



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON
4551 LLEWELLYN AVENUE, SUITE 5000
FORT GEORGE G. MEADE, MARYLAND 20755-5000

REPLY TO
ATTENTION OF:

IMME-PW

27 AUG 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fort George G. Meade Policy Memorandum # 33, Signature Authority for DA Form 4283 (Facilities Engineering Work Request)

1. Reference:

- a. Army Regulation 420-1, Army Facilities Management, 28 Mar 2009.
- b. DA Pamphlet 420-06, Directorate of Public Works Resource Management System, 15 May 2007.
- c. DD Form 577, Appointment/Termination Record – Authorized Signature, Feb 2011.

2. Purpose: To provide guidance on the correct procedures for completing DD Form 577.

3. Policy: The Directorate of Public Works (DPW) requires all organizations on Fort George G. Meade to identify the primary and alternate Point of Contacts and Authorized Requestors to serve as Signature Authority on DA Form 4283 Facilities Engineering Work Request.

4. Procedures: DD Form 577 should be completed electronically by the Director, Commander or Appointing Authority. The building Point of Contact and Authorized Requestor should not be the same appointee. (These instructions are also found on Page 2 of the form)

Provide the following information from:

- a. Section 1 – From: Commander/Appointing Authority
 1. Name: Director/Commander
 2. Title: Title of Director, Commander or Appointing Authority
 3. DoD Component/Organization: Directorate/Section or Unit

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4. Date: Date of completion

5. Signature: Director/Commander

b. Section II – To: Appointee

6. Name: Appointee

7. SSN: Leave Blank

8. Title: Title of Appointee

9. DoD Component/Organization: Tenant/Section or Unit

10. Address: Organization Address

11. Telephone Number: Organization Office Number

12. Effective Date of Appointment: YYYY/MM/DD (Beginning of each Fiscal Year)

13. Position of Which Appointed: Leave Blank

14. Appointed Responsibility: (Specify; Primary or Alternate)

(a) Point of Contact – Responsible for submitting and tracking all DA Form 4283 leaving your office.

(b) Authorized Requestor – Responsible for signing all DA Form 4283 submitted to DPW.

15. Leave Blank

c. Section III – Acknowledgement of Appointment

16. Printed Name: Print/Type Appointee Name

17. Signature: Actual Appointee Signature

d. Section V – Termination of Appointment

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18. Effective Date of Termination: YYYY/MM/DD (Effective date of Calendar Year)

19. Appointee Initials: Initials

20. Name of Commander/Appointing Authority: Print/Type Name

21. Title: Title of Director, Commander or Appointing Authority

22. Signature: Actual Director/Commander Signature

5. Additional Instructions: DPW Tracking Log will require updating for all appointments and terminations at the beginning of each Fiscal Year (FY) and or when changes occur. When terminating an appointee, the Director, Commander or Appointing Authority must have the Appointee initial next block 19. DPW will publish a list indicating current fiscal year Appointees for POC and Authorized Requestor. If tenants fail to provide Appointees, all DA Forms 4283 will not be processed until documentation has been submitted for the current fiscal year.

6. DA Form 577 will be submitted to the DPW, Business Operations and Integration Division (BOID), ATTN: Management and Program Analyst, 2212 Chisholm Avenue, Fort Meade, MD 20755-5115, usarmy.meade.imcom.mbx.dpw-boid@mail.mil.

Encl


EDWARD C. ROTHSTEIN
Colonel, Military Intelligence
Commanding

DISTRIBUTION:

A
B

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.

PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: APPOINTING AUTHORITY

1. NAME (First, Middle Initial, Last)	2. TITLE	3. DOD COMPONENT/ORGANIZATION
4. DATE (YYYYMMDD)	5. SIGNATURE	

SECTION II - TO: APPOINTEE

6. NAME (First, Middle Initial, Last)	7. SSN	8. TITLE
9. DOD COMPONENT/ORGANIZATION	10. ADDRESS (Include ZIP Code)	
11. TELEPHONE NUMBER (Include Area Code)	12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD)	
13. POSITION TO WHICH APPOINTED (X as applicable (one only))		
<input type="checkbox"/> DISBURSING OFFICER	<input type="checkbox"/> DEPUTY DISBURSING OFFICER	<input type="checkbox"/> DISBURSING AGENT
<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> CASHIER	<input type="checkbox"/> COLLECTION AGENT
<input type="checkbox"/> CHANGE FUND CUSTODIAN	<input type="checkbox"/> IMPREST FUND CASHIER	<input type="checkbox"/> CERTIFYING OFFICER
<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:

- Point of Contact - responsible for submitting and tracking organization/unit DA Form 4283's leaving your office or section.

~~~~~or~~~~~

- Authorized Requestor - person with authority and power to represent and legally sign for the organization/unit or section.

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

## SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in item 17 below.

|                                                |               |
|------------------------------------------------|---------------|
| 16. PRINTED NAME (First, Middle Initial, Last) | 17. SIGNATURE |
|------------------------------------------------|---------------|

## SECTION IV - TERMINATION OF APPOINTMENT

|                                                                  |                     |                        |
|------------------------------------------------------------------|---------------------|------------------------|
| The appointment of the individual named above is hereby revoked. | 18. DATE (YYYYMMDD) | 19. APPOINTEE INITIALS |
| 20. NAME OF APPOINTING AUTHORITY                                 | 21. TITLE           | 22. SIGNATURE          |

**INSTRUCTIONS FOR COMPLETING  
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

This form may be used to:

1. Appoint disbursing officers and their agents, e.g., deputy disbursing officers, disbursing agents, paying agents, cashiers, change fund custodians, and collection agents.
2. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.
3. Appoint accountable officials. Accountable officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service to a certifying or disbursing officer in support of the payment process.
4. Appoint other individuals for which an appointing authority considers this form appropriate; see item 13.

**SECTION I.**

1. Enter the name of the commander/appointing authority.
2. Enter the commander/appointing authority's title.
3. Enter the commander/appointing authority's DoD component/organization location.
4. Enter the date the form is completed.
5. The commander/appointing authority must place his or her legal signature in the block provided. **Enter a digital signature in this item ONLY after completion of items 6 through 16, as this signature will "lock" those items.**

**SECTION II.**

6. Enter the appointee's name.
7. Enter the appointee's social security number. The full social security number is required for pecuniary liability determination purposes.
8. Enter the appointee's title.
9. - 11. Enter the name, complete address, and telephone number of the DoD component/organization activity to which appointed.
12. Enter the date the appointment is to be effective.
13. Mark X in the appropriate box indicating the purpose for the appointment. For "other", specify the type of appointment.
14. The appointing authority should identify the types of payments affected, but need only be specific as he or she considers necessary. Include any other pertinent information (e.g., system involved).
15. List all regulations the appointee must review and follow in order to adequately fulfill the requirements of the appointment.

**SECTION III.**

16. - 17. The appointee prints his or her name and enters his or her legal signature in the spaces provided.

**SECTION IV.**

Completing this section terminates the original appointment as of the effective date. If partial authority is to be retained, complete a new DD Form 577.

18. Enter the date the termination is effective.
19. The appointee will initial in the space provided acknowledging revocation of the appointment.
20. - 22. The appointing authority must place his or her name, title and legal signature in the spaces provided.