



# Uniform Allowance Code Sheet

(For Regular, Contract, or Work Clothes Program)

**Note:** See ELM 930 for Uniform Requirements, Regular Uniform Program, or to make changes to any of the programs. PS Form 50 must be attached.

Installation Name	Prepared By (Name and Address)	Phone Number	Date
-------------------	--------------------------------	--------------	------

Item	Field Length	Changes
Authorized Allowance	5	
Social Security Number	9	
Employee Name	16	
Finance Number	6	
Pay Location	3	
Designation	2	
Activity Code	1	
Anniversary Date	6	

- Clerk performing duty as carrier     
  Nurse     
  Absence from duty for over 89 days, including LWOP  
 (Dates: \_\_\_\_\_ to \_\_\_\_\_)
- Other (Specify): \_\_\_\_\_

### Action Requested

<input type="checkbox"/> Add Employee to: <input type="checkbox"/> Regular Uniform Program <input type="checkbox"/> Contract Uniform Program <input type="checkbox"/> Work Clothes Program	<input type="checkbox"/> Change Employee to: <input type="checkbox"/> Regular Uniform Program <input type="checkbox"/> Contract Uniform Program <input type="checkbox"/> Work Clothes Program	<input type="checkbox"/> Terminate Employee from: <input type="checkbox"/> Regular Uniform Program <input type="checkbox"/> Contract Uniform Program <input type="checkbox"/> Work Clothes Program
---	--	---

Effective Date of Change or Termination

### Remarks

Note: For new employees send form to your District Human Resources.

For Change Action send form to:  
 UNIFORM ALLOWANCE SECTION  
 ST LOUIS ASC  
 PO BOX 80106  
 ST LOUIS MO 63180-0106

Please do not fax or email this form to the St. Louis ASC.