

## NIH TRAVEL AND SHIPPING OF HOUSEHOLD GOODS ENTITLEMENTS FOR EMPLOYEES

### PREFACE

This document has been developed with the specific purpose of providing you the traveler, with additional information when you experience a relocation situation. If you are a newly appointed or transferring “**employee**,” the question and answer guidance will help you to better understand and comply with administrative requirements necessary for the shipment of personal goods and effects. This document provides supplemental information on policies and procedures as they pertain to “employee” entitlements incident to travel, shipment of household goods, storage, temporary quarters, residence transactions, etc. as outlined in the Federal Travel Regulation (FTR) Chapter 302 web site:

<http://www.gsa.gov/portal/ext/public/site/FTR/file/FTR302TOC.html/category/21869/hostUri/portal>

and the NIH Manual Chapter 1500 web site:

<http://oma.od.nih.gov/manualchapters/management/1500/>

1. Chapter 9 “Relocation Allowances”; and
2. Appendix 9 Pages 1 and 2 “Travel Benefits for Employees.”

If, after you have examined this document and the above referenced web sites, you still have questions or need clarification on a related issue, you can contact the Travel Policy Specialist, Office of the Director (OD)/Office of Financial Management (OFM) Travel, Fellowship Pay, and Cashiers Section on **(301) - 435-2927** .

This office hopes that the information contained in this document along with the referenced web sites will address most issues and concerns you may have when you are relocating on behalf of the NIH. A copy of this pamphlet can also be accessed on-line at the following web sites:

<http://forms.nih.gov/adobe/personnel/NH2028.PDF>

<http://ofm.od.nih.gov/home/home.asp>

Please note that all such relocation move situations involving shipment of household goods and other services are now being processed through a third party Relocation Services Contractor (referenced in this pamphlet as the “Contractor”).

**NOTE:** For information on relocation move situations of Commissioned Officers and Non-FTE Persons, i.e., Visiting Fellows, IRTA’s, please see Section 5 of this document.

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## 1. GENERAL INFORMATION

Travel and shipping of household goods entitlements are determined by the move situation and/or type of appointment under which you enter NIH service. In all cases, a relocating individual must sign a Form HHS 355 “Service Agreement,” an agreement to remain in Government service for at least one year. **And, you are not to incur any expenses for travel or shipment of household goods on the basis of your employment before you receive travel orders or verbal confirmation that travel orders have been issued.** These expenses are authorized by the NIH only on the basis of your official Travel Orders. **The NIH Office of Financial Management (OFM) advises that any expenses incurred without the appropriate authorization will not be reimbursed to you or paid by the NIH on your behalf.**

Once your move has been authorized, the following steps are to be followed:

**a)** You are required to complete a Form NIH 2028 “Request for Permanent Change of Station Orders (Civilian Personnel and other Appointed Persons).” You may access this form electronically at the following web site:

<http://forms.nih.gov/adobe/personnel/NH2028.PDF> (The NIH Form 2028 follows the pamphlet publication)

and submit it to your Institute/Center (IC) Administrative Official **30 days prior to the date of travel;**

**b)** Your IC Administrative Official should submit the following documentation to the Contractor in order that the Travel Order can be prepared:

- 1) A completed Form NIH 2028;
- 2) The SF 50 “Notification of Personnel Action (SF 52 “Request For Personnel Action” if SF 50 has not been processed);
- 3) The HHS 355 “Service Agreement” and;
- 4) A memorandum of approval for transportation and/or emergency storage of a privately owned vehicle, if applicable.

**c)** The Contractor will forward the Travel Order to the OFM Government Accounting Section for transaction entry into the Central Accounting System (CAS).

## 2. TRAVELERS COVERED (“Employees”)

The following appointments will apply:

**a)** If you are a Civilian new appointee or transferee (employee officially assigned from one duty station to another for permanent duty) hired under Title 5 authority, your relocation allowances are outlined in **FTR Chapter 302**; or

**b)** If you are an Excepted Service new appointee or transferee (employee officially assigned from one duty station to another for permanent duty) hired under Title 42 authority, your relocation allowances are also outlined in **FTR Chapter 302**.

