I,       , understand, pursuant to the State of Iowa’s Relocation Reimbursement Policy, I must own my principal residence to be eligible for reimbursement of costs associated with the purchase of my new principal residence at the time of hire or reassignment.

**Check (√) one:**

I own my current principal residence.

I **DO NOT** own my current principal residence.

If you **DO** **NOT** own your current principal residence, there are limited instances in which this requirement may be waived. Such a waiver may be granted only by the Department of Administrative Services – Human Resources Enterprise. See page two for signature.

I **WILL NOT** request a waiver.

I **WILL** request a waiver. DAS signature required; see page two. Please explain:

|  |
| --- |
|  |

No reimbursement for costs associated with the purchase of a new principal residence will be paid until this form has been received. Please return this form with your first claim for reimbursement.

**My *current* principal residence address is:**

|  |
| --- |
|  |
| *(Street)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *(City)* |  | *(State)* |  | *(Zip Code)* |

**My *new* principal residence address is:**

|  |
| --- |
|  |
| *(Street)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *(City)* |  | *(State)* |  | *(Zip Code)* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Employee’s Signature)* |  | *(Date)* |

**To be completed by the Employee’s Department Director**

**Employer Comments** (if any):

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Department Director’s Signature)* |  | *(Date)* |

**To be completed by the Department of Administrative Services,**

**only if employee is requesting a waiver**

**Check (√) one:**

Waiver Approved  Waiver Disapproved

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Department of Administrative Services Authorized Signature)* |  | *(Date)* |