

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 23.	1. NUMBER OF MILES BETWEEN OLD STATION AND NEW STATION.
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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/PROGRAM	5. GOVERNMENT CHARGE CARD HOLDER <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	
EMAIL ADDRESS AT OLD OFFICIAL STATION		EMAIL ADDRESS AT NEW OFFICIAL STATION	
OLD HOME PHONE	OLD OFFICE PHONE	CELL NUMBER	NEW OFFICE PHONE

7. MEMBERS OF IMMEDIATE FAMILY OR DOMESTIC PARTNER WHO WILL BE MOVED				8. DUTY REPORTING DATE AT NEW OFFICE STATION (show date employee expected to report. NOT effective of personnel action).
NAME	RELATIONSHIP (spouse, child or domestic partner)	BIRTHDATE	MARITAL STATUS	

9. PER DIEM AND TRAVEL ALLOWANCE, AS FOLLOWS: (only current federal employees may be eligible for this allowance)			
<input type="checkbox"/> Round trip to seek residence (house hunting trip) quarters with the map distance between the old and 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		Rental Car for Local Travel
	From	To	<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 _____	Planned Dates of Travel (Self)		Planned Dates of Travel (Family)
	From	To	From To
<small>* Attach justification statement if request is for use of more than one privately-owned auto or use item 18 "Remarks".</small>			

10. TRANSPORTATION OF HOUSEHOLD GOODS		
Number of Rooms of Household Goods and Personal	Method of Transportation <input type="checkbox"/> Government Bill of Lading (Actual Expense) <input type="checkbox"/> Commuted Rate	Planned Pickup Date

11. TEMPORARY QUARTERS SUBSISTENCE EXPENSE (only current federal employees may be eligible when the distance between the old and new duty station is greater than 50 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 Date for Temp. Quarters From To

12. EXPENSES INCIDENT TO: (only current federal employees are eligible)		
<input type="checkbox"/> Purchasing New Residence <input type="checkbox"/> Selling Residence	Est. Market Value _____	<input type="checkbox"/> Lease Termination Est. Cost _____

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

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 \$ _____
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15. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (Applicable only to transfer of station to, from, or between posts of duty outside the conterminous, US)
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16. ADVANCE OF FUNDS (ATR Chapter 301, Part 10 and applicable parts under Chapter 302.) <input type="checkbox"/> Amount \$ _____
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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. <i>(only current federal employees are eligible)</i>	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. *(only current federal employees are eligible)*

Home Finding
 Home Marketing Assistance
 Mortgage Finding Assistance
 Rental Assistance

18. JUSTIFICATION/REMARKS *(If requesting to use more than one POV or requesting to delay entry into RCS Program, please explain/justify below).*

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
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21. EMPLOYEE'S SERVICE AGREEMENT AND WITHHOLDING TAX ALLOWANCE (WTA) NOTIFICATION *(must be signed before any expenses are incurred)*

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 State. 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
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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
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23. ADMINISTRATIVE AUTHORIZATION

a. The requestor is eligible for benefits as indicated

Transferred employee – change of station for current federal employee, is in the interest of the Government and not primarily for the convenience 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.
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Enter Authorization Number Assigned to this Relocation	Applicable Sub-center/Management/Accounting Code Chargeable for Relocation Expenses	
DIVISION/PROGRAM CONTACT PERSON	PHONE NUMBER	EMAIL ADDRESS
APPROVING OFFICIAL <i>(Signature required)</i>	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.