### **3. CONTRACTOR PROCEDURES**

Once you have been authorized for a move situation which involves some type of move management service i.e., household goods shipment, your IC Administrative Official is to contact the Contractor who is responsible for administering the services. The following steps should be taken:

- a)** You will submit the applicable completed and signed documentation to your IC Administrative Official (**See 1(b) above**) ;
- b)** Your IC Administrative Official will transmit the documentation to the Contractor; (NOTE: A Record of Call will also be prepared in the automated system for payment of the Service Fee to the Contractor).
- c)** The Contractor will prepare your Travel Order;
- d)** The Contractor will submit the Travel Order to the OFM Government Accounting Section for entry into the CAS; and
- e)** The Contractor will then provide, in compliance with FTR and NIH policies and procedures, all labor, materials, supervision and resources to provide management of household goods shipments services from initial notification of move through completion of all move-related transactions.

When you relocate, the following move management services will be made available to you:

- Pre-move planning;
- Cost comparison;
- Move, storage and special service arrangement and coordination;
- Administration, monitoring and inspection; and
- Employee assistance with understanding the household goods shipment process and associated responsibilities.

If you have been authorized for an allowance involving a residential transaction i.e., the sale of a home at your old duty station, you should follow the same steps listed above under “Contractor Procedures.” Similarly to **3(e)** above, the following services will be made available to you:

- Home marketing assistance;
- Home sale services;
- Property management services; and
- Spousal employment counseling services.

Should you have any questions concerning any of the above Contractor-provided services, you should contact your respective IC Administrative Official or your designated IC Relocation Services Coordinator.

**NOTE:** You may also avail yourself of services that are outside the scope of the Federal Supply Service (FSS) contract, in which case, you should also contact your respective IC Administrative Official or your designated IC Relocation Services Coordinator.

If you experience any problems with the services being offered or provided to you by the Contractor, and these problems cannot be resolved between you, your IC Relocation Services Coordinator and the Contractor, you should contact the NIH Project Officer, on **301-402-6805**.

**NOTE:** For additional information on the applicable processing procedures of “Employee” relocation move situations, you should reference the following web site under “Other Resources”:

<http://ofm.od.nih.gov/home/home.asp>

#### **4. FREQUENTLY ASKED QUESTIONS**

##### **A. Travel/Transportation**

**Q.** If I am a new appointee or transferee and have been authorized relocation expenses, must I be reimbursed for travel to my new duty station?

- Yes.

**Q.** What methods of travel are available to me when I relocate to the NIH as a new appointee or transferee?

- You may travel by a common carrier (plane, train, bus, etc.).
- You may travel by Privately Owned Vehicle (POV).

**Q.** If I elect to travel by common carrier, how do I obtain my transportation tickets?

- IC staff will arrange for you to procure your tickets via the Travel Management System(s) in place at the NIH, e.g., a Travel Management Center

**Q.** If I elect to travel by POV, how will I be reimbursed?

- You will be reimbursed based on a determined mileage rate (**See FTR 302-4.300**).

**NOTE:** You are to retain all transportation-related passenger coupons and receipts for accounting and reimbursement purposes.

You may reference **FTR 302-4** for additional information on subsistence and transportation.

## B. Per Diem

**Q.** If I am a new appointee or transferee and have been authorized relocation expenses, must I receive a per diem allowance?

- Yes. If you are in travel status for a minimum of 12 hours (see FTR 302-4.200 and 301-11.100-11.102).

**Q.** What is per diem?

- A monetary allowance over and above the cost of travel is provided to you to help cover the costs of lodging and meals while in travel status. This allowance is limited to the actual time required for travel.

You may reference **FTR 302-4.200** for additional information on per diem.

## C. Shipment of Household Goods

**Q.** If I am a new appointee or a transferee, and have been authorized relocation expenses, must I be reimbursed for shipment of my household goods.

- Yes

**Q.** What types of “household goods” may I be authorized to ship?

- Household furnishings
- Equipment
- Appliances
- Furniture
- Clothing
- Books (for use in performance of official duties)
- Personal property which can be transported legally in interstate commerce and which belongs to the relocating individual or members of his or her immediate family

**Q.** What types of “household goods” may **not** be authorized for shipment?

- Any property which is for resale or disposal rather than for use by the relocating individual or his or her immediate family
- Airplanes
- Boats
- Birds
- Pets
- Wine, liquor
- Cordwood
- Property belonging to any person other than the relocating individual or his or her immediate family

**Q.** Is there a maximum weight allowance applied to the household goods that I may be authorized to transport and/or store at the NIH's expense?

