**HSTA - Home Service Transfer Allowance Worksheet (DSSR 250)**

Allowable expenses under the Home Service Transfer Allowance are calculated here to process a claim on the SF-1190. This worksheet is reproducible locally. See guidelines on the reverse side of this page.

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| 1. **Employee name (Last, First, MI)** | 2. **Agency** |

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| 3. **Miscellaneous expense portion**\_\_\_\_\_\_ **Flat rate (no receipts required)** *or* \_\_\_\_\_ **Itemize (DSSR 251.2a, receipts required)**\_\_\_\_\_\_Without family $750 \_\_\_\_\_\_Without family: lesser of one week’s salary or GS-13, step 10\_\_\_\_\_\_With family $1,500 \_\_\_\_\_\_With family: lesser of two weeks’ salary or GS-13, step 10 |
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| 4. **Wardrobe expense portion** Previous/next post & transfer zone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current post & transfer zone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee without family \_\_\_ Employee with one or more family members \_\_\_\_\_ |

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| 5. **Subsistence expense portion** a. Under Fixed-Amount Reimbursement Method, use per diem rate for U.S. post of assignment ­­­­\_\_\_\_\_\_\_ b. Under Actual-Expense Reimbursement Method – Agency Method #1 or Partial-Flat-Rate Reimbursement Method – Agency Method #2, use CONUS per diem rate if transferring to within the 48 contiguous United States or District of Columbia. If transferring to non-foreign, outside CONUS location (DSSR 251.1c), use per diem for that non-foreign location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Fixed-Amount Reimbursement Method**: Limit of 30 days with no extensions, agency may limit to fewer days. No supporting documentation need be submitted. Agency should verify occupancy of temporary quarters and may require employee to keep receipts. Daily amount (percentage of U.S. post of assignment per diem): Initial occupant 75%; each additional occupant 25%. Lodging tax in not reimbursed in addition to daily amounts.
2. **Actual-Expense Reimbursement Method – Agency Method #1**:

Days 1 through 30: Occupant(s) x Percentage allowed = Maximum allowed

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| Initial occupant  |  1 | 100% of Per Diem | $ |
| Family members 12 & over |  | 75% of Per Diem | $ |
| Family members under 12 |  | 50% of Per Diem | $ |
|  | **Maximum daily family rate** | $ |

Days 31 through 60 (and days 61 through 120 with agency approval): 75%; 50% & 40% of applicable Per Diem Rate. Under Agency Method #1, certified daily expense report is required in 30 day increments. Lodging Tax may be reimbursed in addition to Agency Method #1 calculations. Lodging receipts are required.

1. **Partial-Flat-Rate Reimbursement Method – Agency Method #2**:

Days 1 through 30: Occupant(s) x Percentage allowed = Maximum allowed for Lodging

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| Initial occupant  |  1 | 100% of Lodging Portion | $ |
| Family members 12 & over |  | 75% of Lodging Portion | $ |
| Family members under 12 |  | 50% of Lodging Portion | $ |
|  | **Max daily family lodging rate** | $ |

 **Days 31 through 60 (and days 61 through 120 with agency approval): 75%; 50% & 40% of Lodging Portion of Applicable Per Diem Rate. Under Agency Method #2, the Partial-Flat-Rate applies to the percentages of the M&IE portion of the applicable per diem rate: Days 1 through 30: 100%; 75%; and 50%. Days 31 through 60 (and days 61 through 120 with agency approval): 75%; 50% and 40%. No M&IE itemization or certification necessary. Lodging tax may be reimbursed in addition to Agency Method #2 calculations. Lodging receipts are required.**

**NOTE: PER DSSR 252.3b(1) agencies may reimburse applicable M&IE of either Method #1 or #2 if permanent quarters are occupied prior to receipt of HHE/HHG. This provision does not apply to the Fixed Rate Reimbursement Method.**

