

INSTRUCTIONS

The Relocation Checklist serves a variety of purposes related to your relocation. Firstly, it will allow you to identify the topics you wish to discuss throughout your relocation; secondly it identifies for you the various reference sections of the NJC Relocation Directive; and thirdly it provides a checklist that is to be used to record when you received the counselling services. Please follow the instructions below:

Step 1: As part of your registration process and prior to your initial planning session, using column 1 please check the items you wish to discuss with your Relocation Advisor, sign and date the form on page 2 and provide a copy to your Advisor 2-3 business days prior to your initial planning session. This will allow your Advisor to tailor your session to your needs.

Step 2: Use the RCL to comment on and keep track of the date you were counselled on the desired items.

Step 3: On or shortly after your final appointment, on page 2 sign the certification to indicate that you received the necessary counselling to help you complete your relocation. Brookfield will require this before finalizing your claim.

File Number:

Name:

Relocation Checklist		1	2
		Registration Check Items You Wish to Discuss	Comments and Date Item Discussed
It's Your Move			
	Review tabs		
NJC Relocation Directive			
Part 1	Integrated Relocation Program (1.1 to 1.4)	<input type="checkbox"/>	
Part 2	Administration (2.1 to 2.13)	<input type="checkbox"/>	
Part 3	Relocation Entitlements (3.1 to 3.4)	<input type="checkbox"/>	
Part 4	House Hunting Trip (4.1 to 4.20)	<input type="checkbox"/>	
Part 5	Interim Accommodation, Meals and Miscellaneous Relocation Allowance (IAM&MA) (5.1 to 5.11)	<input type="checkbox"/>	
Part 6	Travel to New Location (6.1 to 6.7)	<input type="checkbox"/>	
Part 7	Rental Accommodation (7.1 to 7.10)	<input type="checkbox"/>	
Part 8	Sale of Home (8.1 to 8.25)	<input type="checkbox"/>	
Part 9	Purchase of Replacement Residence (9.1 to 9.10)	<input type="checkbox"/>	
Part 10	Movement of Mobile Homes (10.1 to 10.9)	<input type="checkbox"/>	
Part 11	Shipment of Household Goods and Effects (11.1 to 11.18)	<input type="checkbox"/>	
Part 12	Employee-requested Relocation (12.1)	<input type="checkbox"/>	
Part 13	Other Types of Relocation within Canada (13.1 to 13.6)	<input type="checkbox"/>	
Appendix A	Examples of computation - 10% Home Sale Assistance (HSA)	<input type="checkbox"/>	
Appendix B	Benefits Table	<input type="checkbox"/>	

CERTIFICATION	Date	Signature
I confirm that throughout my relocation, I wish to be counselled on the items annotated in column 1.		
I certify that I have received counselling from Brookfield GRS as indicated in column 2, and that I have received all the information that was necessary to complete my relocation.		