



# Relocation Travel Order & Relocation Agreement Bargaining Employees

Payee Name ( <i>First, M.I., Last</i> )	Employee Identification Number (EIN) EIN    _ _ _ _ _	Level of New Position
---	--	-----------------------

Hiring Office ( <i>Name and Location</i> )	Employee Category: <input type="checkbox"/> Bargaining
--	---

**Relocation Agreement (To be read by employee)**

Employees of the United States Postal Service (USPS) are required to execute this service agreement before they may receive any relocation benefits authorized by USPS regulations for permanent change of duty station in the interest of the Postal Service.

1. I have read the appropriate sections of Handbook F12, Relocation and the handouts provided to me, as applicable, relating to relocation benefits.
2. In consideration of my receiving the benefits provided by Handbook F-12, Relocation, as applicable, I hereby agree to report to and remain at my newly assigned duty station as an employee of the USPS for a period of twelve (12) months following the effective date of my transfer. I understand the date of my transfer to be the date I report for work at my new duty station. I also agree to physically relocate my principal residence within the area of the new duty station.
3. I understand and agree that, if I violate this agreement, all money paid to me or to third parties by the USPS as benefits, and any relocation leave used by me in connection with my transfer, shall be recoverable from me as a debt owed to the USPS.
4. I understand and agree that if I am separated for any reason during the one-year period referenced in paragraph 2, all relocation payments will cease upon my placement on administrative leave, if applicable, and in no event later than the date of my separation. I further understand and agree that all money paid to me or to third parties by the USPS related to my relocation, and my relocation leave used by me in connection with my relocation, shall be recoverable from me as a debt owed to the USPS.
5. I understand that the provisions of paragraphs 2 and 3 of this agreement will not apply if I am transferred to a new duty station for the benefit of the USPS, as determined by an Officer.

Signature of Employee	Date Completed
-----------------------	----------------

**Official Duty Station**

New Official Duty Station ( <i>Name and Address</i> )	Old Official Duty Station ( <i>Name and Address</i> )
---	---

Finance No.	Reporting Date	<b>Postal Service will reimburse allowable expenses associated with the following:</b>
-------------	----------------	--

Transfer Authorization:  <input type="checkbox"/> Change in Official Duty Station	<input type="checkbox"/> Advance Round Trip ( <i>Home Finding</i> )  <input type="checkbox"/> En Route Travel to New Duty Station  <input type="checkbox"/> Temporary Quarters  <input type="checkbox"/> Shipment/Storage of Household Goods  <input type="checkbox"/> Residence Transactions  <input type="checkbox"/> Miscellaneous Expense Allowance
---	---

Immediate Family Members Moving With You: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Relation</th> <th style="width: 40%;">Age</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">Spouse</td> <td style="text-align: center;">/////</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Relation	Age	_____	Spouse	/////	_____	_____	_____	_____	_____	_____	_____	_____	_____	Old Duty Station Residential Status <input type="checkbox"/> Homeowner <input type="checkbox"/> Non-Homeowner
Name	Relation	Age														
_____	Spouse	/////														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

Signature of Authorizing Official	
-----------------------------------	--

Printed Name and Title	Date
------------------------	------

**Privacy Act Statement:** Your information will be used to authorize expenses related to relocation. Collection is authorized by 39 U.S.C. 1001 and 2008. Providing the information is voluntary, but if not provided, you may not be reimbursed for relocation-related expenses. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to financial entities regarding financial transaction issues.