

For: FSA Offices

Issuing FSA-1049, "Request for Relocation Expenses Questionnaire"

Approved by: Associate Administrator for Operations and Management



1 Using FSA-1049's

A Background

There have been instances where it has been difficult to determine relocation expense needs. To assist the National and State Offices in determining relocation expense needs, the FMD Debt Management and Travel Policy Office has developed FSA-1049 (Exhibit 1).

Note: FSA-1049 does **not** replace AD-202R, but may be used to assist offices in preparing AD-202R. Using FSA-1049 is optional, **not** mandatory.

B Purpose

This notice announces using FSA-1049 to assist in preparing AD202-R.

C Authority for Relocation Travel

Supervisors/approving officials are still responsible for determining and authorizing entitlements and allowances issued in AD202-R. FSA-1049 is a tool to help both the relocating employee and FSA administrative personnel.

D Contact

If there are questions about this notice, contact Rhonda Robinson, FMD at 703-305-1401.

<p>Disposal Date</p> <p>October 1, 2008</p>	<p>Distribution</p> <p>All FSA Offices; State Offices relay to County Offices</p>
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Example FSA-1049

The following is an example FSA-1049.

This form is available electronically.		
FSA-1049 (01-15-08)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	
REQUEST FOR RELOCATION EXPENSES QUESTIONNAIRE		
This form does not replace AD202-R but should be used to assist Headquarters and State offices in preparing AD202-R.		
1. Employee Name	2. Social Security Number (Last 4 Digits)	3. Effective Date (MM-DD-YYYY)
4. Relocation: From: _____ To: _____		
PART A - RELOCATION EXPENSES		
5. I request the following relocation expenses:		
A. Move Under 50 Miles: <input type="checkbox"/> YES <input type="checkbox"/> NO	B. Move Over 50 Miles: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE: Move under 50 miles must be approved by Director, Office of Budget and Finance.		
C. Check Applicable: <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Spouse	D. Estimated Date of Travel to Begin _____ to _____	
The SED may authorize relocation allowances as determined necessary. Please complete the following questionnaire and explain as appropriate. Refer to 118-FI, Travel Handbook, Section 8.		
NOTE: The old and new duty stations must be 75 or more miles apart (as measured by map distance) via a usually traveled surface route to be eligible for House Hunting Trip (HHT).		
PART B - TRANSPORTATION EXPENSES		
6. Per Diem Authorized for (House-Hunting Trip): <input type="checkbox"/> YES <input type="checkbox"/> NO Number of Days: _____		
- Employee: The Per Diem Locality Rate where lodging is incurred.		
- Spouse: 3/4 of the Per Diem Rate where lodging is incurred.		
- No per diem authorized for children.		
7. Common Carrier Tickets \$ _____	8. Rental Car \$ _____	
Transportation expenses from old residence to new duty station (En Route Travel)		
Mileage Rate: .20 cents/mile (www.gsa.gov/relo)		
9. Miles from Old Residence to New Residence	10. Estimated Time/Day (Please indicate how long you believe it will take you to travel from old residence to new residence):	
11. En Route Travel Stops for Lodging		
NOTE: Travelers must average at least 300 miles per day for each full day they are in en route travel in order to qualify for en route per diem. En Route per diem is the standard conus rate.		
A. City	B. State	
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Example FSA-1049 (Continued)

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PART C - TEMPORARY QUARTERS		
12. Temporary Quarters Subsistence Expenses (TQSE): <input type="checkbox"/> Fixed Rate (no extension/no exception) <input type="checkbox"/> Actual Expense		
A. Number of Days	B. Number of Family Members	
NOTE: See FTR 302-6.200 for Fixed Amount Reimbursement		
PART D - MISCELLANEOUS EXPENSE		
NOTE: \$500 for an employee relocating without immediate family and \$1000 for an employee relocating with immediate family without receipts.		
13. Miscellaneous Expense Allowance: \$ _____		
Shipment of Household Goods		
14. Estimate of Weight of Household Goods - NTE 18,000 lbs. (_____): \$ _____		
Storage of Household Goods		
15A. Estimate of Weight of Household Goods	15B. Number of Days in Storage - NTE a Total of 180 Days	
PART E - REAL ESTATE PROPERTY		
16. Real Estate Expenses		
<input type="checkbox"/> A. Sale of Residence <input type="checkbox"/> B. Purchase of Residence <input type="checkbox"/> C. Lease Termination		
17. List Current Residence Address (<i>Include Zip Code</i>)	18. Estimated Sale Price	
	\$ _____	
19. Property Ownership:		
A. Name	B. Percent Ownership	
	%	
	%	
PART F - RELOCATION SERVICES		
20. Relocation Services Program		
<input type="checkbox"/> A. Home Purchase Service <input type="checkbox"/> B. Home Finding Assistance <input type="checkbox"/> C. Home Marketing Assistance <input type="checkbox"/> D. Mortgage Finding Assistance		
21. Estimated Sales Price of Residence: \$ _____		
PART G - ADMINISTRATIVE LEAVE		
22. Estimated Number of Hours - NTE 80 Hrs	23. Dates Requesting Administrative Leave	
24. List all family members that will be relocating with you:		
A. Name	B. Relationship	C. Date of Birth (MM-DD-YYYY)
	Spouse	
PART H - AUTHORIZATION		
25. Signature	26. Date (MM-DD-YYYY)	