

**SCHEME FOR RELOCATION**

Name:

Present Local Address:

Department in which Employed:

Grade:

**PART 1:  
CLAIM FOR LODGING ALLOWANCE**

Period for which lodging allowance claimed.

From:

To:

**TOTAL NUMBER OF WEEKS:**

**ALLOWANCE CLAIMED:**

**Please note maximum allowance  
must not exceed £108.97 per week**

**PART 2:  
CLAIM FOR TRAVELLING EXPENSES - (AS AN ALTERNATIVE TO LODGING  
ALLOWANCE)**

Period for which travelling expenses are claimed.

From:

To:

**METHOD OF TRANSPORT-**

*Please note claims must be based on the cheapest  
form of transport)*

**RAIL/BUS/CAR**

**AMOUNT CLAIMED:**

weeks at £                      per week   =   £                      **Total**

***Please note maximum allowance must not exceed £108.97 per week as for  
Lodging Allowance.***

**PART 3:**  
**CLAIM FOR RESETTLEMENT/DISTURBANCE ALLOWANCE**

**LEGAL EXPENSES:**

**AGENTS FEES:**

**REMOVAL AND STORAGE COSTS:**

**TOTAL EXPENDITURE = £**

(Copies of all receipts in respect of expenditure incurred must be attached)

In accordance with the Scheme for Relocation, I hereby make application for reimbursement of £            as a contribution towards the total costs incurred by me in connection with my moving home from

**I HEREBY UNDERTAKE** to remain in the services of the County Borough Council for a minimum period of 2 years from the date of appointment and AGREE to repay the County Borough Council 1/24<sup>th</sup> of this total sum in respect of each calendar month not completed at the date of termination of service.

**SIGNED:**

**DATE:**

**PART 4:**  
**CLAIM FOR REMOVAL AND STORAGE EXPENSES WHEN RENTING A PROPERTY**

I attach 2 quotations for the removal and/or storage of my personal possessions from my previous residence            to my present address/storage.

I claim reimbursement in the sum of £            being the lower of the two quotations notwithstanding that I reserved the right to engage the contractor of my choice to effect the removal.

**I HEREBY UNDERTAKE** to remain in the service of the County Borough Council for a minimum period of 2 years from the date of appointment and AGREE, to repay to the County Borough Council 1/24<sup>th</sup> of the total sum advanced in respect of each calendar month not completed at the date of termination of service.

**SIGNED:**

**DATE:**

**THE FORM, TOGETHER WITH ALL RECEIPTS MUST BE RETURNED TO THE:**

**DIRECTOR OF HUMAN RESOURCES**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL  
THE PAVILIONS, CLYDACH VALE, TONYPANDY, CF40 2XX**

FOR OFFICE USE ONLY:

APPLICATION APPROVED/NOT APPROVED

SIGNED:

**DIRECTOR OF HUMAN RESOURCES**

DATE:

PROCESSED FOR PAYMENT: