

ORDER

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

GL AF 1500.1C

GREAT LAKES REGION

12/11/90

SUBJ: PERMANENT CHANGE OF STATION (PCS) PROGRAM MANAGEMENT

1. PURPOSE. This order delineates policy, procedures, and instruction for implementation of the Permanent Change of Station program at the sector level of the Great Lakes Region, Airway Facilities Division.
2. DISTRIBUTION. This order is distributed to the branch level and above in the Airway Facilities Division and to all Airway Facilities sector and field offices in the Great Lakes Region.
3. CANCELLATION. Order GL AF 1500.1B, Permanent Change of Station (PCS) Program Management, dated March 29, 1990, is cancelled.
4. BACKGROUND. Since issuance of Order GL AF 1500.1B, the delegation of authorizing official of PCS travel orders has been changed and is reserved for the Manager, Airway Facilities Division, AGL-400. The changes are made to two paragraphs in this revised order. A change is also made to the Worksheet for Permanent Change of Station, Appendix 2, indicating a percentage of 20% is to be used for obligating Object Class 1214 funds; the total amount of accompanied spouse's second 30 days temporary quarters is corrected to \$990; paragraph 8a is rewritten to be more definitive; and minor spelling corrections are made.
5. RESPONSIBILITIES. The Operations Resources Section, AGL-423, has the overall responsibility to manage the Airway Facilities Division Permanent Change of Station program in such a way as to ensure the efficient utilization of resources. The following responsibilities apply within each Airway Facilities sector.
 - a. Sector Managers have the responsibility for coordinating with appropriate division levels as set forth in this order when identifying PCS eligibles.
 - b. Assistant Managers Program Support (AMPS) and Administrative Officers (AOs) have the responsibility of preparing PCS travel orders, programming of resources to cover such moves, and monitoring actual expenditures against estimated obligations of funds. They are to review the Change of Station Reports, RIS Nos. I-K and I-K.1, for proper obligations, deobligations, etc., ensure that funds for each object class are reduced to "0" when each segment of a move has been completed, and notify AGL-423 of any increases/decreases in monies.

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Initiated By: AGL-423

c. The preparation and approval of PCS travel orders have been delegated to the following, with the exception of 60-day temporary quarters orders which are authorized by AGL-400:

<u>Employee's Destination</u>	<u>Preparation of PCS Travel Order</u>	<u>Requesting Official</u>	<u>Authorizing Official</u>	<u>Authorizing Official for Adv. of Funds</u>
Regional Office Position	AGL-423	AGL-423	AGL-400	AGL-420
Sector Manager Position	AGL-423	AGL-420	AGL-400	AGL-400
Sector/SFO/ Unit Position	Gaining Sector	Asst. Mgr. Program Support (AMPS) of gaining sector	AGL-400	Sector Mgr. of gaining sector

d. All overseas PCS travel orders shall be prepared by AGL-420.

6. ELIGIBILITY. Travel and relocation allowances may be authorized for any employee when it is in the interest of the Government to fill a position by movement of an employee from one duty station to another. This authority extends to reassignment from one Federal agency to another. With the exception of a separation because of a reduction-in-force or transfer of function, a change of station may not be authorized for an individual who is re-employed following a break in continuity of Government service. Similarly, a permanent change of station at Government expense will not be authorized when it is primarily for the benefit of the employee and at his/her request. More specifically, PCS travel and relocation allowances may be authorized to:

a. Employees upon permanent transfer from one official duty station to another, if the one-way commuting distance from the old residence to the new official duty station is at least 10 map miles greater than from the old residence to the old official duty station and relocation of residence is incident to the reassignment.

b. New appointees to positions within the continental United States when a determination has been made that a personnel shortage exists (limited PCS applies).

7. REFERENCE. Any other information not stated in this order can be found in Order 1500.14A, DOT 1500.6A, Travel Manual, and other official publications.

8. PROCEDURES. The basic steps in the PCS planning and implementation process entail:

a. Planning Phase.

(1) The identification of the total number of PCS's required for the upcoming fiscal year shall be identified by the sectors to the Operations Standards Section, AGL-424, by September 1 of each fiscal year.

(2) A semi-annual review by each sector of their PCS plan shall be submitted to AGL-424.

(3) The Operations Standards Section, AGL-424, shall consolidate PCS requirements and, on a quarterly basis, inform the Operations Resources Section, AGL-423, of all prospective moves.

(4) The Operations Resources Section, AGL-423, shall identify the monies required for prospective PCS moves.

b. Implementation Phase.

(1) When authorized, the gaining sector shall notify AGL-424 of a potential PCS by submitting an AF Permanent Change of Station (PCS) Request, GL Form 1500-8 (see Appendix 1).

(2) AGL-424 shall notify AGL-423, utilizing GL Form 1500-8, of all potential PCS's. After approval/disapproval of the PCS, AGL-424 shall send a copy of GL Form 1500-8 to the gaining sector with Part 3 of the form completed.

(3) Receipt of an approved PCS request, GL Form 1500-8, from AGL-424 shall initiate the actual PCS process by the gaining sector.

(4) The gaining sector shall notify the losing sector of the PCS, prepare a travel package as outlined in paragraph 9, and send it to the selected employee. If the employee is from another region and selected for a position in the Great Lakes Region, the gaining sector shall send the employee a travel package by express mail, if necessary, to ensure that the employee receives the package within one or two days. If the employee is going from the Great Lakes Region to another region, the other region shall furnish the employee a travel package, unless other arrangements have been made.

(5) The selected employee shall return all applicable forms to the gaining sector, as outlined in paragraph 10.

(6) The gaining sector shall prepare the PCS travel order, as outlined in paragraph 12.

(7) After preparation of the travel order by the gaining sector, that sector shall contact AGL-423 for a travel order number and certification of fund availability.

(8) Forward travel order to applicable offices as indicated in paragraph 13.

9. PREPARATION OF PCS TRAVEL PACKAGE.

a. The PCS travel package for all but new hires shall consist of the following:

(1) One copy of "FAA Employee Permanent Change of Station PCS Moving" booklet.

(2) Four copies of the Travel and Transportation Agreement, FAA Form 1520-1.

(3) One copy of the Official Change of Station Questionnaire.

(4) Four copies of the Advance of Funds Application and Account, Standard Form SF-1038.

(5) One copy of the Released Value on Shipment of Household Goods, GL Form 1520-2.

(6) One copy of the Itemization of Actual Subsistence Expenses, Form DOT F 1500.5.

(7) Two copies of Claim and Voucher for Reimbursement of Expenses Incurred in the Sale and/or Purchase of a Residence - Permanent Change of Station, Form DOT F 1500.6.

(8) One copy of the Employee Relocation Services Authorization form and the DOT/FAA Relocation Services for Government Employees booklet.

b. When a PCS has been authorized for a new hire the travel package shall consist of the following:

(1) One copy of "FAA Employees Permanent Change of Station - PCS Moving" booklet.

(2) Four copies of the Travel and Transportation Agreement, FAA Form 1520-1.

(3) One copy of the Official Change of Station Questionnaire.

(4) One copy of the Released Value on Shipment of Household Goods, GL Form 1520-2.

10. COMPLETION OF THE PCS TRAVEL PACKAGE. The selected employee shall complete the following forms and return them to the gaining sector as soon as possible.

- a. Four signed copies of the Travel and Transportation Agreement, FAA Form 1520-1.
- b. One copy of the Official Change of Station Questionnaire.
- c. Four copies of the Advance of Funds Application and Account, Standard Form 1038.
- d. One copy of the Released Value on Shipment of Household Goods, GL Form 1520-2.
- e. Signed Employee Relocation Services Authorization form. The Administrative Officer shall fill in the travel order number, reporting date, and appropriate accounting classification code. This form is not required of new hires.

11. WORKSHEET FOR PERMANENT CHANGE OF STATION. The Worksheet for the Permanent Change of Station, GL Form 1500-9 (Appendix 2), is used to determine the estimated costs as identified in Blocks 25 and 26 of the travel order. These figures are estimates only. The employee will be reimbursed up to his/her full entitlement. The current issue of the worksheet should be used when preparing a travel order. As entitlements change, AGL-423 will update the worksheet and furnish the sectors with copies. Information for this worksheet is obtained from Order 1500.14A (DOT 1500.6A), Travel Manual, Chapter 5, Relocation Allowances, and other official directives, as applicable.

a. Advance Househunting Trip - Object Class 2115 (reference Order 1500.14A, Chapter 5, Section 7). A househunting trip may be authorized when circumstances indicate a need for it and when the map distance between the old and new duty stations is 75 miles or more. An advance househunting trip is not authorized for a new hire nor for transferees from outside the continental United States (CONUS).

b. Permanent Duty Travel (Enroute) - Object Class 2113 (reference Order 1500.14A, Chapter 5, Section 3). An employee traveling by automobile as advantageous to the Government is expected to travel a minimum distance of 350 miles per day on both workdays and nonworkdays unless unusual conditions occur, such as delays due to road repair work. The Household Goods Carrier's Bureau Mileage Guide is to be used for determining distances between old and new residences.

c. Temporary Quarters and Subsistence Expenses - Object Class 1212 (reference Order 1500.14A, Chapter 5, Section 8). The administrative determination as to whether the occupancy of temporary quarters is necessary and the length of time for occupancy shall be made on an individual case basis. An employee or family member shall not be eligible for temporary quarters expenses when the distance between the new official station and the old residence is not more than 40 miles greater than the distance between the old residence and the old official station, except that temporary quarters expenses are allowable for the period during which the employee is awaiting the arrival of his/her household goods to be shipped from the old to the new residence. Temporary quarters and subsistence expenses are not authorized for new hires.

d. Shipment of Household Goods - Object Class 2221 (reference Order 1500.14A, Chapter 5, Section 4). The election of GBL or commuted rate is made by the employee on the questionnaire. The Transportation Officer will determine the cost of shipment of household goods after discussion with the transferring employee. The amount to be shown is a standard estimate for obligating purposes.

e. Storage of Household Goods - Object Class 2510 (reference Order 1500.14A, Chapter 5, Section 4). The election of GBL or commuted rate is made by the employee on the questionnaire. The Transportation Officer will determine the cost of storage of household goods after discussion with the transferring employee. The amount to be shown is a standard estimate for obligating purposes.

f. Real Estate Expenses (reference Order 1500.14A, Chapter 5, Section 9). The Government shall reimburse an employee for expenses required to be paid in connection with the sale of one residence or the settlement of an unexpired lease at the old duty station and the purchase of one residence at his/her new duty station. Three distinct object classes for real estate expenses are identified below and are each to be obligated separately. Real estate reimbursements are not authorized for new hires.

(1) Sale of residence without using relocation services or unexpired lease - Object Class 1210.

(2) Sale of residence using relocation services - Object Class 1214.

(3) Purchase of residence - Object Class 1215.

g. Relocation Income Tax Allowance - Object Class 1213 (reference Order 1500.14A, Chapter 5, Section 12). The employee will be reimbursed up to the full entitlement. The amount to be shown is a standard estimate for obligating purposes.

h. Miscellaneous Moving Expenses - Object Class 1211 (reference Order 1500.14A, Chapter 5, Section 10). This miscellaneous expenses allowance is for the purpose of defraying various contingent costs associated with discontinuing residence at one location and establishing residence at a new location. Miscellaneous moving expenses reimbursements are not authorized for new hires.

12. PREPARATION OF TRAVEL ORDER FOR PERMANENT CHANGE OF STATION (PCS), FORM DOT F 1500.4. This section establishes the procedures for the preparation of PCS travel orders. The following is an outline of the general criteria required for preparation of the PCS travel order. See Appendices 3, 4, and 5 for samples of the forms.

a. Block 1 - NAME AND LOCATION OF ACCOUNTABLE OFFICE. Indicate the name and location of the gaining Airway Facilities Sector or Branch.

b. Block 2 - ORDER NUMBER. Travel order number, obtained from AGL-423 will consist of a prefix letter, which identifies the type of travel, plus a seven-digit number as indicated below:

H-C-21-001-1
/ / / / /
(1) (2) (3) (4) (5)

(1) "H" represents a Permanent Change of Station Travel Order.

(2) "C" denotes the Great Lakes Region.

(3) "21" is for field maintenance (field facilities).

"22" is for engineering (AGL 450 or AGL-460).

"25" is for planning, direction, and evaluation (AGL-400 and Staff, AGL-420, AGL-480).

(4) "001" is the travel order number assigned by AGL-423.

(5) "1" represents the last digit of the applicable fiscal year, i.e., "1" is for FY-91.

c. Block 3 - NAME OF TRAVELER. Enter the payroll name of the traveler, giving first name, middle initial, and last name, and the employee's social security number.

d. Block 4 - RESIDENCE ADDRESS. Enter residence address of traveler at old duty station.

e. Block 5 - FROM. Enter city and state of old official duty station.

