## Submission Under the Federal Vacancies Reform Act



Name of Department or Agency and Any Suborganization

| Vacancy Title |  | Date Vacancy Began |  |
| :--- | :--- | :--- | :--- |
| Name of Acting Officer | Date Service Began | Authority for Acting Designation if Other Than <br> Vacancies Act |  |
| Name of Nominee for Position | Date Nomination Submitted |  |  |
| Action on Nomination: | O Confirmed | O Rejected, withdrawn, returned | Date of Action |
| Agency Contact |  |  |  |



Contact's Address

| Contact's Phone Number | Contact's E-Mail Address |  |
| :--- | :--- | :--- |
| Submitted By | Telephone Number |  |
| Name and Title |  |  |
| Signature |  |  |
| For Congressional Use Only |  |  |
| Date Received |  |  |
| For GAO Use Only |  |  |
| GAO Control Number |  |  |

