

☐ New Allowance ☐ Change Combo Code ☐ Change Allowance Amount First Month Allowance to be Paid☐ Cancel Allowance  Last Month Allowance to be PaidEmployee Name  GEMS ID  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 [HERE](#).

☐ 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 AmountAllowance 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 [USF MCOM + HI Downtown Transportation Allowance](#).

Dean/Director Signature  Date Dean/Director Printed Name  Date