

JUN 27 2006

DoDEA HUMAN RESOURCES REGIONAL SERVICE CENTER (HRRSC) STANDARD OPERATING PROCEDURE (SOP) 06-002

SUBJECT: Processing Living Quarters Allowance (LQA) Reconciliations

1. Purpose: To establish procedures for processing LQA reconciliations.
2. Applicability: This SOP applies to all Operations Branch members.
3. Cancellation: This cancels and replaces DoDDS SOP 00-02 dated September 26, 2000, Processing Living Quarters Allowance Reconciliations.
4. Procedures:

a. Requirement. The Department of State Standardized Regulations (DSSR) requires employees to submit LQA reconciliations upon completion of their first year of occupying new economy quarters. No further reconciliations are required for those quarters after that initial reconciliation. However, the employee can request an LQA reconciliation at any time and management can direct one at any time.

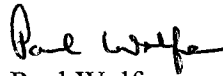
b. Notification and Submittal. The Customer Operations Teams (COT) will run monthly Integrated Data Base reports by district to identify employees who are required to submit first year reconciliation. The message at **attachment 1** will be forwarded to the employee 45 days prior to the LQA reconciliation anniversary date, along with **attachments 4 and 5**. This first message will be sent to the employee via e-mail with a copy to the Personnel Field Office Representative (PFO). A second message (**attachment 2**) will be sent to the employee on their anniversary date again reminding the employee of their reconciliation suspense date and that if the request is not received by the suspense date that their LQA utilities portion will be terminated, along with **attachment 4 and 5**. If the reconciliation is not received by the suspense date the message at **attachment 3** will be forwarded to the employee informing the employee that the LQA utilities portion of their LQA will be suspended. The employee should submit his/her reconciliation documents to their PFO, who will review it for completeness and forward it to the servicing COT.

If bills/receipts for the entire one year period are not available because of the billing cycle for a particular utility, the employee must submit all bills/receipts received to that point and the utility expenses will be prorated when processing the reconciliation. Once the employee receives the bills/receipts, he/she is required to submit them so the initial reconciliation and current authorization can be adjusted, if necessary.

If there are circumstances beyond the employee's control that prevent the employee from submitting required bills/receipts, he/she may submit a request for an extension in writing by letter or email. The extension request must include a date when the required bills/receipts will be submitted. Extension requests must be approved by the COT Program Manager in writing. The COT member will notify the employee of the approval or disapproval within five working days of receipt of the request.

c. Processing. The COT member will process the reconciliation within 30 working days of receipt of the reconciliation package. Extensions must be approved by the Program Manager. Using the LQA Reconciliation Program software, the COT member will input the reconciliation data. Once complete, a memorandum will be produced that summarizes the calculations and shows the new authorized LQA amount based on the reconciliation data. A copy of the memorandum will be forwarded to the employee and PCR. A copy will also be placed in the Allowance Folder.

The new authorized rent and utilities amounts calculated during the reconciliation should be input into DCPDS as a modification, effective the first day of the reconciliation period. The amount of overpayment or underpayment will automatically be calculated within DCPS.



Paul Wolfe
Human Resources Director

Attachments:

1. Living Quarters Reconciliation message (1st Notice)
2. Living Quarters Reconciliation message (2nd Notice)
3. Living Quarters Reconciliation message (3rd Notice)
4. Foreign Allowances Application, Grant and Report (SF-1190)
5. LQA Reconciliation Worksheet

LQA Reconciliation Sample Messages

Message to be sent out 45 days prior to one year anniversary in economy quarters.

Dear Mr./Ms./Dr. _____:

When your living quarters allowance (LQA) authorization was initiated for your current quarters, you were notified that you would be required to reconcile the utilities portion of your LQA after one year of residency in your quarters. This is to remind you that effective _____, you will have occupied your economy quarters for one year. Within 45 days of this date, you are required to submit an LQA reconciliation. Since we must have a full year for the reconciliation, please do not submit your reconciliation prior to your one-year anniversary in your current quarters. Unless the amount of your rent changed during your first year in quarters, you are only required to reconcile the utilities portion of your LQA since these amounts were initially estimated.

