

U. S. DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard CG-5155A (Rev. May 2012)	ENLISTED SUPPLEMENTARY CLOTHING ALLOWANCE WORKSHEET
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Purpose: For enlisted personnel to request the Supplementary Clothing Maintenance Allowances.

Reference: CG Pay Manual, COMDTINST M7220.29(series), Par. 3-J-6

1. EMPLID	2. Rate/Rank/ Name (last, first, MI)	3. Current Permanent Duty Station
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NOTES: The allowance is payable only once during an assignment to such duty. The allowance is not payable upon reassignment to the same type of duty during a period of continuous active duty, unless 3 years or more have elapsed between such assignments. Please see Paragraph 3-J-6 of the Coast Guard Pay Manual or <http://www.uscg.mil/ppc/mas/suppcma.asp> for more guidance.

4. A Supplementary Clothing Allowance is requested for the:

Check only one

- The Coast Guard Academy Band
- The Ceremonial Honor Guard at TISCOM Alexandria, VA
- Duty as a Coast Guard Recruiter or at a U.S. Military Entrance Processing Command (USMEPCOM)
- Ship Training Detachment, Area Training Team, Section or District Training Team, Subsistence Advisory Team, Regional Inspector
- Duty as Recruit Company Commander, Assistant Company Commander or Recruit Drill Instructor and meets eligibility requirements
- Coast Guard command police department where enlisted members are required to alter their CG uniform (sew on command patches, badges, etc.)
- Duty aboard a Coast Guard Buoy Tender (CO/OIC must authorize)
- Active Duty or Selected Reserve Members (SELRES), requiring the wearing of the maternity uniform
- Gold Badge Command Master Chief (CMC)
- Duty as Master Chief Petty Officer of the Coast Guard

5. The effective date of this assignment/qualification is: _____ (enter date).

Privacy Act Statement

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard – 37 USC Section 418, Principal Purpose(s) – Used to request a civilian clothing allowance. Routine Uses – Same. Disclosure – Disclosure of this information if voluntary, but without disclosure the member’s request may not be approved.

6. Member’s Signature:	Date
7. Command Signature:	Date
8. SPO Data Entry Technician Signature <i>(Transaction Entered)</i>	Date
9. SPO Auditor Signature <i>(Transaction Approved)</i>	Date
10. SPO Data Entry Technician Signature <i>(Transaction Verified)</i> (Entitlement Receipt Verified on Leave and Earnings Statement for _____ (Month), _____ (Year). Completed worksheet filed in Section 3 of the SPO PDR	Date