

**FACULTY OF HEALTH SCIENCES
SCHOOL OF MEDICINE
MOVING ALLOWANCE POLICY**

1. **General**

The School of Medicine will reimburse the cost of both travel and moving expenses for new faculty members (excluding Adjunct-1 and Term Adjunct faculty) who are relocating to Kingston from a distance of more than forty (40) kilometres in accordance with the policy outlined below.

2. **Eligible Expenses**

2.1 **Travel**

These costs will be covered if one of the following methods is used:

2.11 Economy air, first class rail with roomette or berth, or tourist rate ocean passage for each member of the family; in addition, reasonable costs of meals and lodging en route.

2.12 Private Automobile at **\$0.55/km** (effective Apr.1/12) by the most direct route; in addition, reasonable costs of meals and lodging en route.

2.13 Lodging en route may include lodging for one day after arrival.

2.2 **Furniture and Household Effects**

Reasonable costs of packing, unpacking, insurance, and shipping.

2.3 **Immigration**

Expenses related with obtaining immigration approval to take up the position at Queen's.

2.4 **Maximum Moving Allowance**

The maximum Moving Allowance from any geographic location, including both personal travel and the moving of furniture and household effects, **shall not exceed the allowance stated in your appointment letter.**

3. **Request for a Moving Allowance Advance**

A Moving Allowance Advance not exceeding 80% of the estimated allowance can be made available to a new faculty member if **(1)** the offer of appointment has been signed and returned; and **(2)** an employee ID has been assigned*.

A written request, with an estimate of the expenses within the terms of the policy outlined above, must be submitted to the [Office of the Chief Financial and Administration Officer, Faculty of Health Sciences, School of Medicine Building, Room 402, 15 Arch Street, Queen's University, Kingston, Ontario, K7L 3N6](#). The cheque will be directly deposited to your bank or forwarded to a designated address or may be picked up at an agreed upon location on arrival in Kingston.

4. **Submission and Validation of Claim for Expenses**

4.1 A completed Statement of Moving Expenses using the attached form must be submitted to the departmental office for forwarding the [Office of the Chief Financial and Administration officer](#) as soon as possible after arrival in Kingston. **Original receipts are required** to establish that the Moving Allowance is not subject to income tax.

4.2 If eligible expenses exceed the Advance, a cheque will be mailed to you; if eligible expenses are less than the Advance, your cheque for the difference should accompany the Statement of Moving Expenses.

* Requires a valid Social Insurance Number and date of birth. Those who are not Canadian citizens or who do not hold permanent resident status will also be required to have a valid Work Permit and confirmation that application has been made to the University Health Insurance Plan (UHIP).

**FACULTY OF HEALTH SCIENCES
SCHOOL OF MEDICINE
STATEMENT OF MOVING EXPENSES**

| | | |
|--------------------|-------------------|---------|
| NAME | DEPARTMENT | |
| <u>Moving From</u> | | |
| CITY OR TOWN | STATE OR PROVINCE | COUNTRY |

TRAVEL DATES

| <u>SPOUSE</u> | <u>Additional Members of the Traveling Party</u> | | | |
|--|--|---------------|-----------------|-------------------|
| yes or no | <u>CHILDREN</u> | <u>Number</u> | <u>Ages</u> | OFFICE USE |
| yes or no | yes or no | | | |
| <u>TRAVEL</u> | | | | |
| 1. Airfare* | | | \$ _____ | |
| 2. Rail fare* | | | \$ _____ | |
| 3. Roomette or Berth* | | | \$ _____ | |
| 4. Ship* | | | \$ _____ | |
| 5. Car _____@ 0.55/km | | | \$ _____ | |
| 6. Meals en route (receipts are required)* | | | \$ _____ | |
| 7. Lodging en route (to day of arrival)* | | | \$ _____ | |
| 8. Other Approved Expenses (specify on separate page)* | | | \$ _____ | |
| 9. TOTAL Travel Costs | | | \$ _____ | |
| <u>FURNITURE AND HOUSEHOLD EFFECTS</u> | | | | |
| 10. Total Cost* | | | \$ _____ | |
| <u>IMMIGRATION</u> | | | | |
| 11. Total Cost* | | | \$ _____ | |
| 12. Total Claim (9 + 10 + 11) | | | \$ _____ | |
| 13. Advance, if received \$ _____ | | | \$ _____ | |
| 14. Balance Returned (if 12 is less than 13) Please attach cheque | | | \$ _____ | |
| 15. Balance Claimed (if 12 exceeds 13) | | | \$ _____ | |

SIGNATURE _____ **DATE** _____

**Please attach original receipts to support claims for moving furniture and household effects and other major items of expense indicated by an asterisk. Original receipts are required to establish that the Moving Allowance is not subject to income tax.*