



DEPARTMENT OF PUBLIC SAFETY  
UNIFORM CLOTHING ALLOWANCE  
Cash Option Selection Form



OFFICER:

\_\_\_\_\_

LOCATION:

\_\_\_\_\_

SHARE ID #:

\_\_\_\_\_

ALLOTMENT PERIOD:

-THRU-

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF MONTHS ELIGIBLE:

\_\_\_\_\_

ALLOWANCE

EARNED: \$

(Number of months X \$66.66)

CASH PAYMENT

REQUEST: \$

I understand that cash payments for uniform clothing allowance are taxable and will be included in my gross income and taxed accordingly. I also understand that it is my responsibility to report allowable tax deductions, if any.

OFFICER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
BUREAU/DISTRICT/SECTION COMMANDER

DATE: \_\_\_\_\_