INSTRUCTIONS FOR COMPLETING FORM AD–1083

NOTE: For an address change or deletion, attach a copy of the REDS mailing label showing the old address or the address being deleted.

A. Identification. Complete this section for all requests.

1. **Contact Name**. Enter the name of the designated contact person (i.e., the person to call about the information on this form.)

2. **Contact Telephone Number.** Enter the contact person's telephone number (including the area code).

B. Procedures Action. Complete this section to order, change, or delete procedures, bulletins, or software. Place a check mark in the block to the left of the action you are requesting.

3. **Name of Procedure.** Enter the name of the procedure/bulletin requested.

4. **Title Number.** Enter the title number of the procedure requested (e.g., Title I, Payroll/ Personnel Processing Manual; Title II, Voucher and Invoice Payments Manual; etc.). *NOTE: Refer to the Publications Index to identify the title, chapter, and section number of the procedure requested. This index is distributed semi-annually to all addresses on the procedure distribution list.*

5. **Chapter Number.** Enter the chapter number of the procedure requested.

6. **Section Number.** If applicable, enter the section number of the procedure requested.

7. **Subsection Number.** If applicable, enter the subsection number of the procedure requested.

8. **Bulletin Number.** Enter the number of the bulletin requested. Also include the title, chapter, and section number of the procedure under which the bulletin was issued.

9. **Diskette Size for PC Software.** When ordering PC software, specify the diskette size in this block. *NOTE: Diskettes cannot be mailed to a P.O. Box. A street address is required for mailing diskettes.*

10. **Number of Copies.** Enter the required number of copies.

11. **Inventory Control Number (For NFC use only).** Leave this block blank.

12. **Control Number (For NFC use only).** Leave this block blank.

C. Reports Action. Complete this section to order, change, or delete reports. Place a check mark in the block to the left of the action you are requesting. *NOTE: If you are already receiving reports from NFC, attach a copy of the report banner page to this request.*

13. **Maildrop Number.** Enter the maildrop number. This number is the top number on the report banner page and is also identified in the last six lines of the report banner page.

14. **Bundle ID.** Enter the bundle ID number. This number is the second number on the report banner page and is also identified in the last six lines of the report banner page. *NOTE: If you are not receiving reports*

from NFC, leave Blocks 13 and 14 blank and complete Blocks 15 through 19.

15. **Report/Job Set Number.** Enter the report number as identified in the upper left corner of the report.

16. **Report Title.** Enter the title of the report.

17. **Distribution Control.** Enter the organizational structure level, personnel office identifier (POI), and/or contact point that corresponds to the report mailing address, or if applicable, enter the highest organizational structure level being serviced.

18. **Media.** Check the desired type of media for the report and enter the number of copies. If you want to delete a medium, indicate NONE in the **# OF COPIES** space. *NOTE: For an electronic transmission request, enter the printer ID (including the node), if applicable. The node identifies the host system to which your printer is connected.*

19. **Reporting Levels.** Check the desired reporting levels for the report.

D. Address Data. Complete this section to add, modify, or delete an address for procedures or reports. This section must be completed for all requests. *NOTE: To add an address, use the **NEW ADDRESS** side. To change an address, show the replacement address in the **NEW ADDRESS** side and the address being changed in the **CURRENT OR OLD ADDRESS** side. To delete an address, use the **CURRENT OR OLD ADDRESS** side.*

20. **Address Key Code.** If you are currently receiving procedures from NFC, enter the address key code number as shown in the upper left corner of your mailing label.

21. **Name.** Enter the name of the person or the person's position title that the procedure/report is to be mailed.

22. **Agency Name.** Enter the department, agency, etc.

23. **Agency Code.** Enter the agency code for the agency.

24. **Agency Street Address.** Enter the street address for the agency.

25. **City.** Enter the city name.

26. **State.** Enter the state abbreviation.

27. **Zip Code.** Enter the Zip Code and its four-digit extension.

28. **Agency Telephone Number.** Enter the telephone number (including the area code) of the person or location that the procedure/report is to be mailed.

29. **E-Mail Address.** Enter the E–Mail address for the person the procedure is to be sent.

E. Authorization. Complete this section for all requests.

30. **Authorized Signature and Title.** Signature and title of the person authorizing the request.

31. **Telephone Number.** Telephone number of the person authorizing the request.

32. **Date.** Enter the date signed.