

**Fresno Regional Workforce Development Board
Pre-Employment Interview/Relocation Request**

Participant Name: _____ State ID # _____

Participant's Primary Occupation _____

Reason for Request (please check one)

Pre-Employment Interview Date of Interview: _____

Permanent Relocation Expected Move Date: _____

Employment Information

Occupation/Job Title: _____ Estimated Salary: \$ _____

Employment Start Date _____ Regular, Full Time Employment: Yes No

Employer Name _____ FEIN: _____

Employer Address _____ City/State/Zip: _____

Employer Contact Name _____ Employer Contact Phone: _____

Planned Travel Information

| Departure | | Points of Travel | | Arrival | | Mode of Transportation |
|-----------|------|------------------|----|---------|------|------------------------|
| Date | Hour | From | To | Date | Hour | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Projected Expense Report

Meals (not to exceed allowable per diem) \$_____ Per Day\$ _____

Lodging (per attached receipts)\$ _____

Transportation/Mileage: _____ Miles @ _____ cents per mile.....\$ _____

Mileage determined by MapQuest, Google maps, etc (attached)

Transportation/Common Carrier (per attached quote)\$ _____

Moving Expenses (per attached quote)\$ _____

Total Expense \$ _____

Employer Contribution Yes No If "Yes," Amount \$: _____

Total Allowable Expenses (total expenses minus employer contribution) \$: _____

ERS/ACA Signature _____ Date _____

Participant Signature _____ Date _____

Approved Denied

FRWDB Signature _____ Date _____