

CF OPERATING PROCEDURE
NO. 60-25, Chapter 5

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, August 23, 2017

Human Resources

PAYMENT OF MOVING EXPENSES

5-1. Purpose. This operating procedure establishes procedures for approving payment of moving household goods and mobile homes of current or prospective employees of the Department of Children and Families.

5-2. References.

- a. Section 216.262(l)(f), Florida Statutes (F.S.).
- b. Chapter 287, Part I, F.S.
- c. Section 60L-32.004, Florida Administrative Code (F.A.C.).
- d. Department of Management Services Delegation of Authority for Perquisites, dated June 15, 2009.

5-3. Definitions.

- a. Moving Expenses. The cost of packing and shipping of household goods or moving a mobile home.
- b. Household Goods. Personal effects and property used or to be used in an employee's dwelling.
- c. Mobile Home. Any vehicle which is used as a home by an employee.
- d. Delegated Authority. The Secretary, Deputy Secretary, Chief of Staff, Assistant Secretaries, General Counsel, Inspector General, Regional Managing Directors and Hospital Administrators, for employees in their organizational unit.

5-4. Policy.

- a. The payment of moving expenses for any Department employee is a perquisite and requires the approval of the Secretary or the Delegated Authority, and may only be paid when in the best interest of the state due to the exceptional or unique requirements of the position. The approval for employee moving expense **must** be obtained before the move is made. All requests for payment of moving expenses must be submitted on the attached Request for Authority to Pay Moving Expenses form (available in DCF Forms, form DP-A-4).
- b. Requests based on transfer upon promotion, lateral transfer for fully justified career broadening, transfer in lieu of layoff, or Department needs will normally be approved. Requests based on other lateral transfers or initial appointments will normally only be approved when justified because of recruitment problems. Any request involving an original (initial) appointment or lateral transfer for reasons other than justified career broadening or Department needs must include a complete statement

This operating procedure supersedes CFOP 60-25, Chapter 5, dated September 30, 2009.

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as to the recruitment problems encountered in filling the position. Requests involving demotions will normally not be approved unless justified as being in the best interest of the Department.

c. Payments may be made for picking up household goods from two locations, if the second location is in the same immediate geographic area as the primary residence. Exceptions to the limit of two locations must be noted and justified on the Request for Authority to Pay Moving Expenses form.

d. Generally, authorization to pay for storage of household goods of any current or prospective employee will not be approved.

e. Payment for the unpacking of household goods or the cleaning of any residence in connection with a move will not be authorized. When household goods or a mobile home are shipped by common carrier, the payment by the Department shall not include payment for insurance beyond the normal liability of the common carrier. When household goods are shipped by rental vehicle, the payment by the Department will be limited to the insuring of the vehicle; there shall be no payment by the Department for insurance on the contents of the vehicle. No payments will be made for the shipment of vehicles (i.e., automobiles, boats, tractors, etc.) when "household goods" are authorized for moving.

f. Request for the moving of an employee's privately owned mobile home may be approved. The following items may be included in the cost of such a move:

(1) Before moving the mobile home, remove tie downs, unblock the mobile home and disconnect sewer and water pipes, electric, and air conditioning unit.

(2) After the mobile home has been moved to its destination, re-block, install tie downs and set up sewer and water pipes, electric, and air conditioning unit.

g. At a minimum, three estimates shall be obtained for request to pay moving expenses.

h. All requests with estimates which exceed the threshold amount set forth under Category Two, s. 287.017(1)(b), F.S., require advertisement for formal bids in the Florida Administrative Weekly by the servicing purchasing manager or agent.

i. No commitment shall be made to any employee until after the approval process is complete.

j. A copy of the approved Request for Authority to Pay Moving Expenses form shall be maintained in the employee's official personnel file

k. If circumstances exist in which the strict application of specific provisions of this operating procedure produces a result contrary to or in conflict with the policy and intended purpose of s. 216.262(1)(f), F.S., or 60L-32.004, F.A.C., and it is demonstrable that an exception or variation is necessary or in the best interest of the state, a written request for an exception may be submitted to and granted by the Secretary.

5-5. Processing.

a. A completed Request for Authority to Pay Moving Expenses (form DP-A-4) must be completed by the Hiring Authority, and then routed to the Delegated Authority for approval.

b. The approved Request for Authority to Pay Moving Expenses must then be submitted to the Administrative Services Support Center (ASSC) for processing of the payment.

c. A copy of the approved Request for Authority to Pay Moving Expenses should be submitted with an appointment package to the Human Resources Service Center (HRSC).

d. The HRSC will prepare an employment offer letter, which will include a statement that moving expenses will be paid if approved by all required approval authorities including the ASSC.

e. A Payment of Moving Expenses Report requested by the Department of Management Services (DMS) shall be completed by Human Resources each fiscal year and submitted to DMS.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

DENNISE G. PARKER
Human Resources Director

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Added paragraph 5-5 describing the processing of the Request for Authority to Pay Moving Expenses so stakeholders can know the processing steps.

[This form is available in DCF Forms.]



REQUEST FOR AUTHORITY TO PAY MOVING EXPENSES

AGENCY NAME

NAME OF EMPLOYEE

SOCIAL SECURITY NUMBER

TYPE OF APPOINTMENT

☐ Original
 ☐ Promotion
 ☐ Reassignment
 ☐ Demotion
 ☐ Reinstatement

FROM

TO

CLASS TITLE

PLACE OF WORK

ANTICIPATED DATE OF MOVE: _____

POUNDS: _____

ESTIMATED COST: _____

JUSTIFICATION: Payment of moving expenses for this employee is in the best interest of the State of Florida for the following reasons:

ACTION TAKEN:

☐ Approved

☐ Disapproved

Agency Authorized Signature:

(Print Name)

(Sign)

(Date)