

U.S. Army Corps of Engineers (USACE)
REQUEST FOR SPECIAL LODGING ALLOWANCE

The proponent agency is CERM-F.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority 5 CFR Subpart D, §§ 550.401-409; DoD FMR Volume 9, Chapter 7; JTR Chapter 2 and Chapter 6; CERM-F Policy 2018-15 and 2018-50.

Principal Purpose The purpose of this form is to request a special lodging allowance for evacuated employees ordered to return to their duty station from the safe haven location to the affected FOA to perform mission critical duties and finds their home is uninhabitable as a result of the disaster event that warranted the evacuation.

Routine Uses None. Information will only be shared within the evacuated employee's assigned organization.

Disclosure Voluntary. However, failure to complete the form could result in employee not being reimbursed.

FOA Name: _____ Request Date: _____

Emergency Event (Name): _____

Emergency Event (Description): _____

Effective Date of Evacuation Order: _____ Has The Evacuation Ended? Yes No

Note: A copy of the Evacuation Order must be submitted with this request.

Employee Name (Last, First, MI): _____

Employee Position Title: _____

Date Employee was Ordered to Return to the PDS to perform mission critical duties: _____

For how long will the employee be required to work? Please provide the estimated completion date: _____

Please explain, in detail, why the employee is required to work and why the work cannot be completed through other means or by any other person:

Please explain how the employee's home was determined to be uninhabitable (note: documentation must be included with this request):

Requesting FOA Command Approval

Certification: I certify that my organization needs the special skills of this employee to perform essential, mission critical duties that cannot be performed through any other means or by any other person. I certify this employee is eligible to receive this allowance, in accordance with CERM-F Policy 2018-50.

Title / Rank

Name

Date

Signature