

Hazardous Duty Pay – Restriction of Movement (HDP-ROM)

Member Statement

Ref: (a) ALCOAST 278/20, COVID-19: HDP-ROM AND OTHER PAY AND ALLOWANCE
POLICY ADJUSTMENTS

IAW Ref (a), this statement is to certify that I was required to pay out-of-pocket for the cost of lodging without full or partial reimbursement due to the exposure, or possible exposure, of COVID-19.

Name: _____

EMPLID: _____

Lodging Dates: _____ to _____

Member Signature: _____ Date: _____