

### Request to Pay Expenses of Out-of-State Applicants

TO: Secretary of Administration  
1000 SW Jackson, Suite 500  
Topeka, Kansas 66612-1300

Date: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Agency) (Department or Division)

\_\_\_\_\_  
(Complete Mailing Address)

\_\_\_\_\_  
(Agency Contact Name) (Email Address and/or Phone Number)

\_\_\_\_\_ Approval is hereby requested to reimburse the travel and subsistence expenses of the following-named out-of-state applicants to attend an interview for a vacant agency position, subject to limitations as provided by law. (K.S.A. 75-3218)

\_\_\_\_\_ Approval is hereby requested to pay the moving expenses of the following-named out-of-state applicants, if selected for employment, for a vacant agency position, subject to limitations as provided by law. (K.S.A. 75-3225)

\_\_\_\_\_  
(Applicant) (City, State)

\_\_\_\_\_  
(Applicant) (City, State)

\_\_\_\_\_  
(Applicant) (City, State)

I do hereby certify that persons qualified to fill the position of \_\_\_\_\_, which is currently or soon to be vacant, are substantially unavailable within the State of Kansas; and that the person(s) listed above appear to possess the requisite professional, technical or unusual qualifications. This agency has taken the following actions to locate qualified applicants within the State of Kansas:

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

APPROVED:

\_\_\_\_\_  
Secretary of Administration (Date)

APPROVED:

Respectfully submitted,

\_\_\_\_\_  
Governor (Date)

\_\_\_\_\_  
Administrative Head of Agency/Department