- f. Block 6 - TO. Enter city and state of new official duty station.
- g. Block 7 - TYPE OF PERMANENT DUTY TRAVEL. Put an "X" in the area marked "TRANSFER FOR CONVENIENCE OF THE GOVERNMENT" for a current employee or "X" in the area marked "TRANSFER TO FIRST DUTY STATION" for a new employee.
- h. Block 8 - DATE EMPLOYEE SIGNED AGREEMENT TO REMAIN IN GOVERNMENT SERVICE. Enter the date the traveler signed the Travel and Transportation Agreement, FAA Form 1520-1.
- i. Block 9 - TRAVEL TO BEGIN ON OR ABOUT. Enter the approximate date the employee will begin travel to his/her new duty station.
- j. Block 10 - MAXIMUM NUMBER OF DAYS. Enter the maximum number of days of travel time (fractional days must be shown) authorized for the employee to travel to the new duty station.
- k. Block 11 - MODE OF TRAVEL. Check the appropriate mode of travel which the employee will be authorized to use throughout his/her complete change of station. More than one mode of travel can be checked, if applicable.
- l. Block 12 - REPORTING DATE. Enter the date the traveler is scheduled to report to his/her duty station. If this date changes after the travel order is processed, an amendment to the travel order is required. (Reference paragraph 14, Travel Order Amendments.)
- m. Block 13 - MILEAGE RATE. Enter "Paragraph 5-0310," if POV is to be used. (Paragraph 5-0310 of Order 1500.14A covers privately-owned vehicle mileage rates.)
- n. Blocks 14A/14B/14C - YOU AND/YOUR SPOUSE ARE AUTHORIZED ONE ROUND TRIP TO NEW DUTY STATION TO SEEK RESIDENCE QUARTERS. Enter an "X" in the left margin block if a househunting trip is authorized. Cross out "AND/OR SPOUSE," if none. Advance househunting trips are not authorized for new hires.
- (1) Block 14A - Enter the number of days authorized up to a maximum of 10.
- (2) Block 14B - Check appropriate mode of travel. If the employee is using air travel and requires a rental car, check "AIR" and "OTHER" and enter "Rental Car."
- (3) Block 14C - If the mode of travel is via POV, enter "Paragraph 5-0310."
- o. Blocks 15A/15B - TRANSPORTATION OF YOUR IMMEDIATE FAMILY. Enter an "X" in the left margin block, if transportation of immediate family is authorized. Cross out "AND YOUR IMMEDIATE FAMILY," if the employee has none.

(1) Block 15A - Check appropriate mode of travel.

(2) Block 15B - If the mode of travel is via POV, enter "Paragraph 5-0310."

p. Blocks 16A/16B - PER DIEM RATE FOR EMPLOYEE AND FAMILY. Enter an "X" in the left margin block. Per diem is not authorized for the family of a new hire.

(1) Block 16A - If the employee has no immediate family, or if the employee is a new hire, cross out "AND A PER DIEM RATE FOR YOUR FAMILY." If travel will be less than 10 hours, enter "None for less than 10 hours."

(2) Block 16B - Enter "Paragraph 5-0201" for the employee and "Paragraph 5-0202" for the family, if applicable, e.g., "Paragraph 5-0201/0202."

q. Blocks 17A/17B - SUBSISTENCE EXPENSE FOR EMPLOYEE AND FAMILY. Enter "X" in the left margin block, if temporary quarters are authorized. This entitlement is not authorized for new hires.

(1) Block 17A - If the employee has no immediate family, cross out "AND FAMILY."

(2) Block 17B - Enter the number of days authorized up to 60.

r. Blocks 18A/18B - TRANSPORTATION OF HOUSEHOLD GOODS. Enter an "X" in left margin block.

(1) Block 18A - If employee has no immediate family, cross out "YOUR DEPENDENTS AND."

(2) Block 18B - Enter "Two years from reporting date."

s. Blocks 19A/19B - TRANSPORTATION AND STORAGE OF HOUSEHOLD GOODS. Enter an "X" in the left margin block.

(1) Block 19A - Check "GBL" and "TEMP. STORAGE." If shipment is to be made by commuted rate rather than by GBL, check "COMMUTED RATE."

(2) Block 19B - Enter "18,000 lbs."

t. Block 20 - EXPENSES FOR REAL ESTATE TRANSACTIONS. Enter an "X" in the left margin block if real estate expenses are authorized. This entitlement is not authorized for new hires.

u. Block 21 - NAMES OF IMMEDIATE FAMILY. Enter first, middle (if available), and last name of all dependents transferring with the employee.

(1) RELATIONSHIP - Enter "spouse," daughter," or "son."

(2) AGE - Enter date of birth (MM/DD/YY) for each dependent. DOB is not required for spouse.

v. Block 22 - SPECIAL PROVISIONS OF REMARKS. This space is used for any miscellaneous data.

(1) Enter the following: "NOTE TO EMPLOYEE: Please contact the Transportation Officer, AGL-53B, FTS 384-7161 or 7227, regarding shipment of your household goods at least 30 days prior to anticipated shipment of your goods."

(2) If two POV's are authorized as advantageous to the Government, enter one of the following justifications, as applicable, or whatever acceptable special circumstance applies. (Reference Order DOT 1500.6A, Chapter 5, Section 3.)

(a) Transfer of two POV's authorized. Employee will report to new duty station in advance of travel by family because...(give acceptable reason, such as pending completion of school term, etc.).

(b) Transfer of two POV's authorized. There are more members of the immediate family than reasonably can be transported, together with baggage, in one automobile.

(c) Due to miscellaneous items needed for temporary quarters, two POV's are authorized.

(3) If air travel and/or rental car are authorized for househunting, enter "Air travel authorized for househunting trip. Use of rental car while househunting is authorized."

(4) If the employee is a new hire, enter "Employee is a new hire."

(5) If the employee is a bargaining unit employee, enter "Employee is bargaining unit employee. Sixty days temporary quarters authorized." If more than thirty days temporary quarters are authorized, enter the justification, e.g., "Sixty days temporary quarters are authorized due to length of time needed to secure permanent residence and process loan application."

(6) If the employee must complete supervisory training, enter "No funds will be expended against this travel order until successful completion of supervisors initial training by employee." The employee may list his residence but must not enter into a contract or close before the reporting date.

w. Block 23 - SIGNATURE OF REQUESTING OFFICIAL. Enter the appropriate requesting official's name and title, as described in paragraph 5.

(1) TITLE - Name and title of requesting official. If someone is serving in the position in an acting capacity, enter that person's name and title, preceded by the word "Acting."

(2) DATE - Date the employee signed the Travel and Transportation Agreement, as given in Block 8.

x. Block 24 - SIGNATURE OF AUTHORIZING OFFICIAL. Enter the appropriate authorizing official's name and title, as described in paragraph 5. If the authorizing official is AGL-400, leave the name blank, as another individual may be serving in the position in an acting capacity. AGL-423 will fill this in when processing the travel order.

(1) TITLE - Name and title of authorizing official.

(2) DATE - Date the employee signed the Travel and Transportation Agreement, as given in Block 8.

y. Block 25 - ESTIMATED COST - REIMBURSABLE ITEMS ONLY. Enter in items A, B, C, F, and G the estimated rounded figures, as described throughout paragraph 11, of specific items subject to reimbursement directly to the employee. Enter "GBL" for items D and E, if applicable. If real estate expenses and relocation income taxes will be used/incurred, the estimate will be entered under item F and will be a combined total of Object Classes 1210, 1213, 1214, and 1215 obligations, as applicable. Add items A through G and enter the total under item H.

z. Block 26 - ACCOUNTING CLASSIFICATION.

(1) Enter the appropriate accounting classification code, e.g.:

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101.0/CXXXX/211
  /      /      /
Current Cost Program
Fiscal Center Activity
Year Code Code

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(2) Enter the estimated costs for each object class. These costs are related to Blocks 25A through 25G and are described in paragraph 11. The amounts for each object class are determined after completion of the worksheet.

