

PAYROLL ACTION REQUEST

1. PERSONNEL OFFICE
SEQUENTIAL REQUEST NUMBER

3. **INSTRUCTIONS ON REVERSE OF AGENCY COPY
PLEASE READ CAREFULLY**

**U.S. DEPARTMENT OF AGRICULTURE
NATIONAL FINANCE CENTER
PO BOX 60000
NEW ORLEANS, LA 70160**

9. SOCIAL SECURITY NO.

10. EMPLOYEE'S NAME *(Last, First, Middle Initial)*

11. NATURE OF ACTION TO BE TAKEN

13. EXPLANATION OF CIRCUMSTANCES WHICH REQUIRE THIS ACTION

15. ACCOUNTING DATA TO BE CHARGED AND/OR CREDITED

16. ATTACHMENTS SUPPORTING OR AUTHORIZING THIS ACTION

17. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION

TELEPHONE *(Area Code and Number)*

18. EMPLOYEE'S SIGNATURE AND DATE SIGNED *(If Required)*

19. APPROVAL
AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE DATE APPROVED

2. ADJUSTMENT PERIOD *(Inclusive)*

FROM		TO	
DATE	P/P	DATE	P/P

4. FROM

AGENCY CODE	PERSONNEL OFFICE IDENTIFIER	ACCT. STATION CODE
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AGENCY NAME AND MAILING ADDRESS

CITY STATE ZIP CODE

5. EMPLOYEE'S T&A CONTACT POINT

6. FLSA

EXEMPT NON-EXEMPT

7. RETIREMENT COVERAGE CODE

8. TYPE EMPLOYMENT

FULL-TIME INTERMIT-TENT REEMPLOYED ANNUITANT

PART-TIME ALTERNATE WORK SCHEDULE

12. TERMINATED IF YES DATE TERMINATED

NO YES

CHECK MAILING ADDRESS OR DESIGNATED AGENT NUMBER

14. GROSS AMOUNT OF ADJUSTMENT

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