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| flat black 1 | **Rotational Expatriate Request for Domestic Personal Choice Location Move – GO-1405-PCL** |
| **Employee: Please print. Use black ink and make sure writing/typing is legible. US$ Payroll: Email or fax to Brookfield GRS – Email: (chevronhhgs@brookfieldgrs.com) Fax: 713-782-3625 or Toll Free if within the U.S. – 1-844-672-7969 at least three weeks before preferred pack date. Non-US$ Payroll: please submit to your Expatriate Assignee Counselor. Household Goods Valued Inventory Sheet can be submitted separately.**  |
| Full Name(s) of Employee and Spouse (No nick names) |  | CAI |  | Personnel Number  |
|       |  |       |  |       |
| Email Address |  | Company Code |  | SAP/JDE Charge Code |
|       |  |      |  |       |
| Home Country Payroll (UK, Canadian, US, Angolan, GOP, etc.): |       |
| Host Corporate Entity Name (e.g. Chevron Nigeria Limited): |       |
| Rotational Work Location: |       |
|  | (Company / Business Unit / City / State / Country) |
| Effective/Start Date of Rotational Assignment: |       |
|  |
| **Primary Residence Address From Which Goods Are To Be Moved** | **Deliver Goods To (within home country only)** |
| Current Telephone Numbers **(include Area/Int’l dialing codes)** |  |
| Work Phone: |       |  |  | Work Phone: |       |
| Home Phone: |       |  |  | Home Phone: |       |
| Cell Phone: |       |  |  | Cell Phone: |       |
| Address: |       |  |  | Address: |       |
| City/State/Zip: |       |  |  | City/State/Zip: |       |
| Country: |       |  |  | Country: |       |
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| **Preferred date, excluding weekends** **& holidays:** | **Eligibility Criteria for Personal Choice Location Move– confirm all the eligibility criteria boxes:** |
| Pack Start Date: |       | [ ]  | **Move must be completed within 1 year from start of your rotational assignment.** | [ ]  | **Must be preapproved by Business Unit Supervisor and host organization HR.** |
| No. of Rooms to be moved: |       | [ ]  | **Your current rotational assignment expected duration must be at least 24 consecutive months.**  |
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| **By signing this form, I acknowledge that I have read and agree to the terms and conditions explained in pages 2-3 in the back of this form.** |
| Employee Signature: |       | Date: |  |
| Employee Supervisor’s Approval: |       | CAI: |  |
| HR Representative’s Approval: |       | CAI: |  |

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| **Rotational Expatriate Request for Personal Choice Location Move – GO-1405-PCL**Terms and Conditions |

**As part of your approved PCL move you are eligible for:**

* One move from primary residence at your current point of origin to your designated residence at PCL.

**The following benefits are not available as part of your approved PCL move:**

* Shipment of automobiles, boats or other vehicles, or pets
* Storage of household goods
* Any other benefits as identified under the home country domestic relocation program (such as) including but not limited to:
	+ 1. Interim living expenses
		2. Travel from your point of origin to PCL location (and/or return)
		3. Miscellaneous expense allowance
		4. Home sale benefits at point of origin
		5. Home purchase benefits at PCL

**Upon the end of your rotational assignment and (reassignment) placement in a new non-rotational (work) position, if you are transferred to:**

* Your current point of origin (PoO) - you will (qualify for) receive a company-paid household goods shipment (only) from your designated PCL back to PoO. (There are) No home sale or home purchase benefits are provided.
* A new domestic work location (other than your PoO) - you (become) are eligible for domestic relocation benefits as outlined by the domestic relocation policy in your home country from designated PCL as your primary resident location.
* An Expatriate Resident Assignment outside your home country) - you become eligible for relocation benefits from designated PCL or PoO (should you have maintained a residence there during your rotational assignment).
* Another rotational assignment – (there is no eligibility for a new designated PCL or primary residence location move or any relocation benefit provision) you are not eligible for any relocation benefits and your designated PCL remains the same.

**Move Coordination (US$ Payroll)** Brookfield GRS will assign your move to a Chevron contracted carrier who will contact you to arrange your move.

**Insurance** Do not arrange insurance, except for items in the next two sections (Articles of Sentimental Value, Documents & Jewelry and High Valued Articles) if you desire. The Company assures safe movement of your other goods.

**Articles of Sentimental Value, Documents, Furs and Jewelry** Photo albums, family portraits, stamp and coin collections, birth certificates, and college diplomas are examples of items that fall into this category. Neither the Company nor the carrier will assume the responsibility for safe movement of such articles.

**High Valued Articles** Antiques, heirlooms, rare books and art works, with difficult to establish values, fall into this category. If you wish the company to accept responsibility for these high valued items, you must list them and declare their value with this form. You must be able to verify the value claimed with purchase documents or professional appraisals. If you must have them appraised to establish value, it will be at your expense. If you are unable to verify the declared values, claims will be settled on the basis of the utilitarian value of the item. In addition, in order to receive full replacement value on lost or non-repairable items, you must complete a Valued Inventory for all individual items with a value of $100 or more and submit it to your Relocation Consultant prior to the packing of your household goods.

