USDA EMPLOYEE RELOCATION QUESTIONNAIRE AND SERVICE AGREEMENT FOR LUMP SUM PROGRAM

1. NAME OF EMPLOYEE (First, MI, Last)			2. Grade/Duty Title
3. Current Work Email Address		4. Marital Status ◯ Married ◯ Single ◯ Domestic Partner	
5. Current Duty Station (Street, City, State, Zip Code)		6. New Duty Station (Street, City, State, Zip Code)	
7. Current Residence (Apt or Unit #, Street, City, State, Zip Code)		8. New Residence (Apt or Unit #, Street, City, State, Zip Code)	
9. Office Phone	10. Mobile Phone	11. Reporting Date	12. Number of Miles Between Old and New Duty Stations

13. Immediate Family Member(s) Moving With Employee	14. Relationship	15. Birth Date

16. Is this relocation for a CONUS-CONUS transfer?

◯ Yes ◯ No (If no, you are not eligible for the lump sum relocation)

17. Current Agency	18. New Agency

19. En-Route Travel: Per Diem is based on travel distance.

A. Planned Departure Date from Old Duty Station:

B. Planned Arrival Date at New Duty Station:

C. Request approval for mileage reimbursement for second privately owned vehicle ◯ Yes ◯ No (Skip to #20)

D. I affirm that there are more than one licensed drivers included in qualified family members relocating and that we own two POVs.

Name Employee Initials

20. Miscellaneous Moving Expenses
    ◯ Single Employee ($905) ◯ Employee relocating with family member(s) ($1810)

21. Transportation and storage of household goods
    A. Number of bedrooms at old duty station residence. Garages, covered patios, and similar spaces do not count as bedrooms :

    B. I certify that the number of bedrooms listed in my old duty station residence is accurate. I understand that garages, covered patios, and similar spaces do not count as a bedroom.

Name Employee Initials

22. Do you plan to sell your residence at your current duty station: ◯ Yes ◯ No (Skip to section 23)

    A. Sale of residence must occur within one year of the reporting date at the new duty station.

    B. Most recent available property tax assessment of residence being sold: $

    C. Is the title to the property for which you are requesting a residence transaction solely in your name, solely in the name of one or more of you immediate family members or jointly in your name and one or more of your immediate family members?

    ◯ Yes ◯ No

    D. I certify that the above information is accurate and agree to provide the property tax assessment and other documents related to the sale of my residence upon request. I certify that I intend to sell and close on my current residence within 12 months of my report date at the new duty station.

Name Employee Initials

23. Do you plan to purchase a home at your new duty station: ◯ Yes ◯ No (Skip to section 24)

    Is the title to the property for which you are requesting a residence transaction solely in your name, solely in the name of one or more of your immediate family members or jointly in your name and one or more of your immediate family members?

    ◯ Yes ◯ No

I certify that I intend to purchase and close on a home within 12 months of my report date at the new duty location and will provide the closuring disclosure.

Name Employee Initials

24. Lease Termination ◯ N/A (Skip to section 25)

A. Number of bedrooms at old duty station residence

B. I certify that I had to pay a fee to terminate my lease and that the number of bedrooms is accurate. I agree to provide documentation that shows the number of bedrooms at my residence and that I had to pay a lease termination fee.

Name Employee Initials

25. Temporary Quarters

The relocation counselor will determine eligibility for Temporary Quarters Subsistence Expense (TQSE)

26. HHG Storage in Transit

The relocation counselor will determine eligibility for HHG Storage in Transit

27. Federal Taxes

The reimbursement rate for federal taxes is set at 24% of the total the employee received for relocation allowances.

28. State Taxes

A. What is new duty station state Select State

B. Is the new duty station in a state that has income taxes?

If the answer to 28B is Yes, the employee will receive a fixed reimbursement of 5% of the total allowances

29. Additional Remarks

30. Employee Relocation Service Agreement
By signing below, I certify that the information provided in this document is true, complete, and accurate. By accepting a lump sum relocation allowance, I agree to transfer to the new duty station identified in my official relocation notification. I further agree to remain in the service of the federal government for not less than 12 months following the effective date of my relocation, unless I am separated for reasons beyond my control and acceptable to the Government. If I violate this agreement, any funds expended in connection with my relocation, including payments for travel, transportation, shipment and storage of household goods, real estate transactions, and other moving expenses, shall be recoverable from me as a debt due to the United States. See 41 CFR § 302-2.4. I certify that neither I nor any member of my immediate family has accepted, and will not accept, duplicate reimbursement for any relocation expenses from another Government agency or private source. To the best of my knowledge, no third party has accepted duplicate reimbursement for my relocation expenses. See 41 CFR § 302-2.7.

Signature of Employee

TO BE COMPLETED BY AGENCY RELOCATION COUNSELOR		
31. Relocation Counselor Name	32. Phone Number	33. Email Address

Signature of Relocation Counselor

Reset Form