

**DEPARTMENT OF DEFENSE (DOD) TRANSPORTATION AGREEMENT:
TRANSFER OF CIVILIAN EMPLOYEES TO AND WITHIN CONTINENTAL UNITED STATES (CONUS)**

*The Prescribing Authority for this form is the Joint Travel Regulations (JTR).
For use of this form see JTR, par. 054906, "Preparation and Disposition."*

PRIVACY ACT STATEMENT
(5 U.S.C. § 552a)

AUTHORITY: 5 U.S.C. §§ 5701, 5722, 5723, and 5724.

PRINCIPAL PURPOSE: This form is used to establish Government time in service requirements for the employee (including new appointees and student trainees) to be eligible for travel and transportation allowance when appointed to a position within the CONUS.

ROUTINE USE(S): May be provided to law enforcement and others for audits and investigations.

DISCLOSURE: Voluntary. However, completion of this form is necessary before a transfer can be authorized and expenses paid.

1. NAME (Last, First, Middle Initial)		2. TYPE OF AGREEMENT	
		<input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL WITH PCS <input type="checkbox"/> RENEWAL WITHOUT PCS <input type="checkbox"/> PCS ONLY	
3. APPOINTMENT DATE (YYYYMMDD)	4. NEW APPOINTEE OR STUDENT TRAINEE	5. NEW ASSIGNED PERMANENT DUTY STATION (PDS) LOCATION (City, State/Territory/Country)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. ACTUAL RESIDENCE WHEN APPOINTED OR TRANSFERRED		7. PREVIOUS PDS LOCATION (City, State/Territory/Country)	

Pursuant to 5 U.S.C. §§ 5723 and 5724, an employee (including new appointees and student trainees) appointed to a position within CONUS must complete a transportation agreement for the employee and the employee's authorized dependent(s) to be eligible for payment of travel and transportation allowances. An employee's travel and transportation allowances may include movement of household goods, storage of household goods, and certain other allowances incident to employment within CONUS. Under the law, allowances shall not be authorized unless the employee agrees in writing to remain in the Government service for a prescribed period of time. To establish eligibility for the authorized allowances, the following agreement must be executed.

I understand and agree that:

- a. I will remain in Government service for a minimum 12-month tour of duty, beginning on the date I report for duty at my new or first PDS.
- b. If I do not serve a minimum 12-month tour of duty or if I am removed for cause before completing the tour of duty, then I must repay my agency the total expense of travel and transportation to the permanent duty station and I will be responsible for the expense of returning to my actual residence. My employing agency may withhold any final pay due to me to satisfy any debt related to a violation of this agreement. See JTR, par. 054913, "Service Agreement Violation" for more information.
- c. If I cannot complete the tour of duty for reasons beyond my control that are acceptable to my agency, I will remain eligible for travel and transportation allowances and will not be required to repay my agency for prior travel and transportation expenses.
- d. The tour of duty, actual residence, and PDS location(s) specified above are used for the purpose of establishing my eligibility for travel and transportation allowances.
- e. After I sign this agreement, I may not change the actual residence specified above for personal reasons. See JTR, par. 054903-B2, "Change in Actual Residence."
- f. I am not eligible to receive travel and transportation allowances for another transfer within DoD within 12 months of this transfer unless I meet the criteria for an exception under JTR, par. 053706, "PCS Limitation Policy."
- g. This agreement does not guarantee or limit the duration of my employment.
- h. Signature on this form constitutes my certification that I and/or my authorized dependent(s) have not accepted, and will not accept, duplicate reimbursement for my relocation expenses. In addition, to the best of my knowledge, no third party has accepted duplicate reimbursement for my relocation expenses.

8. OTHER REMARKS *(To be completed by personnel office or employing agency officials only.)*

9. EMPLOYEE SIGNATURE

10. DATE SIGNED (YYYYMMDD)

11. DESIGNATED CIVILIAN PERSONNEL OFFICER/HUMAN RESOURCES OFFICER OR DESIGNEE SIGNATURE

12. DATE SIGNED (YYYYMMDD)