

GAO FORM - 379 (Aug. 72)

United States  
General Accounting Office  
Operations Manual



**SUPPLEMENT  
TO**

0412.1 SUP



148758

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# GAO Forms Facsimile Handbook

March 1991

148758

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Distribution:

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March 1991

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**SUPPLEMENT  
TO**

0412.1 SUP

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**Subject: GAO FORMS FACSIMILE HANDBOOK**

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1. **PURPOSE.** This supplement transmits the revised version of the GAO Forms Facsimile Handbook, a supplement to GAO Order 0412.1, GAO Forms Management Program.

2. **SUPERSESSON.** This supplement supersedes GAO Order 0412.1--Supplement, GAO Forms Facsimile Handbook, dated September 22, 1989 as amended.

3. **EXPLANATION OF REVISIONS.**

a. This new supplement has only one form facsimile per page. This revised format will save on printing costs, as well as end user time during periodic updating.

b. At the end of GAO Forms Facsimile pages, commonly-used Department of Agriculture forms (numbered "AD-xxx") are also represented in numerical order.

c. In some cases the Office of Primary Responsibility (OPR) referenced on the form facsimile is different than that shown on the bottom left corner of the facsimile page. In these cases, the OPR reference on the facsimile (reduced form) is obsolete. These will all be updated as the forms are revised or before the next reprinting.

4. **FILING INSTRUCTIONS.** The entire previous supplement and the three-ring binder cover are obsolete. Handbook users should insert the two shrink pack packages in the new binder that is provided.

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FORM TITLE**

**GAO FORM  
NUMBER**

**SUBJECT TERM/  
FORM TITLE**

**GAO FORM  
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SUBJECT TERM/ FORM TITLE	GAO FORM NUMBER	SUBJECT TERM/ FORM TITLE	GAO FORM NUMBER
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SUBJECT TERM/ FORM TITLE	GAO FORM NUMBER	SUBJECT TERM/ FORM TITLE	GAO FORM NUMBER
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UNITED STATES  
 GENERAL ACCOUNTING OFFICE

Pursuant to the provisions of sections 306 and 311 (e) of the Budget and Accounting Act, 1921, 42 Stat. 24, 25; 31 U. S. C. 46, 52 (e), I hereby certify that this is a true transcript, in \_\_\_\_\_ numbered documents, from the books and proceedings of the United States General Accounting Office in the following case:

IN WITNESS WHEREOF, I have hereunto set my hand  
 and caused the seal of the United States General  
 Accounting Office to be affixed this \_\_\_\_\_ day  
 of \_\_\_\_\_ in the year \_\_\_\_\_ at Washington.  
 By direction of the Comptroller General of the  
 United States,

UNITED STATES  
 GENERAL ACCOUNTING OFFICE  
 FORM 6b (Rev. Nov. 66)

United States General Accounting Office.

16-55036-4 U.S. GOVERNMENT PRINTING OFFICE



**UNITED STATES  
GENERAL ACCOUNTING OFFICE**

Pursuant to the provisions of 31 U.S.C. 704, 711, I hereby certify that the annexed document ,

true cop of the official document now on file in the United States General Accounting Office in the following case:

IN WITNESS WHEREOF, I have hereunto set my hand  
and caused the seal of the United States General  
Accounting Office to be affixed this            day  
of            in the year            at Washington.  
By direction of the Comptroller General of the  
United States,

United States General Accounting Office.

GAO Form 7b (Rev. 12/83)

GAO FORM 8 (6/79)			
<b>GAO RECORDS INVENTORY FORM</b>			
1 INVENTORY DATE	2 PREPARED BY	3 REVIEWED BY	
4A DIVISION/OFFICE/REGION	4B ACTIVITY	4C LOCATION (BLDG/ROOM NO)	
5A CONTACT (NAME)	5B TITLE OF CONTACT	5C TELEPHONE NUMBER OF CONTACT	
6 TITLE OF SERIES		7 SERIES CODE IF ANY	
8 DESCRIPTION OF SERIES			
9 STATUS <input type="checkbox"/> a OFFICIAL RECORD <input type="checkbox"/> b REFERENCE OR EXTRA COPY <input type="checkbox"/> c MIXTURE	10 TYPE <input type="checkbox"/> a SUBJECT <input type="checkbox"/> b PROJECT <input type="checkbox"/> c CASE <input type="checkbox"/> d WORKING PAPERS	<input type="checkbox"/> e CONVENIENCE <input type="checkbox"/> f REFERENCE <input type="checkbox"/> g OTHER _____	11 ARRANGEMENT <input type="checkbox"/> a SUBJECT <input type="checkbox"/> b NUMERICAL <input type="checkbox"/> c CHRONOLOGICAL <input type="checkbox"/> d GEOGRAPHICAL <input type="checkbox"/> e ALPHABETICAL <input type="checkbox"/> f ORGANIZATIONAL <input type="checkbox"/> g OTHER _____
CHECK, IF <input type="checkbox"/> MICROFORM, OR <input type="checkbox"/> MACHINE READABLE, OR <input type="checkbox"/> AUDIO-VISUAL AND FILL IN THE INFORMATION BELOW BY COMPLETING THE APPROPRIATE SECTION			
<b>MICROFORM RECORDS</b>			
12 FORMAT <input type="checkbox"/> a 4x6 MICROFICHE <input type="checkbox"/> b 35MM FILM <input type="checkbox"/> c 16MM FILM <input type="checkbox"/> d APERTURE CARDS <input type="checkbox"/> e OTHER _____	13 FILM BASE <input type="checkbox"/> a SILVER <input type="checkbox"/> b DIAZO <input type="checkbox"/> c OTHER _____	14 REDUCTION <input type="checkbox"/> a 24X <input type="checkbox"/> b 48X <input type="checkbox"/> c OTHER _____	15 DISPOSITION OF SOURCE RECORDS
<b>MACHINE READABLE RECORDS</b>			
16 FORMAT <input type="checkbox"/> a MAGNETIC TAPE <input type="checkbox"/> b FLOPPY DISCS <input type="checkbox"/> c CASSETTES <input type="checkbox"/> d PUNCHED TAPE <input type="checkbox"/> e PUNCHED CARDS <input type="checkbox"/> f OTHER _____	17 FILE TYPE <input type="checkbox"/> a PROGRAM <input type="checkbox"/> b INTERIM <input type="checkbox"/> c AUXILLARY <input type="checkbox"/> d DOCUMENTATION <input type="checkbox"/> e SOURCE/INPUT <input type="checkbox"/> f UPDATED RECORDS <input type="checkbox"/> g OTHER _____	18 DISPOSITION OF SOURCE RECORDS  19 DISPOSITION OF PRINT OUTS OUTPUTS	
<b>AUDIO-VISUAL RECORDS</b>			
20 FORMAT <input type="checkbox"/> a STILL PICTURES <input type="checkbox"/> b MOTION PICTURES <input type="checkbox"/> c AUDIO MAGNETIC RECORDS <input type="checkbox"/> d VIDEO MAGNETIC RECORDS <input type="checkbox"/> e AUDIO VISUAL DISCS			

GAO FORM 8 (BACK)

VOLUME	21 NUMBER OF FOLDERS/UNITS	22. NUMBER OF CUBIC FEET/INCHES	23. SIZE AND NUMBER OF DRAWERS	DUPLICATION	27 INDICATE IF RECORDS ARE DUPLICATED ELSEWHERE
	24 DATE OF OLDEST RECORDS	25 DATE OF MOST RECENT RECORD	26 ANNUAL RATE OF GROWTH		
DISPOSITION	28. FILE CUTOFFS <input type="checkbox"/> a YES <input type="checkbox"/> b. NO IF YES, SPECIFY PERIOD		29. SCHEDULED <input type="checkbox"/> a. YES <input type="checkbox"/> b NO	30 PRESENT DISPOSITION, IF ANY	
	USAGE	31 FREQUENCY OF USE <input type="checkbox"/> a 3 or MORE TIMES PER MONTH <input type="checkbox"/> b. 1 OR 2 TIMES PER MONTH <input type="checkbox"/> c LESS THAN 1 TIME PER MONTH		32 ORGANIZATIONS USING THE RECORDS	
33. SECURITY <input type="checkbox"/> a. CONFIDENTIAL <input type="checkbox"/> b SECRET <input type="checkbox"/> c TOP SECRET <input type="checkbox"/> d PRIVACY ACT <input type="checkbox"/> e OTHER, SPECIFY					
34 COMMENTS					

1. Item No. and Title of Series

2. Disposition Authority

3. Cutoff Instructions

4. Disposition Instructions

**GAO File Disposition Control Label**

OPR: RA GAO Form 9 (Rev. 2/90)

1. Item No. and Title of Series

2. Disposition Authority

3. Cutoff Instructions

4. Disposition Instructions

**GAO File Disposition Control Label**

OPR: RA GAO Form 9 (Rev. 2/90)

1. Item No. and Title of Series

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1. Item No. and Title of Series

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3. Cutoff Instructions

4. Disposition Instructions

**GAO File Disposition Control Label**

OPR: RA GAO Form 9 (Rev. 2/90)



GAO

United States General Accounting Office  
Files Management Plan

1. Office of Record (and location)		2. Preparer (Name and Title)		3. Telephone No.		4. Date Prepared	
5. Records Liaison Officer (RLO) (Name and Title)				6. RLO's Signature		7. Date Signed	
8. Division/Office Head Signature (or other authorized management official)				9. Date Signed		10. Type of Files Plan <input type="checkbox"/> Initial Plan <input type="checkbox"/> Supersedes Plan Dated	
11. Approval/Disapproval (RA) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			12. Records Administrator's Signature			13. Date Approved	

14. Files Plan

Item Number A	Title of Series B	Filing Arrangement C	Disposition Authority D

**14. Files Plan (Continued)**

Item Number A	Title of Series B	Filing Arrangement C	Disposition Authority D

GAO

United States General Accounting Office

# Files Management Plan Continuation Sheet

**14. Files Plan (Continued)**

Item Number A	Title of Series B	Filing Arrangement C	Disposition Authority D

**14. Files Plan (Continued)**

Item Number A	Title of Series B	Filing Arrangement C	Disposition Authority D

**UNITED STATES  
GENERAL ACCOUNTING OFFICE  
VISITING FELLOW**

Name:

Expiration date:

ID #:

Signature: \_\_\_\_\_



**SECURITY OFFICER**

UPON TERMINATION OF SERVICE THIS CARD IS TO BE RETURNED TO THE SECURITY OFFICE.

GAO FORM 12 REV. (12/85)

GAO

United States General Accounting Office

Request for New or Special Personnel Report

To: Personnel, SL&I Section	1. Type of Request	2. Personnel Control No.
-----------------------------	--------------------	--------------------------

Part I (Completed by requestor)

3. Requestor's Name	4. Division/Office	5. Room No.	6. Telephone No.
---------------------	--------------------	-------------	------------------

7. Proposed Title of Report	8. Requested Due Date of Report
-----------------------------	---------------------------------

9. Description of Report: (Specify items such as column headings needed; organizational unit(s); and categories of employees to be included; how the report is to be arranged; period of time to be covered; page breaks, i.e. organizational code; and any requirements for sorting and/or total accumulation. Attach sample layout.)

10. Reason for Request	11. Additional Reports Needed (check one) <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> None (one time only)
------------------------	--

12. Signature of Requestor	13. Date
----------------------------	----------

Part II (Approval) Note: Approval is required if report contains sensitive data.

14. Approving Official or Designee	15. Date
------------------------------------	----------

Part III (Completed within Personnel)

16. Date Logged	17. Signature of Ad Hoc Coordinator	18. Date Released to Programmer	19. Time Released to Programmer
-----------------	-------------------------------------	---------------------------------	---------------------------------

20. Date Returned to Programmer	21. Changes/Corrections	22. Date Completed
---------------------------------	-------------------------	--------------------



GAO Form 18 (Rev. 3/83)

**COMPUTER ASSISTED BIBLIOGRAPHY REQUEST**

GAO Technical Library, Library Services Branch, OLS  
Room 6536 (Mail-Room 6430). Telephone No. 275-5180  
441 G Street, N.W.  
Washington, D.C. 20548

Search Number \_\_\_\_\_

Name of Requester \_\_\_\_\_

Date Requested \_\_\_\_\_

Telephone No. \_\_\_\_\_ Division/Region/Office \_\_\_\_\_

Please fill out both sides of this form as completely as possible. If you have any questions, call the librarian who is the subject specialist for your division or subject/issue area at 275-5180. A list of the Technical Library reference staff and assigned divisions is available in the Technical Library, Room 6536. If you are in the Washington area, you will be notified by telephone when the results of your search are ready. If you are in a regional office, the results will be mailed to you. Telephone requests are accepted, provided the information asked for on this form is available.

1. Search Title \_\_\_\_\_  
\_\_\_\_\_

2. Search results needed by (date) \_\_\_\_\_  
(Please be specific)

3. Please describe the topic you wish to have searched. Include any key words, subject terms, synonyms, or acronyms that you are familiar with, and define any words which have a special meaning within the context of the search. Also note any aspects of the subject which you would like excluded from the search. If applicable, a description of the job from the Firm Assignment List or Form 100 would be helpful. (Continue on reverse if necessary).



Continue item 3. if needed:

4. Do you wish to have a search run by the Defense Logistics Studies Information Exchange? \_\_\_\_\_

5. Do you wish to have a search run by the Defense Technical Information Center?

If yes, do you want classified material? \_\_\_\_\_

What level? Confidential \_\_\_\_\_ Secret \_\_\_\_\_

6. Do you wish the search to include GAO publications? \_\_\_\_\_ If yes, do you want  
Reports \_\_\_\_\_ Testimony \_\_\_\_\_ Decisions \_\_\_\_\_ Other \_\_\_\_\_

7. Do you want foreign language citations? \_\_\_\_\_ If yes, which languages? \_\_\_\_\_

8. Please indicate years to be covered. \_\_\_\_\_

9. Why do you need this information? Please give job number if available. \_\_\_\_\_

10. Please list others working with you on this project. (Name, Division/ Region/ Office and relationship to the project).

GAO Form 22 (4-80) GAO Order 0832.1

U.S. GENERAL ACCOUNTING OFFICE

**QUALIFICATIONS ANALYSIS AND ASSESSMENT OF POTENTIAL FOR  
INTER-CAREER DEVELOPMENTAL AGREEMENT (ICDA) POSITIONS**

NAME OF CANDIDATE	POSITION TITLE	GRADE
-------------------	----------------	-------

**INSTRUCTIONS FOR RECORDING JUDGMENTS OF CANDIDATE'S POTENTIAL FOR ICDA POSITIONS:** Mark that column 1 through 4 which best expresses from your firsthand knowledge, your judgment of the probability of the candidate's success in the position to be filled. If your knowledge of the candidate's ability or potential was learned from someone else, mark column 4, "No opportunity to observe."

Knowledge, Skills, or Ability Statements Representing Job Elements	Confident of Potential (1)	Fairly Confident (2)	Unsure of Potential (3)	No Opportunity to Observe (4)
<p><u>Abilities</u></p> <ol style="list-style-type: none"> <li>1. Ability to supervise and motivate a moderately large staff;</li> <li>2. Ability to handle substantive workloads;</li> <li>3. Knowledge and understanding of office procedures;</li> <li>4. Ability to make sound decisions;</li> <li>5. Ability to understand the importance of an economical and efficient operation;</li> <li>6. Ability to analyze complex problems and devise solutions to problems.</li> </ol> <p><u>Supervisory Skills/Interpersonal Skills</u></p> <ol style="list-style-type: none"> <li>1. Skill in planning and organizing;</li> <li>2. Flexibility in shifting priorities as needed;</li> <li>3. Effectiveness in personal work relationships with others;</li> <li>4. Skill in training, developing, and evaluating employees, which includes the ability to accurately observe performance and provide timely, positive and/or negative feedback as appropriate;</li> <li>5. Skill (or ability) in day-to-day management of a detailed management information system.</li> </ol>				

YOUR RELATIONSHIP WITH CANDIDATE:	FROM	TO	PRESENT POSITION TITLE
A. Present or former supervisor .....			SIGNATURE AND DATE
B. Second Level Supervisor .....			
C. Other, Specify .....			



United States General Accounting Office

# GAO Expedite

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GAO Form 26 (Rev. 2/88)

United States General Accounting Office

GAO

Certificate of POV/Common Carrier Entitlement

Name		Home Address	
Division/Office	Temporary Audit Site	Date Assigned	Date Form Completed

A. Residence to Official Station (ODS)	B. Residence to Temporary Audit Site (TAS)
1. Common Carrier Used: (Specify bus, train, subway, etc.) Type _____ Daily Round Trip (R/T) Cost _____ and/or _____	1. Common Carrier Used: (Specify bus, train, subway, etc.) Type _____ Daily Round Trip (R/T) Cost _____ and/or _____
2. Privately Owned Vehicle (POV) or Carpool/Vanpool Used: (Specify POV, Carpool* or Vanpool*) _____ R/T miles, residence to ODS or pickup point _____ Current mileage rate x \$ _____ R/T cost to ODS or pickup point _____ Plus tolls, ferries, parking, carpool/vanpool fees, etc. _____ Plus Daily Common Carrier R/T Costs _____ Total Daily Costs (TDC) \$ _____	2. Privately Owned Vehicle (POV) or Carpool/Vanpool Used: (Specify POV, Carpool* or Vanpool*) _____ R/T miles, residence to TAS or pickup point _____ Current mileage rate x \$ _____ R/T cost to TAS or pickup point _____ Plus tolls, ferries, parking, carpool/vanpool fees, etc. _____ Plus Daily Common Carrier R/T Costs _____ Total Daily Costs (TDC) \$ _____
*If driver, indicate percent of normal driving time, e.g. 10%, 50%, etc. _____. Multiply TDC by the percentage to determine your actual TDC _____.	*If driver, indicate percent of normal driving time, e.g. 10%, 50%, etc. _____. Multiply TDC by the percentage to determine your actual TDC _____.

**C. Daily Reimbursement**

R/T Costs to TAS (Section B above) \$ \_\_\_\_\_ Less R/T Costs to ODS (Section A above) \$ \_\_\_\_\_

Total R/T Entitlement \$ \_\_\_\_\_

I CERTIFY the information and computations provided above are correct. I certify POV was used because common carrier was not advantageous to the government.

Signature of Employee	Date
-----------------------	------

The above named employee is temporarily assigned to our audit site at \_\_\_\_\_

I CERTIFY the above computed costs have been reviewed.

Signature of Approving Official	Title	Date
---------------------------------	-------	------

GAO

United States General Accounting Office

Procurement Request

To: Office of Acquisition Management Control Desk Union Center Plaza Page \_\_\_\_ of \_\_\_\_

(This form must be typed.)

Section A - Completed (except block 5c) by the Initiator

1. Deliver Goods/Services to: Name: Address: 2. Division/Office: 3. Date of Request 4. Firm to Start Providing Service No Later Than

5 Goods/Services (If additional space is needed use GAO Form 31A Continuation Sheet)

Table with columns: (a) Item No., (b) Description, (c) BOC Code, (d) Quantity, (e) Unit of Issue, (f) Estimated Cost (Unit Price, Total Amount). Includes sub-totals (3) and (4).

6 Audit/Evaluation Services. (Complete this box for all proposed orders and contracts for audit and evaluation services in excess of \$10,000 - see GAO Order 0130 1.81, Job Starts Group) Check one of the blocks below

- Input boxes for: This proposed order/contract has been approved by the Job Starts Group; This proposed order/contract does not require review of the Job Starts Group

7 Signature of Initiator: Signature, Date, Telephone Number

Section B - Completed by Division/Office Approval Official

8 Request No: Signature/Date

Upon completion of section B, retain copy 5, and forward the remaining copies to the OAM Control Desk whose address appears in the top right above

Section C - OAM Control Desk: Signature/Date

Section D - Completed by Budget Object Class Official

CERTIFICATION: I certify the goods and services listed on the request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed

Table for certification with columns: Signature, Date, BOC Code

BOC Official retain copy 3 and return request to OAM Control Desk

Section E - Special Authority, as Required

11 Signature/Date

Section F - Completed by Procurement Approving Official

12 Name of Designated Purchasing Agent/Contract Specialist: Block No

13 Signature of Procurement Official: Date

Section G - Completed by Purchasing Agent/Contract Specialist

14 Purchase Order No /Contract No



GAO

United States General Accounting Office

City-Pair Exception Form

**Note: This form must be attached to the employee's travel voucher when submitted for payment.**

**1. Authorization**

Employee \_\_\_\_\_, is authorized an exception to using city-pair contract air service for travel under Travel Order Number \_\_\_\_\_. This authorization covers the following city-pairs itinerary:

From	To	Reason (Provide number of exception explained below)
a		
b		
c		
d		

**2. Allowable Exceptions to Using the City-Pair Contract Air Service**

- a. Space or scheduled flights are not available in time to accomplish the purpose of travel, or use of contract service would require the traveler to incur unnecessary overnight lodging costs which would increase the trips total cost.
- b. The contractor's flight schedule is inconsistent with GAO policy to schedule travel during normal working hours whenever possible
- c. A noncontract carrier offers a lower fare available to the general public, the use of which will result in a lower total trip cost (i.e., the combined costs of transportation, lodging, meals related expenses) to GAO. If this exception applies, complete the cost comparison chart below.

*Note: This exception does not apply if a contract carrier offers a comparable fare and has seats available at that fare, or if the lower fare offered by a noncontract carrier is restricted to government and military travelers on official business and may only be purchased with a GTR or Diners Club Government Card, e.g., "YDG," "MDG," "QDG," "VDG," and similar fares.*

3. Cost Comparison Chart	Contract Air	Alternative Means
a. Taxi, limousine, or POV cost		
b. Transportation fare		
c. Subsistence		
d Total		
e. Work hours involved in travel		

**4. Additional Information or Comments**

5. Signature of Approving Official	6. Division/Office	7. Date
------------------------------------	--------------------	---------



☆ U.S. GOVERNMENT PRINTING OFFICE 1990-517-829

United States General Accounting Office

GAO

Certificate of Settlement

General Government Division, Claims Group  
Washington, DC 20548

1. Claim No.	2. Date	3. Disbursing Office Voucher No.
4. Payee		5. Paid By

6. I CERTIFY that there is due from the United States to the above-named claimant(s), payable from the appropriations indicated, the sum of \$ \_\_\_\_\_ because of \_\_\_\_\_

Assistant Comptroller General for the  
General Government Division

By \_\_\_\_\_

7. Paid by check drawn on the Treasurer of the United States.	8. Check No.	9. Date
---	--------------	---------



GENERAL ACCOUNTING OFFICE  
POSTAGE AND FEES PAID



AN EQUAL OPPORTUNITY EMPLOYER  
UNITED STATES  
GENERAL ACCOUNTING OFFICE  
OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

GAO FORM 42 (12/80)

- Label is correct; please continue sending GAO decisions
- Please change label to read

---



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- Remove my name from the distribution list.

**DECISION DISTRIBUTION LIST UPDATE**

**Attached is a card for confirming your name and address on GAO's decision distribution list. Please check your address as it appears on the label and complete and return the card if you wish to continue receiving GAO published or unpublished decisions.**

**If the card is not returned within two weeks, we will assume that you no longer wish to receive GAO decisions automatically as they are released.**

**AN EQUAL OPPORTUNITY EMPLOYER  
UNITED STATES  
GENERAL ACCOUNTING OFFICE**

**OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300**

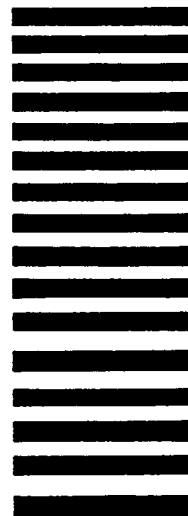


**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 12937 WASHINGTON, D.C. 20548

POSTAGE WILL BE PAID BY U.S. GENERAL ACCOUNTING OFFICE

**OFFICE OF GENERAL COUNSEL  
United States General Accounting Office  
Room 7510  
441 G Street N.W.  
Washington, D.C. 20548**



**GAO**

United States General Accounting Office

**Leave Usage Plan for  
Leave Year 19\_\_**

Name of Employee	Division/Office	Date
Pay Period Ending	Planned Usage	Use or Lose Leave
		Year 19__ _____ (Annual Leave)
		19__ _____ (Restored Annual Leave)
		19__ _____ (Restored Annual Leave)
		Total _____
		Approval: Supervisor's Signature
		Title
		Date

# SETTLEMENT CERTIFICATE

UNITED STATES  
GENERAL ACCOUNTING OFFICE  
WASHINGTON, D.C. 20548

In correspondence  
please refer to:

Division:

Claim No.:

\_\_\_\_\_  
(Date)

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# SETTLEMENT CERTIFICATE

UNITED STATES

GENERAL ACCOUNTING OFFICE

WASHINGTON, D.C. 20548

In correspondence  
please refer to:

Division:

Claim No.:

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.....  
(Date)

GAO Form 46 (3/81)

**U.S. General Accounting Office  
SUPERVISORY RECORD OF COUNSELING WITH EMPLOYEE**

(SEE INSTRUCTIONS ON REVERSE)

Name of Employee (Last, First, Middle Initial)	Division/Office/Region	Counseling		
		Date	Time	Location

Subject of Discussion

Summary of Session Problems/Concerns (include action plan, if any)

Name of Supervisor	Title of Supervisor	Signature of Supervisor
--------------------	---------------------	-------------------------

Employee's Comments (response to discussion, action plan, understandings)

\_\_\_\_\_  
I acknowledge that this discussion has been held and that I have been given a copy of its summary.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**THIS FORM WILL NOT BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER**

OPR: PERS.



**SUPERVISORY RECORD OF COUNSELING WITH EMPLOYEE****INTRODUCTION**

This form is recommended for use in documenting counseling sessions between supervisors and employees. IT IS NOT TO BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GAO recognizes that social, psychological, alcohol, and drug abuse problems may affect the work performance of employees and believes that such problems can frequently be resolved with appropriate assistance. GAO Order 2792.2 provides that managers/supervisors are responsible for confronting employees who fail to meet established work standards and for encouraging employees to take advantage of the Counseling and Career Development Branch's resources for assistance in resolving personal problems which may affect their work performance.

Any questions concerning this form or the appropriate actions to be taken on work-related or conduct matters, should be directed to the appropriate Personnel Team.

**INSTRUCTIONS**To be Completed by Supervisor

1. Name of employee; division/office; and date, time, and location of counseling session.
2. Subject of Discussion—The subject of the counseling session documented on this form may provide the basis for disciplinary action.
3. Summary of Session Problems—A summary of the work-related counseling session should be shown. Include an action plan, if any. Supporting papers; i.e., work samples relating to the discussion and formal letters/memoranda which were discussed with or presented to the employee, should be noted and copies attached to this form.
4. Name, title, and signature of supervisor.

To be Completed by Employee

1. Employee's Comments—The employee should be encouraged to provide his/her comments in response to the discussion, action plan, and understandings. If the employee declines to comment, the supervisor should so indicate.
2. Employee's signature.

Distribution of Completed Form

1. The immediate supervisor should maintain the original in a file secured against unauthorized access.
2. The employee should be given a copy.

GAO Form 51 (7/81)

United States General Accounting Office  
441 G Street, NW  
Washington, D.C. 20548

Agency Use Only  
Receipt Date: \_\_\_\_\_

COMPLAINT OF DISCRIMINATION

Please read the attached procedures for filing  
a complaint before completing this form.

PLEASE PRINT CLEARLY OR TYPE

1. NAME \_\_\_\_\_  
(Last) (First) (M.I.)

2. ADDRESS \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

3. TELEPHONE Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

4. IF A GAO EMPLOYEE Grade \_\_\_\_\_  
Position Title \_\_\_\_\_  
Division or Office \_\_\_\_\_

5. DIVISION OR OFFICE ALLEGED TO HAVE DISCRIMINATED \_\_\_\_\_

6. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION OCCURRED \_\_\_\_\_  
(Month) (Day) (Year)

7. CHECK THE BASIS ON WHICH DISCRIMINATION IS ALLEGED. (MAY CHECK MORE THAN ONE.)

\_\_\_\_ Race, if so, identify your race \_\_\_\_\_

\_\_\_\_ Color, if so, identify your color \_\_\_\_\_

\_\_\_\_ Religion, if so, identify your religion \_\_\_\_\_

\_\_\_\_ National origin, if so identify your national origin \_\_\_\_\_

\_\_\_\_ Sex, if so, state your sex \_\_\_\_\_

\_\_\_\_ Age, if so, state your age \_\_\_\_\_

\_\_\_\_ Handicapped, if so, state your condition \_\_\_\_\_

8. HAS THIS COMPLAINT BEEN DISCUSSED WITH A CIVIL RIGHTS COMPLAINT COUNSELOR?  Yes  No

9. COUNSELOR'S NAME \_\_\_\_\_

10. DO YOU HAVE A REPRESENTATIVE OR LEGAL COUNSEL?  Yes  No

11. REPRESENTATIVE

NAME \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

TELEPHONE ( ) \_\_\_\_\_

12. BRIEFLY DESCRIBE THE ALLEGED DISCRIMINATORY ACTION(S) AND THE ISSUES IN YOUR COMPLAINT. IF MORE SPACE IS NEEDED PLEASE CONTINUE ON A SEPARATE SHEET(S).

13. WHAT CORRECTIVE ACTION(S) ARE YOU SEEKING?

14. \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PROCEDURES FOR FILING A  
DISCRIMINATION COMPLAINT IN  
THE GENERAL ACCOUNTING OFFICE

- \*The GAO Form 51 for filing discrimination complaints should be used only if you are a GAO employee or an applicant for employment who is alleging discrimination against the agency because of race, color, religion, national origin, sex (including sexual harassment), age or handicapping condition.
- \*Before filing a complaint you must have discussed and tried to resolve the issues in your complaint with a GAO Civil Rights Complaint Counselor within 30 calendar days of the date the alleged discrimination occurred or, if a personnel action, within 30 calendar days of its effective date.
- \*Your complaint must be filed within 15 calendar days after your final interview with the Counselor. If the matter has not been resolved to your satisfaction within 21 calendar days of your first interview with the Counselor, and the final counseling interview has not occurred within this period, you have a right to file a complaint at any time within 15 calendar days after the 21st day.
- \*The time limits for seeing a Counselor and for filing a complaint may be extended by the Director of the Civil Rights Office if you show that you were not notified of the time limits and were not otherwise aware of them, or that you were prevented by circumstances beyond your control from submitting the matter within the time limits.
- \*You are entitled to be assisted by a representative of your choice at all stages in the complaint process, including counseling and filing your complaint. You may obtain a GAO employee for your representative if the employee desires to serve.
- \*A complaint must be filed in writing (by you or your designated representative) with the Director of the Civil Rights Office or with one of the other agency officials cited in the "Notice of Right to File" provided by the Counselor.
- \*If your complaint is accepted for processing it will be investigated by an independent investigator appointed by the Civil Rights Office. You will be interviewed by the investigator and have ample opportunity to provide a detailed statement about the circumstances surrounding the alleged discrimination.
- \*When the investigation is completed you will receive a copy of the investigative file and subsequently have an opportunity to discuss it with a staff member of the Civil Rights Office. At that time the possibilities of a resolution of the complaint will be explored.

\*If the complaint cannot be resolved to your satisfaction you will receive a final agency decision by the Comptroller General or his designee.

\*If you do not receive a final agency decision within 80 calendar days after the complaint was filed you may, if you wish, petition the GAO Personnel Appeals Board for a review of your complaint.

\*If you do not receive a final agency decision within 120 calendar days you may file a civil action in an appropriate U.S. District Court.

\*If you are dissatisfied with the final agency decision you may appeal it to the GAO Personnel Appeals Board within 20 calendar days after receiving the decision, or within 30 calendar days you may file a civil action in an appropriate U.S. District Court.

\*An appeal to the Board should be addressed to: General Counsel, GAO Personnel Appeals Board, Room 4057, 441 G Street, N.W., Washington D.C., 20548. The appeal and any representations in support thereof must be submitted in duplicate. Upon your request, the Board will provide an opportunity for a hearing.

\*If you appeal to the Board, you will still have an opportunity to file a civil action in U.S. District Court within 30 calendar days after receiving the Board's decision, or within 120 calendar days after filing your appeal with the Board if it has not rendered a decision.

THE CIVIL RIGHTS OFFICE STAFF  
IS AVAILABLE TO ANSWER QUESTIONS  
ABOUT THE COMPLAINT PROCESS.  
CALL (202)275-6388.

U.S. General Accounting Office

GAO Form 52 (Rev. 4/85)

QUARTERLY REPORT ON CIVIL RIGHTS PRECOMPLAINT COUNSELING

Reports are due in the Civil Rights Office on the 10th of the month following the end of each FY Quarter.

Counselor: \_\_\_\_\_  
Division/Office: \_\_\_\_\_  
FY Quarter: 1 2 3 4 (Circle one)  
FY: \_\_\_\_\_

Issues in the Complaint (e.g. hiring, promotion)	Alleged Basis for Complaint (e.g. race, sex)	Date of the First and Final Counseling Sessions	Were the Issues Resolved?		Brief Description of the Resolution	FOR CRO USE ONLY
			Yes	No		Formal Complaint Filed (✓)

GAO Form 54 (9/81)		GAO Order 0621.1	
<b>U.S. General Accounting Office</b> <b>REQUISITION FOR U.S. GOVERNMENT TRANSPORTATION REQUESTS</b>			
(✓) Check appropriate box: <input type="checkbox"/> Facilities Management Branch, Room 3810 <input type="checkbox"/> Travel Services Unit, Room 6516			
Date	Request No.	Signature	
	<small>FY      ORG. CODE      SEQUENCE NO.</small>		
SHIP TO: REQUESTER: DIVISION/OFFICE: ADDRESS: TELEPHONE NO.:			
QUANTITY	DESCRIPTION	STOCK NO.	
ACKNOWLEDGEMENT OF DELIVERY: (Received by)			Date Received

ORIGINAL COPY







GAO Form 60 (Rev. 6/87)

U.S. General Accounting Office

OPR: OPC

**JOB INSTRUCTION SHEET**

Name of Requester	Date/Time of Request	Telephone No.	Code/Control No.
-------------------	----------------------	---------------	------------------

Subject	Reviewed/Approved by: (Signature)	Date Received by Typist
---------	-----------------------------------	-------------------------

<b>Nature of Request</b> <input type="checkbox"/> a. Xeroxing      No. of copies _____ <input type="checkbox"/> b. Typing <input type="checkbox"/> c. Filing <input type="checkbox"/> d. Other, specify _____	<b>When Needed</b> <input type="checkbox"/> a. EXPEDITE ( <i>immediately</i> ) <input type="checkbox"/> b. As soon as possible--but no later than _____ <input type="checkbox"/> c. No rush
---	--

Is Diskette Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Diskette Supplied No.	Diskette Used No.
--	-----------------------	-------------------

Product Submitted	Type of Document	Spacing		Typed Product On		Product Required
		Single	Double	Microcomputer	Type writer	
a. Handwritten _____	a. Letter _____	_____	_____	_____	_____	Final _____
b. Typed _____	b. Report _____	_____	_____	_____	_____	Draft _____
c. Both _____	c. Memo _____	_____	_____	_____	_____	Corrections _____
d. On dictaphone _____	d. Form _____	_____	_____	_____	_____	Revisions _____
e. Other, specify _____	e. Other, specify _____	_____	_____	_____	_____	Other, specify _____

Special Instructions/Remarks

Name of Typist	Proofread <input type="checkbox"/> YES <input type="checkbox"/> NO	Date/Time Completed	Reviewer (Group Leader)
----------------	---	---------------------	-------------------------

United States General Accounting Office

GAO

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DESIGNATED FOR  
REPRODUCTION OF

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 Room: \_\_\_\_\_  
 Division/Office: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

# CAUTION

United States General Accounting Office

GAO

# WARNING

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United States General Accounting Office

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**GAO** **Advance Notice of Visitor**  
**(Office of Security and Safety)**

1 Name of Visitor (Last, First)	2 Date of Visit	3 Arrival Time
4 Agency/Company of Visitor	5 Person being Visited and Room Number	
6 Contact Person	7 Telephone No	8 Parking Needs (please specify)
9. Remarks		

OPR: OSS

GAO Form 65 (Rev. 4/89)

GAO FORM 66 (Rev. 2-86)

(Project Manual ch. 9)

U. S. GENERAL ACCOUNTING OFFICE  
FOLLOWUP ON GAO REPORT RECOMMENDATIONS

=====  
Date of Form 66:

Title of Report:

Report Number:

Date of Report:

Accession Number:

B-Number:

Job code:

This is data collection cycle number

=====  
DIVISIONS MUST MAINTAIN SUPPORTING DOCUMENTATION FOR DATA ENTERED ON THE FORM 66  
=====

PART I - DATA CONCERNING ENTIRE REPORT

1. Division responsible for followup:

Associate Director: \_\_\_\_\_

Telephone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Associate Director's Signature/Date:

\_\_\_\_\_ \_/ \_/ \_

2. Has the agency responded to requirements of 31 U.S.C. 720? If yes, indicate the date of the agency's response to the committee.

3. Has the agency prepared a written corrective action plan as required by OMB Circular A-50? If yes, indicate the date of the agency's plan.

GAO FORM 66 (Rev. 2-86)

PART I - DATA CONCERNING ENTIRE REPORT (CONT.)

4. Agency actions/comments (limit to 200 words or less):

5. Congressional actions/comments (limit to 200 words or less):

6. Congressional committee(s)

A. Authorizing/Oversight committee(s) or subcommittee(s):

B. Appropriation subcommittee(s):

C. Other interested committee(s):

7. Name and telephone number of agency contact for followup information:

Agency

Name

Phone

GAO FORM 66 (Rev. 2-86)

PART I - DATA CONCERNING ENTIRE REPORT (CONT.)

8. Agency case number:

Agency

Case Number



GAO FORM 66 (Rev. 2-86)

PART II - DATA CONCERNING STATUS OF ACTION TAKEN ON RECOMMENDATIONS

Recommendation:

Addressee:

Intent:

Significance: Estimated potential monetary benefits YES: \_\_\_ NO: \_\_\_
If yes, check one of the following:

Over \$100 million \_\_\_ Under \$50 million \_\_\_
\$50-\$100 million \_\_\_ Not determinable \_\_\_

Status Category Subcategory Data

- 1. Action not yet initiated.
A. Agency/Congress intent not known
B. Agency/Congress intends to act but has not started
2. Action in process. Date the Agency/Congress expects action to be completed
3. Action completed.
A. Was action completed due to alternative action?
B. Have/will financial savings or nonfinancial benefits been/be achieved?
C. Has/will an accomplishment be prepared?
D. Accomplishment report number
4. Recommendation no longer applicable.
5. Action taken not fully responsive.
Should this recommendation remain open?
6. Recommendation valid/action not intended.
Should this recommendation remain open?
7. Comments or reasons (limit to 80 words/400 characters or less).

GAO FORM 66 (Rev. 2-86)

PART II - DATA CONCERNING STATUS OF ACTION TAKEN ON RECOMMENDATIONS

Recommendation:

Addressee:

Intent:

Significance: Estimated potential monetary benefits YES: \_\_\_ NO: \_\_\_
If yes, check one of the following:

Over \$100 million \_\_\_ Under \$50 million \_\_\_
\$50-\$100 million \_\_\_ Not determinable \_\_\_

Status Category Subcategory Data

- 1. Action not yet initiated.
A. Agency/Congress intent not known
B. Agency/Congress intends to act but has not started
2. Action in process. Date the Agency/Congress expects action to be completed
3. Action completed.
A. Was action completed due to alternative action?
B. Have/will financial savings or nonfinancial benefits been/be achieved?
C. Has/will an accomplishment be prepared?
D. Accomplishment report number
4. Recommendation no longer applicable.
5. Action taken not fully responsive.
Should this recommendation remain open?
6. Recommendation valid/action not intended.
Should this recommendation remain open?
7. Comments or reasons (limit to 80 words/400 characters or less).

GAD FORM 66 (Rev. 2-86)

PART II - DATA CONCERNING STATUS OF ACTION TAKEN ON RECOMMENDATIONS

Recommendation:

Addressee:

Intent:

Significance: Estimated potential monetary benefits YES: \_\_\_ NO: \_\_\_

If yes, check one of the following:

Over \$100 million \_\_\_ Under \$50 million \_\_\_
\$50-\$100 million \_\_\_ Not determinable \_\_\_

Status Category Subcategory Data

- 1. Action not yet initiated.
A. Agency/Congress intent not known
B. Agency/Congress intends to act but has not started
2. Action in process. Date the Agency/Congress expects action to be completed
3. Action completed.
A. Was action completed due to alternative action?
B. Have/will financial savings or nonfinancial benefits been/be achieved?
C. Has/will an accomplishment be prepared?
D. Accomplishment report number
4. Recommendation no longer applicable.
5. Action taken not fully responsive.
Should this recommendation remain open?
6. Recommendation valid/action not intended.
Should this recommendation remain open?
7. Comments or reasons (limit to 80 words/400 characters or less).

United States General Accounting Office

GAO

Annual Assessment (for Broad Band Employees)

Name of Employee (last, first, middle initial)	Title	Band
Division/Office	Period Covered: From:	To:

Part 1. Assignments and Time Charges During Period. (Lines 6 through 8 may be used to describe collateral duties.)

Assignment/Activity	Staff Days	Appraisal (Yes, No, N/A)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Part 2. Awards, Honors, or Recognition Received During the Assessment Year

Type and Source of Awards	Basis for Awards (Be specific)
---------------------------	--------------------------------

Part 3. Summary of Performance Appraisal Ratings

Assignment	Planning	Data Gathering and Documentation	Data Analysis	Written Communication	Oral Communication	Working Relationships, Teamwork, and Equal Opportunity	Supervision, Appraisal, and Counseling	For each rating, use the following: E=Exceptional S=Superior FS=Fully Successful B=Borderline U=Unacceptable N/B=No Basis For Evaluation



GAO FORM 69(5-82)

GENERAL ACCOUNTING OFFICE  
INFORMATION HANDLING AND SUPPORT FACILITY  
DOCUMENT HANDLING AND INFORMATION  
SERVICE COMPONENT  
BOX 6015 GAITHERSBURG MD 20877  
TELEPHONE (202) 275-6241

PRIORITY:  
DELIVERY:  
RECEIPT:

DATE/TIME RECEIVED:  
DATE PRINTED:  
REQUEST NUMBER:

ITEM	STATUS CODE	DOCUMENT NUMBER	CROSS REFERENCE	h hard copy f microfiche	QUANTITY SENT	ITEM

40609

OPR OISS

STATUS CODES

- E: DOCUMENT ENCLOSED
- M: MAILED UNDER SEPARATE COVER FROM ANOTHER WAREHOUSE
- B: BACK ORDERED - WILL BE SENT WHEN AVAILABLE
- N: NOT AVAILABLE FOR PUBLIC DISTRIBUTION
- C: CLASSIFIED - NOT STOCKED AT THIS FACILITY
- X: UNABLE TO IDENTIFY - DOCUMENT NOT ON GAO DOCUMENTS DATABASE  
DOCUMENT SEARCH CONTINUING - FINAL DISPOSITION NOTIFICATION TO FOLLOW



**GAO**

United States General Accounting Office

**Personnel Security  
Action Request**

This is a request for personnel security/suitability processing. This entire set must remain intact until it has been finalized by all parties concerned. This form must be typed.

