

RESOURCE VALIDATION

Date:

REQUESTING AGENCY DATA

MANAGER NAME: FIRST: LAST:

DEPARTMENT: DIVISION:

EMPLOYEE NAME: FIRST: LAST:

TYPE OF ACTION: EFFECTIVE DATE OF ACTION:

VICE: BILLET TITLE:

ORGANIZATIONAL CODE: T&A CERTIFIER:

MANAGER'S SIGNATURE:

CURRENT

NSPS SERIES:

NSPS PAY GRADE:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

GS PAY GRADE:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

(If Applicable)

PROPOSED

NSPS SERIES:

NSPS PAY GRADE:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

GS PAY GRADE:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

(If Applicable)

MANPOWER DATA

BIC:

COMMENTS:

SIGNATURE: Date:

PAYROLL/FISCAL DATA

UIC:

COST CENTER:

PROGRAM ELEMENT:

COMMENTS:

SIGNATURE: Date:

HUMAN RESOURCES DATA

ACCEPTED POSITION

DECLINED POSITION