

**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 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](#).**

**0.2 FTE**     **0.3 FTE**     **0.4 FTE**     **0.5-1 FTE**      **Allowance Amount**

**MCOM + HI Downtown Transportation Allowance**

**Allowance Chart Field String**       **Combo Code**   
**Operating Unit-Fund-Department-Product-Initiative**

**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**