



| RELOCATION REQUEST & AGREEMENT FORM | |
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| DHR-STW-Form #: To be assigned. | Authority: : 29 Del. C. § 9003D; IRM 1.32.12, IRS Relocation Travel Guide; IRS Publication 521 (2018) |
| Effective Date: October 10, 2023 | Revised Date: N/A |
| Supersedes: N/A | |

Upon submission of the Relocation Assistance Request (& Agreement) Form, the requesting Agency attests to the applicant's fulfillment of the eligibility criteria. Additionally, it confirms that the position holds a pay grade of 19 or greater, or is designated as an In-demand position, and is not subject to coverage by a collective bargaining agreement.

Part 1: Agency Human Resources: State Agency Request with Appointing Authority Approval and Notification to State Agency Fiscal Representative

Upon submission of the request, a copy to the appointing authority or designee serves as the signature approval of the appointing authority or designee, and acknowledgment that the statements provided in this request form are correct and complete and that funding is available to support this request within the current budget.

_____ Date: _____
Agency Fiscal Designee

Part 2: Signature & Approval Section

_____ Date: _____
Head of Requesting Agency

Maximum Request Amount is up to \$5,000.

Amount Requested: _____

Approve Deny Date: _____

Secretary, Department of Human Resources

Amount Approved: _____

Director, Office of Management and Budget

Approve Deny Date: _____

Amount Approved: _____

Part 3: Prospective Employee Information to be completed by State Agency HR

Name: _____ Telephone: _____

Email Address (personal) : _____ Agency : _____

Date of Hire: _____ Anticipated Relocation Date: _____

Employee Address (moving from): _____

City State Zip Code

Part 4: Employee Acknowledgement and Signature

Relocation assistance has been offered to me as part of the employment offer with a State of Delaware Agency. I attest that the information included in this request is true and accurate. I understand that the full expenses may not be reimbursed (understanding that relocation assistance is what has been offered). Relocation assistance will be paid at a reimbursement amount not to exceed the approved amount detailed in Part 2 of the Relocation Request and Agreement Form of my actual costs incurred for relocation to the State of Delaware. Reimbursement will occur once receipts or verification is received at the agency's fiscal office subject to the terms and conditions of the State of Delaware Relocation Assistance Policy and Procedures. I also understand that if I terminate or am terminated from any State of Delaware Agency within two years from my date of hire, the full amount of relocation assistance is due back to the State within 6 months of the termination date. I certify that I have read, understand, and agree to the terms in the Relocation Assistance Policy and Procedures.

Employee Name: _____ Date: _____

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 *Del. C. Ch. 12A* may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of this completed Agreement must be sent to the Agency Human Resources office.