- Yes. The total weight of the household goods stored plus the household goods transported may not exceed **18,000 pounds**.

**When you procure your household goods services through the Contractor and your shipment is in excess of the weight allowance, the handling of the associated costs will be explained to you by the Contractor.**

You may reference **FTR 302-7** for additional information on transportation of household goods.

#### **D. Temporary Storage of Household Goods**

**Q.** As a new appointee or transferee, once I have been authorized relocation expenses, must I be reimbursed for temporary storage of my household goods?

- Yes. You are entitled to storage for up to 90 days at the NIH's expense.

**Q.** Due to extenuating circumstances, may I be authorized a storage period that extends past 90 days?

- Yes. Upon written request to your IC Delegated Official, an additional period not to exceed 90 days may be authorized.

You may reference **FTR 302-7** for additional information on temporary storage of household goods.

#### **E. Temporary Quarters**

If you are a **transferee only**, and have been authorized relocation expenses, you may be eligible for "Temporary Quarters."

**Q.** What are “Temporary Quarters”?

- Under certain types of move situations, you and your immediate family may be authorized temporary quarters which refers to lodging procured for temporary occupancy from a private or commercial source.

**Q.** What is a “Temporary Quarters Subsistence Expenses (TQSE) Allowance”?

- You may be authorized a TQSE for subsistence expenses incurred while you and your immediate family occupy temporary quarters. This does not include local transportation expenses incurred during such occupancy.

**Q.** For what period of time may I be authorized a TQSE?

- You may claim TQSE in increments of 30 days or less not to exceed 60 consecutive days.

**Q.** Under unusual circumstances, may the TQSE period of time be extended?

- Yes. An additional period of 60 consecutive days may be authorized. However, under no circumstances may you be authorized for a TQSE allowance for more than a total of 120 consecutive days.

**NOTE: It is NIH policy that you may be authorized for temporary quarters or to take a househunting trip, not both.**

You may reference **FTR 302-6** for additional information on “Temporary Quarters.”

### **F. Househunting Trip**

If you have been authorized to transfer from one official duty station to another, you may be eligible for reimbursement of househunting trip expenses.

**Q.** What is a “househunting trip”?

- The term “househunting trip” refers to a trip made by you and/or your spouse to the new official duty station locality to find permanent living quarters to rent or purchase.

**Q.** Are there any conditions that I must meet in order to be reimbursed for expenses incurred in connection with a househunting trip?

- Yes. In order to be eligible for reimbursement of such expenses: 1) both your old official duty station and new official duty station must be located within the United States; 2) you must not have been assigned to Government or other prearranged housing at the new duty station; and 3) your old duty station and new duty station must be 75 or more miles apart (as measured by map distance) via a usually traveled surface route.

You may reference **FTR 302-5** for additional information on househunting trips.

### **G. Residence Transactions**

If you are a **transferee only**, and have been authorized relocation expenses, you must be reimbursed for allowances in connection with a residence transaction. Individuals who make a permanent change of station within the 50 states, District of Columbia, and the territories and possessions of the United States must be authorized assistance from NIH in the selling of their residence at the old official duty station and the purchasing of a new home at the new official duty station based on a percentage of the selling and/or purchasing price (For information on eligibility conditions for residence transactions associated with a foreign area transfer, see **FTR 302-11.200**).

**Q.** How can I qualify for reimbursement of selling expenses at the old official station?

- In order to qualify for reimbursement of selling expenses, your official station or post of duty is the residence or other quarters from which you regularly commute to and from work. The dwelling for which reimbursement of selling expenses is claimed must have been your residence at the time you first received official notice by a competent authority of your transfer to the new official station.

**Q.** How can I qualify for reimbursement of purchasing expenses at the new official station?

- In order to qualify for reimbursement of purchasing expenses, a new home must be purchased at the new official station.

**Q.** Is there a time limit that applies to either the sale of my home at the old official station or the purchase of a home at the new official station?

- For both types of transactions, the settlement date may not exceed two years after the date that you reported to duty at your new official station.

**Q.** Can the time limitation be extended?

- The appropriate IC Delegated Official may authorize an extension for not to exceed two additional years.

You may reference **FTR 302-11** for additional information on residence transactions.

### **H. Insurance**

**Q.** When I am authorized transportation of my household goods, how do I obtain information about insurance on the items I plan to move?

- The Contractor’s Move Management Consultant will provide this information to you.