<u>OBJECT CLASS</u>	<u>DESCRIPTION</u>
1210	Real Estate Sale Without Relocation Services
1211	Miscellaneous Moving Expenses
1212	Temporary Quarters
1213	Relocation Income Tax
1214	Real Estate Sale Using Relocation Services
1215	Real Estate Purchase
2113	Enroute Travel
2115	Advance Househunting Trip

(3) Enter in Block 26 "Transportation Officer: Please obligate the following on GBL: 2221 - \$XXXX; 2510 - \$XXXX." (Amounts are to be determined after completion of the worksheet.)

13. FINALIZATION AND DISTRIBUTION OF TRAVEL ORDER AND ASSOCIATED FORMS. In finalization of Form DOT F 1500.4, Travel Order for Permanent Change of Station, contact AGL-423 for a travel order number. Inform AGL-423 of the estimated costs, as identified in Block 26. Obtain appropriate signatures for Blocks 23 and 24. Travel orders and associated forms will be distributed as follows. (Amended travel orders will also be distributed as below.)

a. Travel Order for Permanent Change of Station (original set, plus two photocopies):

- (1) The original copy marked "ACCOUNTING OFFICE" to ACE-25B.
- (2) The copies marked "EMPLOYEE" and "EMPLOYEE COPY" to the employee.
- (3) The copy marked "ISSUING OFFICE" to the sector.
- (4) The copy marked "TRANSPORTATION OFFICER" to AGL-53B.

(5) Two photocopies to AGL-423. (One will be transmitted to AGL-53B with the Employee Relocation Service Authorization form.)

b. Travel and Transportation Agreement (original, plus four copies):

- (1) The original and one copy (both with original signature) to ACE-25B.
- (2) One copy to the employee.

(3) One copy to AGL-423.

(4) One copy retained in the sector.

c. Advance of Funds Application and Account (if applicable--original, plus two copies):

(1) The original and one copy to ACE-25B.

(2) One copy to the employee.

(3) One copy retained in the sector.

d. Employee Relocation Services Authorization (original, plus two copies):

(1) Original and one photocopy to AGL-423 who will forward to AGL-53B.

(2) One copy retained in the sector.

e. Released Value on Shipment of Household Goods is to be sent to AGL-53B.

f. The AF Permanent Change of Station (PCS) Request, the Official Change of Station Questionnaire, and the Worksheet for Permanent Change of Station shall be retained in the sector.

14. TRAVEL ORDER AMENDMENTS. If a travel order needs amending for any reason, for example, report date changes, estimated cost changes, etc., the blocks listed below shall be completed and copies of the travel order shall be distributed as stated in paragraph 13 of this order.

a. Block 1 - NAME AND LOCATION OF ACCOUNTABLE OFFICE.

b. Block 2 - ORDER NUMBER. Show AMENDMENT #XX and assigned travel order number.

c. Block 3 - NAME OF TRAVELER.

d. Block 4 - RESIDENCE ADDRESS.

e. Block 5 - FROM.

f. Block 6 - TO.

g. Complete any blocks applicable to the amendment.

h. Block 22 - SPECIAL PROVISIONS OR REMARKS. Enter "This amendment is issued to change..... from to"

i. Block 23 - SIGNATURE OF REQUESTING OFFICIAL.

k. Block 24 - SIGNATURE OF AUTHORIZING OFFICIAL.

15. ADVANCE OF FUNDS APPLICATION AND ACCOUNT, STANDARD FORM 1038 (reference Order 1500.6A, Chapters 5 and 6). Travel advances are only allowed for advance househunting trips (when authorized), enroute travel, temporary quarters (when authorized), and movement of household effects and temporary storage when by commuted rate rather than by GBL. The portion of the advance for temporary quarters should be submitted in increments for each 30 days of temporary quarters authorized and used. The following is an outline of the general criteria required for a travel advance. See Appendix 6 for sample format. New hires are eligible for travel advances only for enroute travel and transportation and storage of household goods, if by commuted rate rather than by GBL. PCS advances of funds are to be forwarded to Accounting for processing 15 days (plus mail time) prior to the type of travel for which the advance is requested.

a. Block 1 - TYPE OF ADVANCE. Enter "X" for "CHECK." Enter "Travelers," if travelers checks are applicable.

b. Block 2- TYPE OF TRAVEL. Enter "X" for "PERMANENT."

c. Block 3 - NAME. Enter employee's last and first names, and middle initial.

d. Block 4 - ACCOUNT NUMBER. Leave blank.

e. Block 5 - TELEPHONE NUMBER. Enter the employee's work telephone number.

f. Block 6 - SOCIAL SECURITY ACCOUNT NUMBER. Enter the employee's social security number.

g. Block 7 - DEPARTMENT OR ESTABLISHMENT. Enter "DOT, FAA."

h. Block 8 - BUREAU, DIVISION, OR OFFICE. Enter "Airway Facilities Division."

i. Block 9 (a-g) - APPLICATION.

(1) Block a - Enter the employee's travel order number as identified in Block 2 of Travel Order for Permanent Change of Station, Form DOT F 1500.4.

(2) Block b - Enter the date the travel order was signed as identified in Block 24 of Travel Order for Permanent Change of Station, Form DOT F 1400.4.

(3) Block c - Enter the estimated date the employee will begin travel. Leave the "TO" box blank.

(4) Block d - Enter "X" in the appropriate box for "OFFICE" or "RESIDENCE." Enter the appropriate street address, city, state, and zip code.

(5) APPLICANT SIGN HERE/DATE - The employee must sign and date in ink. No one may sign for the employee.

(6) Block e - Enter "none" if obtained advance with travelers checks or, if applicable, enter any previous PCS advances which are outstanding.

(7) Block f - Enter the amount the employee is eligible for per guidelines in paragraph 15 above and Order 1500.14A, Chapters 5 and 6.

(8) Block g - Total boxes "e" and "f".

j. Block 10 - APPROVAL. Enter signature and title of approving official as identified in paragraph 5.

k. Block 11 - APPROPRIATION TO BE CHARGED. Enter the appropriation as identified in Block 26 of the Travel Order for Permanent Change of Station, Form DOT F 1500.4, and the appropriate object class(es).

l. Block 12 - REMARKS. Enter whatever is applicable of the following: "Advance needed for permanent change of station for househunting (or enroute travel and/or first 30 days of temporary quarters. Reporting date is ____." Enter the installment number of the advance being issued. Enter "To be charged to travel charge card," if applicable.

m. Block 13 - CASH PAYMENT RECEIVED. Enter "Travelers checks," if applicable, or leave blank.

16. VOUCHER SUBMISSIONS (reference Order 1500.14A, Chapter 9).

a. Vouchers for PCS travel must be submitted by the transferee as each step in the PCS process is concluded, i.e., after the advance househunting trip, the enroute travel, each thirty days of temporary quarters, etc.

b. If all steps of the PCS process are concluded within thirty days, one voucher may be submitted to include all expenditures.

c. Claims for the advance househunting trip, enroute travel, miscellaneous expenses, and shipment/storage of household effects (if by commuted rate) are to be made on Form SF-1012, Travel Voucher. For temporary quarters expenses, claims are to be made on Form DOT F 1500.5, Itemization of Actual Subsistence Expenses (While Occupying Temporary Quarters). Real estate transaction expenses are to be claimed on Form DOT F 1500.6, Claim and Voucher for Reimbursement of Expenses Incurred in the Sale and/or Purchase of a Residence-Permanent Change of Station. Relocation income tax allowances claims are to be made on Form SF-1012.

17. ADVANCE OF FUNDS REPAYMENT (reference Order 1500.14A, Chapter 6).

a. Funds advanced for PCS travel (advance househunting trip, enroute travel, each thirty days temporary quarters, and shipment of household goods, if by commuted rate, are to be repaid for each such PCS entitlement in increments upon conclusion of each segment of the PCS move. Balances for funds advanced should be "0" after completion of temporary quarters allowances or when household effects are shipped by commuted rate, whichever occurs last.

b. If funds advanced for PCS travel are repaid on a temporary duty travel voucher, a statement on the voucher should be made to the effect that the advance and the amount being repaid are for PCS travel order number H-C-XX-XXX-X, date XX/XX/XX, appropriation XXXX/XXXXX/XXX/XXXX.

18. CHANGE OF STATION REPORTS, RIS NUMBERS I-K and I-K.1.

a. The Change of Station Reports, RIS Numbers I-K and I-K.1, are issued monthly by the Accounting Division. The I-K report is for the current year PCS travel funds obligated and/or expended, and the I-K.1 is for funds obligated and/or expended in prior years.

b. Both reports show by cost center code, the employee name, PCS travel order number, the amounts outstanding for advances of funds, the obligations and expenditures unpaid against specific object classes.

c. The "ACCRUED EXPENDITURES UNPAID" column indicates partially or fully unvouchered and unpaid amounts per object class. The "EXPENDITURES" column indicates vouchered and paid amounts.

d. AGL-423 will send the report to each Administrative Officer. They, in turn, should review it and notify AGL-423 of any changes or errors (reference paragraph 5 of this order). Also, at any time between receipt of the reports, the Administrative Officer may notify AGL-423 of any deobligations.



G. W. Statser
Manager, Airway Facilities Division

12/11/90

GL AF 1500.1C

Appendix 1

APPENDIX 1. AF PERMANENT CHANGE OF STATION (PCS) REQUEST



US Department
of Transportation
Federal Aviation
Administration

Great Lakes Region
AF Permanent Change of Station (PCS) Request

From Manager, AF Sector	Routing Symbol	To AGL-462	
Instructions. AF Sector prepares Part 1 and forwards this form and GL Form 3330-13, Selection List of Best Qualified Candidates for Advertised Position Vacancies, to AGL-462 for action. Part 2. AGL-460 Shall complete this section if a Non-MPP action is required. Part 3. AGL-462 shall complete this section and send one copy of the completed form to AGL-463 for action and file the Original.			
Part 1. Permanent Change of Station (PCS) Information (To be completed by the AF Sector)			
Name	Effective Date	Reporting Date	
Facility From	Facility To		
Part 2. If Non-MPP action is required (To be completed by AGL-460)			
Signature (Manager, Maintenance Operations Branch, AGL-460)	Date		
Part 3. Selection Approval Action (To be completed by AGL-462 after the selection has been approved)			
Date Selection Approved	Signature (AGL-462)		

GL Form 1500-8 (4-85)

APPENDIX 2. WORKSHEET FOR PERMANENT CHANGE OF STATION

EMPLOYEE NAME _____

1. ADVANCE HOUSEHUNTING TRIP - OBJECT CLASS 2115 (reference Order 1500.14A, Chapter 5, Section 7, and any other applicable official publications).

a. PER DIEM: Use quarter day system for days of departure and arrival, if applicable.

(1) Employee or spouse _____ days at \$66 per day = \$ _____

or

(2) Employee and spouse _____ days at \$115.50 per day = \$ _____
(Spouse's per diem is 75% of employee's rate)

b. TRANSPORTATION

(1) Air Fare \$ _____ x 2 (if applicable) = \$ _____

or

(2) POV _____ miles x _____ cents/mile x 2 (round trip) = \$ _____

TOTAL = \$ _____

Mileage: 15 cents for one person
17 cents for two people

2. ENROUTE TRAVEL - OBJECT CLASS 2113 (reference Order 1500.14A, Chapter 5, Section 3, and any other applicable official publications).

a. MILEAGE

(Mileage per mileage guide = _____ miles.)

(1) Employee only OR employee and dependents:

_____ miles x _____ cents/mile = \$ _____

(2) Dependents (when two POV's are authorized):

_____ miles x _____ cents/mile = \$ _____

SUBTOTAL = \$ _____

15 cents - one person 19 cents - three people
17 cents - two people 20 cents - four or more people

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b. PER DIEM: None for less than 10 hours. Use quarter day system for days of departure and arrival, if travel is more than 10 hours.

350 miles per day 175 miles 1/2 day
262.5 miles 3/4 day 87.5 miles 1/4 day

(Maximum number of days = _____ days)

(Maximum CONUS rate = \$40 for lodging and \$26 for M&IE = \$66/day)

(1) Employee:

_____ days at \$ _____ a day = \$ _____

(2) Spouse when accompanying employee:

_____ days at \$ _____ a day = \$ _____
(75% of employee's rate)

(3) Spouse when not accompanying employee:

_____ days at \$ _____ a day = \$ _____

(4) Dependents, 12 years of age or older:

_____ days at \$ _____ a day x number of dependents = \$ _____
(75% of employee's rate)

(5) Dependents under 12 years of age:

_____ days at \$ _____ a day x number of dependents = \$ _____
(50% of employee's rate)

TOTAL = \$ _____

3. TEMPORARY QUARTERS - OBJECT CLASS 1212 (reference Order 1500.14A, Chapter 5, Section 8, and any other applicable official publications).

a. FIRST THIRTY DAYS

(1) Employee \$66 x 30 = \$1,980 = \$ _____

(2) Accompanied spouse \$44 x 30 = \$1,320 = \$ _____
(2/3 of employee's rate)

(3) Unaccompanied spouse \$66 x 30 = \$1,980 = \$ _____

(4) Dependents 12 or more years of age \$44 x 30 = \$1,320 = \$ _____
(2/3 of employee's rate)

(5) Dependents under 12 years of age \$33 x 30 = \$990 = \$ _____
(1/2 of employee's rate)

SUBTOTAL = \$ _____

b. SECOND THIRTY DAYS:

- (1) Employee $\$49.50 \times 30 = \$1,485$ = \$ _____
- (2) Accompanied spouse $\$33 \times 30 = \990 = \$ _____
(2/3 of employee's rate)
- (3) Unaccompanied spouse $\$49.50 \times 30 = \$1,485$ = \$ _____
- (4) Dependents 12 or more years of age $\$33 \times 30 = \990 = \$ _____
(2/3 of employee's rate)
- (5) Dependents under 12 years of age $\$24.75 \times 30 = \742.50 = \$ _____
(1/2 of employee's rate)
- TOTAL = \$ _____

4. SHIPMENT OF HOUSEHOLD GOODS - OBJECT CLASS 2221 (reference Order 1500.14A, Chapter 5, Section 4, and any other applicable official publications).

