

PERQUISITES FORM INSTRUCTIONS

Save a copy of this form to your desktop and type in the appropriate information for each new request

ITEM 1 - UNIVERSITY CODE (Prefilled on Form)

CODE - UNIVERSITY

FAU - Florida Atlantic University

ITEM 2 - REASONS FOR SUBMISSION OF FORM

Check only one box.

New request for approval – Check this box if this is a new request. The Office of Human Resources will assign a Request Number.

Request to revise existing approval-Request # - Check this box to revise an existing approval and enter the Request Number previously assigned by the Office of Human Resources.

Request to delete existing approval-Request # - To discontinue the provision of such prior approval, check this box and enter the Request Number.

ITEM 3 - LOCATION

County Codunconval

D345	Clothing, Protective Outer, Lab, agency laundry
D350	Clothing, Protective Outer, Lab, rental
D355	Clothing, Protective Outer, Medical
D360	Clothing, Protective, Outer, Medical, agency laundry
D365	Clothing, Protective Outer, Medical, rental
D370	Clothing, Protective Outer, Service
D375	Clothing, Protective Outer, Service, agency laundry
D380	Clothing, Protective Outer, Service, rental
D385	Clothing, Protective Outer, Food Service
D390	Clothing, Protective Outer, Food Service, agency laundry
D395	Clothing, Protective Outer, Food Service, rental
D400	Clothing, Protective Outer, Diving
D405	Clothing, Protective Outer, Rain
D410	Clothing, Security Uniform with shoes, with uniform maintenance and shoe allowance
D415	Clothing, Security Uniform with shoes, with uniform maintenance allowance only
D420	Clothing, Security Uniform with shoes, with shoe allowance only
D425	Clothing, Security Uniform with shoes, with agency laundry service only
D430	Clothing, Security Uniform with shoes, with no maintenance allowance
D435	Clothing, Security Uniform without shoes, with uniform maintenance allowance
D436	Clothing, Security Uniform without shoes, with uniform maintenance and shoe allowance
D440	Clothing, Security Uniform without shoes, with agency laundry service
D445	Clothing, Security uniform without shoes, with no allowance

D507	Clothing, Specialty, Promotional Straw Hat
D510	Clothing, Specialty, Vest
D511	Clothing, Flight Suit with shoes, with maintenance allowance
D512	Clothing, Flight Suit only, without maintenance allowance
D513	Clothing, Sworn Law Enforcement identification shirt
D514	Clothing, Sworn Law Enforcement identification jacket
D515	Clothing, Sworn Law Enforcement Uniform with shoes, with uniform allowance and shoe allowance
D520	Clothing, Sworn Law Enforcement Uniform with shoes, with uniform maintenance allowance only
D525	Clothing, Sworn Law Enforcement Raid Uniform without shoes, no allowance
D527	Clothing, Sworn Law Enforcement Training Uniform without shoes, no allowance
D530	Clothing, Sworn Law Enforcement Uniform without shoes, with uniform maintenance allowance
D531	Clothing, Sworn Law Enforcement Uniform without shoes, no allowance
D532	Clothing, Sworn Law Enforcement Uniform without shoes, with uniform maintenance and shoe allowance
D533	Clothing, Band Uniform, no allowance
D534	Clothing, Usher/Ticket Collection Shirt
D535	Clothing, Not elsewhere classifiable
D541	Clothing, Fatigue Uniform with boots
E540	Equipment, prescription safety lenses
E545	Equipment, rubber boots
E550	Equipment, safety boots
E555	Equipment, safety equipment
E560	Equipment, safety shoes
E565	Equipment, snake boots
E567	Equipment, operating room shoes
E568	Equipment, tennis shoes
F570	Food Products (Not including meals)
G780	Telephone Service, answering service
G785	Telephone Service, calls only
G790	Telephone Service, extension phone with SUNCOM
G800	

H635	Housing, 1 Bedroom House, employee paid utilities
H640	Housing, 2 Bedroom House, with all utilities provided
H645	Housing, 2 Bedroom House, with water, sewer provided
H650	Housing, 2 Bedroom House, with water provided
H655	Housing, 2 Bedroom House, employee paid utilities
H660	Housing, 3 or More Bedroom House, with all utilities provided
H665	Housing, 3 or More Bedroom House, with water, sewer provided
H670	Housing, 3 or More Bedroom House, with water provided
H675	Housing, 3 or More Bedroom House, employee paid utilities
H595	Housing, Duplex, with all utilities provided
H600	Housing, Duplex, with water, sewer provided
H605	Housing, Duplex, with water provided
H615	Housing, Duplex, employee paid utilities
H680	Housing, State Trailer, with all utilities provided
H685	Housing, State Trailer, with water, sewer provided
H690	Housing, State Trailer, with water provided
H695	Housing, State Trailer, employee paid utilities
H700	Housing, Trailer Space, with all utilities provided
H705	Housing, Trailer Space, with water, sewer provided
H710	Housing, Trailer Space, with water provided
H715	Housing, Trailer Space, employee paid utilities
J740	Medical Service, Annual Physical provided by State personnel
J745	

T400	USAID – Employee/Dependent immunizations and medications
T401	USAID – Employee/Dependent passport and related fees
T402	USAID – Employee/Dependent pre-departure subsistence
T403	USAID – Employee/Dependent temporary lodging allowance
T404	USAID – Dependent educations allowance
T405	USAID – Dependent per diem and air fare
T406	USAID – Employee/Dependent physical examinations
T500	Legal Services
T550	Relocation Expenses
TTTT	Other

University Item I.D. – For use by Human Resources only.

ITEM 7 - PER UNIT COST INFORMATION

Class Code – Enter the Class Code(s) of recipient(s). The Class Code(s) entered must fall within the pay plans of those entered in ITEM 4 of the prerequisite form.

Annual Cost to University – Show the annual cost to the University one F.T.E. If there is an identifiable direct cash payment to the employee, such as shoe allowance, cleaning allowance for clothing, etc., do not include that cost here. It should be reported under ITEM 7C.

Annual Maintenance Allowance Cost – Enter the annual maintenance allowance cost for one unit. This is a direct cash allowance payment to the employee only; do not enter, for example, the cost to maintain housing.

Annual Fair Market Value – Housing only, all other categories leave blank. Enter the annual fair market rental valued for each housing unit.

Annual Charge to Employee – Enter the annual charge to the employee, if any, for each unit.

Monthly Cost to University – Enter the total monthly cost to the University per unit.

ITEM 8 - TOTAL ANNUAL COST FOR ALL POSITIONS

Enter the grand total cost of all units for all positions in all classes covered by the request.

ITEM 9 - BEGINNING DATE AND ENDING DATE

Enter the proposed effective beginning and ending date of the prerequisite. Do not cross over fiscal years.

ITEM 10 - BASIS FOR COST DETERMINATION

Enter the basis for determining the cost and/or fair market value as reported in ITEM 7, Per Unit Cost Information.

ITEM 11 - REQUESTING DEPARTMENT SIGNATURE

Dean/Director or higher level Authority required.

ITEM 12 - DATE

Enter the date the above authority signed the prerequisite form.

ITEM 13 - HUMAN RESOURCES

A human resources representative will sign indicating documentation has been submitted properly.

ITEM 14 - DATE

Enter the date the above authority signed the prerequisite form.

ITEM 15 - ACTION TAKEN

For use by Chief Financial Officer for approval

If "Approved", the request shall remain in effect for the remainder of the fiscal year unless otherwise notified by the Office of Human Resources