In order to process your reconciliation, you must complete and submit the attached SF 1190 and LQA Reconciliation Worksheet, with copies of bills/receipts for all utilities claimed for the entire one year period to your Customer Operations Team. The documents may be faxed to _____. If the receipts are in a foreign language, please identify in English on each receipt the appropriate utility (i.e. electricity, water, garbage disposal). At the time the reconciliation is processed, your actual LQA expenses will be compared to the amount of LQA authorized and paid to you. If your actual expenses exceeded the amount paid to you, you will be paid the difference up to the maximum allowable. If your actual expenses are less than the amount paid to you, you will be indebted for that overpayment. In either case, your current LQA authorization will be adjusted to reflect your actual expenses. Failure to complete the reconciliation will result in the suspension of the utilities portion of your current LQA authorization.

If you have any questions regarding the LQA reconciliation process, please let me know.

Message to be sent out to employees on the one year anniversary in economy quarters.

Dear Mr./Ms./Dr. _____ :

Our records indicate that you have occupied your economy quarters for a one year period. This is to remind you once again that you are required to submit an LQA reconciliation within 45 days of your one year anniversary. Unless the amount of your rent changed during your first year in quarters, you are only required to reconcile the utilities portion of your LQA since these amounts were initially estimated.

In order to complete your reconciliation, you must complete and submit the attached SF 1190 and LQA Reconciliation Worksheet, with copies of bills/receipts for all utilities claimed for the entire one year period to your Customer Operations Team. The documents may be faxed to _____. If the receipts are in a foreign language, please identify in English on each receipt the appropriate utility (i.e. electricity, water, garbage disposal). At the time the reconciliation is processed, your actual LQA expenses will be compared to the amount of LQA authorized and paid to you. If your actual expenses exceed the amount paid to you, you will be paid the difference up to the maximum allowable. If your actual expenses are less than the amount paid to you, you will be indebted for that overpayment. In either case, your current LQA authorization will be adjusted to reflect your actual expenses. Failure to complete the reconciliation will result in the suspension of the utilities portion of your current LQA authorization.

If you have any questions regarding the LQA reconciliation process, please let me know.

Message sent to employees who have not submitted LQA reconciliation within 45 days of their one year anniversary in economy quarters or requested an extension.

Dear Mr./Ms./Dr. _____:

On _____ and _____, you were sent messages notifying you of your requirement to complete an LQA reconciliation within 45 days of your one year anniversary in economy quarters. Since no reconciliation or request for extension has been received by our office, we are processing an adjustment to your LQA to suspend your current authorization for utilities. You will continue to receive only the rental portion of your LQA authorization until your LQA reconciliation with supporting receipts for your utility expenses for your first year in economy quarters is received. Once we receive the required forms and receipts, your actual LQA expenses will be compared to the amount of LQA authorized and paid to you. If your actual expenses exceeded the amount paid to you, you will be paid the difference up to the maximum allowable. If your actual expenses are less than the amount paid to you, you will be indebted for that overpayment. The reinstatement of the suspended utilities portion of your LQA will be reflected in your reconciliation and your new amount for utilities will be processed.

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT				INTERAGENCY REPORT CONTROL NUMBER	VOUCHER NUMBER
1. EMPLOYEE NAME (<i>Last, First, Middle Initial</i>)			2. SOCIAL SECURITY NUMBER		
3. AGENCY			4. AUTHORIZATION/GRANT NUMBER		
5. PAY PLAN/SERIES/GRADE/ANNUAL SALARY			6. POSITION TITLE		
7. CURRENT POST/COUNTRY OF ASSIGNMENT/LOCALITY CODE		8. DATE OF ARRIVAL	9. PREVIOUS POST OF ASSIGNMENT		
10. MAILING ADDRESS					
11. IF LOCAL HIRE: DATE OF ARRIVAL AT POST/REASON FOR PRESENCE					
12. IF SPOUSE IS EMPLOYED BY THE US GOVERNMENT: NAME/SOCIAL SECURITY NUMBER/ALLOWANCES RECEIVED					
13. FAMILY DOMICILED AT POST					
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (MM/DD/YY)	% SUPPORT	DATE OF ARRIVAL AT POST	RESIDENCE ADDRESS
14. FAMILY DOMICILED AWAY FROM POST					
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (MM/DD/YY)	% SUPPORT	DATE OF DEPARTURE FROM POST	RESIDENCE ADDRESS
15. REMARKS					
<p>Privacy Act Statement: Solicitation of this information is authorized under 5 U.S.C. 5922, E.O. 9397 and E.O. 10903, Section 1(b-2) and DSSR Section 073.4. The information is used to determine employee eligibility for and appropriate amounts of allowances. All forms are subject to fiscal audit by the employee's parent agency and GAO. The Office of Allowances, U.S. Department of State, will review forms to set LOA rates. Lack of requested information may result in erroneous or unauthorized allowances.</p>					

