

**Isle of Man Government
Relocation Expenses Scheme**

Calculation and Authorisation of Relocation Grant (Rel 2)

Part A of this form is to be completed by the Recruiting Manager after interview

Part B is to be completed by the successful applicant.

PART A

Applicants Name:

Job Title:

Department / Division / Board:

Date of appointment:

Payroll no:

Term of appointment:

a) Without term, or

b)

(state period of appointment)

Amount available

The Relocation Grant must be calculated and approved in accordance with the provisions of the Relocation Expenses Scheme. If any recruitment allowance is included in the terms and conditions of the post, please state the amount here:

£

Total Grant Payable:

£

Payment of Grant

The relocation grant is payable upon the production of relevant receipts/invoices in two instalments in the first and third months salary up to a maximum of the total grant payable:

Instalment	Amount (£)	Date Payable
First		
Second		
TOTAL		

Officers Appointed for periods of less than three years

Although such officers are not eligible to receive the full grant, it may be paid on a proportional basis. For service of **12 MONTHS OR LESS NO GRANT IS PAYABLE**. For service more than one but less than 36 months calculate as follows:

Total grant payable ÷ 36

£

x

No' of months service

=

£

This sum should then be paid monthly in equal instalments over the duration of the contract as follows:

(No' of months service)

Instalments of: £

I certify that a relocation grant of £ has been approved and can be paid in this case.

Relocation GL Code: 25020199 Cost Centre Code.....

Signature Print name

Job title Date

PART B

Please provide the following information about the immediate members of your family who are relocating with you:-

	Name	Relationship	Date of Birth
Spouse/Partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Dependant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Dependant	<input type="text"/>	<input type="text"/>	<input type="text"/>

Undertaking to Repay

In consideration of the Isle of Man Government providing me with financial assistance as set out in this document, I undertake that if within three years of the date of my appointment to this post I either resign or am dismissed from such service for reasons of discipline, I shall repay to the Isle of Man Government a proportionate amount of the total assistance advance to me. The amount to be repaid will be directly proportional to the number of months' **uncompleted** service during the first three years.

Signature Date

Signature of witness Date

Name in capitals

Address Occupation

Original Copy to: Pay Section
Copy to: Personal File, OHR

Date: / /
Date: / /