



## SECTION 2. SPOUSE AND DEPENDENT INFORMATION

Name of Spouse: \_\_\_\_\_ Number of Dependent Children: \_\_\_\_\_

Ages of Dependent Children: \_\_\_\_\_

Number of Other Dependent(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Is your spouse eligible to receive relocation reimbursement from an employer from outside the Newfoundland and Labrador Public Sector? \_\_\_\_\_ No \_\_\_\_\_ Yes

## SECTION 3. MOVEMENT OF FURNITURE AND HOUSEHOLD EFFECTS

i) Number of rooms to be evacuated: \_\_\_\_\_ ii) Storage Required: \_\_\_\_\_ No \_\_\_\_\_ Yes

iii) Indicate services required\*: \_\_\_\_\_ If yes, indicate number of week(s) \_\_\_\_\_

\_\_\_\_\_ Transportation \_\_\_\_\_ Crating, Packing, Unpacking \_\_\_\_\_ Reasonable Insurance

\* Selection of moving company shall be made by the College of the North Atlantic on a quote basis

### HUMAN RESOURCES USE ONLY:

Total Cost of Movers: \$ \_\_\_\_\_

Name of Moving Company: \_\_\_\_\_

Other information: \_\_\_\_\_

Request for Invoice Completed for Finance (if necessary) \_\_\_\_\_ Date Completed \_\_\_\_\_

## SECTION 4. HOUSE-HUNTING TRIP (EMPLOYEE & ONE OTHER INDIVIDUAL) ESTIMATED COST

i) Transportation \_\_\_\_\_ Personal Vehicle \_\_\_\_\_ kms \_\_\_\_\_ Air \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

ii) Accommodation \_\_\_\_\_ Private \_\_\_\_\_ Commercial \_\_\_\_\_ Number of Days \_\_\_\_\_ \$ \_\_\_\_\_

iii) Meals \_\_\_\_\_ Number of people \_\_\_\_\_ Number of Days \_\_\_\_\_ \$ \_\_\_\_\_

iv) Child Care \_\_\_\_\_ Number of days \_\_\_\_\_ Date of Anticipated House Hunting Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_M/D/Y

## SECTION 5. MOVEMENT OF EMPLOYEE/DEPENDENTS

i) Transportation \_\_\_\_\_ Personal Vehicle \_\_\_\_\_ kms \_\_\_\_\_ Air \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

ii) Accommodation \_\_\_\_\_ Private \_\_\_\_\_ Commercial \_\_\_\_\_ Number of Days \_\_\_\_\_ \$ \_\_\_\_\_

iii) Meal \_\_\_\_\_ Number of people \_\_\_\_\_ Number of Days \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION 6. LUMP SUM TAXABLE PAYMENT OPTION**

I wish to avail of the Lump Sum TAXABLE Payment Option and in doing so waive all claims to expenses included under Sections 3, 4 & 5: Movement of Furniture and Household Effects, House-Hunting Trip, and Movement of Employee/Dependents. I acknowledge the only expenses that I may claim are those outlined in the Sale and Purchase/Construction of Principal Place of Residence. I also acknowledge I must demonstrate that savings will be realized by the College and will provide a summarized listing of expenses complete with copies of official quotes for movers, travel, accommodation, etc. as required by the College to show how these savings will be achieved. I further acknowledge that if my spouse is eligible for reimbursement of relocation expenses as a NL Public Sector employee or from an employer outside the NL Public Sector, I am not eligible for this benefit.

<b>Provisions - Please Check One:</b>	<b>Amount Requested:</b>	\$ _____
<input type="checkbox"/> Up to \$5,000 - relocation _____ within Labrador OR _____ within the island portion of the Province		
<input type="checkbox"/> Up to \$10,000 - relocation between Labrador and the island portion of the Province		
<input type="checkbox"/> Up to \$10,000 - relocation between the Province and other Canadian Provinces or Territories		
_____	____/____/____	M/D/Y
<b>Employee's Signature</b>		

**Documentation Provided:**

House hunting Trip - Travel, accommodations, meals

Relocation Employee & Dependents - Travel, accommodations, meals

Three Moving Companies – Written quotes required

Relocation of Vehicles(s)

Connect/Disconnect Electrical, telephone, cable, etc.

Other - Specify: \_\_\_\_\_

\_\_\_\_\_

**SECTION 7. OTHER EXPENSES - SALE AND PURCHASE/CONSTRUCTION (Complete with initial request in order to submit future claim(s) for reimbursement)**

<b>Are you selling a principal place of residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO you are not eligible for the expenses below)	
i) Real Estate Fees (may not exceed 6% of the selling price of the Principle Place of Residence, within the maximum amounts noted in Section 13 of the Procedures)	\$ _____
ii) Legal Fees	\$ _____
iii) Duplicate Housing Costs	\$ _____
iv) Mortgage Fees (Insurance, Penalty, etc)	\$ _____
v) Appraisal Fees	\$ _____
vi) Interest Charges for Bridging Loan	\$ _____
<b>TOTAL - Other Expenses</b>	\$ _____
<b>TOTAL - Expenses Sections 3, 4, &amp; 5 ; or 6</b>	\$ _____
<b>GRAND TOTAL</b>	\$ _____

**SECTION 8. TRAVEL ADVANCE - ELIGIBLE ONLY FOR EMPLOYEES ON PAYROLL**

i) Amount requested: \$ \_\_\_\_\_

ii) Date required: \_\_\_\_/\_\_\_\_/\_\_\_\_M/D/Y

**SECTION 9. AUTHORIZATION**

**REQUESTED BY:** \_\_\_\_\_ M/D/Y  
EMPLOYEE'S SIGNATURE

**RECOMMENDED BY;** \_\_\_\_\_ M/D/Y  
HUMAN RESOURCES MANAGER

**APPROVED BY:** \_\_\_\_\_ M/D/Y  
PRESIDENT/EXECUTIVE DIRECTOR OF HR

**HUMAN RESOURCES USE ONLY**

\_\_\_\_\_ M/D/Y  
**Carrier Company Selected**

\_\_\_\_\_ M/D/Y  
**Purchase Order Number**

\_\_\_\_\_ M/D/Y  
**Travel Advance Issued**

\_\_\_\_\_ M/D/Y  
**Travel Advance Returned**

\_\_\_\_\_ M/D/Y  
**Agreement Received**

\_\_\_\_\_ M/D/Y  
**Agreement Discharged**

\_\_\_\_\_ M/D/Y  
**Unfilled Balance Received**

Revised July 26, 2010