

State of Wisconsin

DEPARTMENT OF EMPLOYMENT RELATIONS

- COMPENSATION & LABOR RELATIONS BULLETIN -

Date: August 27, 2001

Locator No: CLR/POL-67

Subject: Moving Expense Reimbursement Delegation and Reporting Requirements

The purpose of this bulletin is to inform agencies of new policies regarding moving expense reimbursements and new reporting requirements associated with the policy.

As part of the 2001-2003 Compensation Plan, requirements that the reimbursement of international moving expenses and temporary lodging allowances be approved by the Secretary of the Department of Employment Relations (DER), were removed (see Section F, 10.04 and 12.00). Consistent with these changes, DER is also delegating approval for all other moving expense reimbursements. Effective the date of this bulletin, all agency appointing authorities are delegated the authority to approve moving expense reimbursements and no longer need to follow the instructions regarding DER approval in 760.040(A)2., of the Wisconsin Human Resources Handbook.

However, DER is requiring that the attached Moving Expense Reimbursement Report be completed by agencies each fiscal year. The purpose of the report is to allow DER to have information available when changes in moving expense reimbursement laws, policies, etc., may be necessary, and to ensure that the reimbursements are being made in accordance with s. 20.917, Wis. Stats., the Compensation Plan, and applicable provisions of Chapters 760 of the Wisconsin Human Resources Handbook (other than 760.040(A)2.). Any non-compliance may result in the withdrawal of this delegation. If your agency does not reimburse any moving expenses in a given fiscal year, reflect this information on the report.

Beginning with FY 2001-02, completed reports shall be submitted to DER by July 31st for the prior fiscal year. **Since the report also asks for Relocation Incentive Award information, completing form DER-CC-08 will no longer be necessary.**

If you have any questions regarding the information provided by this bulletin, please contact:

Paul Ostrowski by e-mail at Paul.Ostrowski@der.state.wi.us, by phone at (608) 267-0343, or by FAX at (608) 267-1020; or Lynn Maulbetsch by e-mail at Lynn.Maulbetsch@der.state.wi.us, by phone at (608) 267-5164, or by FAX at (608) 267-1020.

James A. Pankratz, Administrator
Division of Compensation and Labor Relations

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Attachment: Moving Expense Reimbursement Report

MOVING EXPENSE REIMBURSEMENT REPORT

Fiscal Year Report to be Submitted to DER by July 31

Agency Information:

Agency Name:	Agency Number:	Fiscal Year:	Date filled out:
Prepared by:	Title:		Phone:

Employee Information:

Employee Name:		Employee Classification:	
Appt Effective Date:	Transaction Type:	Check one: <input type="checkbox"/> Mandatory or <input type="checkbox"/> Permissive	
From: (City/State)		To: (City/State)	
Date Reimbursed:	Amount Reimbursed:	Stipend Amount: (if any)	*Reallocation Incentive Amount: (if any)

Employee Name:		Employee Classification:	
Appt Effective Date:	Transaction Type:	Check one: <input type="checkbox"/> Mandatory or <input type="checkbox"/> Permissive	
From: (City/State)		To: (City/State)	
Date Reimbursed:	Amount Reimbursed:	Stipend Amount: (if any)	*Relocation Incentive Amount: (if any)

Employee Name:		Employee Classification:	
Appt Effective Date:	Transaction Type:	Check one: <input type="checkbox"/> Mandatory or <input type="checkbox"/> Permissive	
From: (City/State)		To: (City/State)	
Date Reimbursed:	Amount Reimbursed:	Stipend Amount: (if any)	*Relocation Incentive Amount: (if any)

Employee Name:		Employee Classification:	
Appt Effective Date:	Transaction Type:	Check one: <input type="checkbox"/> Mandatory or <input type="checkbox"/> Permissive	
From: (City/State)		To: (City/State)	
Date Reimbursed:	Amount Reimbursed:	Stipend Amount: (if any)	*Relocation Incentive Amount: (if any)

* Available to nonrepresented employees only.

Send to: Paul Ostrowski, DER, Compensation & Labor Relations, 345 W Washington Avenue, Madison, WI 53703