

**INFORMATION SHEET
TO BE COMPLETED BY THE EMPLOYEE
(Signature Required)**

PRINT ALL INFORMATION

Name: _____ SSN: _____

Old Home Address: _____ New Home Address (if known): _____

County: _____ County: _____

Old Home Phone No: _____ New Home Phone No. (if known) _____

Internet Address: _____ New Organization: _____

Present Organization: _____ Transferee _____ New Appointment _____

Address: _____ Date Agreement Signed: _____

_____ New Title: _____

Work #: _____

Fax# _____

Retirement: _____ Address: _____

____ FICA/FERS
____ Medicare/CSRS

Work # (if known): _____

Members of Immediate Family:

DEPENDENT(S) NAME	RELATIONSHIP	BIRTH DATE OF CHILDREN (unmarried and under age 21)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: List any other family members living with you, i.e., children over 21, who are either physically or mentally incapable of self-support; dependent parents; dependent brothers or sisters. If 51 percent of their support is provided by you, show documents to prove this.

Spouse employed by same organization? Yes ___ No ___

Government Issued Travel Charge Card? Yes ___ No ___

TRAVEL-IN:

Travel From:_____ Travel To:_____ Distance:_____

Date to Enter on Duty:_____

Employee Mode of transportation: POV:____ Commercial Air:____ Rental Car:____

Dependent(s) Mode of Travel:_____ Date Travel Begins:_____

If two POVS are required to travel to new duty station, provide justification:_____

REAL ESTATE EXPENSES: (NOT AUTHORIZED FOR NEW APPOINTEES)

Do you intend to sell your residence? Yes____ No____

Do you request participation in Third Party Guaranteed Home Purchase Program? Yes____ No____
(This option is available within the 2 year time limitation for completion of real estate transactions. However, once you reject an offer from the relocation company you will not be eligible for this service again for this move.) For more detailed information contact the CAP Center Travel Division.

Do you need to break a lease? Yes____ No____ What is the estimated amount? _____

What is the estimated real estate value of your old residence?_____

Do you intend to purchase a home at your new duty station? Yes____ No____

What is the estimated purchase price of the new residence?_____

NOTE: If you sign-up with DOE’s third party relocation contractor and you find a bonafide buyer for your house, you may be eligible for the Home Market Incentive Program.

TEMPORARY QUARTERS (NOT AUTHORIZED FOR NEW APPOINTEES)

(Note: Must be justified if househunting trip is authorized)

(CHECK ONE):

- Not Required_____
- Required for employee only_____
- Required for family only_____
- Required for employee and family_____

TEMPORARY QUARTERS (CONTINUED):

Required at origin_____ destination_____ both areas_____

Estimated Dates Required _____

Select the Method of Temporary Quarters Reimbursement: ACTUAL _____ FIXED _____
(NOTE: The selection of fixed rate reimbursement is final and not subject to change at a later date)

ACTUAL REIMBURSEMENT- Receipts are required for lodging and all expenses over \$75.00, authorized 60 initially, if sufficiently justified an extension of another 60 days may be authorized

FIXED REIMBURSEMENT- Receipts are NOT required, paid flat rate not to exceed 30 days,
NO EXTENSIONS ARE PROVIDED UNDER FIXED REIMBURSEMENT.

HOUSEHUNTING TRIP: (NOT AUTHORIZED FOR NEW APPOINTEES)

NOTE: Not to exceed 10 calendar days (must be authorized before taken), if Househunting and Temporary Quarters are authorized, the number of days of Temporary Quarters will be **reduced** by the number of days Househunting.

(CHECK ONE):

Not Required_____

Required for employee only_____ Required for spouse only_____

Required for employee and spouse_____

Number of Days _____

Dates of travel:_____

Mode of transportation: POV:_____ Commercial Air:_____ Rental Car:_____

Select the Method of Househunting Reimbursement requested ACTUAL _____ FIXED _____
(NOTE: The selection of fixed rate reimbursement is final and not subject to change at a later date)

ACTUAL REIMBURSEMENT: Receipts are required for lodging and all expenses over \$75.00, authorized the lesser of the maximum per diem for the locality where employee seeks residence or for the locality where the employee obtains lodging.

FIXED REIMBURSEMENT : Receipts are not required , paid flat rate based on formula below :

Locality rate at new duty station X 6.25 - If employee and spouse travel together

Locality rate at new duty station X 5 - For either employee or spouse traveling alone

TRANSPORTATION OF HOUSEHOLD GOODS (NTE 18,000 POUNDS)

NOTE: The government will pay for one lot shipment from point A to point B. Any additional stops will be at the employee's expense.

BY EMPLOYEE _____
BY DOE's THIRD PARTY RELOCATION CONTRACTOR _____

Shipment of goods required? Yes____ No____

Approximate Move Date:_____

Estimated Weight:_____ lbs. (Approximately 1,000 lbs. per room)

Any professional books to be moved? Yes____ No____

(Note: List all books/approval from new hire that the books are needed in performance of duty/weighed separate from other items)

Is a mobile home involved? Yes____ No____

TEMPORARY STORAGE

Will temporary storage be needed? Yes____ No____

Return this signed form to: **Capital Accounting Center**
 Travel Branch ME143.1
 P.O. Box 500
 Germantown, MD 20875-0500
 FAX #301-903-5240

Please Note: **Do not incur expenses in anticipation of relocation until you have received your written authorization.**

Selection of reimbursement method for temporary quarters and househunting may not be changed at a later date.

Signature:_____ Date:_____

If you have any questions, you can contact Travel Audit at (800) 832-0890 extension 38969 or (301) 903-8689 or via e-mail at PCS.Travel@HQ.DOE.GOV. You can also access the Federal Travel Regulation at <http://www.policyworks.gov/fttr>.

Information on your taxes

As an employee who is transferring within the Federal Government, you are entitled to a Relocation Income Tax Allowance (RITA). The purpose of this RITA is to reimburse you for substantially all of the additional federal and state income taxes incurred as a result of certain travel and transportation expense reimbursements and relocation allowances provided by the Government. The Withholding Tax Allowance (WTA) is an estimated partial payment (advance) of the total RIT allowance and is added to your relocation claim if it is a taxable item. The WTA is calculated by multiplying the amount subject to tax withholdings by 38.889%.

The following items will show up as taxable items on your W-2 in the calendar year in which they are paid:

1. Househunting trip
2. En route meals
3. Temporary Quarters
4. Real estate expenses paid directly to the employee
5. Miscellaneous Expense
6. Additional temporary storage beyond the first 30 days
7. Relocation Income Tax
8. Withholding Tax Allowance (WTA)
9. Non-temporary storage (CONUS)
10. Additional days of storage that is paid directly to the employee
11. Home Sale Incentive (this is not subject to WTA payment.)

Employees are notified by mail during the first quarter of the following calendar year if eligible for RITA. Employees will be required to complete and return the self explanatory package.

If further information is needed, please access the Federal Travel Regulation (FTR) at the following internet address: <http://www.policyworks.gov/fttr> or contact us at our PCS Assistance Line at (301) 903-8689 or via e-mail pcs.travel@hq.doe.gov.

Your signature below acknowledges that you understand that the WTA is included in the amounts that are reimbursed to you. When you submit your RITA voucher, it will be determined if you have been overpaid or underpaid. You also agree to submit your RITA voucher for processing when requested. If you do not submit your RITA voucher than it is considered an overpayment to you and the CAP Center will set up a billing request for reimbursement.

(Signature)

(Date)