**Section I — Completed by the Initiator**

Name of Individual		Date of Birth	Place of Birth
Position Title	Job Series & Grade	Employment Status (Check One) <input type="checkbox"/> Current (GAO) <input type="checkbox"/> New <input type="checkbox"/> Reassigned	
Social Security Number	Division/Office		

**Position Sensitivity**

<p><b>Critical — Sensitive</b></p> <p>Duties involve:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to Top Secret Information</li> <li><input type="checkbox"/> Policy-Making or Policy-Determining Position Affecting Overall Operations</li> <li><input type="checkbox"/> Security/Investigative Position</li> <li><input type="checkbox"/> Fiduciary, Public Contact or Other Duties Demanding Highest Degree of Public Trust</li> <li><input type="checkbox"/> Overseas Duty Station or Foreign Travel for Periods of Over 90 Days</li> <li><input type="checkbox"/> Charged With Significant Amounts of Government Funds</li> <li><input type="checkbox"/> Other (Specify)</li> </ul>	<p><b>Noncritical — Sensitive</b></p> <p>Duties involve:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to Secret or Confidential information</li> <li><input type="checkbox"/> Access to Areas Restricted for Security Purposes</li> <li><input type="checkbox"/> Other (Specify)</li> </ul>
<p><b>Nonsensitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duties Do Not Involve Sensitive Factors</li> </ul>	

**Type of Clearance Required**

<input type="checkbox"/> No Clearance Required	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> NATO Secret	<input type="checkbox"/> COSMIC
<input type="checkbox"/> DOE "Q"	<input type="checkbox"/> DOE "L"	<input type="checkbox"/> NRC "Q"	<input type="checkbox"/> NRC "L"	<input type="checkbox"/> Atomal
<input type="checkbox"/> Periodic Reinvestigation <input type="checkbox"/> Interim Secret <input type="checkbox"/> Other (Specify)				

Requested by (Signature)	Position Title	Date
Concurred By Division/Region/Office/Branch Security Officer (Signature)		Date

Upon Completion of section I, forward the entire form packet to the Office of Security and Safety for processing the investigation and subsequent completion of section II.

**Section II — Certification by Office of Security and Safety**

The named individual has been investigated according to prescribed requirements. This investigation is clearly consistent with the interest of national security, established regulations and agency policy.

CLEARANCE	GRANTED	BASED ON TYPE OF INVESTIGATION	DATE INV. COMPLETED

\_\_\_\_\_  
Personnel Security Specialist

\_\_\_\_\_  
Date

OPR:OSS

COPY 1 - OFFICE OF SECURITY AND SAFETY

GAO Form 71 (Rev 4/88)



United States General Accounting Office

GAO

Applicant Questionnaire

(For Statistical Use Only)

Note: Completing this questionnaire is voluntary. This information is used to help ensure that GAO personnel practices meet the requirements of federal law. The information is confidential and is not a part of the selection process, and this page will be separated from your application before processing.

1. Name (Last, first, middle initial)

2. Social Security Number \*

3. Announcement Number

4. Sex

Male  Female

5. Race/Ethnicity

Asian  Black  Hispanic  Native American  White

6. Physical/Mental Disability

Yes  No

\* Privacy Act Statement-Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form with other records you file with GAO.

**GAO**

United States General Accounting Office

**Personnel Security  
Action Request**

This is a request for personnel security/suitability processing. This entire set must remain intact until it has been finalized by all parties concerned. This form must be typed.

**Section I — Completed by the Initiator**

Name of Individual		Date of Birth	Place of Birth
Position Title	Job Series & Grade	Employment Status (Check One) <input type="checkbox"/> Current (GAO) <input type="checkbox"/> New <input type="checkbox"/> Reassigned	
Social Security Number	Division/Office		

**Position Sensitivity**

<p><b>Critical — Sensitive</b></p> <p>Duties involve:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to Top Secret Information</li> <li><input type="checkbox"/> Policy-Making or Policy-Determining Position Affecting Overall Operations</li> <li><input type="checkbox"/> Security/Investigative Position</li> <li><input type="checkbox"/> Fiduciary, Public Contact or Other Duties Demanding Highest Degree of Public Trust</li> <li><input type="checkbox"/> Overseas Duty Station or Foreign Travel for Periods of Over 90 Days</li> <li><input type="checkbox"/> Charged With Significant Amounts of Government Funds</li> <li><input type="checkbox"/> Other (Specify)</li> </ul>	<p><b>Noncritical — Sensitive</b></p> <p>Duties involve:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to Secret or Confidential information</li> <li><input type="checkbox"/> Access to Areas Restricted for Security Purposes</li> <li><input type="checkbox"/> Other (Specify)</li> </ul>
<p><b>Nonsensitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duties Do Not Involve Sensitive Factors</li> </ul>	

**Type of Clearance Required**

<input type="checkbox"/> No Clearance Required	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> NATO Secret	<input type="checkbox"/> COSMIC
<input type="checkbox"/> DOE "Q"	<input type="checkbox"/> DOE "L"	<input type="checkbox"/> NRC "Q"	<input type="checkbox"/> NRC "L"	<input type="checkbox"/> Atomal
<input type="checkbox"/> Periodic Reinvestigation	<input type="checkbox"/> Interim Secret	<input type="checkbox"/> Other (Specify)		

Requested by (Signature)	Position Title	Date
Concurred By Division/Region/Office/Branch Security Officer (Signature)		Date

Upon Completion of section I, forward the entire form packet to the Office of Security and Safety for processing the investigation and subsequent completion of section II.

**Section II — Certification by Office of Security and Safety**

The named individual has been investigated according to prescribed requirements. This investigation is clearly consistent with the interest of national security, established regulations and agency policy.

CLEARANCE	GRANTED	BASED ON TYPE OF INVESTIGATION	DATE INV. COMPLETED

\_\_\_\_\_  
Personnel Security Specialist

\_\_\_\_\_  
Date

OPR:OSS

COPY 1 - OFFICE OF SECURITY AND SAFETY

GAO Form 71 (Rev 4/88)



GAO Form 77 (5/86)

(GAO Order 0621.3)

**U.S. General Accounting Office  
REPORT OF SURVEY**

1A. Name of Initiator	1B. Date	1C. Name and Organization of Personal Property Custodial Officer
-----------------------	----------	--

1D. Signature of Personal Property Custodial Officer	2. Items Listed Below Were: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Damaged <input type="checkbox"/> Short on Inventory <input type="checkbox"/> Other _____
--	--

Item Control No. (if applicable)	Description or Nomenclature	Unit	Unit Cost	Quantity	Total Cost
<b>Grand Total</b>					<b>\$</b>

3. Explain Circumstances Causing Reported Status of Property

**4. Certification By Initiator**

**I Hereby Certify** that the information given above is true to the best of my knowledge and belief

Signature of Initiator	Title	Date
------------------------	-------	------

5 Signature of GAO Personal Property Accountability Officer	Date	Report No Assigned
---	------	--------------------

**Appointing Action:** The individual(s) named below shall constitute a survey board and shall investigate the property matters listed above. If a survey officer rather than a board is appointed, the individual's name shall be entered in the same block as the Chairman

6 Name of Chairman/Survey Officer	Organization	Name of Recorder	Organization
-----------------------------------	--------------	------------------	--------------

Name of Member	Organization	Typed Name (Determining Authority)
----------------	--------------	------------------------------------

Signature (Determining Authority)	Title	Date
-----------------------------------	-------	------

7. Facts, Conditions, Findings, etc., of the Survey Board/Survey Officer

Signature (Chairman/Survey Officer)	Date	Signature (Recorder)	Date
-------------------------------------	------	----------------------	------

Signature (Member)	Date	Signature (Member)	Date
--------------------	------	--------------------	------

8. Approving Authority Action	Typed Name and Signature (Approving Authority)	Date
-------------------------------	--	------

**Final Action:** I Certify that the instructions of the Approving Authority have been executed and appropriate property disposal actions have been accomplished. Property accountable records have been properly adjusted and vouchers processed to adjust financial records.

9. Signature (Personal Property Accountable Officer)	Date
--	------

United States General Accounting Office

GAO

Personal Custody Receipt

1. Date \_\_\_\_\_

2. Statement of Responsibility

I have received the item(s) listed below on the date indicated. I accept personal responsibility for the property and will surrender it upon demand, transfer, or separation from GAO. If I am unable to return the item(s), I understand that I may be held financially liable for them.

3. Item Control Number(s)

3a. Item Description(s)

4. Loan or Issue Authorized

a. Responsible Property Custodial Officer

b. Organizational Code

5. I Acknowledge Receipt and Responsibility

a. Name

b. Physical Location of Item

Note. The property noted on this document is government property and is charged to a responsible officer for accounting purposes. This document, duly executed, becomes the official receipt which acknowledges acceptance of responsibility for an item of property which is loaned or issued for use, and must be returned to its assigned account.

United States General Accounting Office

GAO

# Accomplishment Report Part I

Instructions for preparing this form are contained in the Project Manual, Chapter 9.		<b>Division Control No.</b>
<b>1. Accomplishment Title</b>	<b>2. Brief Description of Accomplishment</b>	<b>4. Participating Organizations</b> A GAO Org's _____ B Non-GAO Org's _____ Note. Explain non-GAO Org's role in Block 7
<b>3. Originating Division/Office</b>		<b>5. Assignment Source</b> <input type="checkbox"/> Congressional <input type="checkbox"/> BLR
<b>7. Summary of Accomplishment</b>		<b>6. Organization Reviewed</b>

<b>8. Category of Accomplishment</b> (See instructions on reverse)		<b>10. Action Taken By</b>							
<input type="checkbox"/> Measurable Budgetary Savings <input type="checkbox"/> Other Measurable <input type="checkbox"/> Nonmeasurable Financial <input type="checkbox"/> Other	Fiscal Years of Benefit Prior      Current      Future		<input type="checkbox"/> Congress <input type="checkbox"/> Agency <input type="checkbox"/> Other						
	A _____ B _____	<table border="1"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		_____	_____	_____	_____	_____	_____
_____	_____	_____							
_____	_____	_____							
<b>9. Budget Inform.</b> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>9a. Referencer</b>	<b>Date</b>	<b>Unit</b>							
<b>12. Staff Members Contributing Significantly to Accomplishment</b>									
<b>13. Assignment Code</b>	<b>14. Issue Area Code</b>	<b>15. Group/Project Director</b>	<b>Date</b> <b>Unit</b>						
<b>16. Associate Director</b>	<b>Date</b> <b>Unit</b>	<b>17. Approved: (Head of Unit)</b>	<b>Date</b> <b>Unit</b>						

GAO Form 82 (Part 1 of 4) (Rev. 6/87)  
(Previous editions obsolete)

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**Instructions for Completing Block 8**

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An accomplishment should be reported whenever GAO's work results in, or significantly contributes to, budgetary savings or other financial or nonfinancial benefits to the government. Accomplishments can be reported on actions taken within the past 2 years and may claim measurable dollar amounts occurring over a 24-month period.

**Measurable Budgetary Savings**

Measurable budgetary savings should be indicated when actions result in **actual** and **measurable** decreases in federal spending or increases in federal revenues for a particular budget function, and appropriation or receipt account, in a specific fiscal year. There are three types of budgetary savings--(1) spending decreases, including congressional reductions to agencies' budget requests (for accomplishments resulting from reviews of agency budget requests, Part II of this accomplishment report form must be filled out), (2) revenue increases; and (3) recoveries of erroneous payments. By definition, "savings" must be **actual** and, therefore, can occur only in prior and current fiscal years. Dollar amounts claimed should include those related to the first year action was taken and may cover a maximum 24-month period.

**Other Measurable Benefits**

Other measurable benefits should be indicated when actions result in **measurable** financial benefits but do not meet the criteria for measurable budgetary savings. For example, amounts reduced from agencies' budget requests by the Congress that are made available for other purposes are not "savings" and do not meet criteria for measurable budgetary savings. However, such redistribution does represent cost avoidance and a better use of funds and, therefore, is another measurable financial benefit to the government. For accomplishments of this type, Part II of this accomplishment report form must be filled out. Dollar amounts claimed should include those related to the first year action was taken and may cover a maximum 24-month period. If the first-year action occurred in a prior fiscal year, use Part A of Block 8. If not, use Part B. Any future amount claimed should be **annualized** by calculating a simple average of up to 3 future years' benefits and will represent 12 months of the maximum 24-month period.

**Nonmeasurable Financial Benefits**

Nonmeasurable financial benefits should be indicated when the actual dollar amounts involved cannot be determined or reliably estimated.

**Other Benefits**

Other benefits should be indicated when GAO's work contributes to benefits that are not necessarily financially related, yet improve government operations (for example, an agency implementing GAO recommendations which result in improved acquisition and management practices).

**Additional Information**

Additional information on preparing GAO Form 82 is located in Chapter 9 of GAO's **Project Manual**.

United States General Accounting Office

GAO

Accomplishment Report  
Part II

Only required for accomplishments resulting from reviews of agency budget requests (see instructions on reverse).

Measurable Budgetary Savings & Other Measurable Benefits Details (Millions of Dollars)

(A)			Measurable Budgetary Savings Attributable to GAO Review			Other Measurable Benefits Attributable to GAO Review		(I)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)		(E + G)	
Appropriation Account Title	FY	Budget Line Description	Diff. Between Amt. Requested & Amt. Approp.	Amt of Col Claimed As Budgetary Savings	GAO W/P No Indicating Attribution	Amounts Claimed As Other Measurable		GAO W/P No Indicating Attribution	Grand Total Claimed
						FY	FY		

GAO Form 82 (Part 3 of 4) (Rev. 6/87)  
(Previous editions obsolete)



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**Instructions for Completing Part II**

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Part II should be completed whenever GAO's accomplishments are a result of agency budgetary reviews (budget scrubs).

<b>Column</b>	<b>Instructions</b>
(A)	Indicate the title of the affected appropriation account. The account title (and number) is identified in the Appendix to the Budget of the United States Government.
(B)	Indicate the fiscal year being affected.
(C)	Indicate the title of the affected activity line within the account, if any. The activity lines are shown for each account in the Appendix to the Budget of the United States Government.
(D)	Indicate the difference between the amount requested by the agency and the amount actually appropriated for (1) the entire appropriation account and (2) each activity line, if any.
(E)	Indicate the amounts of each figure in (D) that GAO is claiming as an accomplishment.
(F)	Indicate the specific workpaper reference that attributes the accomplishment to GAO's work.
(G)	Indicate the fiscal year source of funds and amounts claimed for (1) the entire appropriation account and (2) each activity line within the account, if any.
(H)	Indicate the specific workpaper reference that attributes the accomplishment to GAO's work.
(I)	Total the amounts identified in columns (E) and (G) for (1) the entire appropriation account and (2) each activity line, if any.

GAO FORM 85 (Rev. 3/85) (Previous editions are usable)		UNITED STATES GENERAL ACCOUNTING OFFICE			(GAO Order 2335.8)
<b>RANKING RECORD</b> MERIT SELECTION PLAN					
NAME OF EMPLOYEE (LAST FIRST MI)				BEST QUALIFIED FOR PROMOTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT GRADE LEVEL	DIVISION OFFICE	ANNOUNCEMENT NO (IF APPLICABLE)	NO OF EMPLOYEES ASSESSED	CHECK IF FOR ASSESSMENT ONLY <sup>1</sup> <input type="checkbox"/>	
INSTRUCTIONS TO PANEL MEMBERS FOR EACH RANKING FACTOR, ENTER:					
COLUMN 1 - THE AVERAGE OF THE PANEL'S SCORES FOR THIS EMPLOYEE COLUMN 2 - THE NUMBER OF EMPLOYEES THAT RANKED CLEARLY ABOVE THIS EMPLOYEE COLUMN 3 - THE NUMBER OF EMPLOYEES THAT RANKED ABOUT THE SAME AS THIS EMPLOYEE COLUMN 4 - THE NUMBER OF EMPLOYEES THAT CLEARLY RANKED BELOW THIS EMPLOYEE					
RANKING FACTORS	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	
	AVERAGE PANEL SCORES	NUMBER OF EMPLOYEES			
		ABOVE YOU	ABOUT THE SAME AS YOU <sup>2</sup>	BELOW YOU	
PLANNING					
DATA GATHERING AND DOCUMENTATION					
DATA ANALYSIS					
WRITTEN COMMUNICATION					
ORAL COMMUNICATION					
ADMINISTRATIVE DUTIES					
WORKING RELATIONSHIPS AND EQUAL OPPORTUNITY					
SUPERVISION					
OTHER RANKING FACTORS (SPECIFY BELOW)					
COMPOSITE SCORE (MAY NOT TOTAL DUE TO ROUNDING)					
BQ CUT-OFF SCORE					
SIGNATURE OF PANEL CHAIRPERSON				DATE	

1 CHECK THIS BOX IF THERE IS NOT A POSITION AVAILABLE

2 ABOUT THE SAME AS YOU is defined as plus or minus .5 points from the employee's AVERAGE PANEL SCORE for each RANKING FACTOR. For example, if an employee's score is 5.8, Column 3 would include all employees with scores from 5.3 to 6.3.



GAO Form 85B (Rev. 3-84)

(GAO Order 2335.8)

U.S. GENERAL ACCOUNTING OFFICE

**RELATIVE RANKING WORKSHEET BY JOB DIMENSION  
MERIT SELECTION PLAN**

Instructions to Panel Chairperson. For each job dimension, this form will display 1) each panel member's score for each employee assessed and, 2) his/her ranking of each employee by how many other employees are placed above or below or given the same score as the employee being discussed (See sample below.)

This form is a worksheet and should not be retained

**NOTE:** Use each panel member's Form 85A-1, Supplement to Individual Worksheet, to make the computations for this form easier

**EXAMPLE**

Job Dimension Job Planning

Name of Employee (Last, First)	PANEL MEMBER					
	Boss	Jones	Smith			
<i>Brown, Jim</i>	SCORE <u>5</u> Above <u>13</u> Same <u>14</u> Below <u>12</u>	SCORE <u>4</u> Above <u>23</u> Same <u>7</u> Below <u>7</u>	SCORE <u>5</u> Above <u>15</u> Same <u>12</u> Below <u>12</u>	SCORE <u>   </u> Above <u>   </u> Same <u>   </u> Below <u>   </u>	SCORE <u>   </u> Above <u>   </u> Same <u>   </u> Below <u>   </u>	SCORE <u>   </u> Above <u>   </u> Same <u>   </u> Below <u>   </u>

In the above example, Panel Members Boss, Smith, and Jones gave Jim Brown scores of 5, 4, and 5 respectively. Although the scores are very close, Boss and Smith's judgments of Brown's ranking among the other employees varied greatly from Jones. Boss ranked 13 employees above him, 14 the same as him, and 12 below him. Jones ranked 23 above him, 9 the same, and 7 below. This form highlights the need for the panel to discuss its varying judgments of Jim Brown.

(See reverse side)



GAO Form 88 (Rev. 5/86)  
(Previous editions are obsolete)

U.S. GENERAL ACCOUNTING OFFICE

(GAO Order 2335.8)

**SUPERVISORY APPRAISAL ON ADDITIONAL RANKING FACTORS**  
**GAO'S MERIT SELECTION PLAN**

*(This form must be typed)*

**INSTRUCTIONS:** The employee who asked you to complete this appraisal form has applied for a position under GAO's Merit Selection Plan for Evaluator - Related Positions. The additional ranking factor(s) listed below are knowledge, skills, and abilities which are essential for successful performance in the position to be filled.

Appraise the applicant on each additional ranking factor listed below for which you have had an adequate opportunity to observe the applicant's performance while under your supervision. If you feel unable to appraise the applicant on any factor because you have not observed the relevant performance or because you lack expertise in the area, please check "Unable to Judge."

For each additional ranking factor:

1. Check the rating box that best describes the level of the employee's performance.
2. Specify the basis for your rating. In doing so, give examples of tasks performed and describe how well each task was accomplished.

Use additional sheets, if needed. Sign and return the completed form to the employee. (The applicant needs to sign and submit this form with his/her application.)

NAME OF APPLICANT			POSITION APPLIED FOR				
LAST	FIRST	MI	TITLE	SERIES	GRADE	DIVISION OFFICE	ANNO NO

**APPLICANT'S PRESENT/PREVIOUS POSITION**

* BEGINNING DATE	POSITION TITLE	BEGINNING GRADE OR SALARY
* ENDING DATE		LAST GRADE OR SALARY

**ADDITIONAL RANKING FACTORS**

Be specific in giving examples of the tasks and duties on which you are basing this appraisal and describe how well each was performed. Refer to the current employee appraisal, if appropriate.

1 FACTOR <i>(To be filled in by employee)</i>	<b>RATING (CHECK ONE)</b>					
BASIS FOR RATING	UNABLE TO JUDGE	UNACCEPTABLE	BORDERLINE	FULLY SUCCESSFUL	SUPERIOR	EXCEPTIONAL

\*Dates you supervised applicant

2 FACTOR (To be filled in by employee)		UNABLE TO JUDGE	UNACCEPTABLE	BORDERLINE	FULLY SUCCESSFUL	SUPERIOR	EXCEPTIONAL
BASIS FOR RATING							
3 FACTOR (To be filled in by employee)		UNABLE TO JUDGE	UNACCEPTABLE	BORDERLINE	FULLY SUCCESSFUL	SUPERIOR	EXCEPTIONAL
BASIS FOR RATING							
SIGNATURE OF PERSON MAKING APPRAISAL				DATE			
ORGANIZATION				TITLE			
SIGNATURE OF UNIT REVIEWER <sup>1</sup>				TITLE			
SIGNATURE OF EMPLOYEE <sup>2</sup>				DATE			
<p>1 All appraisals completed by a GAO supervisor must be reviewed in the unit in which the supervisor is located</p> <p>2 Signature by employee does not necessarily indicate agreement with appraisal only that it was received. Employee may use this space to comment if he/she so chooses</p>							

\*U.S. GOVERNMENT PRINTING OFFICE: 1984 -453-757

GAO Form 89 (9/84)

OPR.OFM

U.S. General Accounting Office

No. \_\_\_\_\_

RECEIPT FOR DISCOUNT OR FREE FLIGHT CERTIFICATES

Issued To: <i>(Name)</i>	Division/Office	Location
Issued By: <i>(Carrier)</i>	Date	Certificate No.

STATEMENT OF RESPONSIBILITY:

I have received the above certificate. I accept responsibility for the certificate until it is redeemed for future GAO official travel.

Signature of Recipient	Date		
Certificate Used For: <i>(Name)</i>	Division/Office	Travel Order No.	Date



GAO Form 90 (6/83)

(GAO Order 2335.8)

U.S. GENERAL ACCOUNTING OFFICE

**STRUCTURED INTERVIEW GUIDE – MERIT SELECTION PLAN**

**Instructions:**

This form must be completed when more than one interviewer is used to interview applicants on the same referral list. On this Guide, record the job-related questions you will ask of all applicants interviewed for the following promotion opportunity:

Announcement No.	Title of Position To Be Filled	Series	Grade	Position Location
------------------	--------------------------------	--------	-------	-------------------

Question # 1:

Question # 2:

Question # 3:

Question # 4:

Question # 5:

Question # 6:

Question # 7:

Question # 8:

Question # 9:

(Use additional sheets, if needed.)

As the Chairperson of the Selection Panel for this vacancy, I CERTIFY that the above questions will be asked of all qualified applicants.

Signature and Title	Date
---------------------	------

This form must be filed in the Merit Promotion File for the above opportunity.

GAO Form 91 (REV. 3/85)  
(Previous editions are obsolete)

(GAO Order 2335.8)

U.S. GENERAL ACCOUNTING OFFICE

REFERRAL LIST/SELECTION CERTIFICATE - MERIT SELECTION PLAN

To: SELECTING OFFICIAL  
 From: MANAGEMENT REVIEW PANEL

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Date

UNIT MAKING ASSESSMENT  
OR FILLING VACANCY

\_\_\_\_\_

Title of Position To Be Filled <sup>1/</sup>	Series	Grade <sup>2/</sup>	Position Location	Annoc. No.	No. of Vacancies	No. of Employees Assessed
--	--------	---------------------	-------------------	------------	------------------	---------------------------

**INSIDE APPLICANTS**                      **OUTSIDE APPLICANTS**

(circle one of the above)

The following applicants were found to be best qualified for the above promotion opportunity(ies) and their paperwork is attached <sup>3/</sup>.

SELECTED		APPLICANT'S LAST NAME, FIRST, MI (List in Alphabetical Order)	INTERVIEWED		Comments
Yes	No		Yes	No	

- 1/ If there is no position to be filled, write AA (Annual Assessment) in this space
- 2/ For AA (Annual Assessment) only, write in the grade for which employees are being assessed (For example, GS-12s are assessed for GS-13 positions)
- 3/ If no panel was held and all qualified applicants were referred, check this box

List the individuals who participated in the interviewing process.

Check one  Interviewed with you     Interviewed for you

I CERTIFY that I have considered all of the above applicants and have selected those indicated.

\_\_\_\_\_  
Signature and Title of Selecting Official

\_\_\_\_\_  
Date







U.S. GOVERNMENT PRINTING OFFICE 1983:427-234

GAO Form 99 (11/83)		U.S. GENERAL ACCOUNTING OFFICE		OPR:OPS	
<b>CORRESPONDENCE CONTROL FORM</b>				CONTROL NO	
<b>SECTION I</b>					
DATE OF CORRESPONDENCE	DATE RECEIVED	DATE DUE	TYPE OF CORRESPONDENCE <input type="checkbox"/> LETTER <input type="checkbox"/> MEMO <input type="checkbox"/> OTHER (Specify)		
FROM		SUBJECT			
REMARKS.				REFERRED TO	
<b>SECTION II -- FOR USE BY ACTION OFFICE ONLY</b>					
TYPE OF ACTION <input type="checkbox"/> COORDINATION (See Section III) <input type="checkbox"/> PREPARE REPLY <input type="checkbox"/> OTHER (Specify)			SIGNATURE OF		
ACTION REFERRED TO		DATE	RETURN TO		DUE DATE
1.					
2.					
3.					
<b>SECTION III - COMPLETED ACTION</b>					
REPLY SIGNED BY	<input type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR (State Reason)			SIGNATURE	
DATE				DATE	
TRANSMITTED TO:					
DATE:					

Copy 1 - Document Copy

GAO Form 106A (Rev 4/87)		<b>U.S. General Accounting Office</b>		(GAO Order 2335.8)	
<b>Annual Assessment Request Form</b>					
<b>To be Completed by all Employees at GS-12/13/14 for Annual Assessment</b> <i>(Type of Print with Ballpoint Pen)</i>					
Name Last, First, Middle Initial		Home Unit/Other		Current Grade	Series
If you wish to be assessed for promotion during this assessment year, sign and date below					
_____			_____		
Signature			Date		
If you <u>do not</u> wish to be assessed for promotion during this assessment year, sign and date below					
_____			_____		
Signature			Date		

GAO FORM 107(1-84)

GAO ORDER 2410.1

**U.S. GENERAL ACCOUNTING OFFICE  
REQUEST FOR CERTIFICATION  
OF CONTINUING EDUCATION UNITS (CEU's) EARNED**

Name:		Date:
Division/Office:	Social Security Number:	Location:
Telephone Number:		

**Course Certification**

Courses Taken (Title)	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

No. of Copies Requested	Where Should Certification Be Sent:
<b>For Office Use Only</b>	
MIS, PERS      _____ CDSI            _____ MIS              _____ TRN              _____	
Submit Request To: Office of Organization & Human Development Training Branch    Room 7424	



GAO

United States General Accounting Office

Followup List

Due Date	Staff Member Responsible	Date of Memo
----------	--------------------------	--------------

Subject

Received/Note

**Office of the Comptroller General**

- I. Goldstein
- H. Havens
- D. Horan
- M. Socolar

**Divisions**

- AFMD
- GGD
- HRD
- IMTEC
- NSIAD
- PEMD
- RCED

**Regional Offices**

- Atlanta
- Boston
- Chicago
- Cincinnati
- Dallas
- Denver
- Detroit
- Kansas City
- Los Angeles
- New York
- Norfolk
- Philadelphia
- San Francisco
- Seattle

Received/Note

**Overseas Offices**

- European
- Far East

**Staff Offices**

- CRO
- GS&C
- OAAP
- OCCD
- OCE
- OCR
- OGC
- OIAOL
- OIE
- OIRM
- OOD
- OP
- OPA
- OPC
- OPI
- OPP
- OR
- OSI
- PERS
- TI

U. S. GOVERNMENT PRINTING OFFICE 1988-522-565

UNITED STATES GENERAL ACCOUNTING OFFICE  
GAO Form 110 (3/84)

OPR OCG/Ops

NOTIFICATION OF ASSIGNMENT

Name \_\_\_\_\_ GS \_\_\_\_\_ Approved \_\_\_\_\_  
*(Initials)*

New Assignment \_\_\_\_\_ Code No. \_\_\_\_\_

Assignment Manager \_\_\_\_\_ Site Supervisor \_\_\_\_\_

Report to new assignment \_\_\_\_\_ Location \_\_\_\_\_  
*(Date)*

Release from present assignment \_\_\_\_\_  
*(Date)*

Comments:

United States General Accounting Office

GAO

# Records Equipment and Supplies Checklist

This checklist is designed to assist in an "in-house" evaluation of Records and Filing Equipment.

Instructions: In the boxes below, check (X) either "Yes" or "No" following each question. (A check in the "No" column indicates a need for corrective action.)

Records Liaison Officer (Signature)	Division/Office	Date
-------------------------------------	-----------------	------

	<b>Yes</b>	<b>No</b>
<b>1. Have the following actions been taken when considering a request for new or additional equipment?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**General rule:** Before considering a request for new or additional equipment, take the following actions regarding the material housed in the existing equipment. These actions will often relieve congested space and sometimes make available equipment otherwise considered unsuitable. (Refer to GAO Order 0414.1, Records Equipment and Supplies Management Program.)

- a. Eliminate all unnecessary and duplicate files and file material. Destroy all records or files eligible for destruction under the appropriate criteria. (See the GAO Comprehensive Records Schedule for disposition authority.)
- b. Verify, through actual site inspections, the full and proper use of cabinets, security containers, shelf files, and other file equipment. Fill drawers 3/4 full, both to avoid waste and to permit convenient filing and searching. Consolidate the contents of cabinets and safes less than half full.
- c. To meet essential needs, reassign or distribute excess filing equipment within the organization.
- d. Screen available excess equipment and review excess equipment listings to determine the availability of suitable equipment.

<b>2. Are file cabinets free of blank forms, office supplies, publications, etc.?</b>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

<b>3. Are record files transferred on a regular basis to a records center?</b>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

**General rule:** Remove from office space inactive records eligible for transfer to a federal record center or eligible for disposal. (Refer to the Comprehensive Records Schedule, Supplement to GAO Order 0413.1.)

<b>4. Are closed files removed from the active files?</b>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

**General rule:** As record cases are closed, physically remove and place the files in an inactive file.

OPR:RM

GAO Form 111 (Rev. 7/88)

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**Records Equipment and Supplies Checklist**

---

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 5. Are technical reference materials maintained in a separate area from record material?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are provisions made to keep only those publications, or selections from publications, that pertain to office functions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are the materials periodically purged of superseded or obsolete items?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are controlled documents (classified and sensitive unclassified) properly stored?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- 
-



GAO FORM 114 (8/84)  
(Replaces GS&C Form 17)

(GAO Order 0625.2)

**PROCUREMENT REQUEST RATIONALE CHECKLIST**  
(to be submitted with GAO Form 31)

**Item 1:** The title of this procurement is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Item 2:** This procurement request package contains the following documents:  
(Check all applicable boxes and attach documents as appropriate.)

See attachment #	Check	Description
N/A	<input type="checkbox"/>	GAO Form 31
___	<input type="checkbox"/>	Statement or Scope of Work
___	<input type="checkbox"/>	Concise Technical Proposal Instruction
___	<input type="checkbox"/>	Competitive Technical Evaluation Criteria
___	<input type="checkbox"/>	Justification for Noncompetitive Procurement (JNCP)
___	<input type="checkbox"/>	Justification for Limited Competition (JLC)
___	<input type="checkbox"/>	Justification for Management Consulting Services
___	<input type="checkbox"/>	Request for ADP Services

**Item 3:** This procurement  requires  does not require management consulting services.

**Item 4:** This procurement  involves  does not involve Audit Services. I  have  have not discussed this procurement with the Assignment Review Group which  concurs  does not concur with proceeding with this procurement.

**Item 5:** I  anticipate or have knowledge of  do not anticipate or have any knowledge of organizational conflict of interests issues related to this procurement. (If affirmative, describe conflict in an attachment.)

**Item 6:** Listed below are special GAO employee(s) who are or will be participating in GAO's processing or managing of this procurement, together with a list of their non-government employers. Check here if none .

**GAO Special Employees**

**Non-Government Employer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Item 7:** This procurement  is  is not based on an Unsolicited Proposal.

**Item 8:** To the best of my knowledge the work results of this proposed procurement  are  are not available from any other source. (If the results are available from another source, describe in an attachment).

**Item 9:** I ( ) recommend ( ) do not recommend prospective sources for this procurement (If sources are recommended, list in an attachment).

**Item 10:** This procurement anticipates ( ) a new contract award ( ) an additional work modification to existing contract no. \_\_\_\_\_. It also anticipates that it will be processed as a ( ) competitive procurement ( ) noncompetitive procurement ( ) limited competitive procurement. (If noncompetitive or limited competitive procurement is recommended, attach appropriate justification.

**Item 11:** The estimated period of performance is \_\_\_\_\_ months after the effective date of the contract ( ) ( ) inclusive ( ) exclusive of submission of any final report which may be required.

**Item 11b:** The schedule of deliverable items (excluding reports) is as follows. Check here if no deliverable items are required ( )

Item No.	Description	Quantity	Delivery Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Item 12:** This procurement anticipates that the following options will be needed. Check here if no options are anticipated ( ).

Description of Option (Description may be indicated in a separate attachment)	Term of Option
_____	_____
_____	_____
_____	_____
_____	_____

**Item 13:** The following reports are required (describe in an attachment). Check here if no reports are required ( ). For each separate report required, describe the following:

- a) type of report (e.g., draft, final, interim, special, etc.)
- b) descriptive title (e.g., *monthly progress report*)
- c) minimum content requirements
- d) number of copies required
- e) distribution (with complete addresses of all recipients)
- f) delivery schedule
- g) number of days the Gov't. will have to review, comment, approve (disapprove) and return (as appropriate)

GAO Form 115 (REV. 4-81) (Destroy previous editions) U.S. GENERAL ACCOUNTING OFFICE (CAM NO. 2)  
**APPROVAL FOR DISTRIBUTION OF REPORT**

No. \_\_\_ of \_\_\_  
 TITLE OF REPORT (and Requester on Congressional Assignments)

REPORT NUMBER	B-NUMBER	ASSIGNMENT CODE	DATE ISSUED	CHECK ONE
				<input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> CLASSIFIED _____

THE ACCOMPANYING LETTERS ARE FOR SIGNATURE BY

THE COMPTROLLER GENERAL       DIRECTOR, \_\_\_\_\_

SPECIAL INSTRUCTIONS

This restricted report will be available for general distribution:

\_\_\_ days after issuance  
 When notified by OCR

If this distribution is to be made after issuance to basic addressee(s):

Distribute \_\_\_ days after issuance  
 Distribute when notified by OCR

OCR Approval

INITIAL EXTERNAL DISTRIBUTION		TRANSMITTAL DOCUMENT (Check One)			
NO OF COPIES	RECIPIENT	BASIC LETTER	NON BASIC LETTER	GAO FORM 371	NONE
	SPEAKER OF THE HOUSE				
	PRESIDENT OF THE SENATE				
	HOUSE COMMITTEE ON APPROPRIATIONS				
	HOUSE COMMITTEE ON GOVERNMENT OPERATIONS				
	HOUSE COMM' ON _____ (Legislative Committee)				
	HOUSE COMMITTEE ON THE BUDGET				
	SENATE COMMITTEE ON APPROPRIATIONS				
	SENATE SUBCOMM' ON _____ (Appropriations Subcommittee)				
	SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS				
	SENATE COMM' ON _____ (Legislative Committee)				
	SENATE COMMITTEE ON THE BUDGET				
	RANKING MINORITY MEMBERS OF COMMITTEES & SUBCOMMITTEES				
	DIRECTOR OFFICE OF MANAGEMENT AND BUDGET				
	OTHER RECIPIENTS (Per GAO Form 115-1 attached)				

(Over)



NO. OF COPIES	INITIAL INTERNAL DISTRIBUTION		
	COMPTROLLER GENERAL - RM. 7000		
	ASSISTANT COMPTROLLER GENERAL, POLICY AND PROGRAM PLANNING - RM. 7124		
	DIRECTOR, OFFICE OF POLICY - RM. 7132		
	OFFICE OF CONGRESSIONAL RELATIONS - RM. 7023		
	DIRECTOR OF ORIGINATING DIVISION OR OFFICE _____ RM. _____		
	COGNIZANT DEPUTY DIRECTOR, _____ RM. _____		
	COGNIZANT ASSOCIATE DIRECTOR, _____ RM. _____		
	COGNIZANT GROUP DIRECTOR _____ RM. _____		
	INFORMATION OFFICER - RM.7015		
	GAO DOCUMENT SERVICES, OFFICE OF INFORMATION SYSTEMS AND SERVICES - RM. 4131		
	_____ TO EACH PARTICIPATING REGIONAL AND BRANCH OFFICE		
	CODES		
	BUDGET FUNCTIONS	ORGANIZATIONS	ISSUE AREAS/LINES OF EFFORT
	_____ (Primary)	_____ (Primary)	_____ (Primary)
	_____	_____	_____
	DETERMINATION OF QUANTITY TO BE PREPARED		SUMMARY
INITIAL DISTRIBUTION	EXTERNAL DISTRIBUTION (Use summary only for chapter - format reports to be distributed to the entire congressional delegation)		
	INTERNAL DISTRIBUTION		
	TOTAL INITIAL DISTRIBUTION		
SUBSEQUENT DISTRIBUTION AND RESERVE STOCK	RECURRING SUBSEQUENT DISTRIBUTION (Use summary only when the ALL box is checked for chapter - format reports)		
	<input type="checkbox"/> ALL <input type="checkbox"/> SELECTED SUBJECTS <input type="checkbox"/> NONE		
	RESERVE STOCK		
	PROVISION FOR DISTRIBUTION TO THE NEWS MEDIA		
	BY MAIL _____		
	BY HAND _____		
PROVISION FOR ADDITIONAL QUANTITIES, IF NECESSARY			
TOTAL SUBSEQUENT DISTRIBUTION AND RESERVE STOCK			
TOTAL QUANTITY TO BE PREPARED			
APPROVED		FOR FURTHER INFORMATION CONTACT	
_____ (Associate Director or Comparable Official)		_____ (Name)	
_____ (Director)		_____ (Phone Number)	

United States General Accounting Office

GAO

Distribution for Restricted GAO Reports (Form 115-R)

The Office of Congressional Relations must approve distribution of Restricted Reports. This report is restricted for \_\_\_ days.

OCR Approval

Date

Report No. and Title

Classification: (Check one, if applicable)

Classified

Proprietary

B-Number

Budget Function Codes

Issue Areas/Lines of Effort

Assignment Code

Reports to recipients with an asterisk (\*) will be hand carried by \_\_\_\_\_ (Print Name, Division, & Phone No.)

1. External Distribution for Restricted Report

Requester(s) (Congressional, Agency Officials)

Transmittal Document

(Check if applicable)

Brief Basic Ltr.

Copies

Recipient

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Other Recipients

Nonbasic Ltr.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add No. of Copies Listed in 1. above: \_\_\_\_\_

2. Enter Total No. of Copies Listed in Part A of Form 115-1: \_\_\_\_\_

OPR:OIMC/PCC

GAO Form 115-R (Rev. 7/90)

3. Internal Distribution for Restricted Report		
Copies	Room No.	Recipient
_____	_____	Assist. Comptroller General, Planning & Reporting
_____	_____	Assist. Comptroller General, Policy _____
_____	_____	Office of Congressional Relations _____
_____	_____	ACG, Originating Division/Office— _____
_____	_____	Cognizant Director of P & R— _____
_____	_____	Cognizant Issue-Area Director— _____
_____	_____	Cognizant Associate Director— _____
_____	_____	Cognizant Assistant Director— _____
_____	_____	Cognizant Division Report Reviewer
_____	_____	Office of Public Affairs
_____	_____	To participating regional offices and audit sites:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Add Total No. of Copies Listed in 3. above: \_\_\_\_\_

Enter Total Copies for Restricted Distribution (Add items 1. , 2. and 3. above): \_\_\_\_\_

Approvals and Contact Information

Approved by:

For more information, contact:

_____ Signature of Director or Comparable Official	_____ Date	_____ Name
---	---------------	---------------

_____ Signature of ACG or Comparable Official	_____ Date	_____ Telephone Number
--	---------------	---------------------------

United States General Accounting Office

GAO

Distribution for Unrestricted GAO Reports (Form 115-U)

Report No. and Title

Classification: (Check one, if applicable)

Classified Proprietary

B-Number

Budget Function Codes

Issue Areas/Lines of Effort

Assignment Code

Check here if Form 115-R (Distribution for Restricted GAO Reports) used with this report.

Reports to recipients with an asterisk (\*) will be hand carried by (Print Name, Division, & Phone No.)

Initial Distribution

1. External

Requester(s) (Congressional, Agency Officials)

Transmittal Document (Check one, if applicable)

Copies Recipient

Brief Basic Ltr.

Blank lines for recipient information

Vertical column of checkboxes for transmittal document type

Standard Recipients

Nonbasic Ltr. Brief Basic Ltr. GAO F.371

- List of standard recipients including House Appropriations Comm., Senate Appropriations Comm., etc.

