

# **DEPARTURE TLA/TQSA**

## **(Temporary Lodging Allowance for Military Temporary Quarters Subsistence Allowance for Civilians)**

**Regulations:** The regulations governing TLA is the Joint Travel Regulation (JTR), AFI 32-6001-USAFAESUP\_1 and USAFE-USAFAF 65-104, *Providing Temporary Lodging Allowance in USEUCOM*. These publications define your allowance. Refer to **Packet 1, Section 3** for HHQ and Wing policy. The regulations governing TQSA are in DoDI 1400.25, Civilian Personnel, Volume 1250 and DSSR, Department of State Standardized Regulation, Section 031.1; TQSA rules are in DSSR Section 120.

**Departure TLA:** The purpose of departure TLA is to allow you to prepare the house for the final inspection and return it to the landlord in the same condition you received the house. The TLA departure period for military should not exceed the last 10 days before the day the member departs the permanent duty station in compliance with a PCS order. OHA continues until lease is terminated – up to 10 days for military and 30 days LQA for civilians. You should make lease termination arrangements that maximizes the stay in leased housing. The Furnishing Management Section (**Packet 5, Section 4**) is here to assist you in the area of temporary loaner furnishings after your household goods are gone (just like the support provided upon your arrival).

**Departure TLA Claim:** Your departure TLA claim must be submitted at your losing installation (Aviano AB). The request form is shown on page **3** below with instructions on page **2**.

**Military TLA Timeline:** To determine the ten TLA days authorized, count backwards from your departure date (departure day doesn't count). Departure TLA days must be consecutive, i.e. leave in between TLA is not authorized.

**Mil to Mil TLA:** Military married to military members are not allowed cumulative days of TLA (not 20 days). Military married to military members are required to claim their own TLA which allows one member to receive reimbursement for lodging and meals and the other member will receive meals only. Departure TLA days must be consecutive, i.e. leave in between TLA is not authorized.

**Civilian Employees TQSA:** You are authorized TQSA for up to 30 days for temporary quarters (including meals). Please contact Civilian Personnel Office for TQSA processing at DSN 632-7291. Your departure TQSA claim must be submitted to Aviano CPO. You can pay your TLF bill in advance to assist in processing your TQSA prior to your departure.

**Short Term Lease Contract:** A Short Term Lease Contract is not an option upon departure.

**Departure TLA Extension:** Authority to approve/disapprove departure TLA extension rests with 31 FW/CC. TLA extensions may be approved if you are delayed for one of the following reasons as it is beyond your control (not your fault or the fault of your dependents):

- Duty-related demands delayed port call
- Illness prevents you or one of your dependents from traveling. In this situation, a doctor's certification is required

TLA is not intended, and must not be allowed to be used, for the personal enrichment of a member by providing TLA for other than the purpose intended. Sample extension memo is page **4** of this Section that must be accompanied with the Timeline Memo at page **5**.

**Disapproved TLA Extension:** Departure TLA extensions will be disapproved if delay was due to:

- Personal inconvenience to you or dependent is never a determining factor
- You vacated the quarters early for personal reasons
- You delayed your port call or airline reservations for personal reasons

**How to file a Departure TLA Claim:** File AF Form 1357, *Request for Temporary Lodging Allowance*. Please provide the Housing Office with copies of the following items:

- AF Form 1357 filled out and signed. Sample form is at Page 3 and forms are available in the Housing Office lobby area or available on AF Pubs or at <http://www.housing.af.mil>. There are instructions below for completing this form
- One copy of the hotel PAID RECEIPT. If residing with a friend you can only claim "MEALS ONLY", meal receipts are NOT required
  - One copy of PCS orders/amendments
- If staying off base, copy of 31FSS/SVML's NON-AVAILABILITY statement

**Non Eligibility for TLA:** TLA extensions are not authorized if you delay your port call or airline reservations or if you vacate quarters early for personal reasons. TLA is not authorized if you are on leave out of the country where stationed, on permissive TDY, or if hospitalized, unless command-sponsored dependents remain in the vicinity of the PDS.

**Instructions for completing AF Form 1357, *Request for Temporary Lodging Allowance*:**

- Name of Member – self-explanatory
- SSN – self-explanatory
- Last Permanent Duty Station – self-explanatory
- Date of Departure – from Last Permanent Duty Station
- PCS Order Number – self-explanatory
- Date of Arrival – self-explanatory
- **Type Action Requested/Payment Identification**
  - There are 3 selections in the first line to choose from: Select TLA Departure
  - There are 4 selections in this second line to choose from; self-explanatory
- **Travel and Living Allowance (TLA) Authorized for:**
  - There are 4 selections in this first line to choose from; all are self-explanatory, but if you are checking Member and \_\_\_ Dependent(s) remember to fill in the number of your dependents
  - There are 2 selections in this second line to choose from; you're accompanied or not
  - There are 2 selections in this third line to choose from; info should be on your orders
- **Authorized Dependents**
  - Self-explanatory – provide a complete list of all your dependents
- **Identification of Temporary Quarters**
  - Self-explanatory – provide the requested info whether temporarily living on/off base
- **Certificate of Housing Officer**
  - To be completed by the housing officer
- **Certificate of Transportation**
  - Skip this section
- **Certificate of Billeting Officer**
  - Skip this section

## REQUEST FOR TEMPORARY LODGING ALLOWANCE

(Check and complete all applicable blocks)

**AUTHORITY:** 37 USC 405, 405a, EO 9397, November 1943.

**PRINCIPAL PURPOSE(S):** To start, adjust, or terminate military member's entitlement to temporary lodging allowance

**ROUTINE USES:** Used to adjust member's military pay record. Information may be disclosed to Air Force components such as Major Commands and AF installations; other DoD Components such as Army, Navy, or Marine Corps; DFAS; other Federal agencies such as the IRS, Social Security Administration, the Department of Veterans' Affairs, and the Department of Justice for investigating or prosecuting possible violations of the law; state and local governments; US and state courts; and various other law enforcement agencies. SSN is used for positive identification.

