



Separate Maintenance Allowance (SMA) Checklist

An Additional Help for ADS Chapter 477

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Responsible Office: OHR/PPIM
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SEPARATE MAINTENANCE ALLOWANCE (SMA) CHECKLIST ([DSSR 260](#))

This additional help checklist is for use by OHR staff in reviewing and approving SMA applications ([SF-1190, Foreign Allowances Application, Grant and Report \(July 2009\)](#)). The OHR/FSP/FSS specialist should ensure that all required information is provided by the USAID employee and that all supporting documents are attached to the [SF-1190](#). The SMA checklist may be used by employees in applying for SMA to ensure completeness of the [SF-1190](#) submitted to claim SMA benefits.

The [SF-1190](#) and information on a current [OF-126, Foreign Service Residence and Dependency Report](#) are reviewed against this checklist.

Instructions: Place a check mark to indicate that the USAID employee has completely filled out the [SF-1190](#) and provided information for each data element on the form.

- | | |
|---|--|
| <input type="checkbox"/> Employee Name (Last, First, MI) | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Bureau/Office |
| <input type="checkbox"/> Pay Plan | <input type="checkbox"/> Series |
| <input type="checkbox"/> Grade | <input type="checkbox"/> Annual Salary |
| <input type="checkbox"/> Annual Salary | <input type="checkbox"/> Position Title |
| <input type="checkbox"/> Current Post of Assignment | <input type="checkbox"/> Previous Post of Assignment |
| <input type="checkbox"/> Date of Arrival (mm-dd-yyyy) | <input type="checkbox"/> Mailing Address |
| <input type="checkbox"/> E-mail address | <input type="checkbox"/> If Local Hire: Date |
| <input type="checkbox"/> Reason for Presence | |
| <input type="checkbox"/> If Spouse or Domestic Partner is employed by the U.S. Government | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Spouse or Domestic Partner Name (Last, First, MI) | |
| <input type="checkbox"/> Spouse or Domestic Partner Social Security Number | |
| <input type="checkbox"/> Family Domiciled at Post | |
| <input type="checkbox"/> Family Domiciled Away from Post (Include expected date of departure) | |
| <input type="checkbox"/> Remarks: (and attachments, as indicated) | |

(1) For ISMA: Indicate reason for ISMA in No. 18, Remarks.

Medical: Must include statement from MED ([DSSR 264.1](#))

For convenience of the Government: Document reason; For example, unavailability of housing facilities for family members, host government's policy prevents family members from residing at post with supporting statement from post, family member's transportation withheld or terminated or family members must leave post ([DSSR 264.1](#)).

(2) For VSMA: Indicate circumstances of special need or hardship in No. 18, Remarks. Two certifications for VSMA are required ([DSSR 264.2](#)):

Certification of Special Need

_____ Confirmation of Understanding of the “One Change” Rule

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(3) For TSMA: Indicate one of the following reasons for TSMA in No. 18, Remarks ([DSSR 264.3](#)):

- _____ Following termination of an evacuation and conversion of post to unaccompanied status
- _____ Days 1-60 describe circumstances per [DSSR 264.3\(a\)](#)
- _____ Days 61-90 describe circumstances per [DSSR 264.3\(a\)](#)
- _____ Following termination of an evacuation and reversion of post to accompanied status – for educational considerations
- _____ Days 1-90 describe circumstances per [DSSR 264.3\(b\)](#)
- _____ Following termination of an evacuation and reversion of post to accompanied status for other situations
- _____ Days 1-30 describe circumstances per [DSSR 264.3\(c\)](#)
- _____ When family members must depart from an accompanied foreign post because employee’s next post is unaccompanied
- _____ Days 1-60 describe circumstances per [DSSR 264.3\(d\)](#)
- _____ When family members on ISMA prepare to depart ISMA point for employee’s next foreign or domestic assignment
- _____ Days 1-10 describe circumstances per [DSR 263.4\(e\)](#)
- _____ Documentation attached certifying that family members are occupying commercial quarters at the time of application. Examples are receipts or lease agreements.

- _____ Employee Name (Last, First, MI) _____ Social Security Number
- _____ SMA [] Voluntary [] Involuntary
- _____ [TSMA 262.3a](#) [] [262.3b](#) [] [262.3c](#) [] [262.3d](#) [] [262.3e](#) []
- _____ If Electronic Funds Transfer (EFT) Check one [] Checking [] Saving
- _____ Financial Institution Name
- _____ Financial Institution Mailing Address
- _____ Routing Number
- _____ Account Number
- _____ If Paid by Check (Mailing Address, City, State, Zip Code)
- _____ Accounting Classification (s)
- _____ Employee Statement and Signature
- _____ Spouse’s or Domestic Partner’s Signature

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Approving Official – I certify that employee’s [SF-1190](#) is complete with required signatures and certifications attached as required by regulations.

Name: _____ Date: _____

Chief, Foreign Service Staffing Branch

- [SF-1190](#) current revision of form is dated 07/2009
- [OF-126, Residence and Dependency Report](#) on file
- Employee’s Signature on [SF-1190](#)
- Spouse’s or Domestic Partner’s Signature on [SF-1190](#)
- VSMA Certification of Circumstances of Special Need
- VSMA Confirmation of Understanding of the “One Change” Rule
- ISMA Documentation for Medical Reasons
- ISMA Documentation if Prevented by Host Government from Residing at Post
- TSMA Documentation of Temporary Commercial Quarters

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