Vertical columns of checkboxes for each recipient type

Add the Total No. of Copies Listed in 1. above:

2. Enter Total No. of Copies Listed in Part A of Form 115-1:

Initial Distribution Continued

3. Internal

Copies	Room No.	Recipient
_____	_____	Assist. Comptroller General, Planning & Reporting
_____	_____	Assist. Comptroller General, Policy _____
_____	_____	Office of Congressional Relations _____
_____	_____	ACG, Originating Division/Office— _____
_____	_____	Cognizant Director of P & R— _____
_____	_____	Cognizant Issue-Area Director— _____
_____	_____	Cognizant Associate Director— _____
_____	_____	Cognizant Assistant Director— _____
_____	_____	Cognizant Division Report Reviewer _____
_____	_____	Office of Public Affairs _____
_____	_____	To participating regional offices and audit sites:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Add the Total No. of Copies Listed in 3. above: \_\_\_\_\_

A. Enter Total Initial External & Internal Distribution: \_\_\_\_\_ (Add items 1., 2., and 3. above.)

Subsequent Distribution

4.	Subject Codes	No. Copies	Subject Codes	No. Copies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
5.	Distribution to the News Media			No. Copies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Enter Number of Copies for One-Time Recipients (Listed in Part B of Form 115-1): \_\_\_\_\_

B. Enter Total Subsequent Distribution: \_\_\_\_\_ (Add items 4., 5., and 6. above.)

Determining Number of Copies to be Printed

C. Reserve Stock:  , Add A, B, C, & D

D. Federal Depository Libraries:  Add No. of Copies on GAO Form 115-R \_\_\_\_\_

Office of Mgmt. & Budget:  Enter Grand Total (Total No. Copies to be Printed) \_\_\_\_\_

Approvals and Contact Information

Approved by:

For more information, contact:

Signature of Director or Comparable Official \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature of ACG or Comparable Official \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_



United States General Accounting Office

GAO

Report and Testimony  
Transmittal, Review and  
Clearance

Part I - Division transmittal

To:  Assistant Comptroller General (Planning and Reporting)  
 Office of General Counsel

For:  Advance review  Final review

Product

Job code

B-number

Report number

Group Director name and telephone number

Processing information (special points for reviewers, such as references to pertinent memoranda and previous discussions, controversial or sensitive matters, and time criticalness)

Division Director

Date

Part II - Reviewing officials' comments and approvals

Office of General Counsel \_\_\_\_\_ Date \_\_\_\_\_

Assistant Comptroller General  
(Planning and Reporting) \_\_\_\_\_ Date \_\_\_\_\_

OPR: OGC

GAO Form 117 (Rev. 6/87)

GAO FORM 118 (8/84)

Date of Reference Check \_\_\_\_\_

### PRE-EMPLOYMENT REFERENCE CHECK

Applicant's Name \_\_\_\_\_ Name and Title \_\_\_\_\_  
of Reference \_\_\_\_\_  
Grade and Title of Position \_\_\_\_\_ Agency/ \_\_\_\_\_  
Organization \_\_\_\_\_

#### PART I. Please answer all questions in this section

- 1. Would you recommend the applicant for employment?.....  Yes  No  ?  
If no, please explain.
  
- 2. To your knowledge, is this person reliable, honest  
and of good character?.....  Yes  No  ?  
If no, please explain.
  
- 3. Does this person get along well with others?.....  Yes  No  ?
  
- 4. Does this person appear to be well-motivated?.....  Yes  No  ?
  
- 5. What are this person's major strengths?  
Weaknesses?

Additional comments relating to this person's suitability  
for this position:

#### PART II: Please answer the following questions in addition to those above if the applicant was employed with you.

- 1. What was this person's last job title and what were some of the duties of the position?
  
- 2. What were the dates of employment and her/his final salary? \_\_\_\_\_
  
- 3. Was this person's attendance record satisfactory?.....  Good  Fair  Poor
  
- 4. What was this person's reason for leaving? \_\_\_\_\_
  
- 5. Would you rehire this person?.....  Yes  No  ?  
If no, please explain

Signature \_\_\_\_\_ Title \_\_\_\_\_

OPR: AMAS



GAO Form 119 (Rev. 8-86)

OPR:OFM

**U.S. GENERAL ACCOUNTING OFFICE  
Employee Moving Expense Information**

(Keep for your Records)

Payments made during the calendar year 19 \_\_\_\_

Name of employee _____	Social Security number _____
------------------------	------------------------------

**Moving Expense Payments**

Type of expense	Amount paid to employee	Amount paid to a third party for benefit of employee	Value of services furnished in-kind	Total
A Transportation expenses in moving household goods and personal effects (including storage expenses for a foreign move)				
B Travel, meals, and lodging expenses in moving from former to new residence				
C Pre-move travel, meals, and lodging expenses in searching for a new residence after obtaining employment				
D Temporary living expenses in new location or area during any 30 consecutive days after obtaining employment (90 consecutive days for a foreign move)				
E Qualified expenses attributable to the sale, purchase, or lease of a residence				
Other payments				

**Instructions for Employer**

Internal Revenue Service regulations require that you furnish to your employees a statement showing a detailed breakdown of reimbursements or payments of moving expenses. GAO Form 119 has been designated as a convenient means of furnishing this information. You must furnish a separate Form 119 for each employee's move for which reimbursement or payment is made.

In addition, these amounts must also be included in the total on the employee's Form W-2, Wage and Tax Statement. Payments for nondeductible moving expenses are subject to withholding while payments for deductible expenses are not. Both of these amounts are to be included in the "Wages, tips and other compensation" block on the Form W-2.

You should give GAO Form 119 to employees on or before:

- January 31, following the calendar year in which a reimbursement or payment is received by the employee if the employee is in your employ at the close of the year, or
- Within 30 days after the last payment of wages, if employment is terminated before the close of the year.

**General Information for Employees**

**Purpose of this Form.**—This form is furnished by your employer to provide you with the necessary information to assist you in the computation of the moving expense deduction. This form shows the amount of any reimbursement made to you, payments made to a third party for your benefit, and the value of services furnished in-kind for moving expenses. A separate form is required to be furnished to you for each move made by you during the calendar year for which you receive any reimbursement or during which payment is made for your benefit.

To claim the moving expense deduction, and for detailed moving expense information with respect to the deduction, see Form 3903 (Form 3903F for a foreign move) and Publication 521, free at IRS offices. Also see Internal Revenue Code sections 82 and 217 and the regulations thereunder.

**Allowance of Deduction.**—As an employee you are allowed a deduction from gross income for reasonable moving expenses paid or incurred during the taxable year in connection with your

move to a new principal place of work. Expenses are considered as being paid or incurred whether a reimbursement or payment is received directly (paid to you by an employer, a client, a customer, or similar person) or indirectly (paid to a third party on your behalf by an employer, a client, a customer, or similar person).

**Moving Expenses.**—Generally, the term "moving expenses" means only the reasonable expenses of

**A. Moving household goods and personal effects from the former residence to the new residence.** (For Foreign moves, "moving expenses" also includes the expenses of moving and storage of household goods and personal effects for part or all of the period during which the new place of work continues to be the taxpayer's principal place of work.)

**B. Travel Expenses From Former Residence to New Residence.**—These include your cost of transportation, meals, and lodging en route (including costs for your arrival date). The deduction for travel expenses from your former to your new residence is allowable for only one trip. However, it is not necessary that you and

(Continued on back)

all members of your household travel together and at the same time. (To compute the cost of transportation if you use your own car, see instruction C, below.)

**C. Travel Expenses (after obtaining employment) From Former Residence to General Location of New Principal Work Place and Return, for purpose of Searching for a New Residence.**—Travel expenses are deductible only if (1) you begin the trip to the general location of your new principal work place, after you have obtained employment, (2) you return to your former residence after searching for a new residence in the general location of your new principal work place; and (3) your principal purpose in traveling to the general location of the new principal work place is to search for a new residence.

Your deduction for travel expenses for the principal purpose of looking for a new residence is not limited to any number of trips by you and your household members. Moreover, to be deductible, a trip need not result in a lease or purchase of property.

If you use your own automobile for this transportation, you may compute the transportation expenses in either of two ways: (1) actual out-of-pocket expenses (for example gasoline, oil repairs), or (2) at a rate of nine cents a mile. If you claim out-of-pocket expenses, keep an adequate record to verify amounts; if you use the nine-cents-a-mile method, attach a schedule to verify the mileage.

D. The cost of meals and lodging while occupying temporary quarters in the general location of the new principal place of work during any period of 30 consecutive days after obtaining employment (90 consecutive days for a foreign move).

**E. Qualified Expenses Attributable to the Sale, Purchase, or Lease of a Residence.**—This term means only those reasonable expenses (such as sales commissions, advertising expenses, attorney's and legal fees, title fees, escrow fees, and State transfer taxes) incident to (a) the sale or exchange of your former residence (not including expenses for work performed on the residence to assist in its sale) which would be taken into account in determining the amount realized on the sale or exchange; (b) your purchase of a new residence which otherwise would be included in (i) the adjusted basis of your new residence, or (ii) the cost of the loan (but not including payments or prepayments of interest); (c) the settlement of an unexpired lease on your former residence; or (d) your acquisition of a lease on your new residence (excluding payments or prepayments of rent).

Qualified residence sale, purchase or lease expenses do not include losses you sustained on the disposition of property or mortgage penalties.

**Dollar Limitations.**—You may deduct the entire amount of moving expenses described under "Moving Expenses" in A and B, if all other requirements are satisfied.

Your moving expenses described under "Moving Expenses" in C, D, and E are subject to an overall \$3,000 (\$6,000 for a foreign move) limitation of which not more than \$1,500 (\$4,500 for a foreign move) may be allowed for pre-move house-hunting round trips and temporary living expenses in the new location prior to moving to permanent quarters.

The dollar limitation applies to the amount of expenses paid or incurred in connection with your move to a new principal place of work and not to the amount of expenses paid or incurred in each taxable year.

**Employee and Spouse.**—If you and your spouse both commence work at new principal places of work during the taxable year, the two commencements will be considered a single commencement of work, for purposes of assigning the dollar limitations, if as of the close of the taxable year, you have shared the same new residence. In such a case, if you file separate returns, moving expenses in C, D, and E are subject to an overall per move limitation of \$1,500 (\$3,000 for a foreign move) of which expenses C and D cannot exceed \$750 (\$2,250 for a foreign move) with respect to each of your returns. However, if you and your spouse have not shared the same new residence nor made specific plans to share the same new residence within a determinable time, the separate commencement of work will be considered separately. If you file separate returns, these types of expenses are subject to an overall per move limitation of \$3,000 (\$6,000 for a foreign move) for each of you, of which the expenses described in C and D cannot exceed \$1,500 (\$4,500 for a foreign move) for each of you with respect to each return. If you file a joint return, these types of expenses are subject to an overall per move limitation of \$6,000 (\$12,000 for a foreign move) of which the expenses described in C and D cannot exceed \$3,000 (\$9,000 for a foreign move).

**Conditions for Allowance.**—No moving expense deduction shall be allowed unless—

**A. Your new principal place of work—**

- (1) Is at least 35 miles farther from your former residence than was your former principal place of work; or
- (2) If you had no former principal place of work, is at least 35 miles from your former residence, and

**B. Either—**

- (1) During the 12-month period immediately following your arrival in the general location of your new principal place of work, you are a full-time employee, in such general location, during at least 39 weeks, or

- (2) During the 24-month period immediately following such arrival in the general location of the new principal place of work, you are a full-time employee or perform services as a self-employed individual on a full-time basis, in such general location, during at least 78 weeks, of which not less than 39 weeks are during the 12-month period referred to in B(1) above.

For the purposes of measuring distances, the distance between two geographic points is measured by the shortest of the more commonly traveled routes between such points. The shortest of the more commonly traveled routes refers to the line of travel and the mode or modes of transportation commonly used to go between two geographic points comprising the shortest distance between such points irrespective of the route used by the taxpayer.

**Retirees —**

A retiree may deduct the expenses of moving back to the United States for retirement, from a principal place of work and residence outside the United States, as if such expenses were incurred in connection with the commencement of work by the taxpayer as an employee at a new principal place of work within the United States. (The deductibility of these expenses is not subject to section B of Conditions for Allowance above.)

**Survivors —**

A surviving spouse or dependent of any decedent (who as of the time of death had a principal place of work and residence outside the United States) who shared the decedent's residence at the time of death may deduct expenses incurred for a move which begins within 6 months after the death of the decedent and which is to a residence in the United States. These expenses are deductible subject to the limitations which would be imposed if the move had been to a new place of employment within the United States, except they are not subject to section B of Conditions for Allowance above.

**Definitions —**

The term United States includes the possessions of the United States.

The term Foreign Move means the commencement of work by you at a new principal place of work located outside the United States.

GAO

United States General Accounting Office  
Draft Report Clearance  
Statement

Instructions for preparing this form are contained in the Communications Manual, Chapter 12.13.

Date: \_\_\_\_\_

To: Clearance Official \_\_\_\_\_

Thru: Head/designee, commenting division/office, \_\_\_\_\_

From: Associate Director, responsible division, \_\_\_\_\_

Title of Report. \_\_\_\_\_

Status

\_\_\_\_\_ Ready for agency comments

\_\_\_\_\_ Ready for final processing

1 Attached is a copy of a draft report. We need your clearance because of your responsibility for (cite applicable issue(s) listed in the Central Assignment and Payables Systems (CAPS) Users' Manual, appendix VII

These matters are discussed on page(s) \_\_\_\_\_ of the draft report

2. Please complete this statement and return by \_\_\_\_\_. If you have any concerns with the draft, please contact me immediately on (telephone number) \_\_\_\_\_ so that we can discuss your concerns and work to reach agreement

Date \_\_\_\_\_

To: Associate Director, responsible division, \_\_\_\_\_

Thru: Head/designee, commenting division/office, \_\_\_\_\_

From: Clearance Official,

I have reviewed this draft as requested and I.

\_\_\_\_\_ concur in its treatment of issues cited in (1) above.

\_\_\_\_\_ concur in its treatment of issues cited in (1) above as revised to my satisfaction. the agreed-upon revisions are noted on the reverse of this form.

\_\_\_\_\_ do not concur in its treatment of issues cited in (1) above; efforts to reach agreement have not been successful. I am attaching a memorandum outlining my concerns.

FROM

AN EQUAL OPPORTUNITY EMPLOYER  
UNITED STATES  
GENERAL ACCOUNTING OFFICE  
441 G ST., N.W.  
WASHINGTON, D.C. 20548

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE, \$300

POSTMASTER: PLEASE FORWARD

FIRST CLASS MAIL

HOLD  
FIRMLY  
HERE

TO OPEN TEAR ALONG THIS PERFORATION  
USE THUMB NOTCH TO REMOVE CONTENTS

IMPORTANT: BID PROTEST CORRESPONDENCE ENCLOSED

TO

GAO FORM 126 (12-84)



UNITED STATES GENERAL ACCOUNTING OFFICE  
OFFICE OF GENERAL COUNSEL  
WASHINGTON, D.C. 20548

United States General Accounting Office

GAO

Request to Use a Government Passenger Carrier for Home-to-Work Transportation

Control No. \_\_\_\_\_

**Instructions:** Complete items 1 through 8 before submitting this request to the branch manager, Travel and Transportation, Office of Financial Management, General Services and Controller, room 2022, Union Center Plaza. A signed GAO Form 127(f), Employee Tax Liability Statement, must be attached to this request.

As required by GAO Order 0300.4, Use of Government Passenger Carriers for Home-to-Work Transportation in the Local Travel Area, authorization to use a government passenger carrier for home-to-work transportation is hereby requested.

1. Employee's Name (last, first, middle initial)	2. Employee's Residence Address
3. Inclusive Dates Covered by This Request (not to exceed 15 calendar days)* From: To:	4. Site(s) to Be Visited

5. This request meets the criteria as stated in GAO Order 0300.4 for:

Clear and Present Danger     
  Emergency     
  Compelling Operational Consideration

6. Justification (State circumstances that meet the criteria.)

7. Signature of Authorized Requesting Official (designated in GAO Order 0300.4)	8. Date
---	---------

9. Review Coordination

Office	Signature and Title	Concur	Non-Concur	Comment Attached	Date
GS&C/OFM					
GS&C/OD					
ACG/OPS					

10. Request Approval <input type="checkbox"/> Approved <input type="checkbox"/> Denied	11. Comptroller General's Signature	12. Date
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\* Note. When the justification for this request is expected to exist beyond the termination date of this determination, a Request for Subsequent Determination, GAO Form 127(a), must be submitted 5 workdays prior to the expiration date of this determination.



United States General Accounting Office

GAO

Contingency Determination Request and Authorization to Use a Government Passenger Carrier for Home-to-Work Transportation

Control No. \_\_\_\_\_

Instructions: Complete items 1 through 3 before submitting this request to the branch manager, Travel and Transportation, Office of Financial Management, General Services and Controller, room 2022, Union Center Plaza.

Note: GAO Order 0300.4, Use of Government Passenger Carriers for Home-to-Work Transportation in the Local Travel Area requires the following:

- The conditions under which this contingency determination may be exercised include disruption of local public transportation systems, widespread civil disturbances, hazardous weather conditions, natural disasters, terrorist threats, and other extraordinary circumstances.
- Whenever practicable, the authorized requesting official will contact the Travel and Transportation Branch prior to any actual use under this determination. When circumstances do not allow for prior clearance, the authorized requesting official will contact the Travel and Transportation Branch as soon as practicable to report use.
- No use of this contingency determination will exceed 15 calendar days.
- Each use will be reported on GAO Form 127(c), Report of Use of Contingency Determination for Home-to-Work Transportation with a Government Passenger Carrier, upon termination of actual use. GAO Form 127(e), Daily Travel Log for Home-to-Work Transportation Using a Government Passenger Carrier, detailing the actual use will be attached to GAO Form 127(c).

1. Authorized Users. I request authorization for the following employee(s) or position(s) to exercise this determination subject to the conditions and controls stated above:

- a. \_\_\_\_\_ b. \_\_\_\_\_
c. \_\_\_\_\_ d. \_\_\_\_\_
e. \_\_\_\_\_ f. \_\_\_\_\_

2. Signature of Authorized Requesting Official (designated in GAO Order 0300.4) 3. Date

4. Review Coordination

Table with 6 columns: Office, Signature and Title, Concur, Non-Concur, Comment Attached, Date. Rows include GS&C/OFM, GS&C/OD, and ACG/OPS.

5. Request Approval [ ] Approved [ ] Denied
This contingency determination is valid until \_\_\_\_\_

6. Comptroller General's Signature 7. Date

United States General Accounting Office

GAO

Report of Use of Contingency  
Determination for Home-to-Work  
Transportation With a  
Government Passenger Carrier

Control No. \_\_\_\_\_

**Instructions:** Complete items 1 through 9 before submitting this report to the branch manager, Travel and Transportation, Office of Financial Management, General Services and Controller, room 2022, Union Center Plaza. A signed GAO Form 127(f), Employee Tax Liability Statement, must be attached to this report.

1. Employee's Name (last, first, middle initial)	2. Employee's Residence Address
3. Dates of Use (not to exceed 15 calendar days)	4. Site(s) Visited
5. Date When Travel and Transportation Branch Was Contacted Concerning Use	6. This contingency meets the criteria as stated in GAO Order 0300.4 for: <input type="checkbox"/> Clear and Present Danger <input type="checkbox"/> Emergency <input type="checkbox"/> Compelling Operational Consideration

7. Justification (State circumstances that meet the criteria.)

8. Signature of Authorized Requesting Official (designated in GAO Order 0300.4)	9. Date
---	---------

10. Review Coordination

Office	Signature and Title	Concur	Non-Concur (memo attached)	Date
GS&C/OFM				
GS&C/OD				
ACG/OPS				



United States General Accounting Office

GAO

Request to Use a  
Government Passenger  
Carrier for Home-to-Work  
Transportation (Field Work)

Control No. \_\_\_\_\_

**Instructions:** Complete items 1 through 7 before submitting this request to the branch manager, Travel and Transportation, Office of Financial Management, General Services and Controller, room 2022, Union Center Plaza. A signed GAO Form 127(f), Employee Tax Liability Statement, must be attached to this request.

As required by GAO Order 0300.4, Use of Government Passenger Carriers for Home-to Work Transportation in the Local Travel Area, authorization to use a government passenger carrier for home-to-work transportation to perform field work is hereby requested.

1. Employee's Name (last, first, middle initial)	2. Employee's Residence Address
3. Inclusive Dates Covered by This Request (not to exceed 2 years)* From: To:	4. Site(s) to Be Visited

5. Justification (State circumstances that meet the criteria for field work.)

6. Signature of Authorized Requesting Official (designated in GAO Order 0300.4)	7. Date
---	---------

8. Review Coordination

Office	Signature and Title	Concur	Non-Concur	Comment Attached	Date
GS&C/OFM					
GS&C/OD					
ACG/OPS					

9. Request Approval <input type="checkbox"/> Approved <input type="checkbox"/> Denied	10. Comptroller General's Signature	11. Date
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\*Note. All determinations justified by field work must be updated as necessary and recertified every 2 years by the Comptroller General.



United States General Accounting Office

GAO

Employee Tax Liability Statement

Control No. \_\_\_\_\_

Instructions:

Initial Determinations. This form must be signed by the employee for whom home-to-work transportation is requested. The authorized requesting official must attach this signed form to GAO Form 127, Request to Use a Government Passenger Carrier for Home-to-Work Transportation or 127(d), Request for Subsequent Determination to Extend Use of a Government Passenger Carrier for Home-to-Work Transportation, as appropriate, prior to submitting the determination request to the branch manager, Travel and Transportation, Office of Financial Management, General Services and Controller, room 2022, Union Center Plaza.

Contingency Determination Use. This form must be signed by the employee prior to any actual use of home-to-work transportation under a contingency determination. (One "use" may consist of any number of consecutive or non-consecutive workdays within a 15-calendar day limit for each specific contingency.) The authorized requesting official must attach this signed form to GAO Form 127(c), Report of Use of Contingency Determination for Home-to-Work Transportation with a Government Passenger Carrier, prior to submitting the report of use to the branch manager, Travel and Transportation, Office of Financial Management, General Services and Controller, room 2022, Union Center Plaza.

Tax Liability Statement

I am aware that I incur a tax liability for each use of home-to-work transportation. I agree to inform any passengers sharing such transportation with me that they incur the same liability.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



United States General Accounting Office

GAO

Application for Employment

Type or print clearly in ink.

1. Social security number\* [Grid]

2. Announcement number, position title and grade  
OR-100.

3. Locations preferred  
Primary Secondary

4. Date available for employment

5. Name (last, first, middle)  
Street address  
City State Zip Code

6. Other last name(s) used (if any), e.g., maiden

7. Birth date (month, day, year)

8. Home telephone  
Area Code Number

9. Business/school telephone  
Area Code Number

10. Are you willing to travel?  
 No  
 1-5 nights per month  
 6 or more nights per month

For Official Use Only  
Series Grade Rating E/I  
 5 pts. (Tent.)  10 pts. (Less than 30%)  
 10 pts. (30% or more)  10 pts. (Other)  
 Need official transcript  
 Pending graduation  
 Bachelors \_\_\_\_\_ / SAA  
 Masters  
 Ed. \_\_\_\_\_ + \_\_\_\_\_ yrs. exp.  
 GPA at time of appl. \_\_\_\_\_  
 LTY GPA verified at appt. \_\_\_\_\_  
Tentative Quals \_\_\_\_\_  
Reviewer \_\_\_\_\_  
Final Quals \_\_\_\_\_  
Incl. \_\_\_\_\_ Exp. \_\_\_\_\_  
School \_\_\_\_\_ Deg. \_\_\_\_\_  
DoD \_\_\_\_\_ Major \_\_\_\_\_

11. May we contact your present employer regarding your character, qualifications, and employment record? Yes No  
A "no" will not affect your consideration for employment opportunities.

12. Have you ever served on active duty in the U.S. military service? (Tours of active duty for training as a reservist or guardsman do not qualify for veteran preference.) Yes No

13. Veteran preference  
 5 pts.  10 pts. (less than 30%)  
 10 pts. (30% or more)  10 pts. (other)

14. Branch of military service | Service number | Rank | From (month and year) | To (month and year)

15. Did you graduate from high school? (If you have a GED high school equivalency certificate or will graduate within the next 9 months, answer "yes.") Yes No    
Date of graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

16. Education information (For each school attended, complete all blocks to the right.)

Table with 6 columns: Name and location of schools attended beyond high school, Major field of study, Dates attended (month and year) From/To, Type of degree or certificate, Month and year awarded, Number of completed Sem or qtr hrs

\*Social security numbers are used to clearly identify applicants to avoid delays in processing applications. Although disclosing your social security number is voluntary, your compliance is appreciated.



United States General Accounting Office

GAO

Microform Requests

<b>To: Division/Office</b>		<b>From : Records Analysis Branch, Records Administration</b>
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<b>1. Contact Person</b>	<b>2. Telephone No.</b>	<b>3. Location of Material</b>
--------------------------	-------------------------	--------------------------------

<b>4. Approval Request for (Check as many as apply.)</b> <input type="checkbox"/> New Microform System <input type="checkbox"/> Microform Equipment Acquisition <input type="checkbox"/> Change in Microform System <input type="checkbox"/> Operation of Pilot/Prototype System		<b>5. Proposed Microfilming Will be Done by: (Check one.)</b> <input type="checkbox"/> GSA <input type="checkbox"/> Contract
--	--	---

**6. Requirements for Proposed System/Change**

a. No. of Weeks for Completion \_\_\_\_\_ b. No. of Staff Hours for Completion \_\_\_\_\_ c. Cost (estimate) \$ \_\_\_\_\_

d. Current Retention Period(s) for Documents \_\_\_\_\_

e. Proposed Retention Period(s) for Documents After Microfilming \_\_\_\_\_

f. Proposed Retention Period(s) for Microforms \_\_\_\_\_

<b>7. Proposed Microform (Check one.)</b> <input type="checkbox"/> Roll <input type="checkbox"/> Cartridge <input type="checkbox"/> Microfiche <input type="checkbox"/> Other (specify.) _____	<b>8. Proposed Reduction Ratio (Check one.)</b> <input type="checkbox"/> 20X <input type="checkbox"/> 24X <input type="checkbox"/> 28X <input type="checkbox"/> Other (specify.) _____
--	--

<b>9. Person Requesting System/Change</b>	<b>10. Title of Requestor</b>
---	-------------------------------

<b>11. Division/Office</b>	<b>12. Telephone No.</b>	<b>13. Date</b>
----------------------------	--------------------------	-----------------

**14. Microform Project (Records Administration Approval)**

Approved       Disapproved

<b>15. Signature of Director, Records Administration</b>	<b>16. Date</b>
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GAO

United States General Accounting Office

Microform System Proposal

<b>To:</b> Records Administration		<b>From</b> (head of division/office).	
<b>1. Organization</b>	<b>2. Contact Person</b>	<b>3. Location</b>	

**4. Description of Current System**

a. Type \_\_\_\_\_

b. Subject Matter \_\_\_\_\_

c. Physical Characteristics (color, condition, one-side or two-side, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Volume \_\_\_\_\_

**5. Proposed System**

New System  System Update

**6. Justification** (Explain advantages of proposed system over current system, such as cost reduction or management improvements.)

<b>7. Records Liaison Officer</b> (signature)	<b>Date</b>	<b>8. Director</b> (signature)	<b>Date</b>
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United States General Accounting Office

GAO

Microform System Feasibility Study

<b>1. Division/Office</b>		<b>2. Location</b>	
<b>3. Title of Record Series (Comprehensive Records Schedule (CRS))</b>		<b>4. Type of Records</b>	
<b>5. Inclusive Dates</b> From (year): _____ To (year): _____		<b>6. Highest Security Classification</b>	

**7. Disposition of Records (See GAO Comprehensive Records Schedule.)**

CRS Number	Retention Period	Final Disposition of Records (Check one for each record.)		
		<input type="checkbox"/> Destroyed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (Specify below.)
		<input type="checkbox"/> Destroyed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (Specify below.)
		<input type="checkbox"/> Destroyed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (Specify below.)

**8. Physical Characteristics**

Paper (Check as many as apply.)

<input type="checkbox"/> 8 x 10 1/2	<input type="checkbox"/> Cards	<input type="checkbox"/> Printed one side	<input type="checkbox"/> Printed both sides
<input type="checkbox"/> 8 x 14	<input type="checkbox"/> Bound	<input type="checkbox"/> Stapled	<input type="checkbox"/> Other (Specify.) _____
<input type="checkbox"/> 8 1/2 x 11	Books (page sizes)	Enter length of longest input record.	

<b>9. Present File Arrangement(s)</b>	<b>10. Arranged by major subgroups?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	---

**11. File Type (Check one.)**  Central  Decentralized  Duplicate Files Maintained

**12. Extent of Duplicated Files**

a. Duplicated Data	b. Volume	c. Location	d. Compatibility with Proposed System
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**13. Primary Producers of Records Information**

a. Identify	b. Location
-------------	-------------

c. Indexing Method (subject title, number, case, multiple parameters, etc.)

d. Size of Data (volume in cubic feet)	e. Number of Records	f. Average Number Pages/Lines
--	----------------------	-------------------------------

**14. File Activity**

a. Rate of accession (input) of record

- Weekly
                         
  Monthly
                         
  Annually

b. Describe how required information is retrieved (*by name, number, date, RP, quantitative or qualitative data, single sentences, whole records, etc.*).

c. Describe how information is used to research, scan, verify, extract, annotate, copy, borrow, etc.

d. Are present retrieval speeds adequate for needs? If "No," identify information that needs retrieval time reduced.

- Yes  
 No

e. Retrieval Time Factors Required

f. Retrieval Time Factors Desired

g. Percentage of Searches That Require Copies of Records to Be Made

**15. Describe Grades/Bands of Personnel in Retrieval Process**

GAO Form 138 (4/86)

GAO Order 2335 B

U.S. General Accounting Office

**SELECTIVE PLACEMENT AND ADDITIONAL RANKING FACTORS**  
Request and Justification

Date of Request	Unit Making Request	Person to Contact for Further Information
-----------------	---------------------	---

Title, Series, and Grade of Requested Position

**INSTRUCTIONS:** This form must be accompanied by a description of the position to be filled. The request and justification for selective and/or additional ranking factors should follow this format: (1) Each selective or additional ranking factor must be stated in terms of a knowledge, skill, or an ability. (2) List the duties or tasks the incumbent will perform that require the possession of the requested knowledge, skill, or ability, or that could better be performed if he/she possessed the knowledge, skill, or ability.

**DEFINITIONS:** You may request that special qualifications of two types be used in the Merit Selection Process for evaluator-related positions:  
(1) Selective Placement Factors must be knowledge, skills, or abilities (KSAs) basic to and essential for satisfactory performance of the job, (i.e., a prerequisite to consideration). These represent minimum requirements in addition to or more specific than the basic qualification requirements for the position.  
(2) Additional Ranking Factors must be knowledge, skills, or abilities which are essential for successful performance on the job.  
Selective placement factors will be used for screening (in or out) purposes; additional ranking factors will be used in addition to the generalist evaluator KSAs to rate and rank qualified applicants

**SELECTIVE PLACEMENT FACTORS**

A. Knowledge, skill, or ability (if appropriate, state the amount of the KSA to facilitate screening of applicant).

B. Provide a clear description of the duties the incumbent will be expected to perform or a specific reference to an item in a proposed duty statement, the position description or addendum:

**ADDITIONAL RANKING FACTORS**

A. Knowledge, skill, or ability:

B. Provide a clear description of the duties the incumbent will be expected to perform or a specific reference to an item in a proposed duty statement, the position description or addendum:

Additional Remarks:

Signature and Title of Subject Matter Specialist

Date

Signature and Title of Requester

Date

Comments by Personnel Team:

GAO FORM 142 (9/85)

OFFICE OF ACQUISITION MANAGEMENT  
Budget Object Class Official  
Signature Card

_____	_____	_____
DIVISION/OFFICE	SUBJECT CLASS NUMBER	DATE
_____	_____	_____
NAME (PLEASE PRINT/TYPE)	SIGNATURE	
_____	_____	_____
TITLE	ROOM NO.	TELE. NO.
REMARKS:		

GAO FORM 143(9/85)

**OFFICE OF ACQUISITION MANAGEMENT**  
Requisition Approving Official  
Signature Card

_____		_____	
DIVISION/OFFICE		DATE	
_____		_____	
NAME (PLEASE PRINT/TYPE)		SIGNATURE	
_____		_____	_____
TITLE		ROOM NO.	TELE. NO.

REMARKS:



GAO FORM 146 (11-85)

**OFFICE OF LIBRARY SERVICES**

Requisition Approving Official  
Signature Card

<hr/>		<hr/>	
DIVISION/OFFICE		DATE	
<hr/>		<hr/>	
NAME (PLEASE PRINT/TYPE)		SIGNATURE	
<hr/>		<hr/>	
REMARKS:	TITLE	ROOM NO.	TELE. NO.





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**Instructions**

Before using the postage meter at the start of each workday, be sure to do the following:

1. Change the meter's date and record it in column A.
2. Record the readings of the ascending register in column B and descending register in column C.
3. Record the total of columns B and C in column D. Check to ensure that this total agrees with the entry recorded at the time of the last setting on Postal Form 3603. If it does not agree, take the meter to your meter setting post office and ask a postal official to determine if the meter is malfunctioning.
4. Record the daily postage cost in column E. This amount is usually the same amount as column C.
5. If you notice any discrepancies, explain them in the last column reserved for notes.

At the end of the last workday of each month, indicate the month's total cost at the bottom of column E. By the fifth workday of the following month, forward a copy of the completed form to Mike Barr, manager, DPB, room 4524.



**CITICORP DINERS CLUB ACCOUNT CANCELLATION NOTIFICATION**

**Name of Individual:** \_\_\_\_\_

**Agency Card Number:** \_\_\_\_\_

Please cancel the above Citicorp Diners Club Account for the following reasons:

- Employee left agency
- Employee no longer authorized to charge

Disposition of the card (if applicable) is as follows:

- Destroyed by (name) \_\_\_\_\_
- Enclosed
- Unavailable

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 198 \_\_\_\_ .

Sincerely,

\_\_\_\_\_  
Authorized Signature

(Note: Forward to Citicorp Diners Club)

GAO Form 151 (1/86)

**CITICORP DINERS CLUB ACCOUNT TRANSFER NOTICE  
(Transfer Within GAO)**

**CITICORP DINERS CLUB ACCOUNT TRANSFER NOTICE  
(Within Same Major Cost Center)**

**Name of Individual:** \_\_\_\_\_

**Agency Card Number:** \_\_\_\_\_

Effective \_\_\_\_\_, the above employee will be transferred from  
(date)

\_\_\_\_\_ to  
(name of office)

\_\_\_\_\_  
(name of office)

Please change the following codes (if applicable:)

**Division Code:** \_\_\_\_\_  
(present) (new)

Employee's new billing address (if applicable):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Sincerely,

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

(Note: Forward to Citicorp Diners Club)

GAO

United States General Accounting Office

# Self-Identification of Medical Disability

**Instructions:** Please read the information below and complete both sides of this form.

1. Last Name	First Name	2. Birth Date (mo./yr.)	3. Social Security Number

**4. Definition of Reportable Disability:** A physical or mental disability is NOT determined by a person's ability to perform his or her work but by a disability, or a history of such disability, that is likely to cause the employee to experience difficulty in obtaining, maintaining, or advancing in employment. This definition does not apply solely to an employee's current position but applies to the total career life cycle of that employee. *(In the case of multiple disabilities, choose the code that describes the impairment that would most likely result in such difficulties.)*

### 5. Notice of Authorization

The Rehabilitation Act of 1973, as amended, 29 U.S.C. §791, et seq., requires federal agencies to establish programs that will facilitate the hiring, the placement, and the advancement of handicapped individuals. The best means of determining GAO's progress in this respect is periodic reports showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given period and the percentage of handicapped employees in the work force and in various grades and occupations. Such reports are necessary to inform agency management, the Personnel Appeals Board, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped.

To facilitate the preparation of these reports, GAO needs to collect data on each employee having a disability. The data collected on employees will be used only in preparing reports such as those mentioned above, and not for any purpose that will affect employees individually. Precautions will be taken to ensure that the information provided by employees is prudently handled to respect their privacy.

Participation in the reporting system is entirely voluntary. GAO requests only that those not wishing to provide this information indicate this rather than intentionally miscode themselves, since inaccurate responses seriously damage the statistical value of the reporting system.

When the employees are or were hired under GAO Order 2306.1, "Selective Placement Programs," the Director of Personnel, or his or her designee (a vocational rehabilitation counselor may also be helpful), will help the individuals complete this form and ensure that they fully understand the meaning of the form and the options available to them.

Employees have an opportunity to ensure that the handicap/disability code carried in GAO's and OPM's personnel system is accurate and kept current. They may exercise their rights by asking the Civil Rights Office to identify their codes and provide a definition of the codes. If the codes are incorrect or if their handicapped statuses have changed, employees should contact the Civil Rights Office, which will initiate changes through Personnel.

### Privacy Act Statement

Disclosure of your social security number is voluntary. The SSN will be used for clear identification of an applicant to avoid any unnecessary delay in the processing of this form. Compliance with this request is appreciated.

<b>Speech Impairments</b> Severe speech malfunction or inability to speak, normal hearing (e.g., defects of articulation [unclear language sounds], stuttering, aphasia [impaired language function], laryngectomy [removal of the "voice box"]) .....		Code	
		13	
<b>Hearing Impairments</b> Hard of hearing (total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid) .....	Code	Total deafness in both ears, with understandable speech	16
	15	Total deafness in both ears and unable to speak clearly	17
<b>Vision Impairments</b> Ability to read ordinary-size print with glasses but with loss of peripheral (side) vision (restriction of the visual field to the extent that mobility is affected—"tunnel vision") .....	22	Inability to read ordinary-size print, not correctable by glasses (can read oversized print or use assisting devices, such as glass or projector modifier) .....	23
		Blind in one eye .....	24
		Blind in both eyes (no usable vision but may have some light perception) .....	25
<b>Missing Extremities</b>	Code		
One hand .....	27	One leg .....	32
One arm .....	28	Both hands or arms..	33
One foot .....	29	Both feet or legs .....	34
<b>Nonparalytic Orthopedic Impairments</b> (Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)			
One or both hands .....	44	One or both arms .....	46
One or both feet .....	45	One or both legs .....	47
		Hip or pelvis .....	48
		Back .....	49
		Any combination of two or more parts of the body.....	57
<b>Partial Paralysis</b> (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)			
One hand .....	61	One leg, any part .....	63
One arm, any part .....	62	Both hands .....	64
		Both legs, any part .....	65
		Both arms, any part .....	66
		One side of body, including one arm and one leg .....	67
		Three or more major parts of the body (arms and legs)	68
<b>Complete Paralysis</b> (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is complete loss of ability to move or use a part of the body, including legs, arms and/or trunk.)			
One hand .....	70	Both arms .....	73
Both hands .....	71	One leg .....	74
One arm .....	72	Both legs .....	75
		Lower half of body, including legs .....	76
		One side of body, including one arm and one leg .....	77
		Three or more major parts of the body (arms and legs)	78
<b>Other Impairments</b>			
Heart disease with no restriction or limitation of activity (history of heart problems with complete recovery).....	80	Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency)....	90
Heart disease with restriction or limitation of activity .....	81	Mental or emotional illness (a history of treatment for mental or emotional problems) .....	
Convulsive disorder (e.g., epilepsy) .....	82	Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back]) .....	91
Blood diseases (e.g., sickle cell disease, leukemia, hemophilia) .....	83	Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, clubfeet, etc.]) .....	92
Diabetes .....	84	Learning disability (a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written], e.g., dyslexia) .....	93
Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma) .....	86		
Kidney disfunctioning (e.g., dialysis [use of an artificial kidney machine] required) .....	87		94
Cancer — a history of cancer with complete recovery ....	88		
Cancer (undergoing surgical and/or medical treatment)	89		
I do not wish to identify my disability status. ....	01	I have a disability, but it is not listed.....	06
I do not have a disability. ....	05		
Enter code here. <input type="text"/> <input type="text"/>			

United States General Accounting Office

GAO

# Expert/Consultant Appointment Checklist

1. Name of Prospective Expert/Consultant	2. Division/Office
3. Division/Office Contact	4. Contact's Telephone Number

	For Compensation	For No Compensation
<b>a. Forms Completed by Division/Office</b>		
(1) Standard Form 52, Request for Personnel Action	<input type="checkbox"/>	<input type="checkbox"/>
(2) GAO Form 71, Personnel Security Action Request	<input type="checkbox"/>	<input type="checkbox"/>
(3) GAO Form 158, Expert/Consultant Request Form	<input type="checkbox"/>	<input type="checkbox"/>
(4) Reference Checks (Check one.)		
(a) GAO Form 157, Reference Checks	<input type="checkbox"/>	<input type="checkbox"/>
(b) Waiver Documentation	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Forms Completed by Prospective Expert/Consultant</b>		
(1) Standard Form 154, Self-identification of Medical Disability	<input type="checkbox"/>	<input type="checkbox"/>
(2) Resume or Standard Form 171, Application for Federal Employment 1 copy for Personnel and the Office of Security and Safety	<input type="checkbox"/>	<input type="checkbox"/>
(3) Standard Form 181, Race and National Origin Identification	<input type="checkbox"/>	<input type="checkbox"/>
(4) Senate Public Financial Disclosure Report	<input type="checkbox"/>	
(5) GAO Form 310, Statement of Employment and Financial Interest	<input type="checkbox"/>	<input type="checkbox"/>
(6) GAO Form 311, Statement of Employment and Financial Interest for Special Government Employees Expected to Perform Services for Less Than 60 Days in a Calendar Year	<input type="checkbox"/>	<input type="checkbox"/>
(7) GAO Form 367, Appointment Affidavit	<input type="checkbox"/>	<input type="checkbox"/>
(8) INS Form I-9, Employment Eligibility Statement	<input type="checkbox"/>	
(9) P-239, Pre-Appointment Certification for Selective Service Registration	<input type="checkbox"/>	<input type="checkbox"/>
(10) DD-214, Military Discharge Form (only from military retirees)	<input type="checkbox"/>	<input type="checkbox"/>
(11) Annuity Statement (if Civil Service retiree)	<input type="checkbox"/>	
(12) W-4, Employee's Withholding Allowance	<input type="checkbox"/>	
(13) State Tax Withholding Form (Check one.)		
(a) District of Columbia Form D-4	<input type="checkbox"/>	
(b) Maryland Form MW507	<input type="checkbox"/>	
(c) Virginia Form VA-4	<input type="checkbox"/>	
(d) Other State's Withholding Form	<input type="checkbox"/>	
(e) Statement that State of Residence Does Not Have Income Tax	<input type="checkbox"/>	
(f) Form/Statement Requesting that State Income Tax Not be Withheld	<input type="checkbox"/>	
(14) Payment Designation Form		
(a) AD Form 349, Declaration Sheet	<input type="checkbox"/>	
(b) Standard Form 1199A, Direct Deposit Sign-Up Form	<input type="checkbox"/>	

Note: If prospective expert/consultant is to be compensated and the resume (or SF-171) does not contain information on current salary and earnings from performing expert/consultant services, the following is to be provided on the Expert/Consultant Request Form: (1) current salary and (2) earnings from performing expert/consultant services for each of the 3 years prior to the request for appointment.



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United States General Accounting Office

Pre-Employment Reference Check for Experts and Consultants

Name of Prospective Expert/Consultant	Name and Title of Reference
Reference's Agency/Organization	Date of Reference Check

Part 1. Please answer all questions in this section

- 1 Would you recommend the applicant for employment?  Yes  No  ?  
If no, please explain
- 2 To your knowledge, does this person have the knowledge, skills and abilities to perform the job for which he/she is being considered?  Yes  No  ?
- 3 Does this person communicate well orally?  Yes  No  ?
- 4 Does this person communicate well in writing?  Yes  No  ?
- 5 Does this person get along well with others?  Yes  No  ?
- 6. What are this person's major strengths?

Weaknesses?

Additional comments relating to this person's suitability for this position:

Part II. Please answer the following questions in addition to those above if the applicant was supervised by or worked with you.