### **I. Relocation Entitlement Upon Separation For Retirement**

**Q.** If I am a career appointee to the Senior Executive Service (SES), may I be authorized relocation expenses?

- Yes

**Q.** Once I have been authorized relocation expenses for the purpose of separation for retirement, what types of benefits may be provided?

- If you meet the eligibility conditions outlined in **FTR 302-3.307**, you may be reimbursed for the following expenses:
  - a)** Travel expenses including per diem for the employee;
  - b)** Transportation expenses (no per diem) for the immediate family;
  - c)** Mileage allowance under **FTR 302-4.300** to the extent travel is performed by a private owned automobile; and
  - d)** Transportation and temporary storage of household goods under **FTR 302-7**.

You may reference **FTR 302-3.304-3.315** for additional information about relocation allowances upon separation for retirement.

### **5. RELOCATION MOVE SITUATIONS OF OTHER PERSONS, i.e., COMMISSIONED OFFICERS and NON-FTE PERSONS**

- a)** Commissioned Officers may be authorized relocation expenses in accordance with the Joint Federal Travel Regulations at [http://www.defensetravel.dod.mil/Docs/perdiem/JFTR\(Ch1-10\).pdf](http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf).
- b)** Non-FTE persons, i.e., Visiting Fellows, IRTA’s, CRTA’s, Special Volunteers may be authorized relocation expenses in accordance with the NIH policies and procedures contained in NIH Manual 1500 Chapter 10.

For additional information on the applicable processing procedures of relocation move situations of both Commissioned Officers and Non-FTE Persons, you should reference the following web site under “Other Resources”:

<http://ofm.od.nih.gov/home/home.asp>

# Request for Permanent Change of Station Orders

Civilian Personnel and Other Appointed Persons

IC

- Original Request
- Amendment
- Cancellation

## 1. PERSONAL DATA

NAME (Last, first, initial)	PRESENT ADDRESS
SOCIAL SECURITY NO.	MAILING ADDRESS (include zip code)
HOME PHONE NO.	
OFFICE PHONE NO.	

## 2. MOVEMENT SITUATION (check applicable box)

- |   |   |
|---|---|
| <input type="checkbox"/> First official station travel - C.S.C. designated man-power shortage category appointees, and student trainees within the 50 states and D.C. (new appointee) | the 48 contiguous states and the D.C. to overseas official stations.  |
| <input type="checkbox"/> First official station travel to overseas official station. (new appointee)  | <input type="checkbox"/> Permanent change of station between overseas official stations.                          |
| <input type="checkbox"/> Permanent change of station between official stations within the 48 contiguous states and D.C.   | <input type="checkbox"/> Renewal agreement travel (round trip between overseas tours of duty for leave purposes). |
| <input type="checkbox"/> Permanent change of station from overseas official stations to official stations in the 48 contiguous states and D.C.  | <input type="checkbox"/> Return from overseas official station to place of actual residence for separation.       |
| <input type="checkbox"/> Permanent change of station from official stations in  | <input type="checkbox"/> Return travel for career SES upon separation for retirement.                             |
|   | <input type="checkbox"/> Return travel of Experts (Title 42).   |
|   | <input type="checkbox"/> Other (IPA, etc.)  |

## 3. ENTITLEMENTS DATA

Change of station allowances for travel and per diem for employee and dependents, shipment of household goods, residence transactions and other personal expenses will be authorized in accordance with the Federal Travel Regulation, and DHHS and NIH policies and procedures.

### A. Dependent Travel

1. List the following: (Attach separate sheet if more space is needed.)
- Spouse.
  - Children (including stepchildren and adopted children)
    - unmarried and under 21 or
    - physically or mentally incapable of self-support regardless of age (attach explanation).
  - Dependent parents (employee's and/or spouse's).

