

U.S. DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS REQUEST FOR AUTHORIZATION OF RELOCATION EXPENSES	INSTRUCTIONS: In order to be eligible for change of station entitlements, the new station must be more than 50 miles from the old station. Employee shall complete items 1 through 22, as applicable, to designate requested allowances. Type or print clearly (in ink) all information. Submit one copy to your immediate supervisor. Approving official shall complete item 23.	1. NUMBER OF MILES BETWEEN OLD STATION AND NEW STATION
--	--	---

2. FULL NAME OF EMPLOYEE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	3. SOCIAL SECURITY NUMBER	4. DIVISION AND BRANCH	5. GOVERNMENT CHARGE CARD HOLDER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	----------------------------------	-------------------------------	---

6. REQUEST AUTHORITY TO INCUR ALLOWABLE EXPENSES IN CONNECTION WITH MY MOVE			
FROM		TO	
OLD OFFICIAL STATION (City and State)		NEW OFFICIAL STATION	
OLD RESIDENCE ADDRESS		NEW RESIDENCE ADDRESS	
OLD HOME PHONE	OLD OFFICE PHONE	NEW HOME PHONE	NEW OFFICE PHONE

7. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED				8. DUTY REPORTING DATE AT NEW OFFICE STATION (show date employee expected to report. NOT effective date of personnel action).
NAME	RELATIONSHIP	BIRTH DATE	MARITAL STATUS	
	Spouse			

<input type="checkbox"/> 9. PER DIEM AND TRAVEL ALLOWANCE, AS FOLLOWS: <input type="checkbox"/> Round trip to seek residence (house hunting trip) quarters with the map distance between the old and the new station is 75 miles or more, via usually traveled surface route. Justification needed in Item 18. <input type="checkbox"/> Self <input type="checkbox"/> Spouse				
Mode of travel will be by: <input type="checkbox"/> Airplane <input type="checkbox"/> Privately owned auto <input type="checkbox"/> Other (specify) _____		Planned Dates of Travel From _____ To _____		Rental Car for Local Travel <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested
<input type="checkbox"/> One-way trip between old and new official stations for permanent assignment is for: <input type="checkbox"/> Self <input type="checkbox"/> Immediate Family				
Mode of travel will be by: <input type="checkbox"/> Airplane <input type="checkbox"/> * Privately owned auto Enter number of POV's _____ <small>* Attach justification statement if request is for use of more than one privately-owned auto or use Item 18 "Remarks".</small>		Planned Dates of Travel (Self) From _____ To _____		Planned Dates of Travel (Family) From _____ To _____

<input type="checkbox"/> 10. TRANSPORTATION OF HOUSEHOLD GOODS Number of Rooms of Household Goods and Personal Effects (List objects requiring special handling in Item 18)			Method of Transportation <input type="checkbox"/> Government Bill of Lading (Actual Expense) <input type="checkbox"/> Commuted Rate	Planned Pickup Date
---	--	--	---	----------------------------

<input type="checkbox"/> 11. TEMPORARY QUARTERS SUBSISTENCE EXPENSE (When the map distance between the new official station and the old residence is more than 40 miles)			
Subsistence Expenses for: <input type="checkbox"/> Self <input type="checkbox"/> Family		Period of Subsistence <input type="checkbox"/> 30 Days (See Block 7) <input type="checkbox"/> 60 Days	Approximate Dates for Temp. Quarters From _____ To _____

<input type="checkbox"/> 12. EXPENSES INCIDENT TO: <input type="checkbox"/> Purchasing New Residence <input type="checkbox"/> Selling Residence		Est. Market Value _____	<input type="checkbox"/> Lease Termination	Est. Cost _____
---	--	-------------------------	--	-----------------

<input type="checkbox"/> 13. STORAGE OF HOUSEHOLD GOODS FOR NOT MORE THAN: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days			
---	--	--	--

<input type="checkbox"/> 14. TRANSPORTATION OF HOUSE TRAILER IN LIEU OF TRANSPORTATION OF HOUSEHOLD GOODS (Item 9 and storage of household goods (Item 12). I CERTIFY THE TRAILER IS FOR USE AS A RESIDENCE FOR ME AND MY IMMEDIATE FAMILY AT THE DESTINATION.		Enter Estimated Amount \$ _____
---	--	------------------------------------

<input type="checkbox"/> 15. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (Applicable only to transfer of station to, from, or between posts of duty outside the conterminous U.S.)	
---	--

<input type="checkbox"/> 16. ADVANCE OF FUNDS (ATR Chapter 301, Part 10 and applicable parts under Chapter 302.) Amount \$ _____	
--	--

NOTE: For item 17 below. "X" one box only - (Mobile homes are not eligible for Home Purchase Contracts) **NOTE:** Election to use the home purchase service shall be VOID if the residence has title defects or Urea-Formaldehyde insulation.

