

DEPARTMENT OF JUVENILE JUSTICE

EMPLOYEE APPLICATION FOR INTRASTATE RELOCATION EXPENSE REIMBURSEMENT

EMPLOYEE INFORMATION

DATE _____

Employee Name _____ Title _____

Division/Section _____ Supervisor _____

Date employed by Department _____

Dependents Living at Home: Number _____

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELOCATION INFORMATION

		Distance Between Old & New Locations*
	<u>Old Address</u>	<u>New Address</u>
1. Duty Station	_____	
2. Residence	_____	
3. Distance* from Old Residence to:	Old Duty Station _____	New Duty Station _____
4. Expected Date of Move _____	5. Date of Transfer _____	
6. Reason to Transfer _____		
7. Is any other family member being reimbursed for this move? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Number of personal vehicles _____		

**Distance between towns as shown on the official Georgia Highway Map published by the Georgia Department of Transportation.*

ESTIMATED EXPENDITURES

<u>Type of Expenditure</u>	<u>Estimated Amount</u>
9. Transportation and subsistence to look for new residence (number of days _____ and number of trips _____)	_____
10. Transportation and subsistence during move (no. of days _____)	_____
11. Transportation of household goods (check the method to be used) <input type="checkbox"/> commercial moving van <input type="checkbox"/> self-move <input type="checkbox"/> mobile home	_____
12. Utility reconnection	_____
13. Other (specify) _____	_____
Total	_____

MOVING COMPANY INFORMATION

(This section is to be completed, where applicable, if you anticipate transporting your household goods within a commercial moving van or within your mobile home.)

15. Check and complete as appropriate:

a. Commercial Moving Van

Number of Rooms of Furniture to be Moved _____ Estimated Weight _____

b. Standard Mobile Home Expandable Mobile Home Double-Wide Mobile Home

c. Length _____ft. Unassembled width _____ft.

16. Estimated value of household goods \$ _____ Mobile Home \$ _____

17. Name and Address of Moving Company Contacted: _____

18a. Services Provided by Moving Company (for example: packing, wardrobe, etc.) *Some services may not be reimbursable

b. Estimated Cost \$ _____ (Include in the Estimated Expenditure Section, Line 11)

EMPLOYEE CERTIFICATION AND AGREEMENT

The information contained in this application is completed and accurate. I also understand that my receipt of funds for the reimbursement of allowable expenses resulting from the relocation described in this application will obligate me to work for this department in the new location for at least twelve (12) months from the date the relocation is completed, unless separated or transferred for reasons beyond my control and acceptable to the department or to refund, in full, the amount reimbursed.

Employee Signature

Date

AUTHORIZATION

The relocation expense reimbursement applied for is recommended as being in accordance with State law and with State and Department regulations governing relocation expense reimbursement.

Supervisor

Date

Sufficient funds are available within the Department's budget to cover the relocation expenses estimated in this application.

Fiscal Officer

Date

The relocation described in this application is hereby authorized and certified to be in the best interest of the Department and the State of Georgia.

Department Head

Date