**TO:** County Operations Office

Attn: Carol Barton

Texas A&M AgriLife Extension Service

2147 TAMU

College Station, TX 77843-2147

This is to verify that the Relocation Allowance Payment Guidelines for County Extension Agents transferring within Texas A&M AgriLife Extension Service has been provided to me and discussed by the District Extension Administrator/County Extension Director. I understand that I am entitled to a maximum relocation allowance of $\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agent Signature)

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was presented to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Commissioners’ Court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was approved by the Court for employment beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have discussed the Relocation Allowance Payment Guidelines and provided the agent with a copy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DEA/CED Signature)

***Instructions:*** Provide the transferring agent a copy of this signed authorization. The DEA/DOM will submit the original signed authorization and an AG-516 to Laserfiche “Work in Progress - Unit Folders\ADCA\Carol Barton” for payroll processing. Name the file “Move – (agent’s name). Also, place items in the agent’s personnel file in Laserfiche.

*Revised September 2016*