CA Governor's Office of Emergency Services</b>	
DIVISION/SECTION		DIVISION/SECTION	
ADDRESS		ADDRESS	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
PHONE NO.		PHONE NO.	



DEPUTY DIRECTOR/ ASSISTANT DIRECTOR APPROVAL SIGNATURE  ➤	TITLE	DATE SIGNED
DEPUTY DIRECTOR/ ASSISTANT DIRECTOR NAME	PHONE NO.	

**PART II. PROGRAM ANALYSIS UNIT COMPLETES** *Date Received:* \_\_\_\_\_

ENY	REPORTING STRUCTURE	SERVICE LOCATION
CERTIFYING AUTHORITY SIGNATURE  ➤	TITLE	DATE SIGNED
CERTIFYING AUTHORITY PRINTED NAME	PHONE NO.	

**PART III. PERSONNEL SERVICES CERTIFICATION UNIT COMPLETES** *Date Received:* \_\_\_\_\_

PROMOTION CERTIFICATION NO. AND COMMENTS		
CERTIFYING AUTHORITY SIGNATURE  ➤	TITLE	DATE SIGNED
CERTIFYING AUTHORITY NAME	PHONE NO.	

**PART IV. ACCOUNTING SECTION COMPLETES (CHECK LIST)** *Date Received:* \_\_\_\_\_

<b>Additional documents:</b>	
<input type="checkbox"/> Relocation Authorization <input type="checkbox"/> STD. 256 – Moving/Relocation Expense Approval Request <input type="checkbox"/> STD. 255A – Moving Service Authorization/Bid Proposal-Mobile Home (if applicable) <input type="checkbox"/> STD. 255 – Moving Service Authorization <input type="checkbox"/> STD 204 – Payee Data Record	<input type="checkbox"/> Written estimate of cost of services(for interstate & not on moving carrier list) Travel Reimbursements (if applicable): Lodging receipts Sale of Residence Additional Documents: