

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

**AUTHORIZATION TO RECEIVE UNIFORM ALLOWANCE**

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Identifying Data

Name (Last, First, MI)	Type of Position
Institution	Effective Date of Allowance
City, State, Zip Code	Social Security Number

Authorization of Entitlement

I, the undersigned, have determined that the above named employee is entitled to receive a uniform allowance in accordance with Federal Prison System policy. I acknowledge that I am the authorized agency official responsible for making such a determination.

Signature and title	Date
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Certification of Issuance

I certify that the above named employee received a uniform allowance, in the amount indicated on \_\_\_\_\_  
Month, Day, Year

Schedule no. \_\_\_\_\_ Dated: \_\_\_\_\_

Signature and title of issuing official	Date
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REMARKS:

  
  

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