

Purpose: Use this form to substantiate entitlement to FSA. The member will complete member certification section. The unit will indicate the type of FSA the member is entitled to and will forward to the SPO or notify the SPO, via message, to start/stop FSA entitlement.

Name (Last, First, MI.)	EMPLID	Permanent Unit:
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MEMBER CERTIFICATION

If I become eligible for FSA, I certify that I maintain a residence(s) for my dependent(s) and have assumed the liabilities and responsibilities thereof, at the address shown below, where I will reside during periods of leave or such other times as my duty assignment permit. I agree to notify my Commanding Officer promptly of any change in dependency status, if my sole dependent or all of my dependents move to the area of this station, or if my dependent(s) visit at this station for more than three months (30 days in the case of FSA-S and FSA-T) while I am in receipt of Family Separation Allowance.

Address(es) of Dependent(s):

If you meet any of the following conditions, indicate “**not eligible**” in the signature block:

- My sole dependent is a spouse legally separated or my child(ren) is in the legal custody of another person
- My dependent parent does not reside in my home which I control, supervise, and maintain for mutual use when circumstances permit (43 Comp Gen 44, 46, and 148)
- I am married-member-to-member and I was not residing together with my spouse immediately before being separated by reason of execution of military orders. Spouse's SSN _____. Branch & Component: _____.
- My sole dependent is in an institution for a known period of over one year or an indefinite period, which may be expected to exceed one year.

Privacy Act Statement: In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate entitlement of FSA. Routine Uses(s) - Same. Disclosure - Voluntary.

Member's Signature (Enter "Not Eligible" if not entitled to FSA. See above):	Date:
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Indicate type of FSA: See Section 3-G of the Pay Manual (<http://www.uscg.mil/DIRECTIVES/>) and Section 7-B of the Personnel & Pay Procedures Manual (<http://www.uscg.mil/hr/pssc/3pm.htm>) for FSA Policy and Procedures

<input type="checkbox"/>	FSA - R For personnel serving in a dependent restricted assignment Member departed from _____ on _____ (date) was on _____ days leave enroute and _____ days proceed time. Member reported to _____ on _____ (date). Transportation of dependents is not authorized at government expense to this station or to a place near this station.
<input type="checkbox"/>	FSA - H For PCS assignments where transportation of the member's dependent(s) is not authorized at Government expense to the station or to a place near the station and no Government quarters are available for assignment to the member. SPO should start BAH W/dependents using the zip code of the member's dependents and forward the FSA-H authorization to PSC (MAS), via fax to (785) 339-3760. PSC (MAS) will start the member's FSA-H entitlement. Member departed from _____ on _____ (date) was on _____ days leave enroute and _____ days proceed time. Member reported to _____ on _____ (date). Transportation of dependents is not authorized at government expense to this station or to a place near this station <u>and no Government quarters are available for assignment to the member.</u>
<input type="checkbox"/>	FSA-S For personnel permanently assigned to a ship which deployed in excess of 30 days. Unit: Follow procedures in section 7-B of the Personnel & Pay Procedures Manual (PSCINST M1000.2a), for notifying SPO of FSA-S entitlement.
<input type="checkbox"/>	FSA - T For TAD assignments, including TAD to a ship which deployed in excess of 30 days. Member has been ordered to and has performed temporary duty for a continuous period of more than 30 days at the following location(s):
	_____ (location) _____ (inclusive dates at location). _____ (location) _____ (inclusive dates at location). _____ (location) _____ (inclusive dates at location).

Command Endorsement		SPO Use Only (For FSA-R and FSA-S/T only)	
Command Approval (signature and title)	Date:	Action Completed Date	Initials: