



# REQUEST FOR ADDITIONAL DAYS OF TEMPORARY QUARTERS SUBSISTENCE EXPENSE BEYOND 60 DAYS



**Authority:** The following constitutes the terms and conditions required by the Federal Travel Regulation (FTR), Part 302-6.104 and 302-6.105, to request an extension for Temporary Quarters Subsistence Expense (TQSE) beyond 60 days. 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:** TQSE must be claimed in increments of 30-days or less. To continue occupying TQSE after 60 consecutive days, a compelling reason must be provided; A "Compelling Reason" is an event that is beyond your control and is acceptable to your agency. Under no circumstances may actual TQSE exceed a grand total of 120 consecutive days.

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

**Situations which would not generally justify an extension of time include:**

**A.** The spouse's continued employment at the old official duty station area, which delays the movement of the family to the new area; **B.** The children's continued attendance in school(s) at the old duty location, which delays the family's move; **C.** Inability to locate permanent quarters (rental, lease, or purchase) in an area of moderate housing availability, due to personal preferences and decisions; **D.** Personal decisions to have a home constructed in areas of moderate housing availability. (Construction typically requires 90 to 120 days, or longer); **E.** Acceptance of an extended possession date at the time the contract for permanent residence was signed; **F.** Generally, using home marketing of a residence at the old official duty station as justification for occupying temporary quarters or for extension of time in temporary quarters; **G.** The employee causes a delay in delivery of their household goods due to their inactivity. An example of this is the employee failing to call the household goods shipper to arrange for the delivery of their goods upon arranging for the occupancy of a permanent residence; **H.** Delays in finding permanent housing due to a spouse's inability to participate in the search for such housing.

**Part 1: Employee Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Travel Authorization #: \_\_\_\_\_ Agency: \_\_\_\_\_

**Part 2: TQSE Information**

Which 30 day increments is this request for?      3<sup>rd</sup> 30 Days      4<sup>th</sup> 30 Days  
 Dates you are requesting TQSE: Start Date                      End Date  
 Total # of additional days being requested:      30 Days      Other: \_\_\_\_\_

**Part 3: Immediate Family Information**

*List all immediate family who will be occupying TQSE with you.  
 Use continuation page if needed for additional family.*

Dependent Name	Relationship Type	Age	# of Days in TQSE

**Part 4: Reason for Extension**

Select your  
Compelling Reason:

Use the space below to provide a detailed explanation related to the compelling reason selected above:

**Part 5: Line of Accounting** *Hiring Office ONLY complete if different from the original travel authorization*

Functional Area	Cost Center	Fund	WBS Element
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**Part 6: Certification and Signature** *Employee is responsible for obtaining approving signatures before submission*

Employee Signature:	Date:	Supervisor Action: Approved    Denied	
Supervisor Signature:	Date:		

**Part 7: Bureau Division Chief Signature**

Bureau Division Chief Signature:	Date:	Bureau Division Chief Action: Approved    Denied
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**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