



**EMPLOYEE UNIFORM ALLOWANCE AUTHORIZATION**

<b>TO</b>	<b>CHIEF, FINANCE SERVICE</b>	FACILITY NAME AND LOCATION
	<input type="text"/>	<input type="text"/>

EMPLOYEE NAME	SOCIAL SECURITY NO.	ORGANIZATION <i>(Service or Division)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

POSITION OCCUPIED	EFFECTIVE DATE OF ASSIGNMENT
<input type="text"/>	<input type="text"/>

**UNIFORM ALLOWANCE IS HEREBY AUTHORIZED FOR THE ABOVE-NAMED EMPLOYEE AS FOLLOWS:**

**A. INITIAL ALLOWANCE**

- Direct payment for the first year of uniformed services in the amount of \$
- Initial allowance previously authorized effective

**B. BIWEEKLY PAY PERIOD ALLOWANCE**

- Biweekly allowance authorized effective

**C. DISCONTINUE ALLOWANCE effective**

- Employee occupies position for which allowance is not payable.
- Terminal leave, e.g. leave with pay pending retirement (for disability retirement , OPM approval required.)
- Personal clothing authorized in lieu of uniform.

SIGNATURE OF AUTHORIZING OFFICIAL	DATE
<input type="text"/>	<input type="text"/>