

**UCL HUMAN RESOURCES**

**REQUEST FOR PAYMENT OF RELOCATION SUPPLEMENT**

You must meet the following eligibility criteria to submit a relocation payment request form.

* Be employed on either an open ended basis or a fixed term contract of three years or more
* Be a newly appointed academic and teaching staff (Grade 8 – 10) or senior research and professional services (technical, administrative/managerial) staff (Grades 9 and 10)
* Have relocated your home to significantly reduce your travel time to a UCL employment location within 6 months of your appointment.

*The scheme is not available to staff whose salaries are financed by external grants, such as research grants, Higher Education Innovation Funding (HEIF), EU grants etc.*

A relocation supplement of £10,000 will be paid (pro-rata for part-time appointments) to those relocating from within the UK.  A relocation supplement of £20,000 will be paid (pro-rata for part-time appointments) to those relocating from outside the UK. The supplement is taxable and is paid through the payroll.

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| **Section 1: Employee details** |
|  | Employee name: | Click here to enter text. |
|  | Employee number: | Click here to enter text. |
|  | Department: | Click here to enter text. |
|  | Post Title: | Click here to enter text. |
|  | Grade: | Click here to enter text. |
|  | Weekly contractual hours: | Click here to enter text. |
|  | Date of joining: | DD MONTH YYYY |
|  | Planned end employment date (if applicable) | DD MONTH YYYY or N/A |
|  | Is the contract of employment open ended/fixed term for 3 years or more? | Yes / No |
|  | Previous residential address: | Click here to enter text. |
|  | New residential address:(note you must have moved to your new address to receive the payment)Please also update your new address on MyHR Employee Self-Service | Click here to enter text. |
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 | Date of request | DD MONTH YYYY |

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| **Section 2: Confirmation of repayment** |
| In consideration of UCL agreeing to pay a supplement under the terms of the relocation scheme, I undertake to reimburse to UCL the whole or part of the relocation supplement if I voluntarily leave UCL’s employment within 36 months from the payment date. The assessment of the 36 month period relates to the effective date of the termination of my employment and not to the date of my notice of resignation. After 36 months have elapsed from the date of payment of the relocation supplement, I acknowledge that I will not be required to repay any part of the supplement if I am still employed by UCL on that date.I accept the amount I will be required to repay will be reduced proportionally as follows: |
| **Period of Service (from date of appointment)** | **Amount to be repaid** |
| Leaving 12 months or less | 100% |
| Leaving 12-24 months | 50% |
| Leaving 24-36 months | 25% |
| I agree UCL may deduct a sum equal to the whole or part of the relocation supplement due under the terms of this agreement from my salary payments. If my UCL salary payments are not sufficient to meet the debt, I agree to repay the outstanding balance of the relocation supplement to the employer within four months 100% amount to be repaid, two months for 50% and one month for 25% after the date of the termination of my employment. I accept that the amount due to the UCL under the terms of this agreement represents a genuine attempt by UCL to assess its loss as a result of the termination of my employment and that it takes into account the derived benefit to UCL. I acknowledge that this agreement is not intended to act as a penalty on me upon the termination of my employment. |
| Signed (employee): | Click here to enter text. |

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| **Section 3: Approval** |
| I confirm the above named employee is eligible to receive a relocation supplement in accordance with [ucl.ac.uk/human-resources/relocation-scheme](https://www.ucl.ac.uk/human-resources/relocation-scheme) and has recently relocated their home (in order to significantly reduce their travelling time to work) to take up an appointment with UCL.Please arrange a payment of £ (pro rata for a part-time appointment). |
| Signed (Head of Department / Division): | Click here to enter text. |
| Name: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Date:  | DD MONTH YYYY |
| I authorise payment of this relocation supplement to be charged to PTAE (full code) | Yes / No |
| Signed (Director of Operations / Faculty Manager / Professional Services Director / Vice Provost) | Click here to enter text. |

 Please attach this request form when submitting the allowance request in MyHR Departmental Transactions.