

***NATIONAL WEATHER SERVICE ALASKA REGION SUPPLEMENT 04-2004
APPLICABLE TO NWSI 30-2101
April 30, 2009***

***Maintenance, Logistics, and Facilities
System Management, NWSPD 30-21
Systems Maintenance Management, NWSI 30-2101***

PROTECTIVE COLD WEATHER CLOTHING ALLOWANCE

NOTICE: This publication is available at: <http://www.nws.noaa.gov/directives/>.

OPR: W/AR41 (P. A. Pedersen)

Certified by: W/AR4 (S. Denton)

Type of Issuance: Routine

SUMMARY OF REVISIONS: This supplement supercedes Alaska Region Supplement 04-2004, Protective Cold Weather Clothing Allowance, dated March 22, 2004. Regional Equipment Specialist and Regional Maintenance Specialist positions were added, and the upper limit for reimbursement increased from \$850 to \$900.

_____/SIGNED/_____
Frank P. Kelly
Regional Director

April 16, 2009
Date

Protective Cold Weather Clothing Allowance

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1. Introduction. The electronics and facilities employees in the National Weather Service (NWS) Alaska Region are required to work for prolonged periods (four hours plus) in extremely cold arctic conditions for a substantial portion of their field duties. It is imperative for job efficiency, as well as personal safety, that these employees are protected with proper cold weather clothing. Under arctic conditions, weather imposes severe constraints on NWS repair activities. Proper protective extreme cold weather gear increases the range of conditions under which the NWS can safely execute system restoral activities. This clothing represents a considerable investment for our technicians, and is especially burdensome for new employees coming into Alaska from other areas of the country. With that in mind, the Alaska Region has established a Protective Cold Weather Clothing Allowance for qualifying electronics and facilities employees.

2. Eligibility and Conditions. Current and new employees filling one of the following electronics or facilities positions are eligible for the allowance based on the nature of their work environment. This list is restricted to positions with routine duties that require considerable time exposures to extreme conditions.

- Electronics Systems Analyst (that routinely travel in the field)
- Area Electronics Supervisor
- Electronics Technician (ASOS)
- Electronics Technician (NEXRAD)
- Electronics Technician (General)
- Maintenance Mechanic Foreman
- Maintenance Mechanic
- Regional Equipment Specialist (RES)
- Regional Maintenance Specialist (RMS)

The allowance will be a reimbursement for the initial purchase of the clothing. The payment will be documented by original, itemized, receipts for new purchases of approved protective clothing, and limited to the allowance amount per employee. Once an employee has reached the allowance ceiling, no further receipts will be approved for any additional reimbursement.

The amount of the allowance has been determined by an average regional (Alaska) retail pricing of the suggested protective clothing items. The amount of the allowance, the minimum suggested items of clothing, and the estimated cost of each item are listed in Appendix A. It is to be understood by all participants that this listing and allowance are not all inclusive of the amount and type of clothing that may be necessary. The list of suggested items should neither increase the liability of the NWS Alaska Region, nor relieve the individual employees of the responsibility for making the best choices for their cold weather protection. The list and allowance are only to be considered as a guide in covering the basic requirements.

3. Responsibilities.

3.1 Employee. The employee is responsible for the procurement of their own cold weather clothing, thereby allowing for proper fit and personal choice. The clothing items recommended are to be of the heavier "expedition" or working grade rather than the lighter weight "sport" grade. Quality clothing items of the proper grade are readily available at local outfitting stores throughout Alaska and by mail order. Any additional non-listed items, and/or the care, maintenance or replacement of the listed items (for any reason), are the sole responsibility of the individual employee. The items reimbursed with the allowance are to be used by the employee in the performance of government duties in accordance with the Principles of Federal Appropriations Law.

3.2 Immediate Supervisor. The immediate supervisor of qualifying current and new-hire employees should inform them of the existence of the policy and give them a copy of this supplement.

4. Reimbursement Process. The allowance per employee is a lifetime limit in the amount specified in Appendix A. The clothing purchases submitted must fall into the categories listed in Appendix A.

The clothing purchase will be made with personal funds. (Cost will be reimbursed later.)

An original, legible receipt will be obtained and submitted for each purchase. The receipt will show the full business name, description of the item(s) purchased, purchase date, and the amount. If the receipt is not machine generated, the salesperson's signature (in ink) is also required. When possible, the receipt should reflect only items purchased that qualify for the allowance. If you are unable to obtain a receipt that lists only the items that qualify for the allowance, the employee must black out the items that are not part of the requested allowance. This will help ensure proper processing of the request.

Receipts for mail order purchases will be honored provided they meet the criteria stated above. Packing lists, by themselves, will not be considered as receipts.