<input type="checkbox"/> 17. IN LIEU OF BEING REIMBURSED FOR SELLING MY RESIDENCE (Item 11), I WILL USE THE HOME PURCHASE SERVICE OF THE USDA-CONTRACT RELOCATION COMPANY. I UNDERSTAND THAT I WILL BE LIMITED TO 30 DAYS TEMPORARY QUARTERS.	Estimated Market Value of Residence \$ _____
Names of Owners of the Property _____	Percentage Owned _____

I will NOT use the home purchase service of the USDA-contract relocation company but, if needed, I may utilize the other services provided:
NOTE: Selection not to use the home purchase service is binding.

Home Finding
 Home Marketing Assistance
 Mortgage Finding Assistance
 Rental Assistance

18. JUSTIFICATION/REMARKS

19. IS ANY PORTION OF YOUR CURRENT RESIDENCE USED AS INCOME PRODUCING? ENTER THE PERCENTAGE. <input type="checkbox"/> Not Applicable	20. IS THE DISTANCE BETWEEN THE OLD DUTY STATION AND THE NEW DUTY STATION? <input type="checkbox"/> 50 miles or less <input type="checkbox"/> 50 miles or more
--	--

21. EMPLOYEE'S SERVICE AGREEMENT and WITHHOLDING TAX ALLOWANCE (WTA) NOTIFICATION
 I agree to remain in the service of the Federal Government for 12 months following the effective date of my transfer or appointment unless separated for reasons beyond my control and acceptable to the Government. In case I violate this agreement, any moneys expended by the United States on account of my move described above shall be recoverable from me as a debt due the United States. I agree that if I receive WTA payments for claims titled for transfer expenses, I will: (1) file for a Relocation Income Tax Allowance, and (2) file required documentation of Income with the claim for Relocation Income Tax Allowance by August 31 of the year following the WTA payments unless an extension of time is granted by the Government. If I am overpaid or do not file the claim, I agree to repay the Government the entire Withholding Tax Allowance expended by the United States in connection with my transfer.

SIGNATURE	TITLE	DATE
-----------	-------	------

22. CONFLICT OF INTEREST. APPLICABLE TO INSPECTION/GRADING PERSONNEL ONLY. I certify that, to the best of my knowledge and belief, I have do not have a real or apparent conflict of interest any plant which I will service in my new official station.
NOTE: If a conflict of interest or the appearance of a conflict of interest may exist, describe the conflict on an attached sheet.

SIGNATURE	DATE
-----------	------

23. ADMINISTRATIVE AUTHORIZATION

a. The requestor is eligible for benefits as indicated.

- Change of employee's official station for permanent duty is in the interest of the Government and not primarily for the convenience or benefit of the employee or at the employee's request.
- A new appointee in accordance with 2-1.2, Federal Travel Regulations
- Student
 Outside U.S.
 Shortage
 SES
 Presidential Appointee

b. Employee was first definitely informed of transfer on (Date)	c. Estimated cost of shipment/storage of household goods \$ _____ Commuted Rate \$ _____ GBL	NOTE: GBL shall be authorized for transportation of goods within the conterminous U.S. whenever the Commuted Rate estimate exceeds the GBL by more than \$100.
--	---	---

Enter authorization number assigned to this relocation	Applicable Subcenter/Management Code/Accounting Code chargeable for relocation expenses
--	---

Approving Official (Signature required)	Title	Date
---	-------	------

Approving Official (Signature required)	Title	Date
---	-------	------

Distribution: The Approving Official shall issue Form AD-202 and AD-202R to authorize relocation expenses as provided on attached Form. Distribution: Forward one copy of Form AD-202, AD-202R to (1) employee, and (2) Agency Relocation Service Coordinator. Forward one copy of AD-202 and AD-202R to FSO. Forward original to FSO, Attn: Processing Section, File Unit.