



APPENDIX C
REQUEST FOR APPROVAL OF RELOCATION BENEFITS
 (To be completed by HR Consultant)

GUIDELINES:

1. Complete document and submit request to Associate Vice President, Human Resources
2. Approval is based on eligibility of the position

REQUEST – POSITION DETAILS:

Title: _____			Location: _____		
Perm ____	Full time ____	Contract Training:		Hard to Fill – provide details below: YES ____ NO ____	
Temp ____	Part time ____	YES ____	NO ____		
Faculty _____	Management _____	Support _____		Number of times advertised: Internal _____ External _____	
Reason for Vacancy: _____ _____					
Current Location of Candidate: No1: _____ No 2: _____ No 3: _____					
Comments/Limitations: _____ _____			_____ _____		
_____ Signature – HR Consultant			_____ Date		
Comments/Limitations: _____ _____					
_____ Associate Vice President, Human Resources			_____ Date		