- a. Employee - Use estimate of \$800 = \$ _____
- b. Employee and dependents - Use estimate of \$2,500 = \$ _____

5. STORAGE OF HOUSEHOLD GOODS - OBJECT CLASS 2510 (reference Order 1500.14A, Chapter 5, Section 4, and any other applicable official publications).

- a. Employee - Use estimate of \$500 = \$ _____
- b. Employee and dependents - Use estimate of \$1,000 = \$ _____

6. REAL ESTATE EXPENSES - OBJECT CLASSES 1210/1214/1215 (reference Order 1500.14A, Chapter 5, Section 9, and any other applicable official publications).a. SALE OF HOME WITHOUT ASSISTANCE OF RELOCATION COMPANY - OBJECT CLASS 1210.

Home sale price \$ _____ $\times 10\%$ = \$ _____
(NTE \$17,813--or whatever current amount is)

b. UNEXPIRED LEASE - O.C. 1210. = \$ _____c. SALE OF HOME WITH ASSISTANCE OF RELOCATION COMPANY - OBJECT CLASS 1214.

Home sale price \$ _____ $\times 20\%$ = \$ _____

d. PURCHASE OF NEW RESIDENCE - OBJECT CLASS 1215.

Purchase price is \$ _____ $\times 5\%$ = \$ _____
(NTE \$8,907--or whatever current amount is)

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7. RELOCATION INCOME TAXES - OBJECT CLASS 1213 (reference Order 1500.14A, Chapter 5, Section 12, and any other applicable official publications).

For obligating purposes, use \$2,000 = \$ _____

8. MISCELLANEOUS MOVING EXPENSES - OBJECT CLASS 1211 (reference Order 1500.14A, Chapter 5, Section 10, and any other applicable official publications).

a. Employee without immediate family = \$350 = \$ _____

b. Employee with immediate family = \$700 = \$ _____

GRAND TOTAL = \$ _____

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Appendix 3

APPENDIX 3. SAMPLE OF PCS TRAVEL ORDER FORM

TRAVEL ORDER FOR PERMANENT CHANGE OF STATION		1. NAME AND LOCATION OF ACCOUNTABLE OFFICE		2. ORDER NO.	
3. NAME OF TRAVELER		4. RESIDENCE ADDRESS (Number and street, city, State, and ZIP Code)			
You are authorized to perform the following travel and to be reimbursed for necessary expenses as provided in The DOT Travel Manual or Department of State, Foreign Affairs Manual.					
5. FROM		6. TO			
7. TYPE OF PERMANENT DUTY TRAVEL				8. DATE EMPLOYEE SIGNED AGREEMENT TO REMAIN IN GOVERNMENT SERVICE	
<input type="checkbox"/> TRANSFER FOR CONVENIENCE OF THE GOVERNMENT		<input checked="" type="checkbox"/> TRAVEL TO FIRST DUTY STATION (New appointee in shortage category position or student-trainee as defined in agency directives.) (NOTE: These allowances and expenses are not authorized: per diem for family in item 16A, and items 14, 17, and 20.)			
9. TRAVEL TO BEGIN ON OR ABOUT		10. MAX. NO. DAYS		11. MODE OF TRAVEL (Check all applicable)	
				<input checked="" type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> RAIL	
12. REPORTING DATE		13. MILEAGE RATE		<input type="checkbox"/> PRIVATELY OWNED VEHICLE (Complete item 13) <input type="checkbox"/> OTHER (Specify)	
(X) ALLOWANCES AND BENEFITS					
YOU AND / OR SPOUSE ARE AUTHORIZED ONE ROUND TRIP TO NEW DUTY STATION TO SEEK RESIDENCE QTRS, AS FOLLOWS:					
14A. MAX. NO. DAYS		14B. MODE OF TRAVEL <input type="checkbox"/> OTHER (Specify):		14C. MILEAGE RATE (If by POV)	
		<input type="checkbox"/> RAIL <input type="checkbox"/> POV <input checked="" type="checkbox"/> AIR (Lowest cost available)			
15A. TRANSPORTATION OF YOUR IMMEDIATE FAMILY LISTED IN ITEM 21 BELOW IS AUTHORIZED AT GOVERNMENT EXPENSE BY:		15B. MILEAGE RATE FOR FAMILY (If by POV)			
<input type="checkbox"/> RAIL <input type="checkbox"/> PRIVATELY OWNED VEHICLE (Will accompany employee) <input type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> (Not feasible to accompany employee)					
16A. YOU ARE AUTHORIZED THE FOLLOWING PER DIEM RATE AND A PER DIEM RATE FOR YOUR FAMILY		16B. PER DIEM RATE FOR EMPLOYEE			
17A. YOU ARE AUTHORIZED SUBS. EXP. FOR YOURSELF AND FAMILY WHILE OCCUPYING TEMP. QTRS. FOR A PERIOD NOT TO EXCEED		17B. MAX. NO. DAYS			
18A. TRANSPORTATION OF YOUR DEPENDENTS AND YOUR HOUSEHOLD GOODS AND PERSONAL EFFECTS SHOULD BE COMPLETED AS SOON AS PRACTICABLE AND NOT LATER THAN		18B. DATE			
19A. YOU ARE AUTHORIZED TO TRANSPORT AND STORE ALLOWABLE HOUSEHOLD GOODS AND PERSONAL EFFECTS WITHIN THE PRESCRIBED WEIGHT LIMITS		19B. WEIGHT AUTHORIZED			
<input type="checkbox"/> COMMUTED RATE <input type="checkbox"/> GBL <input type="checkbox"/> TEMP. STORAGE <input type="checkbox"/> NONTEMP. STORAGE					
20. YOU ARE AUTHORIZED ALLOWANCES FOR EXPENSES INCURRED IN CONNECTION WITH REAL ESTATE TRANSACTIONS AND UNEXPIRED LEASE TOGETHER WITH A MISC. EXPENSE ALLOWANCE					
21. NAMES OF IMMEDIATE FAMILY, FOR TRAVEL PURPOSES		RELATIONSHIP		AGE (Not required for spouse)	
22. SPECIAL PROVISIONS OR REMARKS					
23. SIGNATURE OF REQUESTING OFFICIAL		25. ESTIMATED COST—REIMBURSABLE ITEMS ONLY (Even dollars)		26. ACCOUNTING CLASSIFICATION	
TITLE		A. ROUND TRIP TRAV. TO SEEK PERM. RES.			
DATE		B. PERM. DUTY TRAV.			
24. SIGNATURE OF AUTHORIZING OFFICIAL		C. TEMP. QTRS. & SUBS. EXP.			
TITLE		D. SHIP. OF HH GOODS			
DATE		E. STORAGE OF HH GOODS			
		F. REAL ESTATE EXP.			
		G. MISC. MOVING EXP.			
		H. TOTAL			

FORM DOT F 1500.4(6-72)