- 1. What was this person's last job title and what were the major duties of the position?
- 2. What were this person's dates of employment and final salary? \_\_\_\_\_
- 3. If applicable, what was this person's reason for leaving? \_\_\_\_\_
- 4. Would you rehire this person?  Yes  No  ?  
If no, please explain

Signature and Title of Person Doing Reference Check	Date of Signature
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GAO

United States General Accounting Office  
Expert/Consultant  
Request Form

**Instructions:** To appoint an expert or consultant not already employed in your division/office, complete all items. However, items 2, 3, 4, 5, 6, 14, and 15 may be omitted if this information is contained in the proposed employee's resume or SF 171, Application for Federal Employment. To renew an appointment, complete items 1, 7, 9, 10, 11, and 12.

1. Name of Proposed Employee (last, first, middle initial)

2. Social Security Number

3. Date of Birth

4. Veteran Preference Claimed:  None  5 Points  10 Points—Disability  
 10 Points—Compensable  10 Points—30% Compensable  10 Points—Other

5. Retirement Status:  Civil Service Retiree  Military Retiree—Officer  Military Retiree—Nonofficer

6. Citizenship of Proposed Employee

7. Division/Office

8. Proposed Effective Date

9. Anticipated Number of Workdays During Year:  30 days or less  31-59 days  60-130 days

10. Person From Whom Proposed Employee Will Receive Assignments

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

11. Describe the duties to be assigned to proposed employee, including specific job titles and job codes, if appropriate. If request is for renewal and the duties, the job titles, and the job codes will remain the same, indicate "no change"

12. Explain why the duties cannot be performed by other GAO employees.

13. Minimum Hourly Pay Rate Acceptable to Proposed Employee: \_\_\_\_\_

14. List proposed employee's salary during each of the past 3 years (excluding earnings as expert or consultant).

a. 19 _____	_____	b. 19 _____	_____	c. 19 _____	_____
	Salary		Salary		Salary

15. Provide proposed employee's earnings as expert or consultant during the past 3 years (for each employer, list number of days worked, and hourly pay rate or total pay)

a. 19 _____	_____	_____	b. 19 _____	_____	_____	c. 19 _____	_____	_____
	Days Worked	Pay		Days Worked	Pay		Days Worked	Pay

16. Signature and Title of Requester	17. Division/Office	18. Date
--------------------------------------	---------------------	----------

GAO FORM 159 (4/87)  
(See instructions on reverse side)

U.S. GENERAL ACCOUNTING OFFICE  
TID COMPUTER SEARCH LOG

Page \_\_\_ of \_\_\_ OPR-OLS

RECORD SEARCHES FOR: #DIALOG, #SUC, #BRS, #LEIS/NEIS, #VUTEIT, #BHS, GE/GAO, SCORPIO \*Indicates missing data needed by DLS

REGIONAL OFFICE		SEARCHER		MONTH/YEAR			
#DATE	#SYSTEM	#FILES	#TIME (if provided)	#ELAPSED TIME (if provided)	#PRINTS ONLINE	#GENERAL TOPIC OFFLINE	#COMMENTS/REQUESTOR/JOB CODE
			ON	OFF			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

PROCEDURES FOR USING THE COMPUTER SEARCH LOG  
TO REPORT REGIONAL ON-LINE SEARCH ACTIVITY

1. Usage must be reported for DIALOG, BRS, SDC, VUTEXT, LEXIS/NEXIS and DMS. You will be asked to report usage for other systems for which OLS handles the invoicing, such as WILSONLINE, as they become available. OLS would like usage data for SCORPIO and GE/GAO databases.
2. For searches of Mead Data Central files, indicate either LEXIS or NEXIS usage in the System column.
3. List all files searched for each system for each search session. Give either lapsed time or time logged on and off, whichever is system provided for the whole session, rather than for each file. For DIALOG, time logged on and off is preferred.
4. Record online/offline prints for DIALOG and BRS only when appropriate, i.e., when there is a charge for prints of either type. Record offline prints for Mead if you use this capability.
5. A brief job title will suffice for the General Topic column.
6. Use the Comments... column as you see fit to meet additional information gathering needs in your region.
7. Forward completed Computer Search Logs to the Manager, Technical Library, Office of Library Services, within 5 working days of the end of the month.

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**GAO**

**United States General Accounting Office**

**Testimony**

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**GAO Form 160 (12/87)**



**Followup Survey**

Dear Recipient:

GAO is trying to update and correct its document distribution. In August 1987 we sent you a survey form to verify our mailing lists. As of today, we have not received your response.

The attached card shows your mailing address and a list of GAO publication(s) you now receive. Please correct your address if necessary, and cross out all publication(s) you no longer wish to receive.

Please separate and return the card addressed to us by November 30, 1987. If we do not receive your response by then, we will remove your name from our mailing lists. Thank you for your help.

Office of Publishing and Communications.

GAO Form 163(9-87)

PDD Survey  
Official Business  
Penalty for Private Use \$300

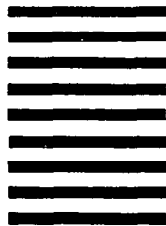


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POSTAGE & FEES PAID  
GAO  
Permit No. G-100

99916159 M/001  
U. S. GAO Regional Office  
Raleigh Sublocation  
P. O. Box 28165  
RALEIGH NC 27611

*SAMPLE  
(Back of form)*

# 9

99916159  
Please Confirm Address-  
If Correct Check Here: \_\_\_\_\_

If Incorrect Supply Correct Information:

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-----  
-----  
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-----

Your Name Appears On The Following  
Distribution List(s):

- 0041 GAO Code XR
- 0037 GAO Code R-2
- 0070 Testimonies
- 0069 GAO Review
- 0047 Congressional Record
- 0327 CFR, Title 1
- 0329 CFR, Title 3
- 0328 CFR, Title 2
- 0332 CFR, Title 6
- 0331 CFR, Title 5
- 0330 CFR, Title 4
- 0333 CFR, Title 7
- 0335 CFR, Title 9
- 0334 CFR, Title 8
- 0338 CFR, Title 12

*SAMPLE  
(Back of form)*

Please Delete My Name From The List(s)  
I Have Crossed Out.  
Keep My Name On All Lists(s) \_\_\_\_\_

Control No. \_\_\_\_\_

Copy No. \_\_\_\_\_

# TOP SECRET

Special Restrictions: \_\_\_\_\_

"National Security Information"  
Unauthorized Disclosure Subject to Criminal Sanctions.

(This cover sheet is unclassified.)

# TOP SECRET

OPR-OSS

(GAO Form 165)

Control No.  
Copy No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Control No. \_\_\_\_\_

Copy No. \_\_\_\_\_

# SECRET

Special Restrictions: \_\_\_\_\_

"National Security Information"  
Unauthorized Disclosure Subject to Criminal Sanctions.

(This cover sheet is unclassified.)

# SECRET

OPR:OSS

(GAO Form 166)

Control No. \_\_\_\_\_  
Copy No. \_\_\_\_\_

Control No. \_\_\_\_\_  
Copy No. \_\_\_\_\_

# CONFIDENTIAL

Special Restrictions: \_\_\_\_\_

"National Security Information"  
Unauthorized Disclosure Subject to Criminal Sanctions.

(This cover sheet is unclassified.)

# CONFIDENTIAL

OPR-OSS

(GAO Form 167)

Control No. \_\_\_\_\_  
Copy No. \_\_\_\_\_

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# Knowledge, Skills, and Abilities Supplement

Name (Last, First, Middle Initial)

**Part I**

For each of the following four elements, provide both of the following:

Select the one description (a, b, or c) that best describes your abilities (checking more than one box for each element or neglecting to check a box will disqualify your answer for that element)

Tell where you learned or developed these abilities (i.e., indicate course name and/or work experience, as referenced in block 20 of GAO Form 129.)

**Element 1. Analytical and Logical Reasoning**

- A.  Research and analyze data using own judgment to determine methods, discern relationships, and reach conclusions (e.g., prepare case studies or perform reviews of programs using concepts, theories, principles, standards, and practices of accounting, auditing, and financial reporting).

\_\_\_\_\_  
\_\_\_\_\_

- B.  Review and summarize information (e.g., prepare/edit reports, college-level term papers, business letters, memos, or statistical material or analyze and administer budget for social, charitable, or student organization).

\_\_\_\_\_  
\_\_\_\_\_

- C.  Review line items/articles or reports for accuracy and compliance with established guidelines (e.g., review vouchers, text, computerized data, budgets, or reports using prescribed guidelines).

\_\_\_\_\_  
\_\_\_\_\_

**Element 2. Written Communication**

- A.  Prepare written products that summarize narrative information from a wide variety of sources in a style and format appropriate for technical and nontechnical audiences (e.g., write or edit research papers, business reports, business case studies, or articles for a technical/professional newsletter, journal, or magazine).

\_\_\_\_\_  
\_\_\_\_\_

- B.  Prepare written products that summarize information to inform or explain (e.g., write correspondence, reports, papers for college courses, or articles published by a school or other organization).

\_\_\_\_\_  
\_\_\_\_\_

- C.  Prepare written products using basic written communication skills (e.g., insert information into prepared letters or statistical forms).

\_\_\_\_\_  
\_\_\_\_\_

OPR: OR

GAO Form 169 (Rev. 8/88)

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**Element 3. Interpersonal Relations and Teamwork**

- A.  Work with and direct other people to achieve a planned objective (e.g., plan and organize a project; serve as club, class, student government, or professional organization officer; or serve as a team leader).

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- B.  Deal with people to exchange information (e.g., share information with students or exchange information with coworkers to accomplish duties).

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**Element 4. Interviewing and Oral Communication**

- A.  Make oral presentations (including fielding questions) to inform others and conduct structured/unstructured interviews to elicit information from sometimes uncooperative subjects (e.g., interview subject matter experts to gather information for a case study or assignment, serve as a classroom instructor or a dorm counselor, or speak to community groups to support public relations).

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- B.  Use basic oral communication skills (e.g., work as a sales clerk, receptionist, or bank teller).

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United States General Accounting Office

GAO

# Grade-Point Average Computation Worksheet

Overall					Last 2 Years						
Grade	Sem. or qtr. hrs.	x	Factor	=	Quality points	Grade	Sem. or qtr. hrs.	x	Factor	=	Quality points
A	_____	x	4	=	_____	A	_____	x	4	=	_____
B	_____	x	3	=	_____	B	_____	x	3	=	_____
C	_____	x	2	=	_____	C	_____	x	2	=	_____
D	_____	x	1	=	_____	D	_____	x	1	=	_____
E/F	_____	x	0	=	_____	E/F	_____	x	0	=	_____
Total	_____				_____	Total	_____				_____
Total quality points		Total semester or quarter hours		=	Overall GPA	Total quality points		Total semester or quarter hours		=	GPA for last 2 years
_____		_____		=	_____	_____		_____		=	_____

Quarter-to-Semester-Hour Conversion

Grade	Quarter hours	x	Conversion factor	=	Total semester hours
A	_____	x	.666	=	_____
B	_____	x	.666	=	_____
C	_____	x	.666	=	_____
D	_____	x	.666	=	_____
E/F	_____	x	.666	=	_____

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United States General Accounting Office

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GAO

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Printed copies of this document will be available shortly.

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GAO Form 171 (12/87)



United States General Accounting Office

GAO

Leave Transfer Program  
Recipient Application

**Instructions to the Applicant:** Use this form to apply to be a leave recipient under Public Law 100-566. Provide on this form a brief description of the nature and the severity of the medical emergency and attach the appropriate documentation of the medical emergency: a physician's or other appropriate practitioner's certificate, the medical prognosis, and anticipated duration of the condition. After completing this form, forward it through your supervisor to the office designated to approve leave recipients. Approval as a leave recipient does not guarantee that leave will be donated. Donor employees will designate the recipients of their leave.

**For Personnel Use Only**

Date Received      /      /       
Case Number                       
Effective Pay                       
Period Number                     

**Part A. Application and Certification (to be completed by applicant or applicant's personal representative)**

1. Name (last, first, middle initial)		2. Social Security No.		3. Position Title	
4. Pay Plan and Grade/Band		5. Division/Office (Include sublocation, if applicable.)		6. Telephone Nos. Office <u>    </u> Home ( <u>    </u> )	
7. Name of Timekeeper		8. Division/Office Address		9. Timekeeper's Telephone No.	
10. T & A Contact Point No.		13. Leave Information (pay period ending date) <u>    </u> / <u>    </u> / <u>    </u>			
11. Amount of Donated Leave Hours Requested <u>                    </u>		a. Current Annual Leave Balance (in hours) <u>                    </u>		d. Advanced Annual Leave Hours to Date <u>                    </u>	
12. How is transferred leave to be applied? (Check one.)		b. Current Sick Leave Balance (in hours) <u>                    </u>		e. Advanced Sick Leave Hours to Date <u>                    </u>	
<input type="checkbox"/> Current Annual Leave <input type="checkbox"/> Current Sick Leave <input type="checkbox"/> Advance Annual Leave <input type="checkbox"/> Advance Sick Leave <input type="checkbox"/> Leave Without Pay (LWOP)		c. LWOP Hours Used in Conjunction With This Emergency <u>                    </u>		f. Annual Leave Category per Pay Period <u>                    </u>	
14. Type of Medical Emergency (Check one.)		15. Anticipated or Actual Duration of Medical Emergency (if known)		16. Date(s) Leave Exhausted	
<input type="checkbox"/> Personal <input type="checkbox"/> Family		a. Beginning Date <u>    </u> / <u>    </u> / <u>    </u>		a. Annual Leave <u>    </u> / <u>    </u> / <u>    </u>	
		b. Ending Date <u>    </u> / <u>    </u> / <u>    </u>		b. Sick Leave (if applicable) <u>    </u> / <u>    </u> / <u>    </u>	
17. Brief Description of Medical Emergency (Print or type.)					

**Privacy Act Statement**

5 U.S.C. 6311 authorizes collection of this information. Your social security number may be disclosed to leave donors for the purpose of positively identifying leave recipients so that donated leave can be credited to the proper account.

18. I agree to have my (please specify)  Need Only  Name Only  Name and Circumstances published for the purpose of receiving donations. The employee and management official(s) should agree on what information is disclosed.

19. Certification (If certifying on behalf of another employee, modify as appropriate.)

I certify that (1) I have been affected by the medical emergency described since the date indicated above, (2) I have or will have exhausted all annual leave and any available sick leave (if applicable) that could otherwise be used as of the date indicated above, and (3) I expect to be absent from duty without paid leave at least 80 hours because of this medical emergency. I further certify that I am not receiving unemployment benefits or workers' compensation benefits in connection with this medical emergency for which I am requesting transferred annual leave. I agree to notify the approving official promptly and in writing when the medical emergency no longer exists. I understand that transferred leave is available only through the end of the biweekly pay period in which the medical emergency is terminated.

20. Signature of Recipient or Personal Representative (Please specify.) <input type="checkbox"/> Recipient <input type="checkbox"/> Personal Representative	21. Date
22. Signature of Supervisor (optional)	23. Date

**Part B. Division/Office Management Review and Approval.** (Send original application to Personnel. Keep copies and related documentation in the division/office. Applicant must be notified of the decision within 10 workdays after receipt of this application.)

1. Application Approval  
 Yes  
 No  
 (State reasons for disapproval. Use remarks area if additional space is needed.)

2. Signature of Approving Official	3. Title	4. Telephone No.	5. Date
------------------------------------	----------	------------------	---------

6. Additional Remarks

GAO

United States General Accounting Office

Leave Transfer Program  
Donor Application

**Instructions:** Use this form to request the transfer of earned annual leave to an approved leave recipient under Public Law 100-566. You may not transfer leave to your immediate supervisor. You may not transfer more than one-half of the annual leave you will earn during this calendar year unless a waiver is approved. See the reverse side of this form for limits and a formula for calculating limitations. To request a waiver, attach a statement as to why your situation is unusual. After completion, forward to Personnel for processing. Note: Fill in box 11 only if donor is outside of GAO. Fill in box 18 only if recipient is outside of GAO.

**For Personnel Use Only**

Case Number \_\_\_\_\_

**Part A. Donor Application** (to be completed by donor)

1 Name of Donor (Last, First, Middle Initial)		2 Social Security Number	3 Pay Plan and Grade/Band	4 Position Title
5 Agency/Division/Office (Include sublocation, if applicable)	6 Telephone Number of Donor	7 Number of Hours to be Donated	8 Annual Leave (A.L.) Category (Check one.) 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/>	9 Current A.L. Balance _____ as of Pay Period Ending _____
10 Name of Donor's Agency Contact	11 Office Address of Donor's Agency Contact		12 Telephone Number of Agency Contact	
13 Name of Recipient	14 Pay Plan and Grade/Band of Recipient	15 Recipient's Organization (agency, division, office, etc.)		
16 Name of Recipient's Agency Contact	17 Telephone Number of Agency Contact	18 Office Address of Recipient's Agency Contact		
19 Certification of Voluntary Donation I certify that I am making this donation entirely of my free will and that no attempts have been made to coerce me to donate annual leave.				
a. Signature of Donor			b. Date	

**Part B. Agency/Division/Office Review and Approval** (to be completed by management)

1 Application Approval

YES (This application meets all the criteria required for annual leave by law, regulations, and GAO policy )

Waiver Granted (Management must state justification for the waiver. Use reverse side )

Waiver Not Required

NO (State reason for disapproval, for additional space, use reverse.) \_\_\_\_\_

2 Signature of Management Official	3 Title	4 Telephone Number	5 Date
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**Privacy Act Statement**

5 U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

**Part C. Personnel** (to be completed by Personnel only)

1. Date Application Received	2. Recipient's Social Security Number	3. Number of Annual Leave Hours Transferred	4. Effective Pay Period Number
------------------------------	---------------------------------------	---	--------------------------------

5. Leave Restoration (if applicable)

a. Hours Restored \_\_\_\_\_ b. Date Restored \_\_\_\_\_ c. Effective Pay Period Number \_\_\_\_\_

**Part D. Limitations Guidelines**

If you will be employed full time with GAO for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave-earning category,
- 78 hours for employees in the 6-hour leave-earning category, or
- 104 hours for employees in the 8-hour leave-earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

• Limit for part-time employee =  $13 \times \frac{\text{Duty hours in pay period}}{80} \times \text{leave-earning category}$

• Limit for part-year employee =  $\frac{\text{Number of pay periods to be worked}}{2} \times \text{leave-earning category}$

Space for Additional Remarks

United States General Accounting Office

GAO

Performance Appraisal for  
Band III Employees

1. Name	2. Position Title	3. Division/Office/Region
4. Rating Period From:                      To:	5. Date(s) Expectations Set	6. Date(s) of Progress Review

Part I. Description of Work/Duties/Responsibilities/Expectations:

Part II. Major Results/Accomplishments Achieved:

Part III. Assessment of Dimensions:

Job Dimensions	No Basis for Evaluation	Unacceptable	Needs Improvement	Fully Successful	Exceeds Fully Successful	Outstanding
Planning						
Project Implementation						
Communications						
Interunit & External Relations						
Performance Management/ Working Relationships						
Organization Management						
Other (Specify.)						

**Part IV. Supervisor's Assessment of Performance: (optional)**

**Part V. Basis for Ratings Below Fully Successful: (Additional pages/documentation may be needed.)**

**Part VI. Signatures**

Name (typed)	Band	Signature	Unit	Date
Rater _____	_____	_____	_____	_____
Reviewer _____	_____	_____	_____	_____
Ratee _____	_____	_____	_____	_____

The signature of the rater and ratee indicate that the appraisal has been discussed and the ratee was counseled on his/her performance. By signing, the ratee does not necessarily indicate agreement with the appraisal.

**Part VII. Ratee Comments (optional): Additional pages may be added.**

GAO FORM 176 (REV. 5-75)  
PREVIOUS EDITIONS ARE OBSOLETE

U.S. GENERAL ACCOUNTING OFFICE

**TRAVEL ORDER**

1 NAME, HOME ADDRESS	3 DIVISION CHARGED TO/RA/SA	5 OFFICE LOCATION (BLDG, ROOM, & PHONE)	6 TRAVEL ORDER NO
	4 HOME DIVISION/OFFICIAL STATION		7 DATE
2 EMPLOYEE I. D NUMBER			

You are authorized to travel as indicated below, and incur necessary expenses in accordance with Standardized Government Travel Regulations (FPMR 101-7) and GAO Order 0300.1

8 BEGIN ABOUT	9 END ABOUT	10 PURPOSE OF TRAVEL (include job codes)
11 ITINERARY FROM: TO :		

12 MODE OF TRAVEL (indicate approved method)

<input type="checkbox"/> COMMON CARRIER	<input type="checkbox"/> DOES NOT EXCEED COST OF TRAVEL ON COMMON CARRIER
<input type="checkbox"/> PRIVATELY OWNED VEHICLE AT RATE OF _____ ¢ PER MILE SINCE SUCH MODE IS ADVANTAGEOUS TO THE GOV'T	<input type="checkbox"/> GOV'T OWNED VEHICLE
<input type="checkbox"/> PRIVATELY OWNED VEHICLE AT RATE OF _____ ¢ PER MILE PROVIDED TOTAL COST TO THE GOV'T INCLUDING PER DIEM.	<input type="checkbox"/> LEASED MOTOR VEHICLE THROUGH GOV'T OR COMMERCIAL RENTAL AGENCY
	<input type="checkbox"/> OTHER (Explain in Remarks Section)

13 PER DIEM ALLOWANCE <input type="checkbox"/> IN ACCORDANCE WITH GAO ORDER 0300 1 <input type="checkbox"/> ACTUAL SUBSISTENCE TO HIGH COST AREA --- NOT TO EXCEED _____ PER DAY <input type="checkbox"/> ACTUAL SUBSISTENCE NOT TO EXCEED _____ PER DAY (APPROVAL REQUIRED BELOW)	14 ESTIMATED COSTS		
	PER DIEM	\$	
	TRANSPORTATION	\$	
	OTHER	\$	
15 TRAVEL ADVANCE APPLICATION BALANCE DUE U S FROM PREVIOUS ADVANCE(S)	\$	TOTAL	\$
AMOUNT ON THIS APPLICATION	\$		
TOTAL	\$	TOTAL	\$

DATE AND TIME ADVANCE IS REQUIRED

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MAIL ADVANCE TO ADDRESS IN ITEM 1

FORWARD ADVANCE TO ADDRESS IN ITEM 5

MAIL ADVANCE TO BANK ACCOUNT (include Bank Name Address, and Account No in Block 17)

WILL PICK UP ADVANCE AT TRAVEL SERVICES

ADVANCE REQUESTED BY (Signature) \_\_\_\_\_

RECEIVED ADVANCE IN CASH \$ \_\_\_\_\_

(Date) \_\_\_\_\_ (Signature) \_\_\_\_\_

16 TRANSFER OF STATION AUTHORIZATIONS

TRANSPORTATION EXPENSES OF IMMEDIATE FAMILY (INCLUDE RELATIONSHIP AND CHILDREN'S AGES)

TRANSPORTATION EXPENSES OF HOUSEHOLD GOODS AND PERSONAL EFFECTS COMMUTED IN ACCORDANCE WITH GSA BULLETIN FPMR A 2 (INCLUDE ESTIMATED COST WEIGHT AND UNIT COST)

SALE OF RESIDENCE AT OLD DUTY STATION

PURCHASE OF RESIDENCE AT NEW DUTY STATION

TEMPORARY QUARTERS NOT TO EXCEED \_\_\_\_\_ DAYS

HOUSE HUNTING TRIP

SETTLEMENT OF UNEXPIRED LEASE

OTHER (ITEMIZE BELOW)

17 SPECIAL AUTHORIZATIONS, REMARKS OR CONTINUATION OF ITEMS 1 THRU 16

18 PRELIMINARY APPROVAL(S)	19 ACTUAL SUBSISTENCE APPROVED BY (Signature)
21 FINAL TRAVEL ORDER APPROVAL (Name, title, Div)	

United States General Accounting Office

GAO

Job Interest System Supplement

In addition to the positions announced in this booklet, GAO occasionally hires budget analysts, computer programmer analysts, management analysts, and personnel specialists. These are internal management positions that provide support to GAO. If you wish to be considered for these positions, please complete the form below. As positions become available, you will receive additional information.

Job Interest Request

1 Name (Last, first, middle initial)		(check one) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/>	2 Social security number
3 Address (street, City, state, and zip code)			
4 Position(s) interested in being considered for			5 Minimum grade or salary acceptable
<input type="checkbox"/> Budget analyst	<input type="checkbox"/> Computer programmer analyst		
<input type="checkbox"/> Management analyst	<input type="checkbox"/> Personnel specialist		

The U.S. General Accounting Office is authorized to solicit your social security number under provisions of Executive Order 9397 (November 22, 1943). This information is used to relate this form with other records that you file with GAO.



United States General Accounting Office

**GAO**

**Competitive Examination  
Program (GS-7 and GS-9)  
Evaluator, Accountant, Computer  
Scientist, Writer-Editor**

<b>1. Applicant's Name and Complete Mailing Address</b>		<b>2. Vacancy Identification</b>		
(Last, First, Middle Initial) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		Notice No.	Location (1)	Location (2)
		Social Security Number		Grade
<b>3. Rating Review</b>		<b>4. Ranking Process</b>		
<input type="checkbox"/> You are tentatively qualified for this position, and your application has been forwarded for further evaluation. <input type="checkbox"/> You are not qualified for this position <input type="checkbox"/> You lack education/experience. <input type="checkbox"/> _____ <input type="checkbox"/> Your application could not receive further consideration. <input type="checkbox"/> Application package was incomplete <input type="checkbox"/> Application was received after the closing date.		<input type="checkbox"/> You were ranked among the well qualified Your application has been forwarded to the selection official for further consideration.  <input type="checkbox"/> You were not ranked among the well qualified Your application will not be considered further for this vacancy.		
Signature	Date	Signature	Date	
<b>5. Rating Composite for GAO positions: (GS-7/9)</b>				
<ul style="list-style-type: none"> <li>• Analytical and logical reasoning</li> <li>• Written communications</li> <li>• Interpersonal relations and teamwork</li> <li>• Interviewing and oral communications</li> </ul>		(5.3,1)	_____	
		(5.3,1)	_____	
		(3,1)	_____	
		(3,1)	_____	
Degree in Skills Mix				
<ul style="list-style-type: none"> <li>• Accounting, Business, Computer Science, Engineering, Public Administration* Journalism/Communications, Law, or Social Sciences* (*see back of form)</li> </ul>		(6.4,2.0)	_____	
Doctorate-6, Masters-4, Bachelors-2, Non-Skills Mix degree/No degree-0				
Overall GPA for Undergraduate Degree Earned				
2.89 or below (0)		3.26-3.49 (4)		
2.90-3.25 (2)		3.50 or above (6)		(6.4,2.0) _____
Initial Rating		_____		
Transmuted Score		_____		
Veteran Preference		_____		
<b>Total</b>		_____		

GAO Form P-178 (Rev. 9/88)

GAO

United States General Accounting Office

# Qualification Supplement for Writer-Editor Applicants

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 Name (Last, First, Middle initial)
 

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**Part I**

You qualify for a writer-editor position on the basis of education and/or experience. All graduate education mentioned below refers to your having a major in journalism, creative writing, literature, or a major in a directly related curriculum. Two full years of graduate education is equal to a master's degree. Experience gained concurrently with college education is not usually qualifying experience. General experience must demonstrate your ability to analyze data and present the pertinent facts in written form. Specialized experience must demonstrate your ability to write or edit material that meets the requirements of a publication and is designed for a variety of audiences. One year of the specialized experience must be comparable in difficulty to work at the next lower grade level in the federal government. Place an "X" in the one box below that best reflects how you qualify for the grade level for which you are applying. If you check item A in this part, you must complete Part II.

- A.  Bachelor's degree attained with superior academic achievement (GS-7) (See Part II.)
- B.  1 full year of graduate education (GS-7)
- C.  Master's degree (GS-9)
- D.  Bachelor's degree plus the amount of specialized experience indicated in one of the circles below:
- 1 year (GS-7)
  - 2 years (GS-9)
  - 3 years (GS-11)
- E.  1 full year of graduate education plus the amount of specialized experience indicated in one of the circles below:
- 1 year (GS-9)
  - 2 years (GS-11)
- F.  Master's degree plus 1 year of specialized experience (GS-11)
- G.  3 years of general experience plus the amount of specialized experience indicated in one of the circles below:
- 1 year (GS-7)
  - 2 years (GS-9)
  - 3 years (GS-11)

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**Part II**

Place an "X" in the one box below that best applies to you, if item A of Part I was checked. When qualifying on the basis of undergraduate superior academic achievement, you must meet one of the requirements listed below. All grade-point averages are based on a 4.0 scale. GPAs cannot be rounded upward. For example, a 2.89 is not qualifying under superior academic achievement as a 2.9.

- A.  GPA of 2.9 for all courses completed at time of application
- B.  GPA of 2.9 for all courses completed during the last 2 years of study
- C.  GPA of 3.5 in my major field at time of application
- D.  GPA of 3.5 in my major field during the last 2 years of study
- E.  Standing in the upper third of my class or major subdivision of my college or university at time of application
- F.  Membership in one of the national scholastic societies that meets the requirements of the Association of College Honor Societies

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 OPR: OR

GAO Form 180

GAO

United States General Accounting Office

# Qualification Supplement for Accountant Applicants

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**Name (last, first, middle initial)**


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**Part I**

You qualify for an accountant position by meeting one of the following basic requirements. Place an "X" in the one box below that best reflects how you qualify.

- A.  Bachelor's degree with an accounting major.
- B.  Bachelor's degree, in any curriculum, that included or was supplemented by 24 semester hours in accounting.
- C.  Four years of accounting experience or a combination of experience, training, and college-level education (all in accounting) that total 4 years plus 24 semester hours in accounting subjects or a Certified Public Accountant or Certified Internal Auditor certificate.

**Part II**

In addition to meeting one of the basic requirements, you qualify for an accountant position on the basis of education and/or experience. All education mentioned below refers to your having an accounting major or a major in a directly related curriculum, such as business administration, finance, or management. Two full years of graduate education is equal to a master's degree. Experience gained concurrently with college education is not usually qualifying experience. One year of the professional experience must be comparable in difficulty to work at the next lower grade level in the federal government. Place an "X" in the one box below that best reflects how you qualify for the grade level for which you are applying. If you check item A or D in this part, you must complete Part III.

- A.  Bachelor's degree attained with superior academic achievement (GS-7) (See Part III.)
- B.  1 full year of graduate education (GS-7)
- C.  Master's degree (GS-9)
- D.  Bachelor's degree attained with superior academic achievement plus 1 year of professional accounting experience (GS-9) (See Part III.)
- E.  1 full year of graduate education plus the amount of professional experience specified in one of the circles below:  
 1 year (GS-9)  
 2 years (GS-11)
- F.  Master's degree plus 1 year of professional accounting experience (GS-11)
- G.  Professional accounting experience specified in one of the circles below.  
 1 year (GS-7)  
 2 years (GS-9)  
 3 years (GS-11)

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 OPR: OR

GAO Form 181

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**Part III**

Place an "X" in the one box below that applies to you, if item A or D of Part II was checked. When qualifying on the basis of undergraduate superior academic achievement, you must meet one of the requirements listed below. All grade-point averages are based on a 4.0 scale. GPAs cannot be rounded upward. For example, a 2.89 is not qualifying under superior academic achievement as a 2.9

- A.  GPA of 2.9 for all courses completed at time of application
- B.  GPA of 2.9 for all courses completed during the last 2 years of study
- C.  GPA of 3.5 in my major field at time of application
- D.  GPA of 3.5 in my major field during the last 2 years of study
- E.  Standing in the upper third of my class or major subdivision of my college or university at time of application
- F.  Membership in one of the national scholastic societies that meets the requirements of the Association of College Honor Societies

GAO

United States General Accounting Office

Qualification Supplement for Evaluator Applicants

Name (last, first, middle initial)

Part I

You qualify for an evaluator position on the basis of education and/or experience. Two full years of graduate education is equal to a master's degree. Experience gained concurrently with college education is not usually qualifying experience. One year of the professional experience must be comparable in difficulty to work at the next lower grade level in the federal government. Professional experience must demonstrate your ability in the areas of analytical and logical reasoning, written communication, interpersonal relations and teamwork, and interviewing and oral communications. Place an "X" in the one box below that best reflects how you qualify for the grade level for which you are applying. If you check item A in this part, you must complete Part II

- A. Bachelor's degree attained with superior academic achievement (GS-7) (See Part II.)
B. 1 full year of graduate education (GS-7)
C. Master's degree (GS-9)
D. Bachelor's degree plus the amount of professional experience specified in one of the circles below:
E. 1 full year of graduate education plus the amount of professional experience specified in one of the circles below:
F. Master's degree plus 1 year of professional experience (GS-11)
G. 4 years of experience that demonstrates the ability to perform duties typical of those performed by GAO evaluators plus the amount of professional experience specified in one of the circles below:

Part II

Place an "X" in the one box below that best applies to you, if item A of Part I was checked. When qualifying on the basis of undergraduate superior academic achievement, you must meet one of the requirements listed below. All grade-point averages are based on a 4.0 scale. GPAs cannot be rounded upward. For example, a 2.89 is not qualifying under superior academic achievement as a 2.9

- A. GPA of 2.9 for all courses completed at time of application
B. GPA of 2.9 for all courses completed during the last 2 years of study
C. GPA of 3.5 in my major field at time of application
D. GPA of 3.5 in my major field during the last 2 years of study
E. Standing in the upper third of my class or major subdivision of my college or university at time of application
F. Membership in one of the national scholastic societies that meets the requirements of the Association of College Honor Societies

United States General Accounting Office

GAO

Qualification Supplement for  
Computer Scientist Applicants

Name (last, first, middle initial)

**Part I**

You qualify for computer scientist position by meeting the following basic requirement. Place an "X" in the box below to indicate you meet this requirement.

- Bachelor's degree that included or was supplemented by 30 semester hours of computer science, mathematics, and statistics course work (No more than two programming courses were included in the 30 semester hours. At least 15 of these 30 semester hours were in a combination of statistics and mathematics that included differential and integral calculus.)

**Part II**

In addition to meeting the basic requirement, you qualify for a computer scientist position on the basis of education and/or experience. All academic majors and experience must be in computer science or in a directly related curriculum or field, such as mathematics, engineering, statistics, or physics. Two full years of graduate education is equal to a master's degree. Experience gained concurrently with college education is not usually qualifying experience. One year of the professional experience must be comparable in difficulty to work at the next lower grade level in the federal government. Place an "X" in the one box below that best reflects how you qualify for the grade level for which you are applying. If you check item A or E in this part, you must complete Part III.

- A.  Bachelor's degree attained with superior academic achievement (GS-7) (See Part III.)
- B.  1 full year of graduate education (GS-7)
- C.  Master's degree (GS-9)
- D.  Doctoral degree (GS-11)
- E.  Bachelor's degree attained with superior academic achievement plus 1 year of professional experience (GS-9) (See Part III.)
- F.  1 full year of graduate education plus the amount of professional experience specified in one of the circles below:
  - 1 year (GS-9)
  - 2 years (GS-11)
- G.  Master's degree plus 1 year of professional experience (GS-11)
- H.  Professional experience (Check one of the circles below.)
  - 1 year (GS-7)
  - 2 years (GS-9)
  - 3 years (GS-11)

**Part III**

When qualifying on the basis of undergraduate superior academic achievement, you must meet one of the requirements listed below. All grade-point averages are based on a 4.0 scale. GPAs cannot be rounded upward. For example, a 2.89 is not qualifying under superior academic achievement as a 2.9. Place an "X" in the box below that applies to you; if item A or E of Part II was checked.

- A.  GPA of 2.9 for all courses completed at time of application
- B.  GPA of 2.9 for all courses completed during the last 2 years of study
- C.  GPA of 3.5 in my major field at time of application
- D.  GPA of 3.5 in my major field during the last 2 years of study
- E.  Standing in the upper third of my class or major subdivision of my college or university at time of application
- F.  Membership in one of the national scholastic societies that meets the requirements of the Association of College Honor Societies

United States General Accounting Office

GAO

Statement of GAGAS  
Determinations and Related  
Certifications

<b>Job Code</b>	<b>Job Title</b>
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**Financial and Performance Audits**

**A. Requirements**

1. GAGAS Conformity Statement
2. Compliance with the following standards: Qualifications, Independence, Due Professional Care, Quality Control, Planning, Supervision, Evidence, and Reporting

**B. Initial and Final Decisions on Applicability of the Following Standards:**

<u>Standard</u>	<u>Initial Decision</u>	<u>Final Decision</u>
Compliance with legal and regulatory requirements		
Adequacy of internal controls		

**Other Assignments**

- A. Requirements — GAGAS Conformity Statement not required
- B. Applicability of Standards — All standards listed in A.2. above generally are applicable. Those listed in B. generally do not apply, but they could depending on assignment objectives. If applicable, so indicate. \_\_\_\_\_

**Commitment to Conform to Applicable Standards**

I accept responsibility for conducting this assignment in conformance with all applicable standards or for promptly bringing to my supervisor's attention any circumstances I become aware of that prevent or impede conformance

Evaluator-in-Charge/Site Supervisor	Date
Assistant Director/Regional Representative	Date

**Certification of Conformance**

This assignment has been conducted in conformance with all applicable GAO standards, policies, and procedures, except as discussed on the attached.

Evaluator-in-Charge/Site Supervisor	Date
Assistant Director/Regional Representative	Date
Director/Regional Manager	Date

# Guidance on Statement Preparation and Filing

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## 1. GAGAS References

Job-type definitions are included in the GAGAS publication, chapter II. Standards for financial audits are included in chapters 4 and 5. Performance audit standards are in chapters 6 and 7.

## 2. Decisions on Standards Whose Applicability Depends on Assignment Objectives

Initial determinations of the applicability of standards should be made during assignment planning. Final determinations should be recorded before the product is forwarded for signature. If a standard is determined to be inapplicable the reason for the determination should be attached to the statement.

## 3. Commitment to Conform to Applicable Standards

The commitment should be signed by staff in each performing unit upon completion of assignment planning.

## 4. Certification of Conformance

The final certification should be signed before the product is forwarded for signature. The reason for the impact on assignment objectives of any exceptions to compliance with all applicable standards should be included on an attachment to the statement.

## 5. Submission and Filing

The completed statement certified by the issue area director/regional manager should accompany the final product for signature and be filed in the master report folder. Supporting statements establishing the commitment of participating units should also be included.



GAO FORM 188 (REV. 1-77)		U.S. GENERAL ACCOUNTING OFFICE		GAO ORDER 0300.1	
<b>REQUEST FOR TRAVEL ORDER</b>					
<b>TRANSFER OF OFFICIAL STATION WITHIN CONTINENTAL UNITED STATES FOR THE CONVENIENCE OF THE GOVERNMENT</b>					
(For instructions covering entitlements, see FPMR 101-7 and GSA Bulletin FPMR A-11 and Supplements)					
NAME OF EMPLOYEE		SOCIAL SECURITY NO.	GRADE	CURRENT DIVISION/OFFICE TELEPHONE	DATE
HOME ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIP CODE)			CURRENT OFFICIAL STATION	NEW OFFICIAL STATION	
HOUSE HUNTING TRIP <input type="checkbox"/> YES <input type="checkbox"/> NO		MODE OF TRAVEL <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> POV - (LIMITED TO CONSTRUCTED COMMON CARRIER FARE)			
PROPOSED DATE _____					
IS TRANSFER OF IMMEDIATE FAMILY DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPENDENTS NAMES	AGES	RELATIONSHIP	
		_____	_____	_____	
		_____	_____	_____	
TRANSFER OF OFFICIAL STATION					
<input type="checkbox"/> EMPLOYEE WITH DEPENDENTS		<input type="checkbox"/> EMPLOYEE ONLY		<input type="checkbox"/> DEPENDENTS WITHOUT EMPLOYEE	
PROPOSED DEPARTURE DATE _____			PROPOSED DEPARTURE DATE _____		
PROPOSED ARRIVAL DATE _____			PROPOSED ARRIVAL DATE _____		
MOVEMENT OF HOUSEHOLD GOODS AND PERSONAL EFFECTS					
(ORIGIN)			(DESTINATION)		
County _____			County _____		
Estimated weight _____			Estimated weight _____		
Stairs (flight) <sup>1</sup> _____			Stairs (flight) <sup>1</sup> _____		
Elevator _____			Elevator _____		
Excess distance <sup>2</sup> _____			Excess distance <sup>2</sup> _____		
Temporary storage _____			Temporary storage _____		
WILL TRANSFER INVOLVE ANY OF THE FOLLOWING*					
					YES    NO
1. Sale of home at old official station? _____					<input type="checkbox"/>
2. Settlement of unexpired lease at old official station? _____					<input type="checkbox"/>
3. Purchase of home at new official station? _____					<input type="checkbox"/>
4. Transportation of house trailer in lieu of household goods? _____					<input type="checkbox"/>
(Furnish statement that trailer will be used as traveler's residence)					<input type="checkbox"/>
5. Temporary quarters at new official station (Estimated No. of days _____)					<input type="checkbox"/>
ADVANCE <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EMPLOYEE MUST COMPLETE STANDARD FORM 1038)					
MESSENGER PICKUP <input type="checkbox"/> MAIL CHECK <input type="checkbox"/>					
REMARKS (USE THIS SPACE TO FURNISH ADDITIONAL INFORMATION OR TO AMPLIFY STATEMENTS ABOVE.)				SIGNATURE OF EMPLOYEE	
RECOMMENDATIONS AND COMMENTS OF APPROVING OFFICIAL					
TITLE OF AUTHORIZED APPROVING OFFICIAL		SIGNATURE		DATE APPROVED	

<sup>1</sup>/EXCESS OF EIGHT STEPS.  
<sup>2</sup>/80 FEET OR FRACTION THEREOF AFTER FIRST 75 FEET.

GAO

United States General Accounting Office

# Knowledge, Skills, and Abilities Supplement (for Economists)

Name (last, first, middle)

Select the one description that best describes your abilities. (If you check more than one box for each element or neglect to check a box, your answer will be disqualified for that element.) In addition, tell where you learned or developed these abilities (i.e., indicate the course name, research, and/or work experience as shown in your application package).

## Element 1: Economic Analysis

A.  Perform research and analyze data using own judgment to determine methods, discern relationships, and reach conclusions (e.g., use such economic analysis tools as multivariate econometric techniques, economic modeling, cost-benefit analysis, input-output analysis, or economic forecasting techniques.)

B.  Perform economic analysis where other analysts provide direction and support (e.g., use basic economic and statistical concepts, such as simple linear regressions, basic price theory, or hypothesis testing).

C.  Provide assistance to others who primarily perform economic and analytical research (e.g., perform literature reviews, collect and organize data, grade papers, or enter data).

## Element 2: Written Communication

A.  Prepare written products that summarize information from a wide variety of sources in a style and a format appropriate for both technical and nontechnical audiences (e.g., write or edit research papers or articles for professional or technical publications or prepare dissertations or research reports)

B.  Review or assist in preparing reports that cover technical topics

C.  Use basic communication skills to prepare written products.

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**Knowledge, Skills, and Abilities Supplement**

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**Element 3:  
Interpersonal Relations  
and Teamwork**

A.  Work with other people to achieve a planned objective (e.g., plan and organize a major research project where you must rely on the help or the advice of others, serve as team leader for class or work projects, teach and organize classroom activities, or serve on academic or club committees)

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B.  Deal with people to exchange information (e.g., share information with students or coworkers).

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**Element 4:  
Oral Communication**

A.  Give oral presentations (including fielding questions) to groups (e.g., present papers at technical conferences or professional meetings, orally defend a research design, teach a class, or give presentations before community groups).

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B.  Use basic communication skills in a group setting (e.g., participate in classroom or professional meeting discussions or communicate economic concepts to noneconomists).

---

GAO

United States General Accounting Office

Office of Recruitment

OR-200

# Employment Application for Economists

Type or print clearly in ink.

1. Name \_\_\_\_\_  
(Last, first, middle initial)

2. Address  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Other Last Name(s) Used (for example, maiden)  
\_\_\_\_\_

4. Home Telephone (\_\_\_\_) \_\_\_\_\_

5. Business/School Telephone (\_\_\_\_) \_\_\_\_\_

6. Date Available for Employment \_\_\_\_\_

7. Social Security Number\* \_\_\_\_\_

8. Branch of Military Service \_\_\_\_\_ Grade \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_

9. Veteran Preference  
 5 pts.  10 pts. (less than 30%)  
 10 pts. (30% or more)  10 pts. (other)

10. Birthdate \_\_\_\_\_ 11. Birthplace \_\_\_\_\_

12. Education Information (For each school attended, complete all blocks to the right. Give month and year for all dates.)

	School	From	To	Major	Degree and Date	Hours Completed
a.						
b.						
c.						

13. Honors, Awards, Honor Societies, and Publications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Privacy Act Statement—Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form to other records you file with GAO.

14. May we contact your present employer regarding your character, qualifications, and employment record? A "no" will not affect your consideration for employment opportunities.  Yes  No

15. Employment Experience (If you have additional experience, attach a separate sheet or sheets.)

a. (1) Employer \_\_\_\_\_ (2) Supervisor \_\_\_\_\_ (3) Telephone No. \_\_\_\_\_  
 (4) Your Title \_\_\_\_\_ (5) Salary or Grade \$ \_\_\_\_\_ (6) Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 (7) Hours per Week \_\_\_\_\_ (8) Reason for Leaving \_\_\_\_\_  
 (9) Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. (1) Employer \_\_\_\_\_ (2) Supervisor \_\_\_\_\_ (3) Telephone No. \_\_\_\_\_  
 (4) Your Title \_\_\_\_\_ (5) Salary or Grade \$ \_\_\_\_\_ (6) Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 (7) Hours per Week \_\_\_\_\_ (8) Reason for Leaving \_\_\_\_\_  
 (9) Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Areas of Specialization (Check your primary and secondary areas of specialization and interest on the following list.)

Primary	Secondary	
<input type="checkbox"/>	<input type="checkbox"/>	Public Finance
<input type="checkbox"/>	<input type="checkbox"/>	Industrial Organization
<input type="checkbox"/>	<input type="checkbox"/>	Urban/Regional Economics
<input type="checkbox"/>	<input type="checkbox"/>	Labor Economics/Manpower
<input type="checkbox"/>	<input type="checkbox"/>	Health Economics
<input type="checkbox"/>	<input type="checkbox"/>	Education
<input type="checkbox"/>	<input type="checkbox"/>	Income Transfer/Retirement Programs
<input type="checkbox"/>	<input type="checkbox"/>	International Economics
<input type="checkbox"/>	<input type="checkbox"/>	Agricultural Economics
<input type="checkbox"/>	<input type="checkbox"/>	National Defense
<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Housing/Real Estate Finance
<input type="checkbox"/>	<input type="checkbox"/>	Financial Institutions
<input type="checkbox"/>	<input type="checkbox"/>	Forecasting/Macro
<input type="checkbox"/>	<input type="checkbox"/>	Environment/Natural Resources/Energy
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify.) _____

**17. References**

Name	Address (no. and street, city, state, and ZIP Code)	Occupation	Telephone No. (during business hours) Area Code
a.			
b.			
c.			

**Answer Items 18-21, checking the appropriate box at the right.**

18. Are you a U.S. citizen? If not, give country of which you are a citizen. ....  Yes  No

19. a. Within the last 5 years, have you been fired from any job for any reason? .....  Yes  No

b. Within the last 5 years, have you quit a job after being notified that you would be fired? .....  Yes  No

**Note:** If your answer to a or b is "yes," show on a separate sheet for each case: (1) name and address (including ZIP Code) of employer, (2) approximate date, and (3) reasons.

20. a. Have you ever been convicted or forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A "felony" is defined as any offense punishable by imprisonment for a term exceeding 1 year; it does not include any offense classified as a misdemeanor under the laws of a state and punishable by a term of imprisonment of 2 years or less.) .....  Yes  No

b. During the past 7 years, have you been convicted, imprisoned, or placed on probation or parole or have you forfeited collateral or are you now under charges for any offense against the law not included in a above? ....  Yes  No

If your answer is "yes" to a or b, show on a separate sheet for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

**Note:** When answering a and b above, you may omit (1) traffic fines for which you paid a fine of \$50 or less, (2) any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or a similar state authority.

A conviction or a firing does not necessarily mean you will not be appointed. The nature of the conviction or the firing and how long ago it occurred are important. Give all the facts so that an appropriate decision can be made.

21. The following two questions must be answered by all veterans:

a. While in the military service, were you ever convicted by general court-martial? If your answer is "yes," show on a separate sheet for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken. ....  Yes  No

b. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable or general by a Discharge Review Board or a similar authority.) .....  Yes  No

**Attention: This statement must be signed. Read the following paragraphs carefully before signing.**

A false answer to any question in the application may be grounds for not employing you or for dismissing you after you begin work and may be punishable by fine or imprisonment (U.S. Code, title 18, sec. 1001).

**Authority for Release of Information**

I have completed this application package with the knowledge and the understanding that any or all items contained herein may be subject to investigation prescribed by law or presidential directive, and I consent to the release of information concerning my capacity and fitness by enforcement agencies and other individuals and agencies to duly accredited investigators, personnel staffing specialists, etc., of the federal government for that purpose.

<p><b>Certification</b> I certify that all statements made by me in this application package are true, complete, and correct to the best of my knowledge and belief and are made in good faith.</p>	<p><b>Signature (Sign in ink.)</b></p>	<p><b>Date Signed</b></p>
---	--	---------------------------

United States General Accounting Office

**Applicant** OR-200

**Questionnaire  
for Economists**

(For Statistical Use Only)

**Note:** Completion of this questionnaire is voluntary. This page will be separated from your application before processing. This information is used to help ensure that GAO personnel practices meet the requirements of federal law. The information is confidential and is not a part of the selection process.

1. Name \_\_\_\_\_  
(Last, first, middle initial)

2. Social Security No.    -   -

3. Sex:  Male  
 Female

4. Race/Ethnicity:  Asian  
 Black  
 Hispanic  
 Native American  
 White

5. Physical/Mental Disability:  Yes  
 No

OPR: OR

GAO Form 191a (9/89)  
Supplement to GAO Form 191

**GAO**

United States General Accounting Office

**Competitive Examination  
Program for Economists  
GS-9, GS-11, and GS-12**

<b>1. Applicant's Name and Complete Mailing Address</b>		<b>2. Social Security Number</b>	
		<b>3. Announcement Number</b>	<b>4. Grade</b>
		OR-200	
<b>5. Rating Process</b>		<b>8. Ranking Process</b>	
<input type="checkbox"/> You are qualified for this position; your application has been forwarded for further evaluation  <input type="checkbox"/> You are not qualified for this position <input type="checkbox"/> You do not have sufficient education or experience  <input type="checkbox"/> _____  <input type="checkbox"/> Your application could not be considered <input type="checkbox"/> Application package was incomplete  <input type="checkbox"/> Application was received after the closing date		<input type="checkbox"/> You were ranked among the well qualified. Your application will be forwarded to the selecting officials for further consideration upon their request.  <input type="checkbox"/> You were not ranked among the well qualified. Your application will not be considered further for this vacancy. Your interest in GAO is appreciated.	
<b>6. Signature</b>	<b>7. Date</b>	<b>9. Signature</b>	<b>10. Date</b>

**11. Ranking**

- Analytical and logical reasoning (5, 3, 1) \_\_\_\_\_
- Written communication (5, 3, 1) \_\_\_\_\_
- Interpersonal relations and teamwork (3, 1) \_\_\_\_\_
- Interviewing and oral communication (3, 1) \_\_\_\_\_
- Degree and discipline
  - Doctorate (economics) (4) \_\_\_\_\_
  - Doctorate (other) or master's (economics) (3) \_\_\_\_\_
  - Master's (other) or bachelor's (economics) (2) \_\_\_\_\_
  - Bachelor's (other) (1) \_\_\_\_\_
  - No degree (0) \_\_\_\_\_
- Raw score \_\_\_\_\_
- Transmuted score \_\_\_\_\_
- Veteran preference \_\_\_\_\_
- Total \_\_\_\_\_

OPR: OR

GAO Form 193 (10/88)



**United States General Accounting Office**

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**GAO** **Visitor Parking Permit**

Name		Person To Be Visited		Permit Number	
Arrival Time	Room No.	Telephone No.		Permit Expires	
				Date _____	Time _____

**Statement of User:**

I certify that the information I have provided to obtain this permit is true. I understand that any falsification may result in the loss of the privilege of parking in the GAO building and other penalties may be imposed as prescribed by law under Section 1001, Chapter 47, Title 18, U.S. Code or GAO Order 0681.1

In consideration of the privilege of parking my vehicle in the GAO building, I agree and consent, as evidenced by my signature below, to allow the GAO building security guard force to search my vehicle, or any vehicle I am operating, for Government property whenever such a search is requested. I understand that if I should subsequently withdraw my consent for a vehicular search, my parking privilege will be immediately terminated.

**If I am a GAO employee, I certify that my duty station is not the GAO headquarters building**

User's Signature \_\_\_\_\_

Issued By \_\_\_\_\_

This permit is not transferable and is void if altered. Display this permit where it may be clearly seen through the vehicle windshield

Please turn in this permit to the building guards upon departure from the GAO building.

OPR:OSS

GAO Form 194 D (Rev. 9/88)





GAO

United States General Accounting Office

Application for Employment (for Student Interns)

Type or print clearly in ink.

1. Social security number

Grid for social security number

2. Announcement number and grade

OR-600, grade

3. Locations preferred

Primary Secondary

4. Periods of availability

Empty box for availability

5. Name and address

Last, first, middle; Street address; City State Zip Code

7. Birth date

Month, day, year

8. Home telephone

Area Code Number

9. Business/school telephone

Area Code Number

10. Are you willing to travel?

No; 1-5 nights per month; 6 or more nights per month

11. Work schedule desired

Full-time; Part-time; Intermittent

For official use only

Series Grade Rating E/I; 5 pts. (tent.); 10 pts. (less than 30%); 10 pts. (30% or more); 10 pts. (other); Need official transcript; SH; QH; Bachelor's; SAA; One full year of graduate education; Master's; Initials and date; Reviewer; Inel.; School; Deg.; Date; Major

12. May we contact your present employer regarding your character, qualifications, and employment record? A "no" will not affect your consideration for employment opportunities. Yes No

13. Have you ever served on active duty in the U.S. military service? (Tours of active duty for training in the reserve or in the National Guard do not qualify for veteran preference.) Yes No

14. Veteran preference 5 pts. 10 pts. (less than 30%) 10 pts. (30% or more) 10 pts. (other)

Table with 5 columns: 15. Branch of military service, Service number, Rank, From (month and year), To (month and year)

16. Did you graduate from high school? (If you have a GED high school equivalency certificate or will graduate within the next 9 months, answer "yes.") Yes No Date of graduation: Month Year

17. Educational information

Table with 6 columns: Name and location of schools attended beyond high school, Major field of study, Dates attended (month and year) From To, Type of degree or certificate, Month and year awarded, Number of completed sem./qtr. hrs.

\*Social security numbers are used to clearly identify applicants to avoid delays in processing applications. Although disclosing your social security number is voluntary, your compliance is appreciated.

OPE:OR

GAO Form 198 (11/88)

18. Honors, awards, and honor societies

--

19. List of courses and grades

Please complete this item or submit official or unofficial transcripts. List all courses you completed and expect to complete before you begin working. Do not include grades of uncompleted courses.

Undergraduate

First year		
Course title	Number of sem./qtr. hrs.	Grade

Second year		
Course title	Number of sem./qtr. hrs.	Grade

Third year		
Course title	Number of sem./qtr. hrs.	Grade

Fourth year		
Course title	Number of sem./qtr. hrs.	Grade



22. References

Name	Address (number and street, city, state, and Zip Code)	Occupation	Telephone number (during business hours)
a.			Area Code
b.			
c.			

Answer items 23-26 by placing an "X" in the appropriate box at the right.

23. Are you a U.S. citizen? If not, give country of which you are a citizen.  Yes  No

24. A. Within the last 5 years, have you been fired from any job for any reason?  Yes  No

B. Within the last 5 years, have you quit a job after being notified that you would be fired?  Yes  No

Note: If your answer to A or B is "yes," give details in item 27 below. Show the name and address (including Zip Code) of employer, approximate date, and reasons for each case.

25. A. Have you ever been convicted or forfeited collateral or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding 1 year; it does not include any offense classified as a misdemeanor under the laws of a state and punishable by a term of imprisonment of 2 years or less.)  Yes  No

B. During the past 7 years, have you been convicted, imprisoned, or placed on probation or parole or have you forfeited collateral or are you now under charges for any offense against the law not included in A above?  Yes  No

Note: When answering A and B above, you may omit (1) traffic fines for which you paid a fine of \$50 or less, (2) any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar state authority. If your answer is "yes," show in item 27 for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

A conviction or a firing does not necessarily mean you will not be appointed. The nature of the conviction or firing and how long ago it occurred are important. Give all the facts so that an appropriate decision can be made.

26. The following two questions must be answered by all veterans.

A. While in the military service, were you ever convicted by general court-martial? If your answer is "yes," show in item 27 for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.  Yes  No

B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable or general by a Discharge Review Board or similar authority.)  Yes  No

27. Narrative replies (Identify the question relating to each reply. Use additional sheets, if necessary.)

Attention: This statement must be signed. Read the following paragraphs carefully before signing.

A false answer to any question in the application may be grounds for not employing you or for dismissing you after you begin work and may be punishable by fine or imprisonment. (U.S. Code, title 18, sec. 1001)

Authority for release of information

I have completed this application package with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or presidential directive, and I consent to the release of information concerning my capacity and fitness by enforcement agencies and other individuals and agencies to duly accredited investigators, personnel staffing specialists, etc., of the federal government for that purpose.

Certification	Signature (Sign in ink.)	Date signed
I certify that all statements made by me in this application package are true, complete, and correct to the best of my knowledge and belief and are made in good faith.		

**GAO**

United States General Accounting Office

**Office of Recruitment  
Selection Certificate**

Selection Certificate Number	Number of Vacancies	Date Issued	Return Deadline	Extension Deadline
Location	Position Description			Series and Grade

Action*	Name	Interviewed		Remarks
		Yes	No	

\_\_\_\_\_ Acceptable reference checks have been completed. \_\_\_\_\_ A job offer has been made by \_\_\_\_\_

Signature of Selecting Official	Title	Date
---------------------------------	-------	------

\*Indicate "S" for those selected, "NS" for those not selected, or "D" for those who declined.



United States General Accounting Office

GAO

Approval of Foreign-Flag Carrier Usage

I certify that it was necessary for \_\_\_\_\_  
(name of traveler)

to use \_\_\_\_\_  
(foreign-flag carrier and flight number/voyage number)

between \_\_\_\_\_ and \_\_\_\_\_

enroute from \_\_\_\_\_ to \_\_\_\_\_

on \_\_\_\_\_  
(date)

It was necessary for the following reasons \_\_\_\_\_

and that this usage was in compliance with the Federal Travel Regulations, paragraph 1-3.6

Signature of Approving Official	Title and Organization	Date
---------------------------------	------------------------	------

United States General Accounting Office

GAO

Educational and Professional Certification Information

**Instructions:** New GAO employees must fill out this form so their college education and professional certification information can be entered into the personnel data base. A maximum of three education records and four professional certification records can be entered. If this information needs to be updated in the future, the employee is responsible for filling out and returning a new form. Employees should ensure that copies of degrees/certification forms are placed in their Official Personnel Folders (OPFs). This form must be signed by the employee before it is submitted.

1. Employee's Name (last, first, middle initial)	2. Social Security Number
3. Organization (division or office)	4. GAO Date of Employment (month, day, year)

**Educational Information**

5. Type of Degree (Specify master's, bachelor's, etc.)	6. Degree Major	7. Date of Degree (month/year)
8. Name of School and Campus Site (if applicable)		9. Location of School (state, country)
10. Type of Degree (Specify master's, bachelor's, etc.)	11. Degree Major	12. Date of Degree (month/year)
13. Name of School and Campus Site (if applicable)		14. Location of School (state, country)
15. Type of Degree (Specify master's, bachelor's, etc.)	16. Degree Major	17. Date of Degree (month/year)
18. Name of School and Campus Site (if applicable)		19. Location of School (state, country)

**Professional Information:** List type of certification (e.g., Certified Public Accountant or member of the Bar). In the "Remarks" section, list any other pertinent information, such as date, state, or license number.

20. Type of Certification	21. Remarks
22. Type of Certification	23. Remarks
24. Type of Certification	25. Remarks
26. Type of Certification	27. Remarks

I certify that what is stated on this form is correct.		<b>Please return this form to:</b> U.S. General Accounting Office Personnel-ASRG Attention: Room 4248, SLIB 441 G Street NW Washington, DC 20548
28. Signature of Employee		
29. Date	30. Work Telephone Number	

**Privacy Act Statement**

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this form is to collect employee educational and professional information.

OPR: Pers

OFFICIAL PERSONNEL FOLDER COPY

GAO Form 202 (Rev. 7/90)

United States General Accounting Office

GAO

Entry-Level Applicant  
Cross-Referral

Referral to

Referral from Date referred

Referred and endorsed (Interview Memorandum attached)  Referred only (no endorsement)

Candidate's name Series and grade Social security number

University Major GPA

Comments on job-related characteristics

Has the referring official held a second interview?  Yes  No

Is the applicant still under consideration by the referring unit?  Yes  No

Referring official Telephone number

Selecting official Offer  
 Yes and accepted  
 Yes and declined  
 No

Distribution directions (Refer to only one unit.)

Referring unit:

Send the original, copy 1, and the application to the receiving unit. Send copy 2 to the Office of Recruitment. Retain copy 3.

Receiving unit:

Send tear-off receipt back to the referring unit. Send copy 1 to the Office of Recruitment to indicate the selection decision.

Office of Recruitment:

Notify the Campus Executive when the referral is made. Notify Campus Executive when a selection is made.

Receipt of referral package

To referring unit

Date package received

United States General Accounting Office

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**GAO** **Temporary Parking Permit**

1. Building	2. Time Zone	3. Permit Number	4. Auto Tag Number
G.A.O.			5. Telephone Number
	6. Name		

# TEMPORARY

7. Expiration Date	8. Approved by:	9. Date
--------------------	-----------------	---------

GAO

United States General Accounting Office  
**Announcement Number**  
**OR-100 (GS-11)**

**1. Applicant and Vacancy Information**

Name (last, first, middle initial) and Address  <div style="border: 1px solid black; width: 250px; height: 50px;"></div>	Social Security Number	Series/Grade
	Location (1)	Location (2)

**2. Rating Review**

- Your application has been reviewed and forwarded for further evaluation. GAO should have a final decision within 90 days of the closing date of this announcement.
- Your application could not receive further consideration.
  - Application package was incomplete.
  - Application was received after the closing date.
  - You lack creditable education/experience.
  - \_\_\_\_\_

Signature	Date
-----------	------

**3. Rating Composite**

<b>Job Elements</b>		
Analytical and logical reasoning	(5,3,1)	_____
Written communication	(5,3,1)	_____
Interpersonal relations and teamwork	(3,1)	_____
Interviewing and oral communication	(3,1)	_____

<b>Degree in Skills Mix</b>		
Accounting, Business, Computer Science, Engineering, Public Administration,* Journalism/Communications, Law, or Social Sciences*	(3,2,1,0)	_____
*See back of form.		
Doctorate = 3, Masters = 2, Bachelors = 1, Nonskills Mix Degree/No Degree = 0		

Initial Rating	_____
Transmuted Score	_____
Veteran Preference	_____
Total	_____

GAO

United States General Accounting Office

# Expectation-Setting Checklist

**Instructions:** The rater and ratee are encouraged to use this list as a guide during the expectation-setting session. As you discuss each point, check it off. At the end of the session, review the list to make sure that all important issues were addressed. You may want to add other expectations tailored to your situation.

## 1. Assignment Expectations

- a. Assignment objectives
- b. Assignment complexity and sensitivity
- c. Unusual job characteristics
- d. Role(s), responsibilities, and tasks of the ratee
- e. Performance appraisal standards
- f. Products/results
- g. Due dates and qualities
- h. Collateral duties and responsibilities
- i. Assistance available: staff, technical resources, etc.

## 2. Working Relationship Expectations

- a. Degree of supervision and the person(s) who will provide it
- b. Who will prepare, sign, and review the rating
- c. Roles and responsibilities in the supervisory relationship: when and how problems are discussed, who makes decisions, responsibilities for follow-up, etc.
- d. Relationship key staff have to the assignment: i.e., unit head, senior management of other units, support staff, etc.
- e. How both supervisor and ratee prefer to work
- f. How information is treated: personal privacy, mutual confidentiality, communicating up and down
- g. Timetable for feedback sessions
- h. Specific developmental experiences that will be provided
- i. Administrative expectations: flex time, training, travel paperwork, leave

## 3. Staff Expectations

- a. What the ratee wants out of the assignment, including possible developmental opportunities
- b. Ratee capabilities and past experiences

## 4. Other Expectations

GAO FORM 211 (Rev. 8-76)  
 (Previous editions are obsolete.)

(GAO Order 0300.1)

UNITED STATES GENERAL ACCOUNTING OFFICE

AGREEMENT IN CONNECTION WITH THE ASSIGNMENT OF EMPLOYEES TO POSTS  
 OF DUTY OUTSIDE THE CONTINENTAL UNITED STATES AND RETURN

I. NAME OF EMPLOYEE (OR APPOINTEE)	II. POSITION AND GRADE	III. DIVISION OR OFFICE CURRENTLY ASSIGNED
IV. EMPLOYEE'S ADDRESS OF ACTUAL RESIDENCE AT THE TIME OF SELECTION (PARAGRAPH 2-1.5g(3) OF FPMR 101-7)		V. NAME AND ADDRESS OF PRESENT POST OF DUTY
VI. NAME AND ADDRESS OF ASSIGNED POST OF DUTY OUTSIDE THE CONTINENTAL UNITED STATES	VII. TRAVEL ORDER NUMBER AND DATE (TO BE INSERTED BY TRAVEL SERVICES)	
VIII. EFFECTIVE DATE OF TRANSFER OR APPOINTMENT (FROM S.F. 50)	IX. a. PERIOD OF AGREED EMPLOYMENT AFTER ENTRANCE ON DUTY AT POST OF DUTY OUTSIDE THE CONTINENTAL UNITED STATES  b. DATE OF ENTRY	

1. AUTHORITY: The following Agreement is executed pursuant to General Accounting Office Order 0300.1, Part IV, Chapter 3, Paragraph 1c; Federal Property Management Regulations 101-7, Paragraph 2-1.5a(1)(b); and 5 U.S.C. 5722, 5724, 5724a, 5726.

2. EMPLOYEE'S AGREEMENT: In accepting employment with the General Accounting Office at the post of duty outside the continental United States designated above, and in consideration of the transportation, subsistence, and allowances provided by the General Accounting Office to and from such post of duty, incident to the appointment or transfer, I agree to fulfill the terms of this Agreement. I hereby agree, as and to the extent required by law (5 U.S.C. 5722, 5724(d)), that if I fail to fulfill the terms of this Agreement, unless separated for reasons beyond my control which are acceptable to the General Accounting Office:

a. Before the expiration of a minimum period of 12 months of such assignment, I will, upon demand, repay to the General Accounting Office a sum of money equivalent to that expended by the General Accounting Office for the expenses of travel, transportation and/or storage of household goods and personal effects and applicable allowances for myself and my immediate family incident to the appointment or transfer; and I authorize the General Accounting Office to withhold any final pay due me to apply against or to liquidate

any indebtedness arising from the violation of this Agreement. Further, I understand and agree that in this event return travel and transportation to the continental United States at Government expense will not be furnished.

b. If I do not complete the entire period of agreed employment prescribed in block IX.a of this Agreement, I understand and do hereby agree that return transportation to the continental United States at Government expense will not be furnished.

Further, I understand and agree to the following, all of which is in accordance with applicable GAO policy:

(1) Upon the completion of my tour of duty outside the continental United States, I shall be reassigned where the needs of the Office are deemed greatest, in the best position that can be made available consistent with applicable laws and regulations and the rights of other employees;

(2) My preferences in the matter of assignment will be considered but will necessarily be subordinated to the needs of the Office;

(3) If my assignment under this Agreement is to Alaska or Hawaii, I understand that upon completion of such assignment and transfer to a post of duty within the continental United States, my entitlement to real estate and other expenses under 5 U.S.C. 5724a(a)(3) and (4), and 5724a(b) is contingent upon my completion of an additional 12 months service with the Government following return to the continental United States, unless separated for reasons beyond my control which are acceptable to the General Accounting Office.

(4) Should I resign or be removed for cause while stationed outside the continental United States after the termination of the employment period specified in block IX.a of this Agreement, return transportation will be offered as soon as passage can be booked and failure on my part to accept transportation within 60 days from the date such transportation is offered will constitute a waiver of my right to receive travel and transportation expenses for my return to the continental United States under the provisions of this Agreement and the cited authorities.

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE AND TITLE OF APPROVING GAO OFFICIAL	DATE

Signed original and one signed copy to Chief, Administrative Finance Section, OC.

One signed copy to Director, Office of Personnel Management.

One signed copy to Overseas Director/Manager, International Division.

One signed copy to employee.



GAO FORM 211a (Rev. 9-76)  
(Previous edition is obsolete.)

(GAO Order 0300.1)

UNITED STATES GENERAL ACCOUNTING OFFICE

RENEWAL AGREEMENT IN CONNECTION WITH THE ROUND-TRIP LEAVE BETWEEN ASSIGNMENTS OF  
EMPLOYEES TO POSTS OF DUTY OUTSIDE THE CONTINENTAL UNITED STATES AND RETURN

I. NAME OF EMPLOYEE	II. POSITION AND GRADE	III. DIVISION OR OFFICE CURRENTLY ASSIGNED
IV. EMPLOYEE'S ADDRESS OF ACTUAL RESI- DENCE AT THE TIME OF SELECTION (PARAGRAPH 2-1.5g(3) of FPMR 101-7)		V. NAME AND ADDRESS OF PRESENT POST OF DUTY OUTSIDE THE CONTINENTAL UNITED STATES
VI. NAME AND ADDRESS OF NEXT ASSIGNED POST OF DUTY OUTSIDE THE CONTINEN- TAL UNITED STATES		VII. TRAVEL ORDER NUMBER AND DATE (TO BE INSERTED BY TRAVEL SERVICES)
VIII. a. PERIOD OF AGREED EMPLOYMENT AFTER ENTRANCE ON DUTY AT POST OF DUTY OUTSIDE THE CONTINENTAL UNITED STATES AFTER RETURN FROM HOME LEAVE  b. DATE OF ENTRY		

1. AUTHORITY: The following Renewal Agreement is executed pursuant to General Accounting Office Order 0300.1, Part IV, Chapter 3, Paragraph 1d; Federal Property Management Regulations 101-7, Paragraphs 2-1.5h(1), (2), (3), (4); and 5 U.S.C. 5722, 5724(d), 5724a, 5728(a).

2. EMPLOYEE'S RENEWAL AGREEMENT: In accepting further employment with the General Accounting Office at the post of duty outside the continental United States designated in block VI, and in consideration of the round-trip transportation and subsistence provided by the General Accounting Office from the authorized beginning point of travel designated in block V to and from my place of residence for leave prior to beginning the period of service shown in block VIII.a, I agree to fulfill the terms of this Renewal Agreement. I hereby agree, as and to the extent required by law (5 U.S.C. 5722, 5724(d), 5728(a)), that if I fail to fulfill the terms of this Renewal Agreement, unless separated for reasons beyond my control which are acceptable to the General Accounting Office:

a. Before the expiration of a minimum period of 12 months of such assignment, I will, upon demand, repay to the General Accounting Office a sum of money equivalent to that expended by the General Accounting Office for my round-trip transportation and subsistence and for transportation of dependents and including expenses of transportation and/or storage of household goods and personal effects and other applicable allowances if a transfer of station is involved, and I authorize the General Accounting Office to withhold any final pay due me to apply against or to liquidate any indebtedness arising from the violation of this Renewal Agreement. Further, I understand and agree that in this event return transportation to the continental United States at Government expense will not

be furnished. These liabilities are subject to the credits authorized by the Federal Property Management Regulations 101-7, Paragraph 2-1.5h(4)(a).

b. If I do not complete the entire period of agreed employment prescribed in block VIII.a of this Renewal Agreement, I understand and do hereby agree that return transportation to the continental United States at Government expense will not be furnished. This liability is subject to the credits authorized by the Federal Property Management Regulations 101-7, Paragraph 2-1.5h(4)(b).

Further, I understand and agree to the following, all of which is in accordance with applicable GAO policy:

(1) Upon the completion of my tour of duty outside the continental United States, I shall be reassigned where the needs of the Office are deemed greatest, in the best position that can be made available consistent with applicable laws and regulations and the rights of other employees;

(2) My preferences in the matter of assignment will be considered but will necessarily be subordinated to the needs of the Office;

(3) If my assignment under this Renewal Agreement is to Alaska or Hawaii, I understand that upon completion of such assignment and transfer to a post of duty within the continental United States, my entitlement to real estate and other expenses under 5 U.S.C. 5724a(a)(3) and (4), and 5724a(b) is contingent upon my completion of an additional 12 months service with the Government following return to the continental United States, unless separated for reasons beyond my control which are acceptable to the General Accounting Office.

(4) Should I resign or be removed for cause while stationed outside the continental United States after the termination of the employment period specified in block VIII.a of this Renewal Agreement, return transportation will be offered as soon as passage can be booked and failure on my part to accept transportation within 60 days from the date such transportation is offered will constitute a waiver of my right to receive travel and transportation expenses for my return to the continental United States under the provisions of this Renewal Agreement and the cited authorities.

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE AND TITLE OF APPROVING GAO OFFICIAL	DATE

Signed original and one signed copy to Chief, Administrative Finance Section, OC.

One signed copy to Director, Office of Personnel Management.

One signed copy to Overseas Director/Manager, International Division.

One signed copy to employee.

UNITED STATES  
GENERAL ACCOUNTING OFFICE  
Form 214 (Rev. 12-66)

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U.S. Government Printing Office: 1974 - 553-629

United States  
General Accounting Office  
Form 215 (Rev. 12-66)

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The image shows a large, empty grid table with approximately 25 columns and 40 rows. The grid is composed of small squares, and there are no data entries within the cells. The table is centered on the page and is bounded by a double-line border. Above the table, there are some faint markings and a small horizontal line.

GAO

United States General Accounting Office

OR-100

Office of Recruitment  
Application for  
Employment

Type or print clearly in ink.

- 1. Name \_\_\_\_\_  
(Last, first, middle)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_
- 2. Other Last Name(s) Used (a.g., maiden) \_\_\_\_\_
- 3. Home Telephone ( \_\_\_\_ ) \_\_\_\_\_
- 4. Business/School Telephone ( \_\_\_\_ ) \_\_\_\_\_
- 5. Date Available for Employment \_\_\_\_\_
- 6. Social Security Number\* \_\_\_\_\_
- 7. Position Applied For \_\_\_\_\_
- 8. Locations Preferred  
Primary \_\_\_\_\_ Secondary \_\_\_\_\_
- 9a. Branch of Military Service \_\_\_\_\_ Grade \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_
- 9b. Veteran Preference  
 5 pts.  10 pts. (less than 30%)  
 10 pts. (30% or more)  10 pts. (other)
- 10. Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

11. Education (For each college/university attended, complete all blocks to the right. Give month and year for all dates.)

School	From	To	Major	Degree and Date	Hrs. Completed	GPA
1. _____						
2. _____						
3. _____						

Note: Please enclose transcripts.

12. May we contact your present employer regarding your character, qualifications, and employment record? A "no" will not affect your consideration for employment opportunities.  Yes  No

13. Employment Experience (Include intern/co-op positions.)

a. (1) Employer \_\_\_\_\_ (2) Supervisor \_\_\_\_\_ (3) Telephone No. \_\_\_\_\_  
 (4) Your Title \_\_\_\_\_ (5) Current or Ending Salary \$ \_\_\_\_\_ (6) Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 (7) Hours per Week \_\_\_\_\_ (8) Reason for Leaving \_\_\_\_\_  
 (9) Description of Duties \_\_\_\_\_

b. (1) Employer \_\_\_\_\_ (2) Supervisor \_\_\_\_\_ (3) Telephone No. \_\_\_\_\_  
 (4) Your Title \_\_\_\_\_ (5) Current or Ending Salary \$ \_\_\_\_\_ (6) Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 (7) Hours per Week \_\_\_\_\_ (8) Reason for Leaving \_\_\_\_\_  
 (9) Description of Duties \_\_\_\_\_

Note: To provide additional descriptions of work experience, attach separate pages.

\*Privacy Act Statement—Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form with other records you file with GAO.

14. Honors, Awards, Honor Societies, and Memberships \_\_\_\_\_

15. References

Name	Address (no. and street, city, state, and Zip Code)	Occupation	Telephone No. (during business hours) Area Code
a.			
b.			
c.			

Answer items 16-19, placing an "X" in the appropriate box at the right.

16. Are you a U.S. citizen? If not, give country of which you are a citizen. ....  Yes  No
17. A. Within the last 5 years, have you been fired from any job for any reason? .....  Yes  No
- B. Within the last 5 years, have you quit a job after being notified that you would be fired? .....  Yes  No

**Note:** If your answer to A or B is "yes," give details on a separate sheet. Show the name and address (including Zip Code) of employer, approximate date, and reasons in each case.

18. A. Have you ever been convicted or forfeited collateral or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding 1 year; it does not include any offense classified as a misdemeanor under the laws of a state and punishable by a term of imprisonment of 2 years or less.) .....  Yes  No
- B. During the past 7 years, have you been convicted, imprisoned, or placed on probation or parole or have you forfeited collateral or are you now under charges for any offense against the law not included in A above? .....  Yes  No

If your answer is "yes" to A or B, show on a separate sheet for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

**Note:** When answering A and B above, you may omit (1) traffic fines for which you paid a fine of \$50.00 or less, (2) any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar state authority.

A conviction or a firing does not necessarily mean you will not be appointed. The nature of the conviction or firing and how long ago it occurred are important. Give all the facts so that an appropriate decision can be made.

- 19 The following two questions must be answered by all veterans:
- A. While in the military service, were you ever convicted by general court-martial? If your answer is "yes," show on a separate sheet for each offense (1) date, (2) charge, (3) place, (4) court, and (5) action taken. ....  Yes  No
- B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable or general by a Discharge Review Board or similar authority.) .....  Yes  No

**Attention: This statement must be signed. Read the following paragraphs carefully before signing.**

A false answer to any question in the application may be grounds for not employing you or for dismissing you after you begin work and may be punishable by fine or imprisonment (U.S. Code, title 18, sec. 1001).

**Authority for Release of Information**

I have completed this application package with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or presidential directive, and I consent to the release of information concerning my capacity and fitness by enforcement agencies and other individuals and agencies to duly accredited investigators, personnel staffing specialists, etc. of the federal government for that purpose.

<p><b>Certification</b> I certify that all statements made by me in this application package are true, complete, and correct to the best of my knowledge and belief and are made in good faith.</p>	<p>Signature (Sign in ink.)</p>	<p>Date Signed</p>
---	---------------------------------	--------------------

OR-100

# Applicant Questionnaire

For Statistical Use Only

**Note:** Completion of this questionnaire is voluntary. This page will be separated from your application before processing. This information is used to help ensure that GAO personnel practices meet the requirements of federal law. The information is confidential and is not a part of the selection process

1. Name \_\_\_\_\_  
(Last, first, middle initial)

2. Social Security No. \_\_\_\_\_

3. Position Desired:

- Evaluator
- Accountant
- Computer Scientist

4. Sex:

- Male
- Female

5. Race/Ethnicity:

- Asian
- Black
- Hispanic
- Native American
- White

6. Physical/Mental Disability:

- Yes
- No



UNITED STATES  
GENERAL ACCOUNTING OFFICE  
Form 219 (Rev. 12-66)

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U.S. GOVERNMENT PRINTING OFFICE: 1967 O-241-021



United States  
General Accounting Office

Index:

Folder \_\_\_\_ of \_\_\_\_

Job Code:

Assignment Title:

Workpaper Subject/Issue:

Agency Reviewed:

Work Location:

GAO Unit:

Special Handling Required:

Yes

No

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Destroy after a minimum of three years after assignment completion.

OPR: OP

GAO Form 221 (Rev. 6/88)  
\*U.S. Government Printing Office 1990-719-515

UNITED STATES  
GENERAL ACCOUNTING OFFICE  
FORM 222 (3/88)

GAO

United States General Accounting Office

# Contributions and Accomplishments Statement

Instructions. Describe your contributions and accomplishments for the past year within the space provided below and, if necessary, on the reverse of this form

1 Name	2 Division/Office	3 Assessment Year
--------	-------------------	-------------------

Check here if you decline to complete this form

4 Contributions and Accomplishments

**Certification**

I certify that all statements made on this form are accurate.

Signature of Employee (in ink)

Date

---

4. Contributions and Accomplishments (continued)

GAO

United States General Accounting Office

Fax Transmittal Sheet

To: (name and address)

Telephone No.

Fax Telephone No.

Date

From: (name and address)

Telephone No.

Fax Telephone No.

Subject:

Additional Information

Acknowledgement Requested

1.  Yes  No

2. \_\_\_\_\_ pages, including this cover sheet, are being transmitted.

3. If all pages are not received, call \_\_\_\_\_.

OPE:OIMC

GAO Form 224 (Rev. 7.90)

GAO

United States General Accounting Office

Office of Recruitment

Cross-Referral

1. Applicant's Name

2. Date Referred

3. Comments (Describe job-related qualifications and characteristics.)

4. Referred to  AFMD  GGD  HRD  IMTEC  NSIAD  Region \_\_\_\_\_ (Name)  
 RCED  Office of Recruitment (OR requires one copy of this form.)

5. Referred by

a. Signature	b. Division/Office/Region	c. Telephone No.	d. Date
--------------	---------------------------	------------------	---------

Please Attach a Copy of the Selection Certificate

OPR: OR

GAO Form 225 (Rev. 8/90)



## GENERAL INSTRUCTIONS

Cross-referral is a process that refers applicants from one hiring unit to another. This process enables GAO units to consider high quality candidates already screened by other units.

Each cross-referral should contain the following: (1) the complete application of the candidate being referred, (2) transcripts, (3) interview memorandum (if applicable), and (4) the form for cross-referral (GAO Form 225) with the comments section highlighting the candidate's **job-related qualifications and characteristics** or any special conditions the receiving unit should know (e.g., the date applicant can report for duty).

GAO is looking for candidates who can meet the future challenges of our work. In many cases, the job skills needed are found at the graduate level. However, we will also consider highly qualified undergraduates who meet a position's requirements.

HRD seeks graduate students with majors in public health or social sciences.

RCED and GGD focus on public policy, policy analysis, political science, business and public administration, and the social sciences. While these divisions prefer to hire graduate students, they will consider exceptional undergraduate candidates.

NSIAD seeks graduate and undergraduate students with majors in national security, international relations, public policy, or public administration.

AFMD seeks students with a bachelor's and master's degree with a major in accounting.

IMTEC seeks undergraduates and graduates with degrees in computer science, engineering, statistics, decision science, information systems management, quantitative business analysis, mathematics, physics, and business (with course work in automated information systems.)

Regional offices seek qualified students at the graduate and undergraduate levels with degrees in public policy, public administration, accounting, business, computer science, and the social sciences.

## SPECIFIC DIRECTIONS

**4. Referred to:** To ensure that all affected hiring units are aware of the referral, please indicate the division(s) or the region(s) receiving an applicant referral. (Applicants can be referred only to divisions and regions.) The Office of Recruitment (OR) must also receive a copy of all referrals.

**5. Referred by:** Referral may be made by the hiring unit or the campus executive. If the campus executive initiated the referral, please provide the name.

**6. Type of Referral:** The interview status of referred applicants will vary. Some will not have been interviewed at all, while others may have received a second interview. If an interview was conducted, please check whether you endorsed or did not endorse the candidate. To endorse is "to sanction an applicant's candidacy." Because the unit receiving a cross-referral needs to know who conducted the interview, please indicate that individual's name and title.





United States General Accounting Office

GAO

Release and Authorization  
to Photograph and Record

1. Release and Authorization Statement

I agree to participate in the production of a video report by the U.S. General Accounting Office (GAO). In consideration of my appearance in the GAO video report and without payment or further consideration of any form from GAO, I hereby grant unrestricted permission for GAO to record my person and voice and use these recordings in a GAO video report in any and all manner of media.

I agree that my participation in the GAO video report may be edited to GAO's sole discretion. I consent to the use of my name, likeness, voice, and biographic material about me in connection with publicity for the video report and related institutional promotional purposes. I acknowledge and grant GAO the unrestricted right to duplicate and distribute the GAO video report in which I have agreed to appear in any and all manner and media.

2. Name and Title (print or type)	3. Signature	4. Date
5. Address (home or office)		6. Date Received by GAO

United States General Accounting Office

GAO

Office of Recruitment  
Interview Memorandum

1. Candidate's Name (last, first, middle initial)			2. Social Security No.*	
3. Home Address (street, city, state, and ZIP code)			4. Telephone No. Home: ( ) Work: ( )	
5. School's Name	6. School's Code	7. Degree(s) (Circle letter.) (See note below.)  B M P J N	8. Date of Degree (Mo./yr.)	9. Major  10 GPA
11. Location Preference (first choice)		13. Position Applying for (Check as many as apply )  <input type="checkbox"/> Evaluator (347) <input type="checkbox"/> Accountant (510) <input type="checkbox"/> Computer Science (1550)		
12. Location Preference (second choice)				
14. Description of the Candidate's Knowledge, Skills, Abilities, and Other Characteristics				

15. Recruiter's Name (last, first, middle initial)	16. Recruiting Unit	17. Date of Interview
--	---------------------	-----------------------

Note: Letters represent degrees. B = Bachelor's, M = Master's, P = Doctoral, J = Law, N = None

\*Privacy Act Statement—Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form with other records you file with GAO.

OPR: OR

GAO Form 229 (Rev. 11/89)

**GAO**

United States General Accounting Office

Office of Recruitment  
Interview Memorandum

1. Candidate's Name (last, first, middle initial)			2. Social Security No.*	
3. Home Address (street, city, state, and ZIP code)			4. Telephone No Home: ( ) Work: ( )	
5. School's Name	6. School's Code	7. Degree(s) (Circle letter) (See note below.)  B M P J N	8. Date of Degree (Mo./yr.)	9. Major  10. GPA
11. Location Preference (first choice)		13. Position Applying for (Check as many as apply ) <input type="checkbox"/> Evaluator (347) <input type="checkbox"/> Accountant (510) <input type="checkbox"/> Computer Science (1550)		
12. Location Preference (second choice)				
14. Description of the Candidate's Knowledge, Skills, Abilities, and Other Characteristics				

15. Recruiter's Name (last, first, middle initial)	16. Recruiting Unit	17. Date of Interview
--	---------------------	-----------------------

Note: Letters represent degrees. B = Bachelor's, M = Master's, P = Doctoral, J = Law, N = None

\*Privacy Act Statement—Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form with other records you file with GAO

OPR:OR

GAO Form 229 (Rev. 11/89)

GAO

United States General Accounting Office

Office of Recruitment
Application for Student Employment

OR-600

Type or print clearly in ink.

- 1. Name (Last, first, middle initial)
Street Address
City
State ZIP Code
2. Other Last Name(s) Used (e.g., maiden)
3. Home Telephone
4. Business/School Telephone
5. Social Security Number
6. Location Preferred

- 7. Check the box that best reflects your availability for employment.
8. Position Applied for: Intern, Nonpaid Intern, Cooperative Education
9. Branch of Military Service, Grade, Dates
10. Veteran Preference
11. Birthdate, 12. Birthplace

13. Education (For each college/university attended, complete all blocks to the right. Give month and year for all dates.)

Table with 7 columns: School, From, To, Major, Degree and Date, Hrs. Completed, GPA. Rows 1, 2, 3.

Note: Include number of hours currently enrolled, and list these courses on a separate page.

14. May we contact your present employer regarding your character, qualifications, and employment record? A "no" will not affect your consideration for employment opportunities.

15. Employment Experience (Include intern/co-op positions.)

- a. (1) Employer, (2) Supervisor, (3) Telephone No., (4) Job Title, (5) Current or Ending Salary, (6) Dates, (7) Hours per Week, (8) Reason for Leaving, (9) Description of Duties
b. (1) Employer, (2) Supervisor, (3) Telephone No., (4) Job Title, (5) Current or Ending Salary, (6) Dates, (7) Hours per Week, (8) Reason for Leaving, (9) Description of Duties

Note: To provide additional descriptions of work experience, attach separate pages.

\*Privacy Act Statement—Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form with other records you file with GAO.

OPR: OR

GAO Form 232a (2/91)

**16. Honors, Awards, Honor Societies, and Memberships** \_\_\_\_\_

**17. References**

Name	Address (no. and street, city, state, and ZIP Code)	Occupation	Telephone No. (during business hours) Area Code
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

**Answer items 18-21, checking the appropriate box at the right.**

18. Are you a U.S. citizen? If not, give country of which you are a citizen \_\_\_\_\_  Yes  No

19a. Within the last 5 years, have you been fired from any job for any reason? .....  Yes  No

b. Within the last 5 years, have you quit a job after being notified that you would be fired? .....  Yes  No

**Note:** If your answer to a or b is "yes," show on a separate sheet for each case: (1) name and address (including ZIP Code) of employer, (2) approximate date, and (3) reasons.

20a. Have you ever been convicted or forfeited collateral or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding 1 year; it does not include any offense classified as a misdemeanor under the laws of a state and punishable by a term of imprisonment of 2 years or less.) .....  Yes  No

b. During the past 7 years, have you been convicted, imprisoned, or placed on probation or parole or have you forfeited collateral or are you now under charges for any offense against the law not included in a above? .....  Yes  No

If your answer to a or b is "yes", show on a separate sheet for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

**Note:** When answering a and b above, you may omit (1) traffic fines for which you paid a fine of \$50 or less, (2) any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or a similar state authority.

A conviction or a firing does not necessarily mean you will not be appointed. The nature of the conviction or firing and how long ago it occurred are important. Give all the facts so that an appropriate decision can be made.

21. The following two questions must be answered by all veterans:

a. While in the military service, were you ever convicted by general court-martial? If your answer is "yes," show on a separate sheet for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken. ....  Yes  No

b. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable or general by a Discharge Review Board or a similar authority.) .....  Yes  No

**Attention: This statement must be signed. Read the following paragraphs carefully before signing.**

A false answer to any question in the application may be grounds for not employing you or for dismissing you after you begin work and may be punishable by fine or imprisonment (U.S. Code, title 18, sec. 1001)

**Authority for Release of Information**

I have completed this application package with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or presidential directive, and I consent to the release of information concerning my capacity and fitness by enforcement agencies and other individuals and agencies to duly accredited investigators, personnel staffing specialists, etc., of the federal government for that purpose.

<p><b>Certification</b> I certify that all statements made by me in this application package are true, complete, and correct to the best of my knowledge and belief and are made in good faith.</p>	<p><b>Signature (Sign in ink.)</b></p>	<p><b>Date Signed</b></p>
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**United States General Accounting Office**

**Applicant** OR-600  
**Questionnaire**  
**for Students**  
**For Statistical Use Only**

**Note:** Completion of this questionnaire is voluntary. This page will be separated from your application before processing. This information is used to help ensure that GAO personnel practices meet the requirements of federal law. The information is confidential and is not a part of the selection process.

**1. Name** \_\_\_\_\_  
(Last, first, middle initial)

**2. Social Security No.\***    -   -

**3. Position Desired:**  Internship  
 Nonpaid Internship  
 Cooperative Education

**4. Sex:**  Male  
 Female

**5. Race/Ethnicity:**  Asian  
 Black  
 Hispanic  
 Native American  
 White

**6. Physical/Mental Disability:**  Yes  
 No

\* Privacy Act Statement-Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form with other records you file with GAO

OPR: OR

GAO Form 232 (1/91)

TRAVEL COST CONTROL AND ANALYSIS  
RESERVE OBLIGATION AND EXPENDITURES

DATE TR	T/O OR VOL. NO.	DESCRIPTION	OBLIGATIONS AND RESERVATIONS						OBLIGATIONS FORWARDED FROM PRIOR QUARTERS		TOTAL UNLIQUIDATED OBLIGATIONS	EXPENDITURES	UNOBLIGATED BALANCE
			INCURRED	LIBERATED	INCURRED	LIBERATED	INCURRED	LIBERATED	UNLIQUIDATED	LIBERATED			
			(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
		TOTAL FORWARDED											
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
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30													
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32													
33													
34													
35													
36													
37													
38													
39													
40													
		TOTALS											
TRAVEL			DIVISION				SUBDIVISION				SHEET		
FISCAL YEAR													

U.S. G.A.O. FORM 233 (REV. JUNE 1987)

GAO

United States General Accounting Office

New Employee's Checklist

<b>Employee's Name</b>	<b>Date of Entry</b>	<b>Reviewer (Use initials)</b>
------------------------	----------------------	--------------------------------

**Part 1. Forms to be Completed by New Employees**

<b>a. Forms</b>	<b>b. Review Forms for</b>	<b>c. Check After Completion</b>	<b>d. Remarks</b>
1. SF 61, Appointment Affidavit	Signature and date		
2. SF 61b, Declaration of Appointment	All questions answered, FEGLI, and U.S. citizenship		
3. SF 144, Statement of Prior Federal Service	All prior service listed		
4. SF 177, Physical Ability for Light Duty Work	All questions answered, signature, and date		
5. SF 181, Race and National Origin Identification	Name, birthdate, and Social Security No.		
6. SF 256, (GAO Form 154), Self-Identification of Medical Disability	Name, birthdate, and Social Security No.		
7. SF 1199A, Direct Deposit/Sign Up Form (optional)	Account no., routing no., and signatures		
8. SF 2809, Health Benefits Registration Form	BRI 41-210, BRI 41-212, and BRI-331		
9. SF 2817, Federal Employee's Group Life Insurance (FEGLI)	Signature, date, and certification blocks		
10. GAO Form 202, Education and Professional Certification Information for GAO Employees	Form completed by new employee		
11. Form P-239, Pre-Appointment Certification Statement for Selected Service Registration	Males born after December 31, 1959		
12. Form W-4, Federal Withholdings	Signature, exemption		
13. State Tax Form	Signature, exemption		
14. Form I-9, Employment Eligibility Verification	U.S. citizenship (Passport or driver's license and birth certificate)		
15. AD-349, Declaration Sheet	Name, residence/check address, military reserve		

**Part 2. Documents to be Provided by New Employees (Check appropriate boxes.)**

- a. Department of Defense Form 214, Armed Forces of the United States, Report of Transfer or Discharge
- b. Annuity Statement, Retired Civil Service
- c. College Transcript or Degree Verification

**Note:** Remainder of this form is on the reverse side.

**New Employees  
Checklist (continued)**

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**Part 3. Personnel Directives Issued to New Employees (Check appropriate boxes.)**

---

**a. To All Employees**

- 1. GAO Order 2630.1, Leave Policies and Procedures
- 2. GAO Order 2735.1, Code of Ethics Including Employee Responsibilities and Conduct

**b. To Permanent Appointment Employees Only**

- 1. GAO Order 2335.1, Competitive Selection Program
- 2. GAO Order 2731.1, Administrative Grievance Procedures

---

**Part 4. Forms to be Sent to the Office of Security and Safety (Check appropriate boxes.)**

---

- a. Memo transmitting security forms
- b. SF 171, Application for Federal Employment (original and copy)
- c. SF 52, Request for Personnel Action

### Parking Permit Sticker

3. Name	1. Time Zone	2. Permit Number
	4. Auto Tag Number	5. Telephone Number
6. Approval Signature (Parking Administration)		

OPR:OSS

GAO Form 239 (11/89)

GAO

United States General Accounting Office

# Supplemental Qualifications Statement for Secretarial Positions, GS-7 Through GS-10

Type or print clearly in ink.

**Instructions:** If you are applying for a secretarial position at the GS-7 through GS-10 levels, you must complete this supplemental statement.

- Complete items 1 through 4.
- For each of the six elements on the next two pages, select the one statement in column I that fits your background most closely. In column II, indicate where the duties are described in your Standard Form (SF) 171 application. If you check more than one box for each element or do not complete column II, you will not be given credit for that element.
- So that GAO may verify the information that you provide in this supplemental, it must be reflected in the description of experience shown in your SF-171.

1. Name (Last, first, and middle initial)	2. Date
---	---------

3. List relevant training courses and/or education you have successfully completed.

a. _____	b. _____
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____

4. List awards you have received for work in the secretarial field.

a. _____	b. _____
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____

Column I	Check only one statement for each element.	Column II
<b>Element 1. Ability to Compose Correspondence and/or Prepare Nontechnical Reports</b>		
	<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> I prepare responses to routine correspondence by using standard paragraphs of form letters or maintain leave records.</li> <li>b. <input type="checkbox"/> I write routine nontechnical acknowledgments or simple form letters. I give these to my supervisor for cursory review and signature or assemble and summarize nontechnical routine reports for my supervisor.</li> <li>c. <input type="checkbox"/> I compose routine nontechnical letters (not form letters) for my supervisor's signature. I compose correspondence to agency staff offices relating to administrative support and general clerical functions of the office, e.g., letters of transmittal and acknowledgments, or assemble, summarize, and prepare nontechnical reports in final.</li> <li>d. <input type="checkbox"/> I compose letters, acknowledgments, commendations, notifications, official social notes, etc., for my supervisor's signature on the basis of my knowledge of his/her views, desires, and policies.</li> <li>e. <input type="checkbox"/> I have no experience in this type of work.</li> </ul>	
<b>Element 2. Knowledge of Filing Systems and Files Management</b>		
	<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> I maintain simple alphabetical and/or numerical file plans within the office.</li> <li>b. <input type="checkbox"/> I establish and maintain subject matter and organizational files consistent with the needs of the office, periodically purge files, and retire outdated material consistent with agency regulations.</li> <li>c. <input type="checkbox"/> I reorganize and redesign a total file system for the office consistent with general administrative procedures of the agency.</li> <li>d. <input type="checkbox"/> I organize and redesign a total file system for the office where agency guidelines and policies are not applicable (e.g., I develop a file system of scientific data, laboratory reports, and research findings when agency filing guidelines pertain only to administrative files procedures)</li> <li>e. <input type="checkbox"/> I have no experience in this type of work.</li> </ul>	
<b>Element 3. Ability to Train Clerical Personnel and Organize the Work Flow of Clerical Processes</b>		
	<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> I instruct clerical personnel concerning the routine procedural functions of the office</li> <li>b. <input type="checkbox"/> I review the work of subordinate clerical personnel to ensure that they comply with the written policy.</li> <li>c. <input type="checkbox"/> I distribute and control the work of subordinate clerical personnel; review their work; and instruct them on established procedures for the preparation and clearance of correspondence, action documents, etc.</li> <li>d. <input type="checkbox"/> I define, assign, and monitor the work of clerical personnel. I shift clerical personnel to meet fluctuating work load needs. I may interview and make preliminary selections for clerical personnel.</li> <li>e. <input type="checkbox"/> I have no experience in this type of work.</li> </ul>	

Column I	Column II
<p><b>Element 4. Ability to Plan and Coordinate Travel Arrangements</b></p> <p>a. <input type="checkbox"/> I type travel orders, vouchers, etc., in accordance with established policies and procedures. (Supervisor makes his/her own travel arrangements.)</p> <p>b. <input type="checkbox"/> I make travel arrangements (schedule visits and secure travel and hotel reservations) for my supervisor and/or subordinate(s). I maintain a record of itineraries. My supervisor and/or subordinate(s) usually indicate their preferences as to modes of transportation, hotels, etc. I prepare necessary vouchers, claims, etc.</p> <p>c. <input type="checkbox"/> On the basis of my knowledge of my supervisor's and/or subordinates' travel preferences, I make all necessary travel arrangements (schedule visits and secure travel and hotel reservations). I keep in touch with staff en route and prepare necessary vouchers, claims, etc.</p> <p>d. <input type="checkbox"/> I arrange and coordinate travel plans for the staff outside my immediate office for the purpose of coordinating conferences, meetings, etc.</p> <p>e. <input type="checkbox"/> I have no experience in this type of work.</p>	
<p><b>Element 5. Knowledge of Priorities and Program Goals to Accomplish the Mission of the Office</b></p> <p>a. <input type="checkbox"/> I plan internal clerical and administrative functions on the basis of the organization's goals.</p> <p>b. <input type="checkbox"/> I plan internal and external clerical and administrative functions of the office and set priorities on the basis of the office work flow.</p> <p>c. <input type="checkbox"/> On the basis of my knowledge of overall duties, priorities, commitments, etc., of the director/ chief/supervisor, I perform a variety of nontechnical administrative support duties (i.e., I independently address work-handling problems and change work assignments as needed).</p> <p>d. <input type="checkbox"/> On the basis of my knowledge of overall functions of the office, I set priorities to the day-to-day office work flow of a highly complex organization dealing with scientific data, research findings, or high-level officials.</p> <p>e. <input type="checkbox"/> I have no experience in this type of work.</p>	
<p><b>Element 6. Demonstrated Skills on the Application and the Operation of an Automated System</b></p> <p>a. <input type="checkbox"/> I enter data into an automated system.</p> <p>b. <input type="checkbox"/> I type correspondence on a word processor; I have received formal training on WordPerfect.</p> <p>c. <input type="checkbox"/> I type and retrieve correspondence and reports on a word processor, update data for reports using dBase, and maintain an automated tracking system for correspondence received in the office.</p> <p>d. <input type="checkbox"/> I type and retrieve correspondence and reports on a word processor using WordPerfect and Crosstalk, maintain and update data for reports in dBase and Lotus 1-2-3, use WordPerfect to check for typographical errors, and maintain an automated tracking system to follow up on staff assignments and tickler files for tracking reports and correspondence received in the office.</p> <p>e. <input type="checkbox"/> I have no experience in this type of work.</p>	



United States General Accounting Office

Location Preference Statement

1. Name \_\_\_\_\_ (Last, first, middle initial)

For GAO Employees:

2. Please check the areas where you would prefer to work. You may check as many as you like. You will be referred only to those areas checked.

- a. [ ] Headquarters
b. [ ] Audit sites
c. [ ] Accounting and Financial Management Division
d. [ ] Comptroller General/Assistant Comptrollers General
e. [ ] General Government Division
f. [ ] General Services and Controller
g. [ ] Human Resources Division
h. [ ] Information Management and Technology Division
i. [ ] National Security and International Affairs Division
j. [ ] Office of the General Counsel
k. [ ] Program Evaluation and Methodology Division
l. [ ] Resources, Community, and Economic Development Division
m. [ ] Staff and support offices
n. [ ] No preference. Consider me for ALL vacancies.

Note: This form will accompany your Standard Form 171 application.

OPR:OR

GAO Form 240a (1/90) (Supplement to GAO Form 240)

United States General Accounting Office

Applicant Questionnaire for Secretaries and Clerk-Typists

(For Statistical Use Only)

OR-300

Note: Completion of this questionnaire is voluntary. This page will be separated from your application before processing. This information is used to help ensure that GAO personnel practices meet the requirements of federal law. The information is confidential and is not a part of the selection process.

1. Name \_\_\_\_\_ (Last, first, middle initial)

2. Social Security No.\* [ ]-[ ]-[ ]

3. Sex: [ ] Male [ ] Female

4. Race/Ethnicity: [ ] Asian [ ] Black [ ] Hispanic [ ] Native American [ ] White

5. Physical/Mental Disability: [ ] Yes [ ] No

\*Privacy Act Statement: Disclosure of your social security number is voluntary. GAO is authorized to solicit your social security number to relate this form to other records you file with GAO.

OPR:OR

GAO Form 240b (1/90) (Supplement to GAO Form 240)

**United States General Accounting Office**  
**GAO** **File Audit Checklist**

<b>1. Division/Office Surveyed</b>	<b>2. Type of Audit</b> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/>	<b>3. Date of Audit</b>	<b>4. Individual Performing Audit</b>		
<b>5. Contact Person</b>	<b>6. Telephone Number</b>	<b>7. Records Liaison Officer (RLO)</b>		<b>8. Telephone No.</b>	
<b>9. File Audit Checklist Questions</b> (Unless otherwise specified, all references in parentheses following each question are chapter and paragraph numbers in GAO Order 0416.1)				<b>Yes</b>	<b>No</b>
a. Has the staff member attended the GAO Standardized Filing System Seminar/Workshop?					
b. Are the files accessible to the users? (2-2a)					
c. Is the lighting adequate? (2-2d(2))					
d. Are the file drawers labeled correctly (indicating whether the files are active or inactive and showing the fiscal year)? (3-8)					
e. Are charge-out cards (Optional Form 23) located in the front of each file drawer? (3-9)					
f. Is the files management plan the first file series in the file drawer? (2-6a(6))					
g. Are the files arranged in the file drawer according to the files management plan?					
h. Is the disposition control label, GAO Form 9, affixed to the disposition guide card properly? (3-2a)					
i. Are the disposition instructions typed as explained in the disposition instructions in the Comprehensive Records Schedule? (3-2b)					
j. Does the GAO Form 9 indicate whether the records are temporary or permanent? (3-2b)					
k. Are cutoff instructions indicated on the GAO Form 9? (3-2b)					
l. If there are no cutoff procedures, are the words "See below" typed in item 3 of GAO Form 9, File Disposition Control Label? (3-2b)					
m. Is the GAO Form 9, affixed to the inside of binders or on the container housing the files? (3-2a-b)					
n. Are the file labels affixed to file folders properly? (3-2d)					
o. Do the file labels show the item number and the title of the file series? (3-2d)					
p. Is the fiscal year or the calendar year indicated on the appropriate file folders? (3-2d)					
q. Is each file folder label in the correct position according to the files plan (first position, second position, and third position)? (3-2d)					
r. Are folder contents limited to folder capacity (3/4*)? (3-2c)					
s. Does the file series conform with the filing arrangement indicated on the files plan? (2-4)					
t. Is the word "File," the initial of the authorizing official, and file code entered in the upper right corner of the document being filed? (3-3a)					

OPR:RA

GAO Form 241 (2/90)



GAO

United States General Accounting Office  
OIP Idea/Suggestion

Name (Last First Middle Initial)		Social Security No	OIP Idea/Suggestion Control No	Date Received
Signature	Telephone Number	Position Title and Grade		Date of Signature
Division/Office		Signature of Division/Office Focal Point		Telephone Number of Focal Point
Subject of OIP Idea/Suggestion				

**Description of OIP Idea/Suggestion (Explain existing situation and proposed idea.)**

---

**Rationale of OIP Idea/Suggestion:**

---

**Benefits Expected:**

---

**Recommended Action (This Section to be Completed by Action Unit Head or Designee or OIP Site Coordinator)**

Action Unit(s)	Date Received
----------------	---------------

Recommendation

<input type="checkbox"/> Adopt as is	<input type="checkbox"/> Decline OIP Idea/Suggestion	<input type="checkbox"/> Other
<input type="checkbox"/> Adopt with Modifications	<input type="checkbox"/> Test or Gather Additional Data	

Reviewer's or OIP Site Coordinator's Comments

Reviewer (Name and Title)	Date
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United States General Accounting Office

GAO

# Requisition for Photography Services

**Instructions: Please complete items 1 through 10 before submitting requisition to room 4432.** **For PCC Use Only**

1. Name of Requester		2. Division/Office		Requisition Number
3. Signature of Authorizing Official		4. Telephone No.	5. Date Due	Entry Date
6. Date/Time of Assignment		7. Location (if outside of GAO studio)		

8. Comments

---



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9. Service Needed for:

<input type="checkbox"/> Audit Sites	<input type="checkbox"/> Portrait for Publication, Poster etc.	<input type="checkbox"/> Sit-up or Modeling (studio work)
<input type="checkbox"/> Farewell Gathering	<input type="checkbox"/> Presentation/Demonstration	<input type="checkbox"/> Slide Presentation
<input type="checkbox"/> Identification	<input type="checkbox"/> Retirement	<input type="checkbox"/> Training/Graduation Photos
<input type="checkbox"/> Passports (How many?) _____	<input type="checkbox"/> Seminar/Conference	<input type="checkbox"/> Award Pictures (How many awardees?) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Career Service Awards (How many awardees?) _____	

10. Information for Portrait Service

Do you wear glasses?  Yes  No

Note: Allow 20 to 25 minutes for each portrait sitting. The lights and the camera are reset each time for best results. For portrait sittings wear dark solid colors. Thank you.

**For PCC Use Only**

11. Photographer	12. Date	13. Hours	14. Lab Work in PCC by:	15. Date	16. Hours
17. Photographer	18. Date	19. Hours	20. Lab Work Contracted to:	21. Date	22. Cost
23. Quantity	24. Product Code	25. Type of Service	26. Negs. Filed <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Negs. File Code	28. Date Completed

29. Remarks

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30. Received by	31. Date
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GAO

United States General Accounting Office

# Performance Appraisal for Administrative Professional and Support Staff (APSS)

**Part A. Administrative Information.** Fill in items 1 through 7 at the beginning of the rating period, items 8, 9a and b at the progress review(s); and items 10 and 11 for the official appraisal. If item 11 is checked, attach the employee's comments.

1. Name		2. Rating Period	
		From: Mo./Yr.	To: Mo./Yr.
3. Title/Series			4. Grade
5. Division/Office			
6. Date(s) Expectations Set		7a. Employee's Initials	b. Supervisor's Initials
8. Date(s) of Progress Review(s)		9a. Employee's Initials	b. Supervisor's Initials

**10. Signatures.** The signatures of the supervisor and employee indicate that the appraisal has been reviewed. By signing, the employee does not necessarily indicate agreement with the appraisal.

Name (typed)	Grade	Signature	Unit	Date
a. Supervisor				
b. Reviewer				
c. Employee				

11. Check box if employee's comments are attached.

**Note:** This is a three-part form. Part A contains administrative information. Part B contains any employee contributions statement and the supervisory summary comments. Part C contains the performance dimensions for either GS, GS 318/322, or Wage System positions. Include only the dimensions that were discussed at the time expectations were set and/or revised.

Review the APSS Performance Appraisal Manual and relevant chapter for information on dimension definitions and standards.

Please follow the instructions for each part. Submit the completed appraisal to the reviewer before discussing the rating with the employee.

**Part B. Employee Statement of Contributions and Supervisory Summary Comments.** Any employee statement of contributions must be submitted before part C is completed. An employee statement is optional. One additional page (front only) may be added if needed. Supervisory summary comments on the appraisal form are required.

---

**1. Employee Statement of Contributions (Optional)**

---

**2. Supervisory Summary Comments (Required)**



**Part C. General Schedule (GS) (except 318/322) Performance Appraisal Summary Sheet.**

**Instructions:** After reviewing the relevant dimensions and standards and assigning the final rating, circle the number on the right corresponding to the rating chosen using the guide provided. Attach copies of the performance dimensions and standards chosen to complete the appraisal.

**GUIDE**

- 1 = Unacceptable
- 2 = Needs Improvement
- 3 = Fully Successful
- 4 = Exceeds Fully Successful
- 5 = Outstanding

**Performance Dimensions  
(Select desired dimensions.)**

**Performance Rating  
(Circle one.)**

1. Acquiring and Applying Specialized Knowledge	1	2	3	4	5
2. Gathering Information	1	2	3	4	5
3. Collecting Evidence	1	2	3	4	5
4. Analysis and Review	1	2	3	4	5
5. Analyzing Information Statistically	1	2	3	4	5
6. Communicating Orally	1	2	3	4	5
7. Writing	1	2	3	4	5
8. Message Design and Communication	1	2	3	4	5
9. Substantive Editing	1	2	3	4	5
10. Copy Editing	1	2	3	4	5
11. Interpersonal Behavior	1	2	3	4	5
12. Service Orientation	1	2	3	4	5
13. Intervention	1	2	3	4	5
14. Representing GAO	1	2	3	4	5
15. Checking, Examining, and Recording	1	2	3	4	5
16. Inspecting	1	2	3	4	5
17. Handling and Processing Materials and Mail	1	2	3	4	5
18. Managing	1	2	3	4	5
19. Developing and Managing Projects, Programs, and Systems	1	2	3	4	5
20. Administrative Scheduling and Coordinating	1	2	3	4	5
21. Individual Work Productivity	1	2	3	4	5
22. Technological Systems Design and Analysis	1	2	3	4	5
23. Designing Training Courses	1	2	3	4	5
24. Developing Functional and Aesthetic Products and Spaces	1	2	3	4	5
25. Maintaining Security	1	2	3	4	5
26. Coaching and Motivating	1	2	3	4	5
27. Personnel Operations	1	2	3	4	5
28. Developing and Implementing Personnel Programs, Policies, and Procedures	1	2	3	4	5
29. Preparing and Evaluating Budget Proposals	1	2	3	4	5
30. Preparing Financial Records/Accounts	1	2	3	4	5
31. Administering, Evaluating, or Monitoring Procurements	1	2	3	4	5
32. Developing and Maintaining Information Resource	1	2	3	4	5
33. Filing and Organizing	1	2	3	4	5
34. Typing/Word Processing	1	2	3	4	5
35. Accessing and Updating Computer Files	1	2	3	4	5
36. Applying Computer Capabilities	1	2	3	4	5
37. Computer Programming	1	2	3	4	5
38. Operating, Testing, and Maintaining Systems and Equipment	1	2	3	4	5

**Part C. Secretary/GS-318, Clerk-GS-322 Performance Appraisal Summary Sheet.**

**Instructions:** After reviewing the relevant dimensions and standards and assigning the final rating, circle the number on the right corresponding to the rating chosen using the guide provided. Attach copies of the performance dimensions and standards chosen to complete the appraisal.

**GUIDE**

- 1 = Unacceptable
- 2 = Needs Improvement
- 3 = Fully Successful
- 4 = Exceeds Fully Successful
- 5 = Outstanding

**Performance Dimensions**

**Performance Rating  
(Circle one.)**

- 1. Interpersonal Relations
- 2. Work Orientation and Productivity

- 1 2 3 4 5
- 1 2 3 4 5

**(Select desired dimensions.)**

- 3. Filing and Retrieving
- 4. Typing, Word Processing, and Verifying
- 5. Reception and Conveying Information
- 6. Handling and Processing Materials and Mail
- 7. Purchasing and Maintaining Supplies
- 8. Scheduling and Coordinating
- 9. Travel Administration
- 10. Setting Up and Maintaining Forms, Tables, and Summary Reports
- 11. Dictation
- 12. Composition
- 13. Supervision
- 14. Budget and Finance Assistance
- 15. Personnel-Related Activities

- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5
- 1 2 3 4 5

**Part C. Wage System Performance Appraisal Summary Sheet.**

**Instructions:** After reviewing the relevant dimensions and standards and assigning the final rating, circle the number on the right corresponding to the rating chosen using the guide provided. Attach copies of the performance dimensions and standards chosen to complete the appraisal.

**GUIDE**

- 1 = Unacceptable
- 2 = Needs Improvement
- 3 = Fully Successful
- 4 = Exceeds Fully Successful
- 5 = Outstanding

**Performance Dimensions  
(Select desired dimensions.)**

1. Planning a Job
2. Scheduling and Planning
3. Administrative Activities
4. Processing Paperwork
5. Checking and Handling Documents
6. Basic Numeric Operations
7. Operating a Computer
8. Following Proper Security Procedures
9. Inspecting Materials, Equipment, or Structures
10. Taking Inventory
11. Service Orientation
12. Developing and Maintaining Work Relationships
13. Evaluating and Developing Others
14. Handling Materials
15. Installing and Repairing Hardware
16. Installing, Troubleshooting, and Repairing Mechanical/Electromechanical Equipment
17. Operating Presses and Binding Equipment
18. Operating Photographic/Lithographic Equipment
19. Operating Motor Vehicles
20. Planning, Preparing, and Serving Meals
21. Routine Cleaning and Maintaining
22. Persistent Work Effort

**Performance Rating  
(Circle one.)**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |

**GAO**

**United States General Accounting Office  
Office of Recruitment  
Applicant Response Card**

GAO wants to know whether you have applied for its position(s). Please complete this postcard and return it to your recruiter. Thank you for your response.

My name is \_\_\_\_\_ . I recently interviewed with the  
General Accounting Office on the campus of \_\_\_\_\_ .

- A. I have applied for the position(s) of
  - Evaluator with the (location\*) \_\_\_\_\_ office.
  - Auditor with the (location\*) \_\_\_\_\_ office.
  - Computer Scientist (Washington, D.C. only)

\*Locations: Atlanta, Boston, Chicago, Cincinnati, Dallas, Denver, Detroit, Kansas City, Los Angeles, New York, Norfolk, Philadelphia, San Francisco, Seattle, Washington, D.C.

B.  I have decided not to pursue a career with GAO.

GAO is an Equal Opportunity Employer.

OPR:OR

GAO Form 252 (8/90)

# OUTGOING

United States General Accounting Office  
Form 253 (5-3-56)

U.S. GOVERNMENT PRINTING OFFICE 16-78071-1

# INCOMING

United States General Accounting Office  
Form 254 (5-3-56)

U.S. GOVERNMENT PRINTING OFFICE: 19-78072-1



DISTRICT COURT OF THE UNITED STATES FOR THE \_\_\_\_\_  
DISTRICT OF \_\_\_\_\_

UNITED STATES OF AMERICA  
PLAINTIFF

v.

DEFENDANT(S)  
\_\_\_\_\_

CIVIL NO.

AFFIDAVIT OF AMOUNT DUE

CITY OF WASHINGTON  
DISTRICT OF COLUMBIA

\_\_\_\_\_, being first duly sworn, says he is employed by the United States General Accounting Office and is authorized to make this affidavit on behalf of the United States, that an examination of the account subsisting between the United States and the defendant(s) in accordance with the provisions of an Act approved June 10, 1921, 42 Stat. 24; 31 U.S.C. 71, shows the defendant(s) presently to be indebted to the plaintiff in the principal sum of

Signed \_\_\_\_\_

Title \_\_\_\_\_

CITY OF WASHINGTON  
DISTRICT OF COLUMBIA

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, appeared \_\_\_\_\_ known to me to be the official identified above who made oath and said that to the best of his knowledge and belief the foregoing statements are true

\_\_\_\_\_  
Notary Public in and for the  
District of Columbia

257 (11-57)





GAO

United States General Accounting Office

Survey Instrument Summary

Instructions: Please complete a form for each survey instrument after it is finalized. Attach a copy of the survey instrument and return to PEMD, room 5868.

1. Division(s) (Check all that apply.)

- a. AFMD
- b. GGD
- c. HRD
- d. IMTEC
- e. NSIAD
- f. PEMD
- g. RCED
- h. Other (Specify.)

8. Specify the size of the universe/sample(s) to which the data collection instrument is being administered (such as number of questionnaires to be mailed out in the initial mailing, number of telephone interviews to be completed).

9. Date of Implementation for Survey Instrument (such as date of initial mailing, date telephone interviewing is to begin)

2. Job Code(s)

3. Title (Use title printed on instrument.)

4. Evaluator-in-Charge

5. DMTAG Staff Contact

6. Will data be collected from the universe or from sample(s)? (Check one.)

- Universe
- Sample
- Other (Specify)

7. Data Collection Approach (Check one.)

- a. Mail Questionnaire
- b. Telephone Interviews
- c. Face-to-Face Interviews
- d. Records (such as, pro forma data collection from government files)
- e. Structured Group Discussions (such as, focus groups, discussion panels)
- f. Other (such as, group administration of self-administered forms) Specify.

10. Which of the following activities, for this survey, will be contracted out? (Check all that apply.)

- a. Stuffing Envelopes/Preparing Job Mailings
- b. Telephone/In-Person Interviews
- c. Extracting Information from Records/Documents
- d. Follow-Up Contracts
- e. Other Data Collection (Specify.)
- f. Key Punching
- g. Data Analysis
- h. Other (Specify.)
- i. Not Applicable (No contracting needed.)

11. Comments

**GAO**

**United States General Accounting Office**

**Destruction Record  
for Bulk Classified Material**

1. Division/Office	2. Subdivision/Site	3. Building or Location		
4. Description of Material (This information should agree with the related document accountability receipts or registers for the material being destroyed.)		5. Security Classification	6. Copy Number, If Any	7. Number of Copies

**Certification:** We certify that the above identified material was destroyed in the manner prescribed by GAO security policies.  
**\*Note:** Two witnesses are required for destruction of **TOP SECRET** material.

8. Name and Title of Destroying Employee	9. Signature	10. Date
11. Name and Title of Witness	12. Signature	13. Date
14. Name and Title of Witness*	15. Signature	16. Date

OPR:GS&C/OSS

GAO Form 266 (Rev. 12/90)  
(Previous editions are obsolete.)

United States General Accounting Office

GAO

Summary of Records Holdings/Disposals

Report for Fiscal Year Ending September 30, 19\_\_\_\_\_

Note: See instructions on reverse side before completing the form.

To: Manager, Records Analysis Branch Room 2031, Union Center Plaza		From: (Division/Office)	
<b>1. Volume of Records</b> (Cubic Feet) <i>(Review Measurements on reverse side.)</i>	<b>2. Current File Rooms and Offices</b>	<b>3. Staging, Holding, and Other Storage Areas</b>	<b>4. Total</b>
a. On Hand at Beginning of Period			
b. Transferred to:			
(1). Federal Records Centers			
(2) Records Administration			
(3). Other (Specify.)			
c. Destroyed			
d. On Hand at End of Period			
e. Magnetic Tape (number of reels included in total for item 4)			f. Number of Reels

5. Remarks: (Include explanations of significant annual increases or decreases in on-hand figures and brief descriptions of records destroyed.)

6. Date Prepared	7. Signature	8. Title
------------------	--------------	----------

## United States General Accounting Office

GAO

Instructions for Completing  
GAO Form 277**1. General**

Upon request, one copy of this form is to be submitted by each division/office to the Manager, Records Analysis Branch. This report includes all types of records. It does not include nonrecord materials.

**2. Definitions**

"Staging, Holding, and Other Storage Areas" means space formally designated as records holding areas except current file rooms and offices and Federal Records Centers.

"Magnetic Tape" includes all tapes on which data is recorded as part of any automated data processing or information retrieval system.

**3. Equivalents**

For the purpose of this report, volume may be calculated according to the following table of cubic-foot equivalents; quantities should be rounded to the nearest whole cubic foot.

**a. Filing Cabinets:**

One letter-size drawer = 1 - 1/2 cubic feet  
One legal-size drawer = 2 cubic feet  
One lateral (18" x 36") drawer = 3 cubic feet

**b. Shelf Files:**

One linear foot, letter-size = 4/5 cubic foot  
One linear foot, legal-size = 1 cubic foot  
Shelf files (36" x 15") = 3 cubic feet per tier

**c. Microfiche:**

10,000 fiche = 1 cubic foot

**d. Microfilm:**

100 16 mm reels (100 feet) = 1 cubic foot

**e. Filing Cases: (Card Cabinets)**

One 3" x 5" case = 1/10 cubic foot  
One 4" x 6" case = 1/4 cubic foot  
One 5" x 8" case = 1/4 cubic foot

**f. Magnetic Tapes:**

Seven reels = 1 cubic foot

**g. Federal Records Center Box:**

One box (15"x12"x10") = 1 cubic foot

(See GAO Order 0413.1 for cubic foot equivalents of audiovisual, electronic, and non-standard size records.)

United States General Accounting Office

**GAO**

**Master Product Folder**

Product Title or Subject and Job Code

Product Number

Date of Issue

Folder

of

OPR:OP

GAO Form 279 (Rev. 7/90)

GAO FORM 282 (REV. 8-81)  
(Previous Editions are obsolete)

(GAO Order 2630.1)

**REQUEST FOR ADVANCED SICK LEAVE  
U.S. GENERAL ACCOUNTING OFFICE**

STAPLE MEDICAL CERTIFICATE HERE

An advance of not more than 30 days of sick leave may be made in the case of serious incapacity. Additional sick leave is not usually advanced while there is still a balance due on previously advanced sick leave. Advanced sick leave is not usually authorized when the employee has more than 80 hours of annual leave. Employees serving under limited appointment will not be advanced sick leave in excess of the total sick leave which would otherwise be earned during the remaining period of such appointment. Sick leave will not be advanced when it is KNOWN at the time of the request that the employee will not return to duty.

The following requirements MUST be met:

1. Medical certification of the employee's incapacity and the expected duration thereof.  Attached  To follow
2. Medical prognosis in the case. (Diagnosis need not be disclosed.)
3. Statement from employee explaining the urgent need or exigency on which the request is based (Block 10).
4. Any other information pertinent to the illness that the employee considers of importance in the consideration of the request. The employee need not disclose any information not desired.

The employee and division/office will be notified in writing of the final decision.

(PLEASE USE BALL POINT PEN OR TYPE THE FOLLOWING INFORMATION.)

**TO BE COMPLETED BY EMPLOYEE**

1 Name (Last, First, MI)		2 Division/Office		3 Telephone Number Office Home (optional)	
4 Advanced sick leave being requested No of hours:                      Eff date		5 Expected date of return to duty:		6 Current leave balance as of SL                      AL	
7 Total length of Federal service					
8 Previous advances of sick leave			9 Attending Physician		
From		No. of hours granted	Name		
			Address		
10. Employee need/exigency statement (See requirement #3 above) (Attach additional sheet if necessary)					
				Employee Signature	
				Date	

**TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR (or designee)**

I recommend that this request be  approved  disapproved for the following reason(s)  
(Attach additional sheet if necessary)

\_\_\_\_\_  
Supervisor/Designee Signature

\_\_\_\_\_  
Date

GAO FORM 282a (8-81)  
(Previous Editions Are Obsolete)

(GAO Order 2630.1)

**APPROVAL/DISAPPROVAL  
OF ADVANCED SICK LEAVE REQUEST  
U.S. GENERAL ACCOUNTING OFFICE**

Employee's Name	Division/Office	Mailing Address
-----------------	-----------------	-----------------

Your request of \_\_\_\_\_ for advance sick leave is:

- Approved for \_\_\_\_\_ hours.
- Sick leave, as earned, will be applied against the advance and will not be available for use until the advance is liquidated.
- It is anticipated that earned sick leave will begin to be applied against the advance not later than the pay period which begins on \_\_\_\_\_
- Approval is contingent upon receipt of a medical certificate including the dates of incapacitation.
- Although you have submitted a medical certificate, approval is contingent upon receipt of an additional certificate, verifying the dates of incapacitation.
- Other: \_\_\_\_\_
- Your request is only partially approved for the following reason(s): \_\_\_\_\_
- Disapproved, for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
Signature, Division/Office Director (or designee)

\_\_\_\_\_  
Date

EMPLOYEE COPY



GAO Form 287 (Rev. 9/82)		(GAO Order 0267.1)	
<b>To: Chief, Special Travel Section</b> <b>Office of Financial Management</b> <b>Room 3660</b>		U.S. General Accounting Office <b>CLAIM FOR PERSONAL PROPERTY</b>	
NAME OF CLAIMANT		DATE	GAO DIVISION OR OFFICE
ADDRESS TO WHICH CHECK IS TO BE MAILED			
1. Claim is made in the amount of \$ _____ for personal property, listed in detail on the reverse side hereof, damaged or lost incident to service. All applicable certificates, statements, and other documents required by GAO Order 0267.1 are attached.			
2. I hereby assign to the United States, to the extent of any payment of this claim accepted by me, all my right, title and interest in and to any claim I may have against any carrier, insurer or other party (other than amounts I have already received as indicated in 3 and 4 below) rising out of the incident(s) described herein and will, upon request, furnish such evidence as may be required to enable the United States to enforce such claim.			
3. Was the property insured? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of demand on and action by insurer.		AMT CLAIMED \$	AMT PAID \$
4. If claim arises from a transportation loss, complete the following <input type="checkbox"/> Household Effects <input type="checkbox"/> Baggage <input type="checkbox"/> Automobile			
RELEASED TO (Name and Address of Carrier)			DATE
DELIVERED BY (Name and Address of Carrier)			DATE
Was demand for this loss or damage made against the common carrier? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enclose copies of demand on and action taken by carrier. If no, attach explanation.		AMT CLAIMED \$	AMT PAID \$
5. Has any previous claim been made against the United States for the property for which this claim is made? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.			
6. In the event any of the property for which claim is made is later recovered, or further reimbursement is received from the carrier or insurer, I agree to give written notice immediately to the Director, OFM, and to the extent that the Government has reimbursed me for such loss or damage, to make appropriate refund			
7. The date, place, facts and circumstances of the accident or incident are stated below (State facts in detail, adding additional sheets if necessary) (If this is a transportation claim, complete 4 above and add any additional facts here.)			
<b>CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS. Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 62 Stat 698, 749, 18 U.S.C. 287, 1001.)</b> <b>CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States (See 31 U.S.C. 3729.)</b>			
8. I make this claim with full knowledge of the penalties involved for willfully making a false claim			
SIGNATURE OF SUPERVISOR		DATE	SIGNATURE OF CLAIMANT
			DATE
TO BE COMPLETED BY WITNESS - Provide information which corroborates the loss or damage claimed on this form			
Signature		Date	Address



United States General Accounting Office

GAO

MATS Job Initiation Report

A. General Information

1. Job Code		2. Programming Division (code and abbreviation)		3. Self - initiated (Y/N) _____	
4. Responsibility Area (code)		5. Group (code)		6. Leadership (E/P)	
				7. Critical Assignment (Y/N) _____	
8. Title					
9. Short Title					
10. Primary Issue (code and short name)					
11. Secondary Issue (code and short name)					
12. Annual Work Plan Reference					

		Name	Unit (code and abbreviation)
13. Director		_____	_____
14. Assistant/Project Director		_____	_____
15. EIC/Project Manager		_____	_____
16. Department/Agency (code and abbreviation)			
a. _____	b. _____	c. _____	d. _____
e. _____	f. _____	g. _____	h. _____
17. Governmentwide Implications (Y/N) _____		18. Accounting Field	
		19. Accounting Field Name	

B. Decision Points

20. Skip Collection/Analysis Phase (Y/N) _____		Estimated/Actual Date	Use "#" if date is actual
21. Authorized Start			
22. DP1: End of Job Design			
23. DP2: One - Third Point			
24. DP3: Message Agreement			
25. DP4: Director Approval			

C. Performing Organization Authorizations (See continuation sheet, GAO Form 300A, for additional entries. Y/N \_\_\_\_\_)

26. Performing Organization (code and abbreviation)	27. Lead (Y/N)	28. Authorized Dates			29. Authorized Staff Days by Fiscal Year		
		Job Start	Product Delivery	Job Completion	FY _____	FY _____	FY _____
a. _____							
b. _____							
c. _____							
d. _____							
<b>GAO Total</b>							

OPR:OIMC/WSC

GAO Form 300 (1/91)  
Replaces GAO Form 100, Assignment Authorization

**Job Code** \_\_\_\_\_

**D. Job Products** (See continuation sheet, GAO Form 300A, for secondary products. Y/N \_\_\_\_\_)

30. Product Type /Addressee Code and Name	35. Event	Estimated Date	Actual Date
31. Principal (Y/N) _____	a. Submitted to P&R		
	b. Sent to Agency for Comment		
32. Time Critical (Y/N) _____	c. Comments Extension		
	d. Received Agency Comments		
33. Agency Comments Required (Y/N) _____	e. Sent to Final Processing		
	f. Product Issued		
34. Product Number			

**E. Congressional Request CCAR Number(s)**

**36. CCAR and Subject Number**

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

**F. Performing Organization Activity**

37. Estimated/Actual (#) Product Delivery	38. Estimated/Actual (#) Job Completion	39. Estimate of Staff Days Required	
Date _____ (#) _____	Date _____ (#) _____	For Job _____	For FY _____
40. Contact Name		41. Telephone No. ( )	

**G. Performing Organization Staff**

42. Name	43. Staff Code	44. Date Assigned	45. Date Released	46. Status Code (A/R)
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

**H. Approvals**

	Signature	Date
47. Assistant Comptroller General		
48. Director		
49. Assistant/Project Director		
50. EIC/Project Manager		

United States General Accounting Office

GAO

MATS Job Initiation Report  
Continuation Sheet

**Instructions:** Use this continuation sheet only when there are more than four performing organizations or a secondary product(s) that needs to be identified at the start of a job.