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| 6. **Lease penalty expense portion Lesser of:** penalty per terms of lease ***or*** three months’ rent \_\_\_\_\_\_\_\_\_\_\_\_**Authorizing official certifies the following:** (a) the employee’s transfer to the United States was due solely to actions by the employing agency and to unusual conditions fully beyond the control of the employee; and (b) the termination of the lease and departure of the employee did not result from any specific actions by the employee to seek a curtailment of the assignment for transfer or promotion; and (c) the employee was not negligent in promptly notifying the landlord of the intent to terminate the lease after receiving an official notice of transfer; and (d) all reasonable steps were taken by the employee to dispose of the quarters by sublease or assignment to others; and (e) both the employee and employing agency made reasonable efforts to avoid the full lease penalty by delaying the employee’s transfer to the United States.Authorizing official’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
| 7. **Remarks/Pet Shipment and Required Quarantine Expense Portion** |
| 8. **Employee Certification Statement (see exception at DSSR 251.1b):** In order to be eligible for a grant of the home service transfer allowance, I certify that I agree to complete 12 months in United States Government service following the effective date of my transfer to a post in the United States or other non-foreign area, unless separated for reasons beyond my control which are acceptable to my employing agency. Failure to comply will result in my liability for repayment of this allowance.Employee’s signature Date |

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**HSTA - Home Service Transfer Allowance Worksheet (DSSR 250)**

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| 9. **Guidelines for the Home Service Transfer Allowance:**1. See special definition for “United States” for this Chapter (DSSR 251.1c)
2. Employee must sign agreement to work twelve additional months for the Federal Government (252.6b-see exception at DSSR 251.1b)
3. Consists of five parts: (a) Miscellaneous Expense Portion

 (b) Wardrobe Expense Portion  (c) Subsistence Expense Portion (d) Lease Penalty Expense Portion \*(e) Pet Shipment and Required Quarantine Expense Portion |

\_\_\_\_\_\_\_**Miscellaneous Expense Portion:**

1. Two ways to claim: (1) Flat rate or (2) Itemization
2. Flat rate: No receipts required $750 without family; $1,500 with family
3. Itemization: Receipts required. Limits are based on salary (DSSR 252.1). Allowable expenses listed in DSSR 251.2a
4. May be paid between foreign location and U.S.

\_\_\_\_\_\_\_**Wardrobe Expense Portion:**

1. Paid only when transferring across one or two transfer zones
2. May be paid between foreign location and U.S.
3. Zones for foreign areas found in DSSR 920, column 4
4. Zones for non-foreign areas found in DSSR 252.2
5. Paid as flat rate depending on with or without family and either 1 or 2 zone transfer, no receipts required (see DSSR 252.2 for rates)

\_\_\_\_\_\_\_**Subsistence Expense Portion:**

1. Paid only when transferring from foreign post to the United States (DSSR 251.1c).

 Paid by either Actual-Expense Reimbursement Method – Agency Method #1 or Partial-Flat-Rate Reimbursement Method – Agency Method #2 (Agency chooses either Method #1 or Method #2 but not both.) An additional Fixed-Amount Reimbursement Method is available, if an Agency chooses to offer it to employees.

 If Agency offers Agency Method #1 or Agency Method #2 (not both) plus the Fixed-Amount Reimbursement Method, then the employee chooses method of reimbursement **prior to** commencement of HSTA.

 If Agency does not offer the Fixed-Amount Reimbursement Method in addition to either Agency Method #1 or Agency Method #2, then only the Agency’s chosen method (#1 or #2) is available to employees.

 Actual-Expense Reimbursement Method – Agency Method #1: Paid up to 60 days with an additional 60 days allowed with agency approval; receipts required for lodging; certified meal/groceries/laundry/dry cleaning statement (without receipts unless required by agency).

 Partial-Flat-Rate Reimbursement Method – Agency Method #2: Paid up to 60 days with an additional 60 days allowed with agency approval; receipts required for lodging. No itemization or certification of M&IE required.

1. Fixed-Amount Reimbursement Method: No receipts required, limited to 30 days

\_\_\_\_\_\_\_**Lease Penalty Expense Portion:**

1. Paid from post in foreign area to United States
2. Authorizing official must certify in writing to five statements in DSSR 252.4
3. Amount allowed limited to terms of lease or three months’ rent, whichever is less.

\_\_\_\_\_\_\_\***Pet Shipment and Required Quarantine Expense Portion:**

* Allowable shipment and required quarantine expenses may be reimbursed up to a total of $4,000

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