Receipts for covered purchases made before the date of this supplement, as early as April 1, 1998, will be honored provided they meet all the criteria stated above.

All personal credit card numbers or banking references on receipts or other submitted documents should be blacked out for the applicant's security.

The receipts must be attached to a signed and completed SF-1164, Claim for Reimbursement for Expenditures on Official Business, and submitted to the employee's immediate supervisor for initial approval. See Appendix B for an example of completed SF-1164. The accounting codes shown on the example SF-1164 are samples only. The employee should contact supervisor for current accounting codes.

The employee's supervisor should then sign the form in block 8 and immediately send it to the current Protective Cold Weather Clothing Allowance program administrator, the Regional Equipment Specialist in Alaska Region Headquarters, for further certification and processing. The employee should make copies of the submitted receipts and claim for their own records. The original receipts must be submitted and will not be returned.

Once a claim form and receipts are received in Alaska Region Headquarters, the program administrator will verify all conditions of the Protective Cold Weather Clothing Allowance have been met, certify claim for payment, and forward documents to Western Administrative Support Center for reimbursement to the employee. The program administrator will provide a copy of the signed SF-1164 to the Alaska Region Administration Division for budget tracking purposes. The program administrator will also maintain a file with each qualifying employee's claim history.

If there is a questioned or denied claim, the program administrator will advise the employee's immediate supervisor of the reason(s) for denial or any problem(s) with the claim, and advise of any corrections needed that may make the claim viable. The supervisor will then relay that information to the applicant. The final decision on all denied claims rests with the Regional Director.

Questions concerning the program operation should be directed to the Regional Equipment Specialist at (907) 271-3482.

5. Conclusion. The Protective Cold Weather Clothing Allowance represents a good faith measure by the NWS Alaska Region; however, employees must recognize the primary responsibility for their cold weather safety lies within themselves – their knowledge, awareness, preparedness, and the choices and decisions they make. Employees should address any questions concerning proper dress and precautions in extreme arctic environments to their immediate supervisor.

Appendix A - Protective Cold Weather Clothing Allowances

Minimum Suggested Clothing Items	Price
Parka with Attached Hood, Long, rated to -40°F. minimum	\$375.00
Insulated Pants or Coveralls for extreme arctic conditions	\$200.00
Boots, Rubber Soled, Insulated, rated to -100°F.	\$150.00
Gloves providing dexterity under extreme arctic conditions	\$75.00
Mittens for extreme arctic conditions	\$75.00
Face Mask suitable for outside work under arctic conditions	\$25.00
Protective Cold Weather Clothing Allowance Total	\$900.00

Appendix B - Sample Standard Form 1164

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Department of Commerce NOAA National Weather Service	2. VOUCHER NUMBER				
			3. SCHEDULE NUMBER				
<i>Read the Privacy Act Statement on the back of this form.</i>							
4. CLAIMANT	a. NAME (Last, first, middle initial) SAMPLE, Joe E.	b. SOCIAL SECURITY NUMBER 111-22-3333	5. PAID BY				
	c. MAILING ADDRESS (Include ZIP Code) 6815 Juneau St. Fairbanks, AK 99701	d. OFFICE TELEPHONE NUMBER 907-458-1111					
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)							
DATE	Show appropriate code in col. (b): C O D E A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
2004			NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
(a)	(b)	(c) FROM (d) TO <i>(Explain expenditures in specific detail.)</i>					
		PROTECTIVE COLD WEATHER CLOTHING ALLOWANCE					
1/23	C	Down parka with attached hood					295 00
1/23	C	Gloves, insulated					40 00
<i>If additional space is required continue on the back.</i>			SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols (f), (g) and (i).) ▶ \$ 335.00			TOTALS				335 00
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.			
Sign Original Only <i>Bill Overall</i> APPROVING OFFICIAL SIGN HERE ▶ Bill Overall Area Electronics Supv. DATE 2/26/04				PAYMENT DESIRED Sign Original Only <input type="checkbox"/> CHECK <input type="checkbox"/> CASH CLAIMANT SIGN HERE ▶ <i>Joe E. Sample</i> DATE 2/25/04			
9. This claim is certified correct and proper for payment. Sign Original Only AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE				11. CASH PAYMENT RECEIPT a. PAYEE (Signature) _____ b. DATE _____ c. AMOUNT \$ _____			
ACCOUNTING CLASSIFICATION Samples ONLY. Contact supervisor for current accounting codes. ASOS ETs: 14/2004/B8M4LAX/P00/20-50-0004-01-00-00-00/26190000 All others: 14/2004/B8M4J10/P00/20-50-0004-01-00-00-00/26190000				12. PAYMENT MADE BY CHECK NO. _____			