Job Code \_\_\_\_\_

**C. Performing Organization Authorizations**

26. Performing Organization (code and abbreviation)	27. Lead (Y/N)	28. Authorized Dates			29. Authorized Staff Days by Fiscal Year		
		Job Start	Product Delivery	Job Completion	FY ____	FY ____	FY ____
e.							
f.							
g.							
h.							
i.							
j.							
k.							
l.							
m.							
<b>GAO Total</b>							

**D. Job Products**

30. Product Type /Addressee Code and Name	35. Event	Estimated Date	Actual Date
31. Principal (Y/N) _____	a. Submitted to P&R		
	b. Sent to Agency for Comment		
32. Time Critical (Y/N) _____	c. Comments Extension		
	d. Received Agency Comments		
33. Agency Comments Required (Y/N) _____	e. Sent to Final Processing		
	f. Product Issued		
34. Product Number			

**D. Job Products**

30. Product Type /Addressee Code and Name	35. Event	Estimated Date	Actual Date
31. Principal (Y/N) _____	a. Submitted to P&R		
	b. Sent to Agency for Comment		
32. Time Critical (Y/N) _____	c. Comments Extension		
	d. Received Agency Comments		
33. Agency Comments Required (Y/N) _____	e. Sent to Final Processing		
	f. Product Issued		
34. Product Number			

OPR:OIMC/WSC

GAO Form 300A (1/91)

GAO

United States General Accounting Office

Knowledge, Skills, and Abilities Supplement for Writer-Editors

Name (Last, first, middle initial)

The following job elements will play a major role in the ranking process. Select the one item for each element that best describes your experience. Then, in the blank following that item, show where you acquired the experience by indicating either the course name(s) or the section(s) of your SF-171 where you noted the employment experience. You will receive no credit for an element if you check more than one box, neglect to check a box, or do not indicate how you acquired the experience on the blank line.

GAO may investigate your qualifications by contacting people who can verify your experience and education.

Element 1: Analysis

[ ] Analyzed concepts, arguments, and information from many sources using your judgment to discern relationships and synthesize ideas. This work entailed analyzing or critiquing documents on complex and technical subjects (e.g., government policy, management, economics). \_\_\_\_\_

[ ] Analyzed concepts, arguments, and information using your judgment to discern relationships and synthesize ideas. This work entailed analyzing or critiquing documents on complex but generally nontechnical subjects. \_\_\_\_\_

[ ] Analyzed information for factual discrepancies and other inconsistencies. This work entailed comparing and contrasting information in different documents generally on nontechnical subjects. \_\_\_\_\_

Element 2: Editing Principles and Practices

[ ] Revised manuscripts to strengthen logic, organization, readability, and tone, keeping in mind the audience's needs. Manuscripts were reports or studies on complex subjects (or on a wide range of subjects) and were written for organizations such as government agencies, consulting firms, think tanks, or universities. The editing entailed working closely with the author. \_\_\_\_\_

[ ] Edited manuscripts for organization and clarity. Manuscripts were reports, studies, or articles on sometimes complex subjects for organizations such as universities and the news media. \_\_\_\_\_

[ ] Edited manuscripts to eliminate jargon and redundancy and to improve clarity of paragraphs and sentences. Manuscripts were reports, articles, or news stories and usually were edited without closely consulting with the author. \_\_\_\_\_

Element 3: Interpersonal Relations and Teamwork

[ ] Worked collaboratively with others under sometimes difficult circumstances to achieve a planned objective. The circumstances might have entailed working under tight time frames with people under pressure who sometimes had conflicting opinions or judgments or who had different kinds of expertise to contribute to the project. \_\_\_\_\_

[ ] Worked collaboratively with others to achieve an objective. The circumstances might have entailed working with people who had similar opinions, judgments, or kinds of expertise. \_\_\_\_\_

(over)

---

**Element 4: English Grammar, Word Usage, and Spelling**

Used and explained generally accepted English grammar, word usage, and spelling; corrected common errors (e.g., dangling modifiers, errors in subject/verb agreement) as well as subtle or unusual ones (e.g., errors in punctuation of restrictive/nonrestrictive elements, subject/verb agreement errors where the subject was a collective noun).

---

Used generally accepted English grammar, word usage, and spelling and corrected common errors (as defined above).

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**Element 5: Writing**

Wrote reports, studies, articles, or a dissertation on complex subjects using different sources. These products were written sometimes for technical and sometimes for nontechnical audiences and for organizations such as government agencies, consulting firms, think tanks, or universities.

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Wrote summaries of information or college term papers on different subjects, using different sources, for a limited audience (such as university professors or supervisors).

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UNITED STATES  
GENERAL ACCOUNTING OFFICE  
Form 307 (Dec 66)

GPO : 1989 O - 348-154



GAO FORM 309 (Apr 66)

**U.S General Accounting Office  
APPLICATION FOR  
UNITED STATES GOVERNMENT  
MOTOR-VEHICLE OPERATOR'S IDENTIFICATION CARD**

NAME OF APPLICANT		HOME ADDRESS (Number, Street, City, State and Zip Code)	
DATE OF BIRTH			
PRESENT POSITION	DIVISION OR REGIONAL OFFICE		

CURRENT MOTOR-VEHICLE OPERATOR'S LICENSES					
TYPE OF PERMIT	PERMIT NUMBER	STATE WHERE ISSUED	VALID UNTIL (Date)	WAS ROAD TEST REQUIRED?	WHAT RESTRICTIONS ARE NOTED ON YOUR PERMIT?

REASONS FOR THIS APPLICATION:

1. Have you driven:— (Write "X" in proper column.)	NUMBER OF MILES DRIVEN				2. Have you driven:—	YES	NO
	NONE	UNDER 100	100 TO 500	OVER 500			
a. Passenger car .....					a. With automatic transmission?.....		
b. Light truck (1/2 to 1-1/2 tons).....					b. Standard gearshift?.....		
c. Medium truck (1-1/2 to 3 tons) .....					c. Gearshift other than standard?.....		
d. Heavy truck (3 tons or more) .....					d. On icy and snowy roads?.....		
e. Tractor-semitrailer .....					e. On hilly and mountain roads?.....		
f. Passenger bus (16 or more passengers)....					f. In heavy traffic in a big city?.....		
g. Other (Specify).....					g. On the open road at night?.....		
					h. In a snowstorm or fog?.....		
					i. On gravel and dirt roads?.....		
					j. A truck in small alleys?.....		

3. How many miles have you driven:—.....	IN THE PAST YEAR?				4. Have you ever:—	YES	NO
	IN THE PAST 5 YEARS?						
					a. Changed tires or wheels?.....		
					b. Put on chains or mudhooks?.....		
					c. Adjusted air pressure in tires?...		

5. Have you ever been employed as a full-time motor-vehicle operator?  YES  NO (If answer is "Yes" complete record below.)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED	REASON FOR LEAVING
	FROM	
	TO	

6. List below each of your arrests or summonses for violating a driving law (not parking) DURING THE PAST TEN YEARS. Be accurate and complete. A check of police traffic records and court records may be made. (Use item 15 if more space is needed.)

ARRESTED OR SUMMONSED FOR WHAT? (Speeding, driving while drunk, passing a red light, etc.)	MONTH AND YEAR	WHERE? (City or town and State)	WERE YOU CONVICTED?	WAS PERMIT REVOKED OR SUSPENDED?	ACTION TAKEN (How much was the court fine or the sentence? How much was the fine or the collateral without going to court?)

(Continued on reverse)

7. Has your State (or District of Columbia) operator's license or identification card been suspended or revoked **WITHIN THE PAST 5 YEARS?**  YES (Give details in item 15)  NO

8. In the last 10 years, have you been involved in ANY motor vehicle accidents WHILE YOU WERE DRIVING? Include every accident, your fault or not.  YES (Give details in item 15, including dates.)  NO

**IF YOU HAVE ANSWERED "NO" TO ITEM 8 YOU MAY OMIT ITEMS 9 THROUGH 14.**

9. IN HOW MANY OF THESE ACCIDENTS did your vehicle:-- hit a person? .....  
hit another vehicle? .....  
hit something other than a vehicle or person? .....  
get hit by another vehicle? .....

10. In how many of these accidents was the damage to any vehicles and other property \$25 OR MORE? .....  
a. IN HOW MANY OF THESE \$25-or-more cases was payment made to the other party in the accident? (Give details in item 15) .....  
b. IN HOW MANY DID THE OTHER PARTY or his insurance company pay DAMAGES TO YOU OR FOR THE VEHICLE YOU DROVE? .....

11. In how many of all of your accidents was somebody hurt badly enough to be treated by a HOSPITAL or a DOCTOR? (Give details in item 15)

12. In how many of all of your accidents was somebody KILLED? (Give details in item 15)

13. In how many of your accidents did a court find you NOT AT FAULT? (Give details of each accident in item 15. Include date of each accident.)

14. How many small accidents were there, never reported to police or insurance companies because of friendly settlement, which you have not counted as accidents?

15. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which your answers apply.

If more space is needed, use full sheets of paper approximately the same size as this page.  
Write on each sheet your name, date of birth, and GAO Form 309.

**FALSE STATEMENTS IN THIS APPLICATION MAY RESULT IN DENIAL, SUSPENSION OR REVOCATION OF IDENTIFICATION CARD**

CERTIFICATION:—I certify that the statements made by me in this application (including attached GAO Form 309 A) are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I HAD SOMEONE HELP ME IN WRITING AND FIGURING  I HAD NO ONE HELP ME

SIGNATURE OF APPLICANT

DATE

**RECOMMENDATION**

To: **DIRECTOR OF PERSONNEL**

I have reviewed the foregoing information and recommend that \_\_\_\_\_ be/not be issued a U. S. Government Motor Vehicle Operator's Identification Card. I have verified the information shown on the attached GAO Form 309 A with that shown on the applicant's operator's license and find it consistent.

SIGNATURE(S) OF RECOMMENDING OFFICIAL(S)

DATE

SIGNATURE(S) OF REVIEWING OFFICIAL(S)

DATE

GAO FORM 309-A (Apr 66)

U. S. GENERAL ACCOUNTING OFFICE  
APPLICATION FOR  
UNITED STATES GOVERNMENT  
MOTOR-VEHICLE OPERATOR'S IDENTIFICATION CARD

The applicant will furnish the following information which is necessary in the issuance of an Operator's Identification Card. Information below should be taken from the applicant's motor-vehicle operator's license to the extent possible. If a given item is not shown on the license, the information should be supplied.

NAME AS SHOWN ON LICENSE		SEX	SOCIAL SECURITY NUMBER
PLACE OF BIRTH			DATE OF BIRTH
COLOR OF HAIR	COLOR OF EYES	HEIGHT	WEIGHT
STATE (License issued by)	LICENSE NUMBER	DATE OF ISSUE	DATE OF EXPIRATION
RESTRICTIONS (e.g., must wear glasses or contact lenses)			

DIVISION OR REGIONAL OFFICE

APPLICANT WILL NOT WRITE BELOW THIS LINE

To: DIRECTOR  
OFFICE OF ADMINISTRATIVE SERVICES

The qualifications of the above named employee have been approved for the issuance of a Motor-Vehicle Operator's Identification Card covering passenger cars (and other vehicles if noted below), subject to the following restrictions:

1. Possession of a valid current driver's license permitting operation of vehicles covered.
2. Restrictions noted on the driver's license.

If coverage recommended by applicant's Division or Regional Office and here approved is to include vehicles other than passenger cars, the types are:

The basis of this approval is record information available and the written representations of the applicant.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director of Personnel)

---

SPACE BELOW RESERVED FOR USE OF OFFICE OF ADMINISTRATIVE SERVICES





## REPORTING INSTRUCTIONS

The following instructions supplement those contained on the Forms 310 and 311.

### PART I – Earned Income

The term "earned income" includes, but is not limited to the following: compensation for services, fees, commissions, business and partnership income, royalties, honoraria, annuities, pensions, income from life insurance and endowment contracts and income from discharge of indebtedness. The source and type of any such income earned in the preceding calendar year must be listed. The amounts of earned income need not be reported. Identity of each source of earned income is required.

**EXCLUSIONS:** Income from your employment with the GAO, any income of children, spouse's gross income aggregating less than \$1,000 from any one source. Dividends, interest, rent, capital gains and income from trusts and estates. Your earned gross income aggregating under \$100 from any one source.

### PART II – Holdings

Business interests, stocks and bonds, real estate, loans to others, retirement funds and any other investment or income producing property must be identified and reported. Property held by you, your spouse, or child at any time during the 12 months preceding date of filing must be listed if it had a fair market value exceeding \$1,000 at date of filing or date of disposition, as appropriate. If the holding has been sold, or otherwise disposed of as of the date of filing, so indicate. The values of holdings need not be reported.

In determining the fair market value of a holding any reasonable method of evaluation may be used.

In listing securities, the name of each company in which stock, bonds and other securities valued over \$1,000 is held must be listed separately. In reporting real property holdings, a brief description of the property and its location must be included. Trust holdings must be reported if the trust assets are known or can be disclosed to the employee by the trustee. In lieu of listing trust assets on the form a statement of assets furnished by the trustee may be appended to the form.

**EXCLUSIONS:**

- a. personal savings and checking accounts, certificates of deposit, money market certificates and IRA accounts in banks and similar institutions.
- b. debts owed to you by relatives.
- c. personal automobile, personal furnishings, personal residence, including vacation home, not used for production of income.
- d. life insurance policies.
- e. interest in social security or civil service retirement fund.
- f. investments in securities and bonds issued by the U.S. Treasury. This exclusion does not extend to state and local bonds or other securities.

### PART III – Gifts or Reimbursements

Only those gifts or reimbursements aggregating \$250 or more from any one source during the preceding calendar year need be reported. In determining the aggregate amount from one source, the fair value or a good faith estimate of value may be used and individual items less than \$35 may be disregarded, even though in the aggregate they are \$250 or more. State a brief description of the gift. In disclosing gifts of or reimbursements of entertainment or travel-related expenses, the individual should include a brief description of the itinerary and the nature of the expenses provided. Reimbursements in the nature of travel expenses provided in connection with a speaking engagement, teaching, etc., are reportable, if not included in gross honoraria under Part I, whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization.

**NOTE:** This Part is not applicable to special Government employees who are not expected to perform services for 60 days in a calendar year.

**EXCLUSIONS:**

- a. Individual items less than \$35.
- b. gifts from relatives. (See definitions below)
- c. inheritances.
- d. gifts or reimbursements to spouse independent of relationship to you.
- e. personal hospitality. (Food, lodging and entertainment extended for a nonbusiness purpose by an individual, not a corporation or organization, at the personal residence of that individual or his or her family or on the property or facilities owned by that individual or his or her family.)
- f. memento honors.
- g. food, lodging, transportation or entertainment provided by the United States, or by foreign governments in the foreign country.
- h. food and beverages consumed at banquets, receptions and similar events.
- i. no report is necessary concerning any gift to a child.

**PART IV – Liabilities**

All personal obligations aggregating over \$10,000 owed by you, your spouse or child to one creditor at any time during the preceding calendar year whether secured or not, and regardless of the repayment terms or interest rates, must be listed. The name of the individual or organization to which the liability is owed must be disclosed together with a brief statement of the nature of the obligation.

- EXCLUSIONS:**
- a. mortgages secured by the personal residence (including a vacation home not used for the production of income) of the reporting individual or his spouse.
  - b. any loan secured by a personal motor vehicle, or household furniture or appliances.
  - c. any liability owed to a relative.
  - d. any contingent liability, such as a guarantor or endorser or the liabilities of a business in which the reporting individual has an interest need not be reported.

**NOTE:** This Part is not applicable to special Government employees who are not expected to perform services for 60 days in a calendar year.

**PART V – Positions**

Any position held during the preceding 12 months by the reporting individual, whether compensated or uncompensated, in any business entity, nonprofit organization, labor or professional organization, state or local government, educational or other institution must be reported. Special Government employees are required to report other positions and employment within the Federal Government.

**NOTE:** Special Government employees also should list any employment which the individual expects to hold during employment in GAO as a special Government employee.

- EXCLUSIONS:** Positions held in any religious, social or fraternal entity and positions solely of an honorary nature; positions held by a spouse or child; political party affiliation.

**PART VI – Agreements**

Continuation of payments or continued participation in benefits from a former employer would include interests in or contributions to a pension fund, profit-sharing plan, or life or health insurance, buy-out agreement, severance payments, etc. No report under this section is required as it pertains to a spouse or child.

**SPOUSE AND CHILD DISCLOSURE**

An employee is required to include certain information in Parts I through IV concerning the interests of his or her spouse and children. The extent of the reporting requirements are explained in each Section of these instructions. However, no report is required with respect to a permanently separated spouse or a spouse living separate and apart from the reporting individual with the intent of terminating the marriage. In addition, no report is required with respect to the receipt or payment of alimony, child support, or other property settlement arising from the dissolution of a marriage or the permanent separation from a spouse. The term "child" means any individual who is a son, daughter, stepson, or stepdaughter of a reporting individual and who is either: (1) unmarried, under age 21, and is living in the household of the reporting individual, or (2) is a "dependent" of the reporting individual within the meaning of Section 152 of the Internal Revenue Code of 1954.

**TRANSACTIONS BETWEEN RELATIVES**

As noted in the above instructions, certain financial obligations between relatives and gifts from relatives need not be reported. The term "relative" means an individual who is related to the reporting individual as father, mother, son, daughter, sister, brother, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, halfbrother, halvesister, or who is the grandfather or grandmother of the spouse of the reporting individual, and shall be deemed to include a fiance or fiancee of the reporting individual.

**SPECIAL GOVERNMENT EMPLOYEE**

A Special Government Employee means an officer or employee who is retained, designated, appointed or employed to perform, with or without compensation, for a period not to exceed 130 days during any period of 365 consecutive days, temporary duties either on a full-time or intermittent basis.

United States General Accounting Office

GAO

Record of Action on Financial Disclosure Reports

**PART I**

**Certificate for Review of the Senate Public Financial Disclosure Report:**

I have reviewed the attached executed and signed Senate Public Financial Disclosure Report, together with all other relevant information known to me, and I have determined that (1) no conflicts of interest exist, and (2) no other type of a situation exists which requires further clarification

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Reviewing Official)

**PART II**

**Action on GAO Forms 310 and 311, and Senate Public Financial Disclosure Reports (1) Which Raise a Possible Conflict of Interest, Apparent Conflict of Interest, or Ethics Violation, or (2) on which additional information or further clarification is needed.**

A. Describe the nature of the conflict of interest, apparent conflict of interest, or ethics violation

B. Summarize the employee's explanation or additional information obtained, if any.

C. State the conclusion of the reviewing official including reasons therefor and recommendations.

D. Describe the final resolution

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Reviewing Official)

GAO Form 310A (12/87)





III. Positions

The identity of all positions held by you during the preceding 12 months, or which you expect to hold during your employment as a special Government employee, as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor or professional organization, or any educational or other institution. *EXCLUDE:* positions in any religious, social, fraternal entity and positions solely of an honorary nature, positions held by spouse or child.

POSITION	NAME OF ORGANIZATION
_____	_____
_____	_____
_____	_____

IV. Agreements

List the parties to and nature of any agreement or arrangement currently in effect with respect to future employment; leave of absence during period of U.S. Government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer. *EXCLUDE:* Agreements of spouse or child.

IDENTITY

\_\_\_\_\_

\_\_\_\_\_

I certify that the statements I have made are true, complete, and correct to the best of my knowledge and belief. I understand that filing this statement does not relieve me of the responsibility to avoid conflicts of interest nor permit me to participate in any matter in which I have a conflict of interest unless I have obtained advance written approval in accordance with the provisions of GAO Order 2735.2, Conflict of Interest and Statements of Employment and Financial Interests.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

I have reviewed this executed and signed Statement of Employment and Financial Interests GAO Form 311, together with all other relevant information known to me, and I have determined that no conflicts of interest or apparent conflicts of interest exist.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Reviewing Official)

To The Reviewing Official: If the information disclosed above shows the appearance of a possible conflict of interest, record the nature of the possible conflict and action taken on separate pages and attach to this form. Indicate satisfactory resolution of the possible conflict by signing below.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Reviewing Official)

**PRIVACY NOTICE** GAO Order 2735.2 is the authority for the collection of confidential statements of employment and financial interests. Under the Order access is limited to specified officials. It is mandatory that GAO employees and special Government employees who are required to file statements do so. Failure to file could be cause for appropriate disciplinary action. The information gathered will be used to determine whether there are any real or apparent conflicts of interest in violation of 18 U.S.C. 201 et seq., or GAO Order 2735.2.

**REPORTING INSTRUCTIONS**

The following instructions supplement those contained on the Forms 310 and 311.

**PART I – Earned Income**

The term "earned income" includes, but is not limited to the following compensation for services, fees, commissions, business and partnership income, royalties, honoraria, annuities, pensions, income from life insurance and endowment contracts and income from discharge of indebtedness. The source and type of any such income earned in the preceding calendar year must be listed. The amounts of earned income need not be reported. Identity of each source of earned income is required.

**EXCLUSIONS:** Income from your employment with the GAO, any income of children, spouse's gross income aggregating less than \$1,000 from any one source. Dividends, interest, rent, capital gains and income from trusts and estates. Your earned gross income aggregating under \$100 from any one source.

**PART II – Holdings**

Business interests, stocks and bonds, real estate, loans to others, retirement funds and any other investment or income producing property must be identified and reported. Property held by you, your spouse, or child at any time during the 12 months preceding date of filing must be listed if it had a fair market value exceeding \$1,000 at date of filing or date of disposition, as appropriate. If the holding has been sold, or otherwise disposed of as of the date of filing, so indicate. The values of holdings need not be reported.

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**EXCLUSIONS:**

- a. personal savings and checking accounts, certificates of deposit, money market certificates and IRA accounts in banks and similar institutions.
- b. debts owed to you by relatives.
- c. personal automobile, personal furnishings, personal residence, including vacation home, not used for production of income.
- d. life insurance policies.
- e. interest in social security or civil service retirement fund.
- f. investments in securities and bonds issued by the U.S. Treasury. This exclusion does not extend to state and local bonds or other securities.

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Only those gifts or reimbursements aggregating \$250 or more from any one source during the preceding calendar year need be reported. In determining the aggregate amount from one source, the fair value or a good faith estimate of value may be used and individual items less than \$35 may be disregarded, even though in the aggregate they are \$250 or more. State a brief description of the gift. In disclosing gifts of or reimbursements of entertainment or travel-related expenses, the individual should include a brief description of the itinerary and the nature of the expenses provided. Reimbursements in the nature of travel expenses provided in connection with a speaking engagement, teaching, etc., are reportable, if not included in gross honoraria under Part I, whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization.

**NOTE:** This Part is not applicable to special Government employees who are not expected to perform services for 60 days in a calendar year.

**EXCLUSIONS:**

- a. Individual items less than \$35.
- b. gifts from relatives. (See definitions below)
- c. inheritances.
- d. gifts or reimbursements to spouse independent of relationship to you.
- e. personal hospitality. (Food, lodging and entertainment extended for a nonbusiness purpose by an individual, not a corporation or organization, at the personal residence of that individual or his or her family or on the property or facilities owned by that individual or his or her family.)
- f. memento honors.
- g. food, lodging, transportation or entertainment provided by the United States, or by foreign governments in the foreign country.
- h. food and beverages consumed at banquets, receptions and similar events.
- i. no report is necessary concerning any gift to a child.

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  - b. any loan secured by a personal motor vehicle, or household furniture or appliances.
  - c. any liability owed to a relative.
  - d. any contingent liability, such as a guarantor or endorser or the liabilities of a business in which the reporting individual has an interest need not be reported.

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As noted in the above instructions, certain financial obligations between relatives and gifts from relatives need not be reported. The term "relative" means an individual who is related to the reporting individual as father, mother, son, daughter, sister, brother, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, halfbrother, halvesister, or who is the grandfather or grandmother of the spouse of the reporting individual, and shall be deemed to include a fiance or fiancee of the reporting individual.

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United States General Accounting Office

GAO

OPC Automated and Production Graphic Services; Design Services

Please submit your requisition to Customer Service: Room 4411 Phone: 275-5590

General Information

Contact person Phone Alternate Phone Organization Job Title

Type of Publication

Report (chapter, letter, fact sheet, briefing, testimony, or staff study) Training Policy, Guidance, and Standards GAO Operations Legal Reference Special

Automated and Production Graphic Services

Charts/graphs Certificates Photostat(s) Maps Forms Other (specify) Coverplate audit report Coverplate nonaudit pub Presentation boards Nameplates Stationery Changes/corrections Photo sizing 35mm slides View graphs (B&W/color)

Total no. pieces needed

Grid for total no. pieces needed

No. of source materials attached

35mm slides Charts/graphs Photos Disks Manuscript Other

Artist Time

Priority Graphics—Attach signed priority memo.

Completed job received by Date

Typeset Reports

Chapter Letter Fact sheet Briefing Staff study Check here if this is a prepublished report No. of copies of manuscript No. of tables No. of original art (photos, charts, illustrations) No. of disks No. of pages No. of flysheets (supporting documentation)

Title (2-line maximum, up to 36 spaces, 1 space between words)

Grid for title

Subtitle (72-space maximum, 1 space between words)

Grid for subtitle

Addressee (190-space maximum)

Report to

Footer Title (54-space maximum, 1 space between words)

Grid for footer title

Priority Report Typesetting—Attach signed priority memo.

OPR: OPC

GAO Form 312-a (Rev. 5/89)

**Typeset Reports (continued)**

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Are there abbreviations in this report?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any special characters in this report (i.e. ! " )?	<input type="checkbox"/>	<input type="checkbox"/>	Has spelling validation been done?	<input type="checkbox"/>	<input type="checkbox"/>
Has a list of abbreviations been included?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, list pages on which they occur _____				

**Coverplates for Classified Reports**—Check one  Secret  Confidential

Fill in addressee, title, and subtitle information for "typeset reports" that appears on first page of this form. Include a (U) within the subtitle. Complete the information below:

National Security Information—Unauthorized disclosure subject to criminal sanctions.  
 Classified by \_\_\_\_\_  
 Declassify on \_\_\_\_\_

No foreign dissemination  Formerly restricted data  Other \_\_\_\_\_

**Other Typeset Publications**

**Job Title** \_\_\_\_\_ Check finished size of your publication

Fill in same information, except addressee, for reports that appears on first page of this form. Answer the "yes-no" questions for typeset reports  8-1/2" X 11"  6" X 9"  4" X 8-1/2"  Other \_\_\_\_\_

**Facsimile Signature Authorization** I authorize use of my facsimile signature in this report/publication

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Approval of Camera-Ready Copy** I certify that I have read and proofed this publication and it is ready for printing

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Graphic Design Services**

<input type="checkbox"/> Covers	<input type="checkbox"/> Brochures	<input type="checkbox"/> Flyers	<input type="checkbox"/> Slides	<input type="checkbox"/> Special publication	<input type="checkbox"/> Other _____
<input type="checkbox"/> Exhibits	<input type="checkbox"/> Pamphlets	<input type="checkbox"/> Posters	<input type="checkbox"/> Consultation	<input type="checkbox"/> Illustrations	_____

**Brief Description of Work**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Artist/Designer \_\_\_\_\_ Date Completed \_\_\_\_\_

Completed job received by \_\_\_\_\_ Date \_\_\_\_\_

United States General Accounting Office

GAO

OPC Printing and Distribution Services

Please submit your requisition to Customer Service: Room 4411 Phone: 275-5590

General Information

Contact person Phone Alternate Phone Organization Job Title

Type of Publication

Report (chapter, letter fact sheet, briefing testimony or staff study) Training Legal Reference GAO Operations Policy, Guidance, and Standards Special

Report Printing

Restricted Classified Reprint No. of original pages No. of printed copies Cover color Initial All other Total (Must be same total that appears on GAO Forms 115) Has this report been republished? Priority printing—Attach signed priority memo. Division ACG or Designee Date (Signature)

Printing Other Than Reports

Is this a reprint? Yes No

Printing Specifications

1 No. of original pages 2 No. of printed copies 3 Paper 4 Printing 5 Cover Ink 6 Bindery 7 Size of image area 8 Stapling 9 Photostats No. of pieces submitted

**Printing Specifications (continued)**

Special instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval to Print Policy-Related Materials**

The attached document is ready for printing and contains:

- No policy-related materials
- Policy-related material, OP's signature required

Division/Office Head or Designee \_\_\_\_\_ Date \_\_\_\_\_

Director, Office of Policy \_\_\_\_\_ Date \_\_\_\_\_

**Distribution Other Than Reports**

- Requester will make distribution of printed copies.
- Typed address labels are provided for Distribution Unit. (Each label should indicate the number of copies, if more than one, for the addressee.)
- Policy Documents Only—2 copies to OP; 1 copy to OIRM.

Instructions to Distribution Unit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval of Printed Copies and Authorization to Distribute** (Distribution will not be made without signature )

I have reviewed a printed copy of this publication and consider it ready for distribution.

\_\_\_\_\_  
(Print name of contact person or alternate.) Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Camera copy received by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_



GAO

United States General Accounting Office

OPC Editing and Writing Services

Please submit your requisition to Customer Service: Room 4411 Phone: 275-5590

General Information section with fields for Report no., Date in, Contact person, Phone, Alternate, Job Title, and Organization.

Type of Publication section with checkboxes for Report, GAO Operations, Training, Legal, Reference, Policy, Guidance, and Standards, and Special.

Manuscript

Note: All manuscripts must be typed and double-spaced.

Manuscript details section with fields for No. of pages and Audience and purpose.

Service(s) Desired

- List of services desired with checkboxes: Determine organization and format, Develop or revise outline, Draft document or portions of it, Rewrite sentences or paragraphs to improve logic, organization, clarity, or tone, Help develop, improve, or produce visual aids, Copy-edit (correct punctuation and grammar), Proofread (check manuscript against typewritten/typeset copy).

Special instructions section with a long horizontal line for text entry.

Editor and Date Completed fields.

Completed job received by and Date fields.

OPR:OPC

GAO Form 312-c (Rev. 5/89)

United States General Accounting Office

GAO

OPC WordPerfect Typing Services

Please submit your requisition to
Customer Service: Room 4411
Phone: 275-5590

General Information

Requestion no. Date in
Contact person Phone Time in
Alternate Phone Logged in by
Organization Job Title

Type of Publication

Report (chapter, letter, fact sheet, briefing, testimony, or staff study)
Report no.
GAO Operations
Training
Legal
Reference
Policy Guidance, and Standards
Special

WordPerfect Typing

No. of manuscript pages
Initial typing or revisions No. of disks
Spacing and/or margins, if applicable

Instructions to Users of Typing Services

- 1 Number the pages in the manuscript. The manuscript may be typewritten or legible hand-written copy.
2 Keep a copy of the manuscript.
3 Provide the OPC Customer Service Desk with the following:
a) an original plus one copy of the manuscript
b) labeled, dual-sided, double-density floppy diskette(s) and
c) sufficient stationery, bond paper, and/or blank forms. (The contractor provides continuous feed paper.)
4 Provide instructions for the contractor, such as:
a) sample format.
b) margins and spacing, if appropriate.
c) date due, and
d) any additional instructions the contractor may need.

Note: This contract does not cover recording and transcribing services

Completed job received by Date

United States General Accounting Office

GAO

Application for/Report of External Training

1. Name		6. Division/Office to be charged (Org. code)		8a. Purchase Order number	
2. Social security number		3 Pay Plan/Job Series/ Grade-Band		b. Date	
4. Office location		5 Telephone number		7. Home Division/Office	
				9. Budget Object Class charged (BOC)	

**A. Training-Education Information**

10. Sponsor name and mailing address Name Street City/State/Zip				14 Course title - Training objectives			
11 Location of training <input type="checkbox"/> (Check if same as 10.)				15 Training period		16 Training hours/CPE credits	
12 Source Code _____ 13 Content Code _____ (See reverse for Codes.)				Start	Month	Day	Year
				End			
				During duty hours			
				During non duty hours			
				Total			
				Anticipated CPE credits			

**B. Costs**

17. Direct costs to GAO		18 Direct costs to employee		19. Indirect cost (Estimate of indirect costs to GAO, if any.)	
Tuition	\$	Tuition	\$	Travel	\$ .00
Related fees	\$	Related fees	\$	Per diem	\$ .00
Total	\$	Total	\$	Total	\$ .00

**C. Agreement**

20. I agree to reimburse GAO for the tuition and related fees paid in connection with my training (block 17), if I voluntarily leave GAO before completing my training

I agree to attend and successfully complete the training. (i.e., receive a grade of "C" or better). If I do not successfully complete the course. I agree to reimburse GAO for the tuition and related fees paid in connection with the courses (Block 17)

I understand that I cannot receive tuition assistance for the course while receiving benefits from the Veterans Administration under the GI Bill.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. Approvals**

21a. Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

b. Training Coordinator \_\_\_\_\_ Date \_\_\_\_\_

c. Division/Office Director \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Upon completion/cancellation of training complete back of form.

**E. Completion/Cancellation Certification and CPE Credit Report**

22. Certification (Check one.)

- a.  I successfully completed the training described and have attached a copy of grade report or completion certificate
- b.  I successfully completed the training described. grade report or completion certificate was not provided
- c.  I did not successfully complete or attend the training. a check reimbursing GAO is attached
- d.  I did not successfully complete the training due to circumstances beyond my control. a memorandum explaining circumstances is attached
- e.  Certification not applicable (GAO did not pay for training)

23 a In accordance with GAO Order 2410.2 are you claiming Continuing Professional Education (CPE) credits for this training? (Check one)

- Yes → Enter CPE information, then sign below
- No → Sign below

b Number and Type of CPE Credits

Type	Number Government Credits Earned	Number Non-government Credits Earned	Total
Student/Participant (Classroom, conference etc.)			
Self-paced individual instruction			
Presenter (Conference, meeting, etc.)			

c. Calendar year CPE credits apply - 19\_\_\_\_

Employee's Signature	Date	Supervisor's Signature	Date	Certifying Official (Name/Title)	Date
----------------------	------	------------------------	------	----------------------------------	------

**F. Payment Authorization. Complete this section if 22d. was checked above.**

I certify that the employee was unable to successfully complete or attend the training described due to circumstances beyond his/her control. Payment is therefore authorized.

Certifying Official (Name/Title) \_\_\_\_\_ Date \_\_\_\_\_

**Codes for Items 12 and 13**

12. Source	13. Content
01 Federal Government (non-GAO)	1 Technical Skill or Knowledge building (e.g., data analysis, public policy process)
02 USDA Graduate School	2 Supervision, management or executive development
03 State/local Government	3 Issue area related
04 College University	4 Other
05 Professional Organization	
06 Trade or Industry Association	
07 Private firm	
99 Other	

**Instructions**

Use this form to request and report completion of external training. This form should also be used to report any external training not paid for by GAO for which CPE credits are claimed. See note below.

- Item 3 - Specify pay plan (GS Band ES or WG) in addition to job series and grade/band
- Items 6, 7, 8, and 9 - To be completed by unit training coordinator or appropriate official
- Item 12 - Use the Source codes provided above. If instructor or presenter, code the audience or organization at which the presentation was made. (Note "Other" = 99)
- Item 13 - Use the Content codes provided above. If more than one applies choose major or main content area
- Item 14 - Provide course title as well as a brief description of training objectives
- Item 15 - Enter the first and last day of training
- Item 16 - Enter number of training hours during duty and non-duty periods. For residential training report only training hours, do not include all hours in residence. For Anticipated CPE Credits, enter the total number of CPE credits you expect to get for this training. If none, enter 0
- Item 17 - Enter direct costs (tuition and related fees) to be incurred by GAO, if none, enter 0

- Item 18 - Enter direct cost you incurred, if none, enter 0
- Section D - Obtain approvals in accordance with your unit's procedures
- Item 22 - Check applicable certification statement
- Item 23 - If CPE credits are claimed, report the number of government and non-government related credits by type of activity listed. Government related means the training was directly related to the government environment and to government auditing evaluation. (See your training coordinator if you have questions.) If you were a participant and presenter be certain to report CPE credits for each, if applicable. Also report the calendar year CPE credits apply. For example, credits may be earned during the grace period and applied to the previous year.
- Item 22 and 23 - Make certain to sign for certification and CPE credit report. Obtain signature(s) in accordance with your unit's procedures
- Note: If this form is used to report external training with no direct cost to GAO, items 6, 8, 9, and 20 are not applicable. Item 17 should show (0) zero direct cost for GAO, and Item 18 any direct cost incurred by you. If the external training you are reporting involved only indirect cost to GAO, complete the form in accordance with your unit's procedures

United States General Accounting Office

GAO

Report of Continuing Professional Education (CPE)

1. Name	2. Social security number	3. Pay Plan/Job Series/ Grade-Band
4. Home Division/Office	5. Office location/Telephone number	

A. Training-Education Information

6. Title of course, publication, etc. (Specify organization, publisher, etc.)	8. Source/Audience Code _____																						
	9. Content Code _____ (See reverse side for codes.)																						
7. Brief description of content	10. Date(s) of attendance, presentation, or publication	11. Training hours																					
	<table border="1"> <thead> <tr> <th></th> <th>Mo</th> <th>Day</th> <th>Yr</th> </tr> </thead> <tbody> <tr> <td>Start</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>End</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>Publication</td> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		Mo	Day	Yr	Start	___	___	___	End	___	___	___	Publication	___	___	___	<table border="1"> <tbody> <tr> <td>During Duty Hours</td> <td>_____</td> </tr> <tr> <td>Non duty Hours</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> </tr> </tbody> </table>	During Duty Hours	_____	Non duty Hours	_____	Total
	Mo	Day	Yr																				
Start	___	___	___																				
End	___	___	___																				
Publication	___	___	___																				
During Duty Hours	_____																						
Non duty Hours	_____																						
Total	_____																						

B. CPE Credits Earned

12. a. Number government related CPE credits	_____
b. Number of nongovernment related CPE credits	_____
c. Total	_____

13. Type of CPE activity (Check only one.)

- 1.  Student/participant (classroom, presentation, etc.)
- 2.  Self-paced individual instruction
- 3.  Presenter (professional meeting, conference, etc.)
- 4.  Instructor (classroom training)
- 5.  Author (published work)

14. Calendar Year CPE credits apply 19 \_\_\_\_\_

15. The CPE credits reported above were earned in accordance with GAO Order 2410.2 and are subject to the ceilings specified therein

Employee's Signature	Date	Supervisor's Signature	Date
Certifying Official	Date		

**Codes for Items 8 and 9**

8. Source/Audience	9 Content
01 Federal government (non-GAO)	1. Technical skill or knowledge building
02 USDA Graduate School	2. Supervision, management, or executive development
03 State/local government	3. Issue area related
04 College, university	4. Other
05 Professional organization	
06 Trade or industry association	
07 Private firm	
08 GAO internal training not tracked by the Training Registration System (TRS) (e.g., unit-specific training, self paced, etc.)	
09 GAO internal training tracked by TRS (This code is for use by instructors only)	
98 Not applicable-published writing	
99 Other	

**Instructions**

Use this form to report Continuing Professional Education (CPE) credits earned through activities not recorded on GAO Form 314 (External Training) or GAO's Training Registration System (Central Internal Training). Such activities include attending unit-based training, outside teaching, teaching GAO courses (central or unit-based), and publishing written works.

**Item 3** - Specify pay plan (GS, Band, ES, or WG) in addition to job series and grade/band

**Item 8** - Use the source codes provided above. If instructor or presenter, code the audience or organization at which the presentation was made (Note "Not applicable" = 98 and "Other" = 99)

**Item 9** - Use the content codes provided above. If more than one applies, choose major or main content area

**Item 10** - Enter the first and last day of training. If published work, enter publication date only

**Item 11** - Enter number of training hours during duty and nonduty periods. Include preparation time as well as presentation time if instructor or presenter. For published work include preparation time

**Item 12** - Enter the number of government and nongovernment related credits earned. Government related means the training was directly related to the government environment and to government auditing/evaluation. (See your training coordinator if you have questions.)