**DISCLOSURE IS VOLUNTARY:** Non-disclosure will adversely affect military member's net pay. Disclosure of SSN is voluntary.

NAME OF MEMBER (Last, first, middle initial)	SSN
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LAST PERMANENT DUTY STATION	DATE OF DEPARTURE	PCS ORDER NUMBER	DATE OF ARRIVAL
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### TYPE ACTION REQUESTED/PAYMENT IDENTIFICATION

<input type="checkbox"/> TLA - ARRIVAL	<input type="checkbox"/> TLA - DEPARTURE	<input type="checkbox"/> TLA - INTERIM
<input type="checkbox"/> INITIAL PAYMENT	<input type="checkbox"/> INCREMENTAL PAYMENT	<input type="checkbox"/> FINAL PAYMENT
<input type="checkbox"/> ADJUSTMENT		

### TRAVEL AND LIVING ALLOWANCE (TLA) AUTHORIZED FOR

<input type="checkbox"/> MEMBER ONLY	<input type="checkbox"/> MEMBER AND DEPENDENT(S)	<input type="checkbox"/> DEPENDENTS ONLY
INDIVIDUAL ELECTED TO SERVE:	<input type="checkbox"/> ACCOMPANIED TOUR	<input type="checkbox"/> ALL OTHERS TOUR
TRAVEL OF DEPENDENT(S) IS AUTHORIZED:	<input type="checkbox"/> TO A DESIGNATED LOCATION	<input type="checkbox"/> CONCURRENT

### AUTHORIZED DEPENDENTS

NAME (Last, first, middle initial)	RELATIONSHIP	DATE OF BIRTH (Children only)

### IDENTIFICATION OF TEMPORARY LODGING

NAME OF HOTEL OR ACCOMMODATION	STREET NUMBER AND NAME	CITY, STATE OR COUNTRY
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INCLUSIVE DATES FROM _____ TO _____	COOKING FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	GOVERNMENT MESS UTILIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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### CERTIFICATE OF HOUSING OFFICER

<input type="checkbox"/> GOVERNMENT QUARTERS WERE NOT AVAILABLE DURING THE PERIOD TEMPORARY LODGING IS CLAIMED.
<input type="checkbox"/> PERMANENT HOUSING WAS OCCUPIED/GOVERNMENT QUARTERS WERE ASSIGNED (Date) _____
<input type="checkbox"/> PERMANENT HOUSING WAS VACATED (Date) _____
<input type="checkbox"/> GOVERNMENT QUARTERS WERE TERMINATED (Date) _____

SIGNATURE _____ <small style="text-align: center;">Click to sign</small>	DATE
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### CERTIFICATE OF TRANSPORTATION OFFICER

<input type="checkbox"/> HOUSEHOLD GOODS AVAILABLE FOR DELIVERY ON (Date) _____
<input type="checkbox"/> HOUSEHOLD GOODS WERE DELIVERED AND ACCEPTED ON (Date) _____
<input type="checkbox"/> HOUSEHOLD GOODS COULD NOT BE DELIVERED TO PERMANENT QUARTERS FOR REASONS BEYOND THE CONTROL OF THE MEMBER
<input type="checkbox"/> HOUSEHOLD GOODS WERE RELEASED FOR SHIPMENT ON (Date) _____

SIGNATURE _____ <small style="text-align: center;">Click to sign</small>	DATE
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### CERTIFICATE OF BILLETING OFFICER

<input type="checkbox"/> TEMPORARY QUARTERS ARE NOT AVAILABLE	<input type="checkbox"/> TEMPORARY QUARTERS ARE AVAILABLE
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SIGNATURE _____ <small style="text-align: center;">Click to sign</small>	DATE
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REMARKS
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<LETTERHEAD>

<DATE>

MEMORANDUM FOR 31 CES/CEIH

FROM: <Your name>

SUBJECT: Additional Departure TLA Request due to Circumstances beyond my Control

1. Request authorization for Departure TLA extension for \_\_ days (from\_\_\_\_ to \_\_\_\_\_).  
I was unable to leave on scheduled date of departure due to circumstances beyond my control.

2. <Describe in detail circumstances beyond your control. Examples included unexpected withdrawal of your PCS orders; duty-related demands delayed port call; illness prevented you or one of your dependents from traveling. In this situation, a doctor's certification is required. Include any other documents you feel necessary to support your request>

3. Following dates are provided as additional justification for my extension request.

Date of assignment notification	
Date landlord was notified of intent to vacate house	
Date of assignment cancellation (if applicable)	
Date of pre-inspection with the landlord	
Date moved into TLF or off base if no availability on base	
Date HHGs were picked up	
Date house was cleaned	
Date the Housing Office was notified of your departure	
Date of final inspection (Lease Termination) with the landlord	
Original scheduled date of departure	
Date(s) of extension request	
Date extension request was provided to Housing Office	
Date of projected departure	

4. Please contact me with any questions or concerns at \_\_\_\_\_.

\_\_\_\_\_  
<your signature block>

\_\_ Atch\_  
<as applicable>

1st Ind., (squadron commander)

Concur.

\_\_\_\_\_  
<Commander's signature block>