

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. (Governor's approval per Policy 3,802 and 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. (Secretary of Administration and Governor approval per Policy 3,607 and 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:

Did you post the position? _____ How long did you post the position? _____

What methods did you use to recruit for this position? _____

What websites were used to recruit for this position? _____

Estimated Travel and/or Moving Expense? _____

Other helpful information: _____

Respectfully submitted,

Administrative Head of Agency/Department

APPROVED:

APPROVED:

Governor (Date)

Secretary of Administration (Date)