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 __________

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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RELOCATION INFORMATION

Distance Between Old & New Locations*

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?       Yes       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

<table>
<thead>
<tr>
<th>Type of Expenditure</th>
<th>Estimated Amount</th>
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</thead>
<tbody>
<tr>
<td>9. Transportation and subsistence to look for new residence (number of days _____</td>
<td></td>
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<td>and number of trips ______)</td>
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<tr>
<td>10. Transportation and subsistence during move (no. of days _____)</td>
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<tr>
<td>11. Transportation of household goods (check the method to be used)</td>
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<tr>
<td>commercial moving van self-move mobile home</td>
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<td>12. Utility reconnection</td>
<td></td>
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<td>13. Other (specify)</td>
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</table>

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

AUTHORIZED

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