

CENTRAL HUMAN RESOURCES MCOM + HI Downtown Transportation Allowance Request Form Phone (813) 974-7955 Fax (813) 974-5084

Email UCO_Payroll_CERTS@usf.edu

| New Allowance Change Combo Code | Change Allowance Amount |
|--|-------------------------|
| First Month Allowance to be Paid | |
| Cancel Allowance Last Month Allowance to be Paid | |
| Employee Name GEMS | Job Record |
| Email | |
| Department Name | Department Number |
| Department Contact | Email |
| MCOM + HI Downtown Transportation Allowance is assessed at a fixed compensation rate contingent on the employee's in-person work requirements percentage of FTE. To check current allowance policy and rates click <u>HERE</u> . | |
| MCOM + HI Downtown Transportation Allowance | |
| 0.2 FTE=\$7.18 0.3 FTE=\$22.88 0.4 FTE=\$38.57 0.5-1 FTE=\$83.50 | |
| Monthly Allowance Amount | |
| Allowance Chart Field String Combo Operating Unit-Fund-Department-Product-Initiative Code | |
| Employee Certification and Signature I certify that I am required to work in the MCOM + HI building for the amount of time noted above. I will promptly report any changes in in-person work requirements to my supervisor. I further certify that I have read and will comply with the USF MCOM + HI Downtown Transportation Allowance. | |
| Employee Signature | Date |
| Dean/Director Certification and Signature | |
| I certify the employee is eligible to receive the MCOM + HI Downtown Transportation Allowance based on their in | |
| person work requirements. I further certify that I have read and will comply with the <u>USF MCOM + HI Downtown</u> <u>Transportation Allowance</u> . | |
| Dean/Director Signature | Date |
| Dean/Director Printed Name | Date |