

**RELOCATION COMMUTE DISTANCE REQUIREMENT**

DGS OFS 2023 (New 04/2018)

**COMPLETED BY EMPLOYEE**

POSTIONS IN BARGAINING UNIT 10, 12, 13, 14 and 18 (Reference [CCR 599.714](#) for additional conditions)

1. Enter the number of miles from your old headquarters/workplace to your new headquarters/work. \_\_\_\_\_
2. Enter the number of miles from your old residence to your new residence. \_\_\_\_\_
3. Enter the number of miles from your old residence to your new headquarters/work place. \_\_\_\_\_
4. Is line 1, 2 and 3 each 35 miles or more?
  - Yes, proceed to line 5.
  - No, you are not qualified for reimbursement of Relocation Expense.
5. Enter the numbers of miles from your new residence to your new headquarters/work place. \_\_\_\_\_
6. Is line 5 less than or equal to line 3?
  - Yes, you are qualified for reimbursement of Relocation Expenses.
  - No, you are not qualified for reimbursement of Relocation Expenses.

POSTIONS IN BARGAINING UNIT 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 16, 17, 19, 20 and 21 (Reference [CCR 599.714.1](#) for additional conditions)

1. Enter the number of miles from your old residence to your old headquarters/work place. \_\_\_\_\_
2. Add 50 miles to number of miles from line 1. \_\_\_\_\_
3. Enter the number of miles from your old residence to your new headquarters/work place. \_\_\_\_\_
4. Is line 3 greater than or equal to line 2?
  - Yes, you are qualified for reimbursement of Relocation Expenses.
  - No, you are not qualified for reimbursement of Relocation Expense.

NEW HIRE POSTIONS – EXCLUDED EMPLOYEES ONLY (Reference [CCR 599.723](#) & [599.723.1](#) for additional conditions)

1. Enter the number of miles from your primary residence to your new headquarters/work place. \_\_\_\_\_
2. Is line 1 more than 75 miles?
  - Yes, you are qualified for reimbursement of Relocation Expenses.
  - No, you are not qualified for reimbursement of Relocation Expense.

**CERTIFICATION:** I certify that the above information is correct and that I have received my copy of the Relocation Package. If at the time of moving, this information is no longer correct, I understand that the relocation reimbursement may not be appropriate.

EMPLOYEE NAME	DATE
EMPLOYEE SIGNATURE	

**Please return this form with your Relocation Claim**