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Appendix 4

APPENDIX 4. SAMPLE OF TRAVEL ORDER FOR FULL PCS

Privacy Act Notice			
Under 5 U.S.C. Chapter 57, the information requested is needed to determine payment for or reimbursement of allowable relocation expenses and to record and maintain costs of such reimbursements. Information hereon may be disclosed to civil agencies under certain circumstances. Failure to provide pertinent information may result in delay or loss of reimbursement.			
TRAVEL ORDER FOR PERMANENT CHANGE OF STATION		1. NAME AND LOCATION OF ACCOUNTABLE OFFICE DOT/FAA Dakota Airway Facilities Sector Bismarck, ND	
2. ORDER NO. H-XC-XX-XXX-X			
3. NAME OF TRAVELER Robert A. Brown SSN: XXX-XX-XXXX		4. RESIDENCE ADDRESS (Number and street, city, State, and ZIP Code) 123 Maple Dr. Cleveland, OH 12345	
You are authorized to perform the following travel and to be reimbursed for necessary expenses as provided in The DOT Travel Manual or Department of State, Foreign Affairs Manual.			
5. FROM Cleveland, OH		6. TO Bismarck, ND	
7. TYPE OF PERMANENT DUTY TRAVEL <input checked="" type="checkbox"/> TRANSFER FOR CONVENIENCE OF THE GOVERNMENT <input type="checkbox"/> TRAVEL TO FIRST DUTY STATION (New appointee in shortage category position or student/trainee as defined in agency directives.) (NOTE: These allowances and expenses are not authorized: per diem for family in item 16A, and items 14, 17, and 20.)		8. DATE EMPLOYEE SIGNED AGREEMENT TO REMAIN IN GOVERNMENT SERVICE 10/01/90	
9. TRAVEL TO BEGIN ON OR ABOUT 10/20/90		10. MAX. NO. DAYS 3-1/4	
11. MODE OF TRAVEL (Check all applicable) <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> RAIL		12. REPORTING DATE 10/24/90	
13. MILEAGE RATE Para. 5-0310		14. PRIVATELY OWNED VEHICLE (Complete item 13) <input checked="" type="checkbox"/> OTHER (Specify)	
(X) ALLOWANCES AND BENEFITS			
YOU AND / OR SPOUSE ARE AUTHORIZED ONE ROUND TRIP TO NEW DUTY STATION TO SEEK RESIDENCE QTRS, AS FOLLOWS:			
14A. MAX. NO. DAYS 4		14B. MODE OF TRAVEL <input type="checkbox"/> RAIL <input checked="" type="checkbox"/> POV <input type="checkbox"/> AIR (Lowest cost available)	
14C. MILEAGE RATE (If by POV) Para. 5-0310		15A. TRANSPORTATION OF YOUR IMMEDIATE FAMILY LISTED IN ITEM 21 BELOW IS AUTHORIZED AT GOVERNMENT EXPENSE BY: <input type="checkbox"/> RAIL <input checked="" type="checkbox"/> PRIVATELY OWNED VEHICLE (Will accompany employee) <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> (Not feasible to accompany employee)	
15B. MILEAGE RATE FOR FAMILY (If by POV) Para. 5-0310		16A. YOU ARE AUTHORIZED THE FOLLOWING PER DIEM RATE AND A PER DIEM RATE FOR YOUR FAMILY Para. 5-0201/0202	
17A. YOU ARE AUTHORIZED SUBS. EXP. FOR YOURSELF AND FAMILY WHILE OCCUPYING TEMP. QTRS. FOR A PERIOD NOT TO EXCEED.....		17B. MAX. NO. DAYS 60	
18A. TRANSPORTATION OF YOUR DEPENDENTS AND YOUR HOUSEHOLD GOODS AND PERSONAL EFFECTS SHOULD BE COMPLETED AS SOON AS PRACTICABLE AND NOT LATER THAN.....		18B. DATE Two years from reporting date	
19A. YOU ARE AUTHORIZED TO TRANSPORT AND STORE ALLOWABLE HOUSEHOLD GOODS AND PERSONAL EFFECTS WITHIN THE PRESCRIBED WEIGHT LIMITS <input type="checkbox"/> COMMUTED RATE <input checked="" type="checkbox"/> GBL <input checked="" type="checkbox"/> TEMP. STORAGE <input type="checkbox"/> NONTEMP. STORAGE		19B. WEIGHT AUTHORIZED 18,000 lbs.	
20. YOU ARE AUTHORIZED ALLOWANCES FOR EXPENSES INCURRED IN CONNECTION WITH REAL ESTATE TRANSACTIONS AND UNEXPIRED LEASE TOGETHER WITH A MISC. EXPENSE ALLOWANCE			
21. NAMES OF IMMEDIATE FAMILY, FOR TRAVEL PURPOSES Mary Lou Brown James John Brown Susan Ann Brown		RELATIONSHIP Spouse Son Daughter	
AGE (Not required for spouse) -- DOB 12/01/85 DOB 05/16/89			
22. SPECIAL PROVISIONS OR REMARKS NOTE TO EMPLOYEE: Please contact Transportation Officer, AGL-53B, FTS 384-7161 or 7227, regarding shipment of your household goods at least 30 days prior to your move. Transfer of two POV's authorized. There are more members of the immediate family than can be reasonably transported together with baggage in one automobile. 60 days temporary quarters is approved due to length of time needed to secure permanent residence and process loan application.			
23. SIGNATURE OF REQUESTING OFFICIAL TITLE James G. Moore, Manager Dakota AFS DATE 10/01/90		24. SIGNATURE OF AUTHORIZING OFFICIAL TITLE Mgr. Airway Facilities Div, AGL-400 DATE 10/01/90	
25. ESTIMATED COST--REIMBURSABLE ITEMS ONLY (Even dollars) A. ROUND TRIP TRAV. TO SEEK PERM. RES. 2115 980 B. PERM. DUTY TRAV. 2113 130 C. TEMP. QTRS. & SUBS. EXP. 1212 8085 D. SHIP. OF HH GOODS GBL E. STORAGE OF HH GOODS GBL F. REAL ESTATE EXP. 1213/14/15 13000 G. MISC. MOVING EXP. 1211 700 H. TOTAL 22895		26. ACCOUNTING CLASSIFICATION C101.0/8680/211 1210 - 0 1214 - 10000 1211 - 700 1215 - 1000 1212 - 8085 2113 - 130 1213 - 2000 2115 - 980 Transportation Officer: Please obligate the following on GBL: 2221 - 2500 2510 - 1000	

Form DOT F 1500.4 (Rev. 9-83)

