

Department of Homeland Security U. S. Coast Guard CG PSC-2035 (Rev.09/04)	FAMILY SEPARATION ALLOWANCE WORKSHEET
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Purpose: Use this form to substantiate entitlement to FSA. The member will complete member certification section. The unit will indicate the type of FSA the member is entitled to and will forward to the PERSRU.

Name (Last, First, MI.)	EMPLID	Permanent Unit:
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Types of FSA:

FSA-R For personnel serving in a dependent restricted assignment
FSA-S For personnel permanently assigned to a ship which deployed in excess of 30 days.
FSA-T For TAD assignments, including TAD to a ship which deployed in excess of 30 days.

MEMBER CERTIFICATION

If I become eligible for FSA, I certify that I maintain a residence(s) for my dependent(s) and have assumed the liabilities and responsibilities thereof, at the address shown below, where I will reside during periods of leave or such other times as my duty assignment permit. I agree to notify my Commanding Officer promptly of any change in dependency status, if my sole dependent or all of my dependents move to the area of this station, or if my dependent(s) visit at this station for more than three months (30 days in the case of FSA-S and FSA-T) while I am in receipt of Family Separation Allowance.

Address(es) of Dependent(s):

If you meet any of the following conditions, indicate “not eligible” in the signature block:

- My sole dependent is a spouse legally separated or my child(ren) is in the legal custody of another person
- My dependent parent does not reside in my home which I control, supervise, and maintain for mutual use when circumstances permit (43 Comp Gen 44, 46, and 148)
- I am married-member-to-member and I was not residing together with my spouse immediately before being separated by reason of execution of military orders
- My sole dependent is in an institution for a known period of over one year or an indefinite period, which may be expected to exceed one year.

Member’s Signature (Enter "Not Eligible" if you are not entitled to FSA. See above):	Date:
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Indicate type of FSA (FSA-R and FSA-T only):

FSA - R Member departed from _____ on _____ (date) was on leave enroute _____ proceed time _____ and reported to _____ on _____ (date). Transportation of dependents is not authorized at government expense to this station or to a place near this station.

FSA - T Member has been ordered to and has performed temporary duty for a continuous period of more than 30 days at the following location(s):

	(location)		(inclusive dates at location).
	(location)		(inclusive dates at location).
	(location)		(inclusive dates at location).

Privacy Act Statement: In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate entitlement of FSA. Routine Uses(s) - Same. Disclosure - Voluntary.

Command Endorsement		PERSRU Use Only (For FSA-R and FSA-T only)	
Command Approval:	Date:	Action Completed Date:	Initials: