

APPROVAL FOR MANDATORY UPLIFT DATE

Part A – Member to complete

| PMKeys | Rank | Initials | Surname | | | Unit | | |
|---|---------------------------------------|----------------|------------------|---------------------------|------------------------|------------------------|--|--|
| | | | | | | | | |
| | | | | | | | | |
| Reason for Relocation | on (please tick): | | | | | | | |
| PostingDischargeChange in | personal circumsta | nces (please s | specify the reas | on below) | | | | |
| | Own Home Reloca Eviction from RA o | | | ll to SR ange of SR | Over | seas Deployment r | | |
| Requested Mandatory Uplift Date: | | | | | | | | |
| Reasons for request separately | ed mandatory uplitt | date (operatio | nal or extenuat | ing compassionate circums | tances): <i>It ins</i> | utficient space attach | | |
| Member's Signature | | | | Date | | | | |

Part B – Approving delegate to complete

(CO/OC (MAJ (E) or above in Member's chain of command)

I, an approving delegate as described above, have considered the information presented and I am satisfied that the reasons provided are valid and unavoidable, thereby excluding this relocation from the Whole of Relocation Cost model. I acknowledge my approval may result in a higher removal cost for the Commonwealth.

| | APPROVED | NOT APPROVED | |
|--------------------|----------|----------------|--|
| Signature | | Date | |
| Print Name | | Print Rank | |
| Print Appointment | | Unit | |
| Delegate Telephone | | Delegate Email | |