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT		VOUCHER NUMBER
16. EMPLOYEE NAME (Last, First, Middle Initial)		17. SOCIAL SECURITY NUMBER
18a. PAYMENTS/ENTITLEMENTS (Check box(es). For calculations see DSSR chapter exhibits.)		FOR OFFICIAL USE ONLY
TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (DSSR 120)		\$
Advance	Beg. Date	End Date
Biweekly	Beg. Date	End Date
Lump Sum (upon completion)	Beg. Date	End Date
LQA - LIVING QUARTERS ALLOWANCE (DSSR 130)	U.S. Dollar Payment _____ Foreign Currency Payment _____	
PA - POST ALLOWANCE (DSSR 220)		
TRANSFER ALLOWANCE: FOREIGN (DSSR 240) [] or HOME SERVICE (DSSR 250) []		
Portion(s): Subsistence [] Miscellaneous [] Wardrobe [] Lease Penalty []		
SMA - SEPARATE MAINTENANCE ALLOWANCE (DSSR 260)		
EDUCATION: ALLOWANCE (DSSR 270) [] or TRAVEL (DSSR 280) []		
PD - POST DIFFERENTIAL (DSSR 500)		
DP - DANGER PAY - (DSSR 650) 652f [] or 652g []		
Total Amount Claimed		
18b. ADVANCES		
LQA	Beg. Date	End Date
U.S. Dollar Payment		Foreign Currency Payment
TRANSFER ALLOWANCE: Foreign [] or Home Service []		# of Months
Portion(s): Subsistence [] Miscellaneous [] Wardrobe [] Lease Penalty []		\$
ADVANCE OF PAY (DSSR 850) This advance will be repaid in _____ pay periods.		
Travel Authorization or Permanent Change of Station (PCS) Number Name of Issuing Activity		
METHOD OF PAYMENT		
19a. If Electronic Funds Transfer (EFT) Mark one: [] Checking [] Savings		
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS
ROUTING NUMBER	ACCOUNT NUMBER (including any suffix)	
19b. IF BY CHECK		
CHECK MAILING STREET ADDRESS		
CHECK MAILING CITY, STATE, ZIP CODE		
20. ACCOUNTING CLASSIFICATION(S):		
21. Employee Statement and Signature: The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.		
EMPLOYEE'S SIGNATURE:		DATE:
22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED:		
		DATE:
23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE:		DATE:

LQA RECONCILIATION WORKSHEET

Actual Yearly Expense

Month	Rent		Electric		Gas		Heat		Water		Garbage		*Other						
	FC	US\$	FC	US\$	FC	US\$	FC	US\$	FC	US\$	FC	US\$	FC	US\$					
January																			
February																			
March																			
April																			
May																			
June																			
July																			
August																			
September																			
October																			
November																			
December																			
Total																			
Post																			
Name																			
SSN																			
Number of Dependents																			
Type of Reconciliation																			
Share %																			
Quarters Group																			
Foreign Currency (FC)																			
										Reconciliation Dates:					*Please give a brief description of what you are claiming under other.				
										Begin:									
										End:									

This information is true and correct to the best of my knowledge. I understand that I am obligated to notify my Human Resources, Customer Operations Team, of conditions which may affect the amount of my authorized allowance.

Signature: _____ Date: _____