

# Department of Veteran Affairs

## Memorandum

**Date:**

**From:** Human Resources Management Service (05)

**Subject:** Uniform Allowance

**To:**

M-1, Part VII, Chapter 8 authorizes the payment of a uniform allowance to a specific group of employees for the purpose of offsetting the cost for uniforms.

- 1. I understand that an employee receiving a uniform allowance, who resigns from the position less than 1 year after receiving the initial uniform allowance, shall repay to the James A. Haley Veteran's Hospital a prorated share of the amount paid based on the number of months remaining in the 12 month period following the initial payment. Repayment liability may be waived by local management in situations which are beyond an employee's control.**
- 2. I would like to request payment of initial or one-time uniform allowance at this time. I do acknowledge that I will be responsible for repaying the initial payment if I resign within 12 months of the date of payment.**

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**Employee's Signature**

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**Date**



# Department of Veterans Affairs

## EMPLOYEE UNIFORM ALLOWANCE AUTHORIZATION

<b>TO</b>	<b>CHIEF, FINANCE SERVICE</b>	<b>FACILITY NAME AND LOCATION</b>	
	Robert Konkell	James A. Haley VA Hospital and Clinics - Tampa, FL	
<b>EMPLOYEE NAME</b>		<b>SOCIAL SECURITY NO.</b>	<b>ORGANIZATION (Service or Division)</b>
<b>POSITION OCCUPIED</b>			<b>EFFECTIVE DATE OF ASSIGNMENT</b>

**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.

<b>SIGNATURE OF AUTHORIZING OFFICIAL</b>	<b>DATE</b>