

U.S. DEPARTMENT OF COMMERCE  
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

**FAMILY SEPARATION ALLOWANCE (FSA) WORKSHEET**  
**(Commissioned Officers)**

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 Commissioned Payroll Unit.

Name (Last, First, MI.)

SSN

Permanent Duty Station

**TYPES OF FSA:**

**FSA-R** For personnel serving in a dependent restricted assignment

**FSA-S** For personnel permanently assigned to a ship, which is deployed in excess of 30 days.

**FSA-T** For Temporary Duty (TDY) assignments, including TDY to a ship, which is deployed in excess of 30 days.

**OFFICER'S 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 of Dependent (s):

**I understand that I am not eligible for FSA when:**

- My sole dependent is a spouse legally separated or my child or children are in the legal custody of another person.
- My dependent parent does not reside in my home that 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.
- My sole dependent is not in an institution for a known period of over one year or an indefinite period, which may be expected to exceed one year.

Claimant's Signature:

Date:

**INDICATE TYPE OF FSA:**

**FSA- R** Member departed from \_\_\_\_\_ on \_\_\_\_\_ (date) was on leave enroute \_\_\_\_\_ (# of days) proceed time \_\_\_\_\_ (# of days) and reported to \_\_\_\_\_ on \_\_\_\_\_ (date). Transportation of dependents is not authorized at government expense to this station or to a place near this station.

**FSA- S** Beginning of deployment from homeport \_\_\_\_\_ (date) end of deployment or return to homeport \_\_\_\_\_ (date).

**FSA- T** 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).

**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 NOAA Commissioned Payroll Unit:

Authority - 37 USC Section 427.

Principal Purpose(s) - Used to indicate entitlement of FSA.

Routine Uses(s) - Same.

Disclosure - Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

COMMANDING OFFICER APPROVAL

COMMISSIONED PAYROLL UNIT USE ONLY

Signature:

Date:

ACTION COMPLETED DATE: