

## ADDENDUM TO SF-1190

NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

List in detail the dates, times, places (city/country) of arrival, departure, and during your duty assignment:

<b>A - ARRIVE D - Depart</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION: CITY, COUNTRY</b>	<b>LOCALITY CODE (For Official Use Only)</b>	<b>No. DAYS IN CITY/COUNTRY (For Official Use Only)</b>

EMPLOYEE STATEMENT: The information on this application is true and correct to the best of my knowledge. I understand that I am obligated to notify the authorizing office of any change in conditions that may affect the amount of allowance and/or differential authorized.

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUPERVISORY CERTIFICATION:** I certify that the employee performed the itinerary shown above on official government business.

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_ **DATE** \_\_\_\_\_

CPA HRM Room 210

**SIGNATURE OF HRM PERSONNEL:** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVAL OF GRANT (to be completed by the HRSC):

<u>TYPE</u>	<u>PERCENTAGE</u>	<u>EFFECTIVE</u>	<u>TERMINATED</u>
____ POST DIFFERENTIAL	_____	_____	_____
____ DANGER PAY	_____	_____	_____

**TITLE OF APPROVING AUTHORITY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_