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Appendix 5

APPENDIX 5. SAMPLE OF PCS TRAVEL ORDER FOR NEW HIRE

Privacy Act Notice			
Under 5 U.S.C. Chapter 57, the information requested is needed to determine payment for or reimbursement of allowable relocation expenses and to record and maintain costs of such reimbursements. Information hereon may be disclosed to civil agencies under certain circumstances. Failure to provide pertinent information may result in delay or loss of reimbursement.			
TRAVEL ORDER FOR PERMANENT CHANGE OF STATION		1. NAME AND LOCATION OF ACCOUNTABLE OFFICE DOT/FAA Dakota Airway Facilities Sector Bismarck, ND	
2. ORDER NO. H-C-XX-XXX-X			
3. NAME OF TRAVELER John M. Smith SSN: XXX-XX-XXXX		4. RESIDENCE ADDRESS (Number and street, city, State, and ZIP Code) 123 North Lights Ave. Cleveland, OH 12345	
You are authorized to perform the following travel and to be reimbursed for necessary expenses as provided in The DOT Travel Manual or Department of State, Foreign Affairs Manual.			
5. FROM Cleveland, OH		6. TO Bismarck, ND	
7. TYPE OF PERMANENT DUTY TRAVEL TRANSFER FOR CONVENIENCE OF THE GOVERNMENT <input checked="" type="checkbox"/> TRAVEL TO FIRST DUTY STATION (New appointee in shortage category position or student-trainee as defined in agency directives.) (NOTE: These allowances and expenses are not authorized: per diem for family in item 16A, and items 14, 17, and 20.) <input checked="" type="checkbox"/>			8. DATE EMPLOYEE SIGNED AGREEMENT TO REMAIN IN GOVERNMENT SERVICE 10/01/90
9. TRAVEL TO BEGIN ON OR ABOUT 10/20/90	10. MAX. NO. DAYS 3-1/4	11. MODE OF TRAVEL (Check all applicable) <input checked="" type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> RAIL	
12. REPORTING DATE 10/24/90	13. MILEAGE RATE Para. 5-0310	<input checked="" type="checkbox"/> PRIVATELY OWNED VEHICLE (Complete item 13) OTHER (Specify)	
ALLOWANCES AND BENEFITS			
YOU AND / OR SPOUSE ARE AUTHORIZED ONE ROUND TRIP TO NEW DUTY STATION TO SEEK RESIDENCE QTRS, AS FOLLOWS:			
14A. MAX. NO. DAYS	14B. MODE OF TRAVEL <input type="checkbox"/> RAIL <input type="checkbox"/> POV <input type="checkbox"/> AIR (Lowest cost available)	14C. MILEAGE RATE (If by POV)	
15A. TRANSPORTATION OF YOUR IMMEDIATE FAMILY LISTED IN ITEM 21 BELOW IS AUTHORIZED AT GOVERNMENT EXPENSE BY: <input type="checkbox"/> RAIL <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> PRIVATELY OWNED VEHICLE (Will accompany employee) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> (Not feasible to accompany employee)		15B. MILEAGE RATE FOR FAMILY (If by POV)	
16A. YOU ARE AUTHORIZED THE FOLLOWING PER DIEM RATE XXX XXXXX/XXX XXX XXXXX/XXX		16B. PER DIEM RATE FOR EMPLOYEE Para. 5-0201	
17A. YOU ARE AUTHORIZED SUBS. EXP. FOR YOURSELF AND FAMILY WHILE OCCUPYING TEMP. QTRS. FOR A PERIOD NOT TO EXCEED		17B. MAX. NO. DAYS	
18A. TRANSPORTATION OF YOUR DEPENDENT'S HOUSEHOLD GOODS AND PERSONAL EFFECTS SHOULD BE COMPLETED AS SOON AS PRACTICABLE AND NOT LATER THAN		18B. DATE Two years from reporting date	
19A. YOU ARE AUTHORIZED TO TRANSPORT AND STORE ALLOWABLE HOUSEHOLD GOODS AND PERSONAL EFFECTS WITHIN THE PRESCRIBED WEIGHT LIMITS <input type="checkbox"/> COMMUTED RATE <input checked="" type="checkbox"/> GBL <input checked="" type="checkbox"/> TEMP. STORAGE <input type="checkbox"/> NONTMP. STORAGE		19B. WEIGHT AUTHORIZED 18,000 lb.s	
20. YOU ARE AUTHORIZED ALLOWANCES FOR EXPENSES INCURRED IN CONNECTION WITH REAL ESTATE TRANSACTIONS AND UNEXPIRED LEASE TOGETHER WITH A MISC. EXPENSE ALLOWANCE			
21. NAMES OF IMMEDIATE FAMILY, FOR TRAVEL PURPOSES		RELATIONSHIP	AGE (Not required for spouse)
22. SPECIAL PROVISIONS OR REMARKS Employee is a new hire. NOTE TO EMPLOYEE: Please contact Transportation Officer, AGL-53B, FTS 384-7161 or 7227, or commercial (312) 694-7161 or 7227, regarding shipment of your household goods at least 30 days prior to your move.			
23. SIGNATURE OF REQUESTING OFFICIAL TITLE James G. Moore, Manager Dakota AFS DATE 10/01/90		25. ESTIMATED COST-REIMBURSABLE ITEMS ONLY (Even dollars) A. ROUND TRIP TRAV. TO SEEK PERM. RES. B. PERM. DUTY TRAV. 300 C. TEMP. QTRS. & SUBS. EXP. D. SHIP. OF HH GOODS GBL E. STORAGE OF HH GOODS GBL F. REAL ESTATE EXP. G. MISC. MOVING EXP. H. TOTAL 300	
24. SIGNATURE OF AUTHORIZING OFFICIAL TITLE Mgr Airway Facilities Div, AGL-400 DATE 10/01/90		26. ACCOUNTING CLASSIFICATION C101.0/8680/211 2113 - 300 Transportation Officer: Please obligate the following on GBL: 2221 - 800 2510 - 500	

Form DOT F 1500.4 (Rev. 8-83)

12/11/90

GL AF 1500.1C

Appendix 6

APPENDIX 6. ADVANCE OF FUNDS APPLICATION AND ACCOUNT

ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1. TYPE OF ADVANCE <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK	2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> PERMANENT	BROWN, Robert A. 3. NAME (Last, first, middle initial)		4. ACCOUNT NO.
			5. TELEPHONE NUMBER(S) FTS: 384-1234		6. SOCIAL SECURITY ACCOUNT NO. XXX-XX-XXXX
In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary, however, failure to provide the information required may result in delay or suspension of your advance of funds request.			7. DEPARTMENT OR ESTABLISHMENT DOT/FAA		8. BUREAU, DIVISION OR OFFICE Airway Facilities Division
			9. APPLICATION — (For completion by applicant) An advance of funds is hereby requested for travel and other expenses to be incurred by me.		
			a. UNDER AUTHORIZATION NUMBER H-C-XX-XXX-X	b. DATE OF AUTHORIZATION 10/01/90	f. AMOUNT HEREIN APPLIED FOR \$ 600.00
			c. TRAVEL PERIOD From 10/20/90 To	g. TOTAL \$ 600.00	
			d. MAIL CHECK TO <input type="checkbox"/> OFFICE <input checked="" type="checkbox"/> RESIDENCE (Give address — number, street, city, State, ZIP code) 123 Maple Dr. Cleveland, OH 12345		Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.
			APPLICANT SIGN HERE Robert A. Brown		DATE 10/1/90
10. APPROVAL James G. Moore, Manager, Dakota AFS			DATE APPROVED		11. APPROPRIATION TO BE CHARGED C101.0/8680/211/2115
12. REMARKS Rpt. 10/24/90. Advance needed for permanent change of station for adv.househunting trip. To be charged to travel charge card.			13. CASH PAYMENT RECEIVED		DATE

1038-108

INSTALLMENT #1

STANDARD FORM 1038 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7