

Cumberland Council

Relocation Assistance – Application and authorisation Form

Name	
Payroll Number	
Service Area / Directorate	
Date of Appointment to post	
New / Lodging Address (<i>as applicable</i>) (inc postcode)	
Former Home Address (inc postcode)	
Cost Centre	
Line Manager Name	

I wish to apply for financial assistance in accordance with the Council's Relocation Scheme.

- I have read, understood and will abide by the requirements of the Relocation Assistance Scheme.
- I understand that I need to provide quotes for some services and receipts of payments in order to be reimbursed.
- I understand that if I do not commence my move within 6 months of my appointment or do not relocate, I may be asked to repay all or some of any financial assistance granted.
- Should assistance be granted I agree that, in the event of my leaving my post within two years of my first claim, repayment shall be:

Less than 1 year in the post after commencement of the claim	The full amount of financial assistance granted
1-2 years' service in the post after commencement of the claim	one twelfth of the full amount of financial assistance granted for each uncompleted month in the second year

Any outstanding amounts will be deducted from my final pay and / or any other monies payable on termination of service.

Employee Signature: _____ Date: _____

For Authorising Manager Use:

Application for Assistance:

Approved	<input type="checkbox"/>	
Not Approved	<input type="checkbox"/>	Reason: _____

Signature: _____ Date: _____

Please scan and pass to the HR, Payroll and Recruitment Administration Team via the web helpdesk:

[Catalog Categories - People Management Portal \(service-now.com\)](http://service-now.com)

Note:

Claims should be made using the Relocation Scheme Claim form available on the HR recruitment pages of the intranet.

