

The Government of Newfoundland and Labrador's Relocation Policy can be found online [here](#).

Relocation expenses may be approved to facilitate employee relocation as per the provisions contained within this policy, subject to the approval of the Deputy Minister and the availability of funds.

If you have any questions regarding your request, please contact your HR representative.

SECTION 1

EMPLOYEE DETAILS

Name:

Department:

Position:

Home Address:

Postal Code:

E-Mail Address:

Telephone Number:

SECTION 2

REASON FOR RELOCATION?

New Employee to Government of Newfoundland and Labrador

Current Employee successful in a competition

Required to Relocate (A decision by the employer, that is not associated with a job competition, to require the transfer of an existing employee to another geographic location that is a minimum of 80 kilometers away)

Please enter information pertaining to your new residence in the space provided.

City/Town in which new residence available:

Approximate date new residence available:

Intended date of departure: (DD/MM/YYYY)

Expected date of arrival: (DD/MM/YYYY)

Specify the date that employment at your new location begins: (DD/MM/YYYY)

Which of the following categories of employment initiate this particular request for relocation expenses? (Check only one)

Permanent Appointment

Temporary

Contractual

Seasonal

Other

Have you claimed relocation expenses with the Newfoundland and Labrador Public Service on any other occasion (not including a 'required to relocate' move)?

Yes

No

If yes, please list below with the relevant details, including dates and locations:

SECTION 3

Lump Sum Payment

Employees have the option of receiving a lump sum payment. Please refer to the [Relocation Policy](#) for more information. The onus is on employees wishing to avail of this payment to demonstrate to the Department how cost savings can be achieved. Please discuss with your HR representative.

Indicate Relocation option:

Lump Sum Payment

Receipt-Based Claim

SECTION 4

Dependents

Is your spouse employed in the Provincial Public Service?

Yes

No

If Yes, Which Department

Number of Dependent Children: (#)

Age of Children: (#)

SECTION 5

COST ESTIMATES

House-Hunting Trip (Employee and Spouse Only) - Please enter numeric value

Dependent Care Expenses (\$)

Method of Transportation (\$)

Accommodations (\$)

Meals (\$)

Other costs, please specify item below followed by cost:

Cost (\$)

House-Hunting Trip Sub-Total (\$) - If none, please enter \$0

Movement of Employee/Dependents - Please enter numeric value

Temporary Living Expenses (\$)

Method of Transportation (\$)

Accommodations (\$)

Meals (\$)

Other costs, please specify item below followed by cost:

Cost (\$)

Movement of Employee/Dependents Sub-Total (\$) - If none, please enter \$0

Transportation of Furniture and Household Effects

Number of rooms to be moved? (#)

Storage Required?

Yes No

If Yes, the number of weeks (#)

Indicate the cost of the following if required:

Transportation (\$)

Crating/Packing/Unpacking (\$)

Insurance (\$)

Transportation of Furniture and Household Effects Sub-Total (\$) - If none, please enter \$0

Transportation and Storage of Motor Vehicles - Please enter numeric value of the cost of transporting and/or storing motor vehicles

Vehicle 1 (\$)

Vehicle 2 (\$)

Transportation and Storage of Motor Vehicles Sub-Total (\$) - If none, please enter \$0

Sale and Purchase/Construction of Principal Place of Residence - Please enter numeric value

Cost relevant to the sale of the principal place of residence (\$)

Cost relevant to the purchase/construction of the a principal place of residence (\$)

Other costs, please specify item below followed by cost:

Cost (\$)

Sale and Purchase/Construction of Principal Place of Residence Sub-total (\$) - If none, please enter \$0

TOTAL RELOCATION COST ESTIMATE

DEPARTMENT AUTHORIZATION

Human Resources Representative Signature

Date (MM/DD/YYYY)

Department Director Signature

Date (MM/DD/YYYY)

Deputy Minister Signature

Date (MM/DD/YYYY)

EMPLOYEE AUTHORIZATION

I hereby give my consent and confirm the consent of my family members to permit the use of information contained in this Relocation Estimates Form . I understand that the information contained herein will be kept in strict confidence and will be used for the sole and limited purpose of establishing an estimate of the cost of relocation expenses . All information shall be managed and maintained in accordance with the Access to Information and Protection of Privacy Act .

Employee Signature

Date (MM/DD/YYYY)