**Dangerous, Illegal, or Hazardous Articles** The carrier will not move items such as ammunition, flammables, explosives, corrosives, aerosol containers, paint, acid, bleach, and cleaning fluid. Packing them yourself might lead to claims for damage being disallowed.

**Firearms**  The shipment of firearms may be restricted by the carrier at their discretion. Typically handguns and pistols will not be shipped. If you are allowed to ship firearms, you must include the make, model, serial number and dollar value on the Valued Inventory form.

**Impractical Articles** The Company will not pay for shipment of such items as firewood, fertilizer, coal, lumber, cement, gravel, topsoil, shrubbery, frozen foods and other perishables. Clean and dry your refrigerator and freezer thoroughly to avoid mildew. Although the carrier will usually haul household plants, and the Company will pay for their shipment, neither the carrier nor the Company accepts any responsibility for their safe delivery.

**Packing and Pickup Dates** Normally, goods are packed in one to two days and loaded the next. Bedding, utensils and clothing can be set aside for use on your last night and packed on moving day. After a date is agreed upon, the carrier is required to give reasonable advance notice of delay, if unable to comply.

**Packing**  You or someone you can rely on should be present to note carrier’s inventory of goods and their condition at time of packing. If you do not agree to the carrier’s description of an item's condition, you should write in your exceptions (make reference to carrier’s item number) at close of the inventory before you sign it. You are encouraged to have the carrier do the entire packing job. Regulations affecting carrier’s responsibilities for goods you pack and unpack vary from state to state. In any case, claims for loss or damage are more difficult to substantiate when you pack or unpack part of your goods.

**Bills of Lading** After your goods are loaded, the driver will give you a bill of lading. It is the contract of carriage as well as your receipt. Be certain it shows correct destination address and proper instruction for notice to your office at the new location or an alternate contact. Be sure to perform a final walk through of your home before the van leaves.

**Delivery Dates** At the time your move is arranged, a delivery date range will be fixed according to your request and the carrier’s ability to perform. Thereafter, the carrier is required to notify you in advance of any delay.

**Delivery** Someone must be present to check off each item on your copy of the inventory as it comes into your residence. Make notes on damaged or missing articles on the driver’s inventory before signing. Notify the carrier immediately of missing items so that a trace can be started.

**Unpacking** The carrier will unpack your goods. If you or your spouse desire to unpack some articles, you may. However, claims against the carrier for loss or damage may be more difficult if you do. Chevron does not authorize maid service (putting goods away in cupboards, closets, etc.)

**Claims for Loss and Damage - Household Goods** Whether or not you note loss and damage on the driver’s copy of the inventory, immediately list all missing or damaged articles and follow the instructions on the claim form given to you by the carrier. Only one claim per shipment can be filed. There is a mandatory 6-month statute of limitations (commencing on the date your household goods are delivered) within which to file a claim against the carrier. **The carrier needs to receive the claim no later than 10 working days before the 6 months expires. Claims will not be accepted after the 6-month statute of limitations expires.**

* **Property Damage at origin or destination does not fall under the 6-month statute.**  These claims must be filed immediately with the carrier.

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| **E****xpatriate Household Goods Valued Inventory** | [x]  | Personal Choice Location shipment |
| ***Inventory sheet must be completed and submitted prior to packing and can be submitted separate from the GO-1405EX***  |  |
| To be eligible for full replacement value on lost or non-repairable items, you must complete this inventory for all individual items with a value of $100 (or per home country policy) or more for goods being shipped internationally, local domestic shipments, or for goods going into permanent storage. Prepare separate inventories for each shipment. **Please email or fax form to your Relocation Consultant prior to the packing of your household goods unless instructed otherwise by your Expatriate Counselor.** |
| Full Name(s) of Employee and Spouse |       |
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| Fill out a separate sheet for each household room or location; for example, kitchen, bedroom, hall closet. | Room: |       |
|  |  |  |
| Item No. | Complete Description of Article | Reasonable Estimate of Replacement Cost (Indicate Currency) |
| 1. |       |       |
| 2. |       |       |
| 3. |       |       |
| 4. |       |       |
| 5. |       |       |
| 6. |       |       |
| 7. |       |       |
| 8. |       |       |
| 9. |       |       |
| 10. |       |       |
| 11. |       |       |
| 12. |       |       |
| 13. |       |       |
| 14. |       |       |
| 15. |       |       |
| 16. |       |       |
| 17. |       |       |
| 18. |       |       |
| 19. |       |       |
| 20. |       |       |
| 21. |       |       |
| 22. |       |       |
| 23. |       |       |
| 24. |       |       |
| 25. |       |       |
| 26. |       |       |
| 27. |       |       |
| 28. |       |       |
| **TOTAL VALUE** |       |
| Employee Signature |       | Date |       |