



Illinois Department of Corrections

Administrative Directive

Number: 01.02.105	Title: Relocation or Moving Expenses	Effective: 2/1/2022
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Director
Supersedes:	01.02.105 effective 5/1/1998

Authority: 730 ILCS 5/3-2-2	Related ACA Standards: 5-ACI-1A-07 and 10, 5-ACI-1B-01, 03, 07
Referenced Policies: 02.35.101, 02.35.103	Referenced Forms: C-13 – Invoice Voucher

I. POLICY

The Director may authorize payment of relocation or moving expenses for employees being transferred to different headquarters or for new employees.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish written procedures regarding the responsibilities of staff in processing requests for payment of relocation or moving expenses.

B. Applicability

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. General Provisions

1. Only relocation or moving expenses approved in writing by the Director may be processed for payment.
2. No commitment for payment of relocation or moving expenses shall be made to a current or new employee without prior written approval of the Director.
3. Approved relocation or moving expenses may be paid for a period not to exceed 45 calendar days, unless an extension of time has been granted in writing by the Director. However, storage and moving costs for household furniture may be paid as the expenses are incurred to the extent reimbursement for such expenses was originally approved.
4. The following types of relocation or moving expenses may be paid:

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- a. Transportation for a maximum of six round trips for the employee and his or her family to locate housing;
 - b. Lodging costs for the employee and his or her family;
 - c. Per diem costs for the employee;
 - d. Storage and moving costs for household furniture;
 - e. Full replacement value insurance for all household furnishings and appliances transported or stored; and
 - f. Containers and packing services, as required.
5. The Department shall not pay expenses for unpacking boxes.

NOTE: All current travel procedure limits shall apply for reimbursement rates for mileage, motel costs, etc.

F. Requirements

1. The Chief Administrative Officer (CAO) or in General Office, the employing administrator of the unit shall submit a written request for reimbursement of relocation or moving expenses to the appropriate Deputy Director. The request shall include:
 - a. The name and position of the employee;
 - b. Type of reimbursement being sought, that is, relocating expenses, moving expenses or both;
 - c. The justification for the request; and
 - d. The requested starting and ending date of the reimbursement period.
2. Requests approved by the Deputy Director shall be forwarded to the Director for approval.
3. The Director may approve or disapprove the request. All requests, whether approved or disapproved, shall be returned to the Deputy Director.
4. If disapproved, the Deputy Director or CAO shall provide the employee with a copy of the Director's written explanation.
5. If approved, the Deputy Director or CAO shall provide the facility Business Administrator and the employee with a copy of the Director's written approval of reimbursement for relocation or moving expenses.
6. Upon receipt of the Director's written approval, the facility Business Administrator shall obtain three written bids from reputable moving companies utilizing the bid request format on Attachment A.
7. Bids shall be reviewed for accuracy and compliance with bidding instructions and submitted with a memorandum of recommendation to the appropriate Deputy Director.
8. Moving bid recommendations approved by the Deputy Director shall be forwarded to the Director for approval.

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9. Upon approval of the moving bid recommendation, the Business Administrator shall notify the bona fide low bidder and employee in writing.
 10. If the employee's move cannot be completed within the time period granted, an extension of time in 15-day increments may be requested. A request for an extension shall be processed in the same manner as the initial request.
 11. Approved requests for reimbursement of relocation or moving expenses shall be submitted for payment on an Invoice Voucher, Form C-13 (refer to Administrative Directives 02.35.101 and 02.35.103. A copy of the Director's written approval and a copy of any extension approved by the Director must be attached to the C-13.
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ATTACHMENT A

(Use Letterhead)

(Date)

(Company Name)
(Address)

Dear Sir or Madam:

The Illinois Department of Corrections, **(Institution Name)**, requests a written bid for the packing, transportation, and unloading of all household belongings for **(Mover's Name)**. Please submit your bid no later than **(Date)** to **(Business Administrators, Address, Phone Number)**.

In preparing your bid, the minimum services shall be included:

1. Transportation and unloading of all household belongings:
From: **(Mover's Current Address and Phone Number)**.
To: **(Mover's New Address and Phone Number, if available)**.
2. Storage of belongings, if required.
3. Containers and packing services, as required. (Unpacking of boxes **SHALL NOT** be included).
4. Replacement insurance, valuation at \$(_____).
5. Appliance services, when applicable.
6. Actual move to be scheduled for period **(Dates)**.
7. Bid shall be "A Firm Price Not To Exceed" and shall be submitted on your standard estimated cost of services forms. (See 625 ILCS 5/18c-3211, Free or Reduced Rate Carriage.)
8. Certification of the following:
"The contractor certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961."
9. Site review is required and shall be arranged by contacting **(Name)** at **(Phone Number)**.

Sincerely,

(Facility Business Administrator)