

REQUEST FOR ADDITIONAL DAYS OF TEMPORARY QUARTERS SUBSISTENCE EXPENSE LESS THAN 60 DAYS



Authority: The following constitutes the terms and conditions required by the Federal Travel Regulation (FTR), Part 302-6.104, to request an extension for Temporary Quarters Subsistence Expense (TQSE). And the Department of the Interior, Permanent Change of Station Policy Handbook (October 2012).

Purpose: Temporary quarters is defined as any lodging obtained from private or commercial sources to be occupied **temporarily** by the employee or members of his/her immediate family until more suitable permanent lodging can be obtained. Extensions of TQSE are not automatic. If it can be shown that the employee has not made a whole-hearted effort to locate permanent housing, requests for extensions will not be granted.

Guidelines: If no house hunting (HH) trip was authorized or taken, requests for an additional period of 30 days (or less) NTE a total of 60 consecutive days may be granted. If a HH trip was authorized and taken by the employee and/or spouse, TQSE will be limited to 30 days maximum. Under extenuating circumstances only, extensions of no more than 15 days may be requested, NTE a total of 45 days of TQSE.

TQSE must be claimed in increments of 30-days or less. Under no circumstances may you be authorized reimbursement for actual TQSE for more than a grand total of 120 consecutive days.

Form Instructions: Additional days of TQSE must be made prior to the end of the first 30-day period. Submit completed form to your PCS Coordinator.

Part 1: Employee Information						
First Name:	Last Name:					
Travel Authorization #:	Agency	Agency:				
Part 2: TQSE Information						
Did you or your spouse take a House	e Hunting Trip? Y	es No				
ates you are requesting TQSE: <u>Start Date</u> <u>End Date</u>						
Total # of additional days being re	equested: 2nd 3	30 Days	Other:			
Part 3: Immediate Family Inform	lallon		•		ving TQSE with you. Iditional family.	
Dependent Name)	Relationship	Туре	Age	# of Days in TQSE	
Part 4: Reason for Extension Use th	ne space below to pro	vide a detaile	ed explana	tion for an ex	tension request	
Part 5: Line of Accounting Hiring	Office ONLY comple	ete if different	from the or	riginal travel c	authorization	
Functional Area Co	st Center	Fund		WBS Element		
Part 6: Certification and Signatu	I re Employee is respons	sible for obtain	ing approvi	ing signatures	before submission	
Employee Signature:		Date:				
Suppopiear Signatura		Date:		Supervisor Action:		
Supervisor Signature:				Approve	ed Denied	
					Format IDC DCC 001	

Form: IBC-PCS-201 V1.5 6-13-24

Continuation page - Only use if needed.

Additional Immediate Family Information

List additional immediate family who will be occupying TQSE with you.

Dependent Name	Relationship Type	Age	# of Days in TQSE

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