EMAIL FORM

Date:

RELOCATION PLANNING WORKSHEET FOR TEMPORARY CHANGE OF STATION ORDER ISSUANCE - OCONUS to CONUS

Complete this form and return it to the Travel Office for estimate, order writing and inclusion in your TCS travel folder.

PURPOSE OF TRAVEL REQUEST	NETWORK/ACTIVITY
☐ Return from OCONUS for Separation (Separation from Federal Civil Service)	

SECTION I - EMPLOYEE INFORMATION

NAME (Last, First, MI)	POSITION TITLE/GRADE

ADDRESS

COMPETENCY	PHONE NUMBER (WORK)	PHONE NUMBER (HOME)	FEDERAL RETIREMENT SYSTEM
			☐ CSRS ☐ FERS

SECTION II - TRANSFER INFORMATION

CURRENT ACTIVITY/COMPANY/LOCATION	NEW PROSPECTIVE DUTY STATION	PLACE OF BIRTH

TRAVEL DATE	DATE REQUIRED TO REPORT	DATE TRANSPORTATION AGREEMENT SIGNED

SECTION III - DEPENDENT INFORMATION

NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH/MARRIAGE/GUARDIANSHIP

SECTION IV - ENTITLEMENT DATA

Current Federal Employees
Please note that only employees already in federal service accepting employment with SPAWAYSYSCEN Atlantic are to read and fill out the section below.

Entitlements for current federal civil service employees per JTR. Vol. II, Chapter 5 (OCONUS travel entitlements differ; See table of eligibility, Para. C5010-A):
- House hunting trip for employee and spouse only - Children are not authorized per JTR. Only applicable for non-foreign OCONUS travel.
- Per diem for employee and qualified dependents - If travel is 12 hours or less no per diem is authorized
- Transportation for employes and dependents
- Temporary Quarters Subsistence Expense (TQSA) for employee and dependents on OCONUS travel
- Miscellaneous expense to disestablish/establish permanent residence(s)
- Transportation of household goods - If member chooses to self move, a cost estimate must be provided to the SPAWARSYSCEN Atlantic PCS office to determine most advantageous method. Upon completion of cost estimate, if employee still intends to move his/her own household goods, reimbursement is limited to actual expense.
- Property management services

HOW DO YOU INTEND TO PERFORM YOUR ENROUTE TRAVEL?

☐ Concurrently

☐ Travel at different times (e.g., house settlement/school enrollment/household goods

☐ Unaccompanied travel between authorized points (i.e., TAD)

☐ Early travel of dependents required (e.g., school enrollment)

Please read the following carefully; this election may not be reversed. Please select option A or B and sign below.

Option A: FIXED (LUMP SUM) TQSE (Maximum 30 Days, no extensions are authorized) (JTR, Vol. II, Para. C5380-C5392)
Temporary Quarter Subsistence Expense is for private or commercial lodging, the expenses of food and other necessities incurred while an employee and/or dependents occupy temporary quarters incident to performing a permanent change of station. Fixed TQSE is a lower percentage of the locality per diem rate and will be allotted for employee and each dependent. Fixed TQSE must be for a temporary place of residence and must be within reasonable proximity of the old/ new duty station. To be eligible for fixed TQSE payment, occupancy must occur no later than 30 days after the employee reports or no later than 30 days after dependents vacate the old residence. If delay of dependents is authorized, fixed TQSE must be used within 2 years after the employee reports for duty at the new duty station. No receipts or supporting documentation are required to be submitted. If a house hunting trip is taken the number of days will be deducted from total days TQSE.

Option B: ACTUAL EXPENSE TQSE (Maximum 60 days, extension granted upon approval from the Commanding Officer) (JTR, Vol. II, Para. C5360-5372)
Temporary Quarter Subsistence Expense is for actual expense reimbursement based on the standard CONUS per diem rate for private or commercial lodging, the expenses of food and other necessities incurred while an employee and/or dependents occupy temporary quarters incident to performing a permanent change of station. Actual Expense TQSE is an allotted amount per employee and/or dependent. Receipts are required for any individual expense over $75.00, grocery receipts, dry cleaning and lodging expenses. A daily itemization of meals and expenses must be recorded and submitted along with supporting documentation of leased quarters. Be advised that signing a lease may be viewed as evidence that you do not intend the quarters to be "temporary". TQSE must be a temporary place of residence and must be within reasonable proximity of the old/new duty station. If household goods are moved into these quarters and they are occupied indefinitely, the quarters are considered permanent and not eligible for reimbursement. TQSE occupancy must occur no later than 30 days after the employee reports or no later than 30 days after dependents vacate the old residence. If delay of dependents is authorized, TQSE must be initiated within 2 years from the date the employee reports for duty. A claim must be submitted for reimbursement. If a house hunting trip is taken the number of days will be deducted from first 30 days TQSE entitlement

DO YOU AND/OR YOUR DEPENDENTS ANTICIPATE OCCUPYING TEMPORARY QUARTERS? (This is discretionary and is only determined if applicable by the gaining competency.)

☐ Employee ☐ Employee and Dependents ☐ No

DO YOU PLAN TO SHIP A VEHICLE?

☐ Yes ☐ No

WILL YOU BE REQUESTING AN ADVANCE OF FUNDS?
Note: GOVCC not authorized for PCS/TCS.

☐ Yes ☐ No

Amount Requested

APPROVALS-MANAGEMENT

FIRST LEVEL SUPERVISOR (Printed name)	DATE	SIGNATURE

SECOND LEVEL SUPERVISOR (Printed name)	DATE	SIGNATURE

BUSINESS FINANCIAL MANAGER (Printed name)	DATE	SIGNATURE

EMPLOYEE CERTIFICATION
Complete the form but do not sign it until you have received all of the above signatures.

☐ I hereby certify that the above information is true and accurate to the best of my knowledge. All dependents listed above are either natural family members or guardianship can be proven by court provided documentation to substantiate them as dependents.

☐ I hereby certify that I have read the above options and wish to use Option ____ .

I fully understand that the choice made is irrevocable and I understand all the eligibility requirements of the option I chose. I understand that any impact positive or negative resulting from my decision is solely my responsibility. I will comply with the Joint Travel Regulations and file the appropriate documentation to obtain reimbursement for my entitlement. I hereby certify that the above information is true and accurate to the best of my knowledge. All dependents listed above are either natural immediate family members or guardianship can be proven by court provided documentation to substantiate them as dependents.

EMPLOYEE (Printed name)	DATE	SIGNATURE

PERSONNEL SPECIALIST/EMPLOYEE INSTRUCTIONS

1. Fill in appropriate section as completely as possible. Incomplete information may delay processing and affect accuracy of processing.
   a. Employees new to federal service fill in Part I, II, III, IV
   and Section A
   b. Current civil service employees fill in Part I, II, III, IV
   and Section B

2. Attach a signed copy of Transportation Agreement that applies
- DD Form 1615 (Manpower Shortage Positions)
- DD Form 1617 (Overseas Civilian Positions)
- DD Form 1618 (Civil Service Stateside Positions)

3. Attach copy of Funding Document (if reimbursable funding vice overhead job order is to be used)