

**ADDENDUM TO SF-1190**

NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

List in detail the dates, times, places (city/country) of arrival, departure, and during your duty assignment:

A - ARRIVE D - Depart	DATE	TIME	LOCATION: CITY, COUNTRY	LOCALITY CODE (For Official Use Only)	No. DAYS IN CITY/COUNTRY (For Official Use Only)

EMPLOYEE STATEMENT: The information on this application is true and correct to the best of my knowledge. I understand that I am obligated to notify the authorizing office of any change in conditions that may affect the amount of allowance and/or differential authorized.

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUPERVISORY CERTIFICATION:** I certify that the employee performed the itinerary shown above on official government business.

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CPA HRM Room 210**

**SIGNATURE OF HRM PERSONNEL:** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVAL OF GRANT (to be completed by the HRSC):

TYPE	PERCENTAGE	EFFECTIVE	TERMINATED
____ POST DIFFERENTIAL	_____	_____	_____
____ DANGER PAY	_____	_____	_____

**TITLE OF APPROVING AUTHORITY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_