GIPSA Directive 4451.1

Attachment 2-E-1

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PERSONNEL USE ONLY AGENCY CODE / POI 24. DATE EFFECTIVE QUALITY STEP INCREASE: → 25. TO: (Grade & Step) 26. NEW SALARY 27. RATE 28.	Field Office Manager									1	1		
AGENCY 24. DATE QUALITY 25. TO: (Grade & Step) 26. NEW SALARY 27. RATE 28. CODE / POI EFFECTIVE STEP INCREASE: →		Field Off	ice Manage	r									
			DATE				1						
			CECCTR/C		25. TO: (Grade &	step)	20. NEW SALARY		Z/. KAIL	28.	PAY RATE DETE MINANT CODE		
					+								
ertify that the proposed action 29. PERSONNEL OFFICIAL (Signature & Title) DATE										1.04			
in compliance with statutory di regulatory requirements	C	v that the propose	d action 2	9. PERSONI	NEL OFFICIAL (Signatu	re & intie)				JUA	TE PROCESSED		

Attachment 2-E-2

27 31 (Revised 3/79)						/1-11%					
OFFICE OF PERSONNEL MANAGEMENT APPLICATIO	N FOR		E								
rrm supple, 990-2, 6 2-9		and Terrent determines of the			Constant of the party of the second	Someonical and a grant of the second s					
INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.											
1. Name (Print or type—Last, First, M.I.) 2. Employee I.D. Number											
Doe, Jane B.				123-45-6							
3. Organizational Unit	4-A	Month	Day		A.M.	4-C Total Number					
GIPSA-FGIS	FROM:	01	17	7:00	P.M.	of Hours					
5. Ihereby request (If more than one box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	A.M.						
Annual Leave. (Annual leave requested may not exceed the amount	TO:	01	17	4:30	P.M.	9					
available for use during the leave year.)	6. Remarks										
Sick Leave. (Complete reverse side of form.)											
Leave Without Pay.											
Compensatory Time.	7. Employee's Signature					8. Date Munth, Day, Yearl					
X Other. (Specify) Time-Off Award						(Month. Day. Tear)					
OFFICIAL ACTION	ON APP	LICA	ION	*****							
Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	1 Signature (Annual leave approved may not exceed the amount available for use during the leave year (Month, D)										
N\$N 7540-00-753-5067											
Please detach this notice before submitting SF 71.											
PRIVACY ACT STATEMENT											
Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or (Continued on Reverse)											
(Continued	t on Neveri	ie)									

Attachment 2-E-3