NAME	RELATIONSHIP	DATE OF BIRTH

2. MODE OF TRAVEL	EMPLOYEE'S DATE OF DEPARTURE	NO. OF DEPENDENTS	DATE OF DEPARTURE
a. Privately-owned auto no. 1			
b. Privately-owned auto no. 2			
c. Air			
d. Other (check one)			
<input type="checkbox"/> Sea <input type="checkbox"/> Rail <input type="checkbox"/> Motor home			

**B. Points of Travel**

1. FROM (city, county, state)		2. TO (city, county, state)	
3. TEMPORARY QUARTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES: <input type="checkbox"/> Employee only <input type="checkbox"/> Employee and dependents	IF YES, NUMBER OF DAYS	4. EXCESS BAGGAGE ABOVE FREE ALLOWANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**C. Shipment of Household Goods and Personal Effects**

1. FROM (street address, city, county, state) <input type="checkbox"/> House <input type="checkbox"/> Apt. with elevator <input type="checkbox"/> Apt. without elevator		2. TO (street address, city, county, state) <input type="checkbox"/> House <input type="checkbox"/> Apt. with elevator <input type="checkbox"/> Apt. without elevator	
3. NO. OF ROOMS OF GOODS TO BE SHIPPED	4. ESTIMATED WEIGHT	5. PICKUP DATE (from)	6. DELIVERY DATE (to)
7. TEMPORARY STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. NO. OF DAYS (not to exceed 90)	9. NON-TEMPORARY STORAGE (generally limited to overseas or isolated assignments) <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. EMPLOYEE'S ADDRESS WHILE GOODS ARE IN TRANSIT			11. PHONE NO. (with area code)
12. PERSON/AGENT TO RECEIVE GOODS			13. PHONE NO. (with area code)

**D. Residence Transactions**

1. IS A HOUSE HUNTING TRIP NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANSWER IS "YES": <input type="checkbox"/> Employee only <input type="checkbox"/> Employee & spouse <input type="checkbox"/> Spouse only	MODE OF TRANSPORTATION <input type="checkbox"/> Privately owned auto <input type="checkbox"/> Air <input type="checkbox"/> Motor home <input type="checkbox"/> Rail <input type="checkbox"/> Ship	PERIOD OF TIME ALLOWED (Not to exceed 10 calendar days, including travel time)
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If a round trip at Government expense to locate permanent residence quarters is to be allowed, attach an explanation of why the trip is necessary. If the employee has been on temporary duty at the new station during the past 30 days, include in the explanation the reasons why this period of temporary duty did not provide sufficient opportunity to locate

permanent residence quarters.

2. TEMPORARY QUARTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANSWER IS "YES": <input type="checkbox"/> Employee only <input type="checkbox"/> Employee and dependents		NUMBER OF DAYS
3. CAN RENTAL RESIDENCE AT OLD STATION BE SUBLET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a	PENALTY FOR TERMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	PENALTY FEE \$	NAME OF RENTAL LEASE AT OLD DUTY STATION
4. SALE OF RESIDENCE AT OLD DUTY STATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED SELLING PRICE \$		ESTIMATED BROKERAGE FEE (average for location)
5. PURCHASE OF NEW RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED PURCHASE PRICE \$		

**4. ADVANCE OF FUNDS**

DO YOU DESIRE ADVANCE TRAVEL FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete and attach Standard Form 1038 to this application.)</i>	SEND ADVANCE OF FUNDS TO THIS ADDRESS
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ADDITIONAL COMMENTS

**5. FOR IC USE ONLY**

FUNDS AVAILABLE: Signature	Title	Date
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**6. CERTIFICATION STATEMENT**

I certify that I have read the on-line version of the NIH Travel and Shipping Entitlements Pamphlet, at <http://ofm.od.nih.gov/home/home.asp>, and understand my entitlements. I certify that I will pay all excess costs incurred as a result of this shipment. (This agreement will not prejudice my right to appeal such costs after payment is made.)

SIGNATURE OF APPLICANT

DATE

**7. FOR HUMAN RESOURCES OFFICE USE ONLY**

Please prepare and authorize PCS travel orders in accordance with the information on this form.

The transfer of this individual is made in the interest of the Department of Health and Human Services and is not primarily for the benefit or convenience of the employee, nor at his/her request.

ACS TO BE CHARGED	JOURNAL ACTION NO. (SF-50)	DATE HHS 355 SIGNED	
REFER QUESTIONS TO	PHONE NO.	ATTACHMENTS: <input type="checkbox"/> Signed Form SF 1038 (if applicable) <input type="checkbox"/> SF 50 <input type="checkbox"/> HHS 355	
NAME OF HIRING OFFICIAL	TITLE	BLDG. AND ROOM	PHONE NO.
SIGNATURE OF HUMAN RESOURCES OFFICER		DATE	

REMARKS

NOTE: This document must be forwarded to the Relocation Services Contractor who is responsible for the preparation of a manual HHS-1 Travel Order based on the applicable move situation.