**Item 13** - Check only one type of CPE activity. If more than one applies, use multiple forms (one for each activity)

**Item 14** - Report the calendar year the CPE credits apply. For example, credits may be earned during the grace period and applied to the previous calendar year

**Item 15** - Sign form and obtain signature(s) in accordance with your unit's procedures

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**United States General Accounting Office**  
**GAO Action Routing Slip**

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Name	Date	Name	Date
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Remarks





GAO Form 334  
(Rev. 9/84)

(GAO Order 0300.1)

**UNITED STATES GENERAL ACCOUNTING OFFICE**

**AGREEMENT IN CONNECTION WITH THE ASSIGNMENT OF EMPLOYEES  
UPON TRANSFER OR APPOINTMENT TO SHORTAGE CATEGORY POSITIONS  
TO POSTS OF DUTY WITHIN THE CONTINENTAL UNITED STATES**

I. NAME OF EMPLOYEE (Or Appointee, Or Student Trainee)	II. POSITION AND GRADE	III. DIVISION OR OFFICE CURRENTLY ASSIGNED	
IV. EMPLOYEE'S ADDRESS OF ACTUAL RESIDENCE AT TIME OF SELECTION		V. NAME AND ADDRESS OF PRESENT POST OF DUTY	
VI. NAME AND ADDRESS OF NEW DUTY STATION	VII. TRAVEL ORDER NUMBER	VIII. TRAVEL ORDER DATE	
		IX. EFFECTIVE DATE OF TRANSFER OR APPOINTMENT	

1. **AUTHORITY:** The following Agreement is executed pursuant to General Accounting Office Order 0300.1, Part IV, Chapter 2, Paragraph 1; Federal Property Management Regulations 101-7, Paragraph 2-1. 5a (1) (a); 5 U.S.C. 5723, 5724, 5724a, 5726.

2. **EMPLOYEE'S AGREEMENT:** In consideration of payment by the General Accounting Office of the travel and transportation expenses and allowances for myself, and my immediate family, incident to the transfer or appointment in a shortage category position to the post of duty designated above, I agree to remain in the Government service for 12 months following my transfer or appointment, unless separated for reasons beyond my control which are acceptable to the General Accounting Office.

Further, I agree, as and to the extent required by law (5 U.S.C. 5723 (b), 5724 (j)), that if I violate this Agreement, I will be indebted to the General Accounting Office in an amount equal to the money spent by the General Accounting Office for the travel and transportation expenses and allowances involved.

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE AND TITLE OF APPROVING GAO OFFICIAL	DATE

Forward three signed copies to the Transportation and Relocation Services Section, OFM. (A completed GAO Form 188 must accompany this form.)

**United States General Accounting Office**

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**GAO** **Request for Copies**

<b>1. Title</b>			
<b>2. Requester's Name</b>		<b>3. Division/Office</b>	
<b>6. No. of Original Pages</b>		<b>7. No. of Copies for Each Page</b>	
<b>9. Assemble</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>10. Staple</b> (limited to 50 pages) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>12. Size of Paper</b> <input type="checkbox"/> 8-1/2" x 11" <input type="checkbox"/> 8-1/2" x 14"		<b>11. Copy on one side or two sides of sheet?</b> <input type="checkbox"/> One Side <input type="checkbox"/> Two Sides	
<b>13. Reduction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Size Needed _____			
<b>14. Special Instructions for Operator</b>			
<b>15. Signature of Receiver</b>		<b>16. Division/Office</b>	
<b>17. Date</b>			

**Instructions**

1. Use a separate request for each job.
2. If the document is not numbered consecutively, manually insert consecutive numbers on the back of the pages (or use a non-photo-blue pencil on the front of the pages). This will enable the operator to reassemble the document if necessary.
3. Remove all staples and metal fasteners from originals.
4. Attach request form to material with a paper clip or a rubber band and deliver it to the Copy Center.

**Limitations**

1. Size of originals may not exceed 14" x 18".
2. No more than 50 copies may be made on 8-1/2" x 11" or 8-1/2" x 14" paper from loose sheet originals or pages from a book, a pamphlet, or a magazine.
3. If you need over 50 copies, please take your work to the PCC Customer Service Desk, room 4411.
4. Stapling is limited to one staple in upper left-hand corner and a maximum of 50 pages.
5. Quality of reproduced photographs generally will be very poor.
6. Extraneous marks, lines, smudges, etc., appearing on originals cannot be deleted from copies.
7. Copy Center staff will not duplicate copyrighted material without written authorization from the copyright holder.
8. Entire books may not be copied.

GAO FORM NO. 349 (8-70)  
BOB Circ. A-56 Rev.

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED  
UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION**

*(See instructions at bottom of page)*

<b>I. EMPLOYEE - CLAIMANT:</b>		
Name	Mailing Address	Check Applicable Box if Earlier Claim for Real Estate Expenses Submitted for this Transfer. <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>II. TRANSFER DATA:</b>		
Old Official Station	New Official Station	Date of Notification of Impending Transfer
Travel Authorization Date	Date Reported for Duty at New Official Station	Date Service Agreement Signed

<b>III. RESIDENCE PROPERTY DATA:</b>		<b>(AT OLD OFFICIAL STATION)</b>	<b>(AT NEW OFFICIAL STATION)</b>
COMPLETE ADDRESS OF RESIDENCE			
NUMBER OF DWELLING UNITS ON PROPERTY			
SALE AND/OR PURCHASE PRICE			
DATE OF CLOSING OR SETTLEMENT			
AMOUNT OF EXPENSE BEING CLAIMED			

<b>EMPLOYEE CERTIFICATION(S):</b>	
<p>I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and was my residence when first definitely informed of my transfer.</p> <p align="right">_____ <i>(Signature of Employee)</i>                      <i>(Date)</i></p>	<p>I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and/or a member of my immediate family and is my new residence.</p> <p align="right">_____ <i>(Signature of Employee)</i>                      <i>(Date)</i></p>

<b>IV. APPROVALS:</b>		
<p><b>A. SALE EXPENSES -</b> The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located.</p> <p><input type="checkbox"/> As Claimed. <input type="checkbox"/> As Reduced, Per Attached Memo.</p> <p align="right">_____ <i>(Signature)</i>                      <i>(Date)</i></p> <p align="center">_____ <i>(Title)</i></p>	<p><b>B. PURCHASE EXPENSES -</b> The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located.</p> <p><input type="checkbox"/> As Claimed. <input type="checkbox"/> As Reduced, Per Attached Memo.</p> <p align="right">_____ <i>(Signature)</i>                      <i>(Date)</i></p> <p align="center">_____ <i>(Title)</i></p>	<p><b>C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT -</b> Payment of this claim is approved in the amount of: \$ _____</p> <p>If Amount Approved is Less Than Amount Claimed, See Attached Memo.</p> <p align="right">_____ <i>(Signature)</i>                      <i>(Date)</i></p> <p align="center">_____ <i>(Title)</i></p>

**INSTRUCTIONS**

- A. EMPLOYEE - CLAIMANT**
1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
  2. Attach one complete set of documents required to support claim - sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certification(s).
  3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.)
  4. Submit original and first copy of application and supporting documentation, together with Standard Form 1012 or other appropriate agency travel voucher form, to the head of your office at new official station or to the appropriate official designated by your department or agency. Retain second copy of the application.

- B. HEAD OF OFFICE**
1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station, as provided in Section 4.3b of Circular No. A-56, for handling and execution of the approval (see item IV.A) by him, or his designee, who will return the package to you.
  2. For Purchases: Approval of the claim must be executed by the head of the office, or his designee, at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere). (See item IV.B.)
  3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. (See item IV.C.) Such official shall independently determine, in accordance with the provisions of Circular No. A-56, the propriety of all reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
  4. Standard Form 1012, or other appropriate agency travel voucher form, shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

**2 COSTS INCURRED AND PAID IN SELLING RESIDENCE AT OLD OFFICIAL STATION OR PURCHASING RESIDENCE AT NEW OFFICIAL STATION LOCATION (OR BOTH)**

ITEM	EXPLANATION	Former Residence	New Residence
1.	<b>BROKERAGE FEES:</b> The sales commission paid to a broker or real estate agent for selling former residence. Also, fees for listing a residence and payment for multiple listing service, if not included in commission paid to the broker or agent -----	\$	
2.	<b>ADVERTISING:</b> Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent -----	\$	
3.	<b>APPRAISAL FEE:</b> The amount paid to a professional appraiser for establishing a suggested sale price for the residence -----	\$	
4.	<b>LEGAL AND RELATED COSTS:</b> The amounts paid for costs of (1) searching title, preparing abstract, and legal fees for a title opinion, or (2) title insurance policy where customarily furnished by the seller; costs of preparing conveyances, other instruments, and contracts; related notary fees; costs of making surveys, preparing drawings or plats, recording fees and recording taxes or other charges paid incident to recordation (e.g., mortgage discharge recording fees), etc.-----	\$	\$
5.	<b>MISCELLANEOUS COSTS:</b> Amounts paid in connection with sale of former residence and purchase of a new residence. (Normally, these expenses (except A.) are paid by the purchaser; however, depending on local custom and practice, the seller may be required to pay some of them.)		
A.	<b>PREPAYMENT CHARGE:</b> The amount paid as required in the mortgage or other security instrument as a charge for prepayment; or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance -----	\$	
B.	<b>LENDER'S APPRAISAL FEE:</b> The amount paid for the mortgagee-lender's charge for residence appraisal -----	\$	\$
C.	<b>FHA OR VA APPLICATION FEE:</b> The amount paid -----	\$	\$
D.	<b>CERTIFICATIONS:</b> The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA -----	\$	\$
E.	<b>CREDIT REPORT:</b> The amount paid for credit or factual data report on the buyer, if required by mortgagee-lender, FHA or VA -----	\$	\$
F.	<b>MORTGAGE TITLE POLICY:</b> The amount paid for mortgage (or lender's) title insurance policy only (as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy) -		\$
G.	<b>ESCROW AGENT'S FEE:</b> The amount paid to an escrow agent, title, company, or similar entity for closing a real estate transaction -----	\$	\$
H.	<b>STATE REVENUE STAMPS:</b> The amount paid -----	\$	\$
I.	<b>SALES OR TRANSFER TAXES; MORTGAGE TAX, IF ANY:</b> The amount paid -----	\$	\$
6.	<b>OTHER INCIDENTAL EXPENSES:</b> Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (itemize and explain; if necessary, attach separate sheet):	\$	\$
<b>TOTAL - FORMER RESIDENCE -----</b>		\$ <u>1-3/</u>	
<b>TOTAL - NEW RESIDENCE -----</b>			\$ <u>2-3/</u>

**NOTE:** In accordance with the real estate expense provisions of Circular No. A-56, costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-231, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

**FOOTNOTES:**

- 1/ The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or \$5,000, whichever is the smaller.
- 2/ The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of purchase price or \$2,500, whichever is the smaller.
- 3/ If property is multiple family unit type (excluding condominium) expenses will be prorated and allowed for residence unit only.

GAO

United States General Accounting Office  
**Data Report on Spouse**

Instructions The following information is to be furnished by employees who marry Please type or print all answers

1 Name of Employee ( <i>Last, first, middle</i> )		(Maiden name, if applicable)	
2 Employment ( <i>Present assignment</i> )		3 Date and Place of Marriage	
4 Present Name of Spouse ( <i>Last, first, middle</i> )		5 Other Names Used by Spouse ( <i>Maiden name and/or all other names previously used</i> )	
6 Date and Place of Birth of Spouse		7 Present Employment of Spouse ( <i>Name and location</i> ) or last Previous Employment	
8 Present Address of Spouse		9 Last Previous Address of Spouse	

10 Citizenship of Spouse	<input type="checkbox"/> By Birth				
	<input type="checkbox"/> United States	<input type="checkbox"/> Derivative	Date	Certificate No	Place
		<input type="checkbox"/> By Naturalization	Petition No	Date	Certificate No
<input type="checkbox"/> Alien	Alien Registration No	Date of Entry	Port of Entry		

11 Spouse's Relatives (*Parents, ex-spouse, children, brothers, sisters, stepbrothers, stepsisters, halfbrothers, halvesisters, living or dead.*)

Relation	Name in Full	Date of Birth	Address	Country of Birth	Present Citizenship

12 Signature of Employee	Date
--------------------------	------



United States General Accounting Office

GAO

Instructions for  
GAO Form 355

**I. Folders.** Prepare folders, as follows

1. Label all folders as to their subject contents.
2. Mark each folder with its destruction date.
3. Consecutively number all folders, i.e., 1 of 5, 2 of 5, etc.
4. If the folder contains classified information, stamp the front and back of the folder with the highest security classification contained therein.

**II. GAO Form 355.** Use GAO Form 355 for transmitting Classified and Unclassified working papers to the Working Paper File Room. Do not intermix classified with unclassified papers, use a separate transmittal for each type.

1. Information Required on GAO Form 355.

- a. Fill in date.
- b. Give sender's complete address.
- c. Check square indicating classification (Classified or Unclassified).
- d. Identify the Division/Office/Region to which the workpapers pertain.
- e. State the appropriate assignment code.
- f. State the total number of boxes being transmitted.
- g. State the title, number, and date of the report which resulted from the workpapers (If no report resulted, in a brief statement identify the nature of the workpapers.)
- h. In consecutive order, list the assigned folder number followed by the folder subject title. When listing classified workpapers, the security classification of each folder is stated at the end of the subject title.

Note When additional pages are needed for listing folders, use GAO Form 355A, Working Paper Files Transmittal (Continuation).

2. Copy Requirement. Prepare an original and four copies.

- a. Retain one copy.
- b. Enclose the original and two copies in the first box of workpapers
- c. Send one copy to the Division/Office Records Liaison Officer for review and forwarding to Records Analysis Branch, RAB.

Note. A receipted copy of GAO Form 355 (indicating the assigned Accession Number) is returned to the sender.

**III. Boxes.** Use Federal Records Center boxes (GSA fiberboard box, FSN 8115-117-8344). These boxes are available from the Storeroom, Supply and Services Section.

1. Preparing Boxes for Shipment

- a. Enclose the completed transmittal sheets in the FIRST box.
- b. Place folders in consecutive order, in an upright position.
- c. Do not write on the boxes except to consecutively number the boxes on the top flap. i.e., 1 of 6, 2 of 6, etc., and the assignment code.

2. Transfer. Records Administration Branch, RAB, will call when space is available and make the physical transfer.

Note. Boxes containing classified documents are controlled by GAO Form 393, Routing and Control Record.





United States General Accounting Office

GAO

Workpaper Tape(s)  
Transmittal

TO <b>RECORDS MANAGEMENT</b> <b>/GS &amp; C</b>		1 Date	2 Classification <input type="checkbox"/> Unclassified <input type="checkbox"/> Classified (Do not mix classified with unclassified)	
3 From (Name)		4 Mailing Address		5 Telephone No
7 Records Liaison Officer (Signature)		8 Job Code	9 Assignment Completion Date	10 Report Number
11 Title of Report/Assignment				
12 Type of File Organization (enter an (x) in the appropriate box) <input type="checkbox"/> 1 File/1 Reel <input type="checkbox"/> Multiple Files/1 Reel <input type="checkbox"/> 1 File/Multiple Reels <input type="checkbox"/> Multiple Files/Multiple Reels				13 Total Boxes/Reels
14 Box No	15 Volume Serial No (s)	16 File Name/Description		17 Accession Box No (Completed by RM)
Completed by Records Management				
18 FRC Accession No		19 FRC Location No		20 Disposal Date
21 Received by (Signature)		22 Date	Note: When requesting material for loan refer to the accession number as indicated	

(GAO Order 0413.3)

GAO Form 355B (12/87)

GAO

United States General Accounting Office

# Figure 2A. Back of GAO Form 355B Instructions

**Complete items 1 through 16 and submit an original and three copies as follows:**

- 1 Enclose the original in the FIRST box of tapes
- 2 Send copy 2 to divisions and offices Records Liaison Officer for signature and forwarding to RM
- 3 Retain copy 3

**Items 1 through 12.** Self-explanatory (However indicate NA in item 10 if no report resulted, and in that case include a brief statement in item 11 to identify the nature of the audit workpapers)

**Item 12.** Check the appropriate box if this form accompanies a single reel containing several files or several reels containing several files. Complete GAO Form 355 B-1 Continuation Sheet, to list the additional information required.

**Item 13.** State the total number of boxes and reels being transmitted

**Item 14.** Self-explanatory

**Item 15.** Enter a 6 digit number that uniquely identifies a reel of tape

**Item 16.** Enter the name used to identify the file and a brief description of the records

**Items 17 through 22.** To be completed by RM.

**SUPERVISOR'S APPRAISAL AND RECOMMENDATIONS CONCERNING  
EMPLOYEE SERVING A PROBATIONARY OR TRIAL PERIOD**

GAO - 356 (8-78)

NAME		DIVISION/OFFICE	
POSITION		PROBATIONARY OR TRIAL PERIOD BEGAN ON	
RATING PERIOD FROM	TO		

- INTERIM** To be used for informational purposes only. Not an action-producing report. "Favorable" or "Qualified" blocks only should be used.
- FINAL** (Do not use "Qualified.") A FINAL "Favorable" report may not be filed before the beginning of the ninth month, but must be filed by the end of the tenth month. A FINAL "Termination" report can be filed any time during the probationary period, but no later than the end of the tenth month.

**SUPERVISOR'S APPRAISAL AND CERTIFICATION**

I hereby certify that I have (1) closely observed the performance, conduct, attendance, and character traits of this employee, (2) tried to understand his/her problems where indicated and to give proper guidance, and (3) studied closely the employee's potential with the view of determining whether he/she is suited for successful Government work, and after full and fair trial, I certify that

- Favorable.** This employee's performance and conduct have been entirely satisfactory and in my opinion he/she has the necessary personal qualifications for permanent employment.
- Qualified (Do not use for "Final Report"):** While, as explained under "Remarks," this employee's services have not been entirely satisfactory, he/she has demonstrated potential and qualifications sufficient to justify continued employment, pending a final report.
- Termination-Delayed (Do not use for "Interim Report").** For the reasons stated under "Remarks," I do not consider that the employee has demonstrated potential and qualifications sufficient to justify the continuation of appointment. This has been discussed with the employee, and if significant change does not justify the amendment of this appraisal, I recommend that he/she be terminated before the end of the probationary period.
- Termination-Immediate (Do not use for "Interim Report"):** For reasons stated under "Remarks," I do not consider that the employee has demonstrated potential and qualifications sufficient to justify the continuation of appointment. I recommend that he/she be terminated.

REMARKS - SEE OTHER SIDE

CERTIFIED BY (Supervisor's Signature and Title)	DATE
---	------

**FIRST INDORSEMENT**

**TO: DIRECTOR OF PERSONNEL**

I concur with above appraisal and recommend that the employee be:

**INTERIM RECOMMENDATION**

- RETAINED PENDING FINAL REPORT.
- REASSIGNED WITHIN THIS DIVISION OR OFFICE:  
REQUEST FOR PERSONNEL ACTION ATTACHED.
- REASSIGNED TO ANOTHER DIVISION. CANNOT ARRANGE REASSIGNMENT WITHIN THIS DIVISION OR OFFICE.

**FINAL RECOMMENDATION**

- RETAINED.
- REQUEST FOR PERSONNEL ACTION (TERMINATION) WILL BE FORWARDED NO LATER THAN \_\_\_\_\_ IF SIGNIFICANT CHANGE DOES NOT OCCUR.
- SEPARATED: REQUEST FOR PERSONNEL ACTION ATTACHED.

DATE	HEAD OF DIVISION OR OFFICE
------	----------------------------

REMARKS: (Use this space to give reasons for the proposed action and to indicate, where appropriate, your observations both favorable and unfavorable concerning this employee. If additional space is required attach a separate sheet.

GAO-367 (Nov. 70)

**AFFIDAVIT**

UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D. C.

I, \_\_\_\_\_, do solemnly swear (or affirm) that - -

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, *SO HELP ME GOD.*

**B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States.

**C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

**D. AFFIDAVIT OF UNITED STATES CITIZENSHIP**

I am a citizen of the United States.

\_\_\_\_\_  
(Signature of appointee)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 19\_\_\_\_,

at \_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

NOTE: - If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

GAO Form 369 (Rev. 5-81)

(GAO Order 2410.1)

U S GENERAL ACCOUNTING OFFICE  
CONTINUED SERVICE AGREEMENT

1. NAME OF EMPLOYEE AND POSITION TITLE, SERIES & GRADE	2. DIVISION OR OFFICE
3. NAME AND LOCATION OF FACILITY AT WHICH TRAINING IS GIVEN	
4. TITLE OF COURSE OR PROGRAM	5. PERIOD
6. EXTENT OF ADDITIONAL TRAINING EXPENSES AUTHORIZED	

7. In consideration of my training assignment as designated above and the payment by the Government of costs (as estimated in Item 6, above) in connection therewith, I agree:
  - a. To complete such training assignment to the best of my ability; and,
  - b. To remain in the service of the General Accounting Office for a period of \_\_\_\_\_ months following the completion of such training, unless I am involuntarily separated by the General Accounting Office.
8. I understand that an academic recess period is viewed as a period during which I am expected to carry on my studies or research and is, therefore, not normally looked upon as an interruption of the training assignment. However, if the academic recess is not used for research or studies, then I am obligated to advise my office and will be placed on annual leave.
9. I agree to pay to the United States Government the cost of all training expenses, exclusive of salary, incurred by the General Accounting Office incident to the training furnished in connection with this agreement and authorized by 5 U.S.C. 4109(a)(2) if-
  - a. I voluntarily fail to complete the training assignment;
  - b. I resign from the Government prior to the expiration of the agreed period of service with the General Accounting Office following such training assignment; or,
  - c. I transfer to another Government agency or other organization in any branch of the Government without giving the advance notice required by paragraph 10, below, or, having given such notice, have been notified by the General Accounting Office, prior to my transfer, that I must pay the Government for said training expenses.
10. I also agree to give the Director, Office of Organization and Human Development at least a 10-workday notice in writing if I intend to transfer to another Government agency or organization prior to the expiration of the period during which I agree to continue in the service of the General Accounting Office under the provisions of paragraph 7, above. If the Comptroller General determines (and notifies me in writing) that it would be against equity and good conscience or against the public interest to require payment of said training expenses at the time of my transfer to another Government agency/organization before the expiration of the agreed period of service with the General Accounting Office under paragraph 7, above, I understand that the remainder of my service obligation will be transferred to the Government agency or organization to which I transfer. If the Comptroller General determines otherwise, I understand that the General Accounting Office will notify me prior to the date of my entrance on duty in the other Government agency/organization that payment of the additional expenses must be made in whole or in part.
11. I understand, also, that the Comptroller General will consider releasing me, in whole or in part, from my obligation under paragraph 9, above, in his discretion, when and if he finds that my failure to complete the agreed period of service with the General Accounting Office was because of circumstances beyond my control such as:
  - a. My serious illness not induced by my misconduct or the serious illness of a member of my immediate family requiring my relocation where employment with the General Accounting Office would be impossible or highly impractical; or,
  - b. My enlistment or call to active duty in the Armed Forces for a period which when added to my period of service with the General Accounting Office after completing my training assignment would extend beyond the agreed period of service.
12. I agree that any amounts that may be due the Government as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the United States Government, or may be recovered by such other methods as are provided by law.

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE OF DIRECTOR, OFFICE OF ORGANIZATION AND HUMAN DEVELOPMENT	DATE

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**GAO**

**United States General Accounting Office**

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**Legislative Requirement**

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The accompanying General Accounting Office report contains recommendations to the head of an agency. Under the provisions of 31 U.S.C 720, the agency is required to submit a statement to the Senate and House Committees on Appropriations, the Senate Committee on Governmental Affairs, and the House Committee on Government Operations advising the Committees of the action taken with respect to the recommendations.

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OPR:OP

GAO Form 371 (Rev. 7/88)

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OPR:OP

GAO Form 371 (Rev. 7/88)

**UNITED STATES  
GENERAL ACCOUNTING OFFICE**

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

ID #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

*[Handwritten Signature]*

**SECURITY OFFICER**

UPON TERMINATION OF SERVICE THIS CARD IS TO BE RETURNED TO THE SECURITY OFFICE.

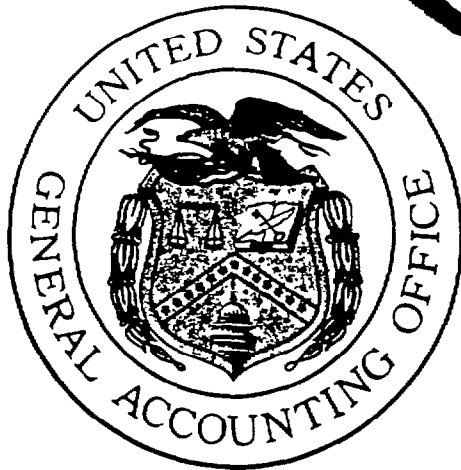
GAO FORM 372 REV. (12/85)



United States  
of America

THIS IS TO CERTIFY THAT

372A



is authorized to represent the United States General Accounting Office in carrying out its duties and functions. Unauthorized use of these credentials is a violation of Federal law. If found, return promptly to the Comptroller General of the United States, Washington, D.C. 20548

*SAMPLE*

*Charles A. Bowsher*

Comptroller General of the United States

United States  
of America



THIS IS TO CERTIFY THAT

372B

*SAMPLE*

is authorized to represent the United States General Accounting Office in carrying out its duties and functions. Unauthorized use of these credentials is a violation of Federal Law. If found, return promptly to the Comptroller General of the United States, Washington, D.C. 20548

*Charles A. Bowsher*

Comptroller General of the United States

**GAO BUILDING PASS**

Name:

Representing:

ID #:

Signature: \_\_\_\_\_



**SECURITY OFFICER**

UPON TERMINATION OF SERVICE THIS CARD IS TO BE RETURNED TO THE SECURITY OFFICE.

GAO FORM 372-C REV. (12/85)

United States  
of America



THIS IS TO CERTIFY THAT

372D

OFFICE OF  
SECURITY AND SAFETY

*Handwritten:* SAMPLE

is a [redacted] of GAO and is authorized to conduct security and safety inspections and investigations and other official duties which may be entrusted to this individual. Unauthorized use of these credentials is a violation of Federal Law. If found, return promptly to the Comptroller General of the United States, Washington, D.C. 20548.

*Charles A. Bowler*  
Comptroller General of the United States

**UNITED STATES  
GENERAL ACCOUNTING OFFICE  
AUTHORIZED COURIER**

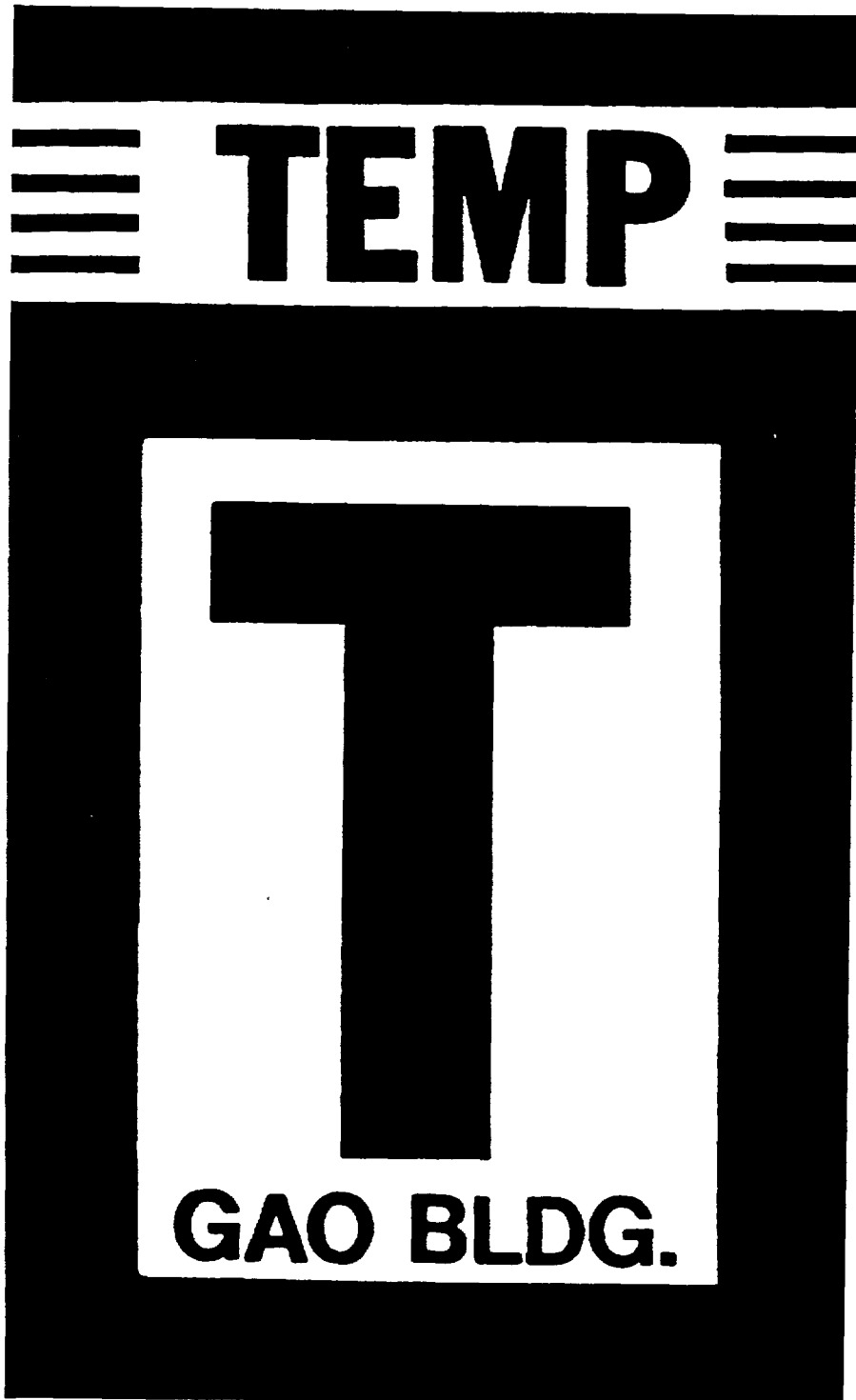
Name  
SSN #:  
GAO ID #  
Auth Level  
Expires:  
Employee Signature.

*wh*

**SECURITY OFFICER**

THE INDIVIDUAL WHO IS IDENTIFIED HEREON IS DESIGNATED TO HANDCARRY NATIONAL SECURITY INFORMATION UP TO AND INCLUDING THE LEVEL INDICATED. THIS AUTHORIZATION IS VALID ONLY WHEN PRESENTED WITH GAO EMPLOYEE IDENTIFICATION WHOSE NUMBER IS LISTED ABOVE.

GAO FORM 372-E (REV. 4/88) *sample*



March 1991

375

# CONTRACT CLEANER

SAFE

# GAO BLDG.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1982-388-239

**U.S. GENERAL ACCOUNTING OFFICE  
CORRESPONDENCE CASE CONTROL RECORD**

General Government Division		Numbers
Community and Economic Division		
Program Analysis Division		
Assign to:	Date	Substantive Reply or acknowledgment is due by:
1.		
2.		
3.		
Requestor:		Date of Request

Subject Matter:

Type of Inquiry or Source:			
Congressional		Other GAO Div.	
General Counsel, Congressional		Federal Agencies	
General Counsel, Other		General Public	

Comments:

Type of Response:	DRAFT		FINAL
	Date to Dir. by the Job	Date to Dir. by the Job	Date Issued
Acknowledgment Letter			
Status Letter			
Status Letter			
Open Commitment Letter			
Final Response (Closed)			

Original to be returned to Control Desk when Case is Closed

GAO Form 377 (Rev. 9-82)

OPR:GGD



GAO FORM - 378 (Aug. 72)

United States  
General Accounting Office  
Operations Manual



# Order

Subject:

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Distribution:

Initiated by:

GAO Form - 378A (1-85)

United States  
General Accounting Office  
Operations Manual



SUPPLEMENT  
TO

Subject:

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Distribution

Initiated by

GAO FORM - 379 (Rev 6-87)

United States  
General Accounting Office  
Operations Manual



**Order**

Distribution

Initiated by



GAO FORM - 380 (Aug. 72)  
United States  
General Accounting Office  
Operations Manual



# Change

**Subject:** \_\_\_\_\_

Distribution: \_\_\_\_\_

Initiated by: \_\_\_\_\_

*COMPLETE ACTION AND FILE THIS SHEET IN FRONT OF THE FIRST PAGE OF THE BASIC ORDER.*

GAO FORM-381 (REV. 1-78)  
United States  
General Accounting Office  
Operations Manual



# Notice

**Subject:**

---

Distribution:

Initiated by:

GAO

United States General Accounting Office

Operations Manual Clearance Record

Code and Title of Issuance		Category <input type="checkbox"/> GAO Directive <input type="checkbox"/> Internal Directive
Prepared By (Individual)		Division/Office Telephone Number
Remarks/Synopsis		

**I. Clearance—Initiating Group**

Group	Signature and Title	Date

**II. Other Clearances**

Organization (Abbreviation)	Signature and Title	Date	Concur - Substance and Distribution		Non-Concur	Comments Accepted
			Nc Comment	Comment Attached	Comment Attached	Changes Made

**III. Editorial Review** (Directives are to be edited by division/office editors before submission to Records Management (RM). If there are no editors within your organization, send directives to RM.)

Writer/Editor (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**IV. Final Clearance — Division/Office** (All differences are resolved)

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

GAO Order 0010 0 GAO Form 382 (Rev. 4/88)

**United States General Accounting Office**

**GAO** **Routing and Control Record**

Originator of Document		Dated	Control Number
Classification	Date Received in GAO	Registered Number	File Designation
Description of Material			Copy Number(s)
			No. of Copies

**Use This Section for Internal Routing and Receipting**

Office/Room	Date	Signature*	Office/Room	Date	Signature*
1			5		
2			6		
3			7		
4			8		

**Complete This Section for External Transmission**

Date Dispatched:	Date Received:
To:	Recipient's Signature/Title/Date
	Return Original Signature Copy of This Form to
<p><small>*Notice: The document(s) covered by this receipt contain national security (classified) information which must be safeguarded in the interest of national security. The unauthorized disclosure of this information may subject the individual responsible to criminal sanctions under Title 18, U.S.C. This statement does not apply if transmittal solely concerns unclassified material.</small></p>	



FOLD ON THIS LINE

FIRST FOLD BOTTOM PORTION UPWARD, THEN TOP SECTION DOWN

FOLD ON THIS LINE

SAFE NUMBER \_\_\_\_\_

BUILDING & ROOM NUMBER \_\_\_\_\_

COMBINATION:

4 TURNS OF THE DIAL TO THE LEFT TO NO. \_\_\_\_\_

3 TURNS OF THE DIAL TO THE RIGHT TO NO. \_\_\_\_\_

2 TURNS OF THE DIAL TO THE LEFT TO NO. \_\_\_\_\_

1 TURN OF THE DIAL TO THE RIGHT TO NO.     ZERO

GAO FORM 396 (10-72)	U. S. GENERAL ACCOUNTING OFFICE  <b>TOP SECRET ACCESS RECORD</b> (GAO ORDER 0930.1)	SHEET NO. _____	CONTROL NUMBER(S) _____	
ORIGINATOR: _____		ENCLOSURES: _____		
SUBJECT MATTER: (Unclassified version)				
TYPE OF DOCUMENT: <input type="checkbox"/> LETTER <input type="checkbox"/> REPORT <input type="checkbox"/> OTHER (Specify)				
The attached TOP SECRET information contains data the security aspect of which is paramount, and unauthorized disclosure of which would cause EXCEPTIONALLY GRAVE DANGER TO THE NATIONAL SECURITY. Special care in the handling, custody, and storage of the attached information must be exercised in accordance with GAO Order 0930.1. This cover sheet is NOT A RECEIPT but a record of persons who have read all or any part of the document(s) identified by number above.				
Each person receiving the attached TOP SECRET information shall sign and fill in the information required below.				
	NAME	DATE		REMARKS <i>(Indicate portions and all of documents read)</i>
		RECEIVED	RELEASED	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

GAO FORM 397  
(Rev. 10-84)

GAO Order 0930.4

**SAFEGUARD THIS DOCUMENT  
FROM UNAUTHORIZED DISCLOSURE**

**WARNING**

THE ENCLOSED DOCUMENT(S) IS (ARE) THE PROPERTY OF THE U.S. GENERAL ACCOUNTING OFFICE. RELEASE OR DISCLOSURE OF THE CONTENTS IS PROHIBITED BY GAO ORDER 0930.4. CONTENTS MAY BE DISCLOSED ONLY TO PERSONS WHOSE OFFICIAL DUTIES REQUIRE ACCESS HERETO.

**INTERNAL GAO USE ONLY  
OR  
SENSITIVE INFORMATION—  
PROTECT FROM UNAUTHORIZED DISCLOSURE**

**This document requires ADMINISTRATIVE CONTROL. This is not a classified document, however it warrants physical protection and control.**

**(This cover is for reuse. Remove prior to external transmission or destruction of the document.)**



GAO Form 405 (Rev 8-85)

Date: \_\_\_\_\_

SUBJECT: Notice of Right to File a Discrimination Complaint  
After 21 Days

FROM : Civil Rights Counselor \_\_\_\_\_  
(Name) (Office Unit)

TO : \_\_\_\_\_  
(Name of Person Counseled) (Office Unit)

This is to inform you that although counseling on the matter you brought to my attention has not been completed, 21 calendar days have passed since you first contacted me. You are now entitled, if you want to do so, to file a discrimination complaint if you believe you have been discriminated against on the basis of race, color, religion, sex, age, national origin or handicap. Counseling may continue for an additional period not to exceed a total of 35 calendar days by mutual agreement if a resolution seems possible. Within that time I will conduct a final interview. Your right to file a complaint will also continue until 15 calendar days after the final interview with me. I will inform you in writing when the final counseling interview is concluded.

It is your duty to assure that the Civil Rights Office is immediately informed if and when legal counsel or any other representative is retained.

If you or your representative file a complaint, it must be in writing, bear your signature and be filed in person or by mail with the Director or Deputy Director of Civil Rights Office, U.S. General Accounting Office, 441 G Street, N.W., Washington, D.C. 20548, or any of the following officials authorized to receive discrimination complaints.

\*Comptroller General of the United States

\* Deputy Comptroller General

The address of each of the above is: U.S. General Accounting Office, 441 G Street, N.W., Washington, D.C. 20548. Formal complaints may also be filed with Civil Rights Officers (Heads of Divisions and Offices).

GAO Form 406 (Rev 7-81)

Date: \_\_\_\_\_

SUBJECT: Notice of Final Interview with Civil Rights Counselor

FROM : Civil Rights Counselor \_\_\_\_\_  
Name Office Unit

TO : \_\_\_\_\_  
Name of Person Counseled Office Unit

This is to acknowledge that on the above date, the final counseling interview was held in connection with the matter you presented to me.

If you believe you have been discriminated against on the basis of race, color, religion, sex, age, national origin or handicap, you have the right to file a complaint of discrimination within 15 calendar days after receipt of this notice. The complaint must be in writing, bear your signature, and may be filed in person or by mail with the Director, or Deputy Director, Civil Rights Office, U.S. General Accounting Office, 441 G Street, N.W., Washington, D.C. 20548, or any of the following officials authorized to receive discrimination complaints:

- \*Comptroller General of the United States
- \*Deputy Comptroller General

The address of each of the above is: U.S. General Accounting Office, 441 G Street, N.W., Washington, D.C. 20548. Formal complaints may also be filed with Civil Rights Officers (Head of Divisions or Offices).









GAO

United States General Accounting Office  
**Cashier Account Audit**

1. General Accounting Office Location		2. Cashier	3. Previous Audit Date
4. Current Audit Date	5. Auditor (Signature)		6. Title of Auditor

**7. Instructions**

1. Verify the Imprest Fund Account on GAO Form 431 and attach it to this audit
2. Check appropriate "Yes" And "No" columns.
3. Under "Remarks" explain findings for items checked "No" Cross reference comments to item numbers Attach additional sheets as necessary
4. Items relate to Treasury Manual of Procedures and Instructions for Cashiers (Rev 7/85) and GAO Order 0215 2
5. If item is not applicable write "N/A" beside question Please explain reasons why item is not applicable.

8. Item		Yes	No
a.	Has the cashier been properly designated? (SF 211)		
b.	Does the cashier have a current Treasury Manual of Procedures and Instructions for Cashiers, and other essential instructions? (GAO Order 0215.2, Par 7a )		
c.	Has the cashier reviewed Treasury Manual procedures and other essential procedures within the last 6 months? (GAO Order 0215 2, Par 7a.)		
d.	In reference to item C above, is a signed statement to the review requirement included as part of the cashier records?		
e.	Is the cashier provided with adequate safekeeping facilities? (Treasury Manual, pg 13)		
f.	Are cashier controls over access to keys/combinations to the safe keeping facility adequate?		
g.	Does the cashier insure that the imprest fund is not commingled with other official or semi-official funds or with personal funds?		
h.	Is access to the imprest fund restricted to the cashier or alternate cashier?		
i.	Are cash verifications completed according to procedures and frequency requirements? (GAO Order 0215.2)		
j.	Is the cashier's payment record of subvouchers and supporting documents properly and currently maintained? (Treasury Manual, pg. 25)		
k.	Do the payment record referred to in item j and reimbursement vouchers balance since previous audit?		
l.	Are advances made only for GAO authorized purposes?		
m.	When cash is advanced for purchases, are payment receipts or unused cash returned within 5 working days? (Treasury Manual, pg. 23)		
n.	Are all payment receipts for disbursements and cash advances assigned a subvoucher number, marked paid, and held in a secure place?		
o.	Are replenishment vouchers being submitted at least once a month? (Treasury Manual, pg. 29)		

GAO FORM 431  
(3-74)

<b>VERIFICATION OF IMPREST CASH</b>	<b>GENERAL ACCOUNTING OFFICE</b>	
	LOCATION _____	
	CASHIER _____	

A - IMPREST CASH ADVANCED - Total advanced					\$
B - ANALYSIS OF CASH ADVANCED					
1. Cash on hand				\$	
2. Uncashed Imprest Fund checks					
<u>CHECK NO.</u>	<u>AMOUNT</u>	<u>CHECK NO.</u>	<u>AMOUNT</u>		
			<b>TOTAL</b>	\$	
3. Cash receipts on hand, including advances to employee <i>(List on reverse if necessary)</i>					
<u>NO.</u>	<u>PAYEE</u>			<u>AMOUNT</u>	
			<b>TOTAL</b>	\$	
4. Reimbursement vouchers in transit:					
<u>NO.</u>	<u>INCLUSIVE PERIOD</u>			<u>AMOUNT</u>	
			<b>TOTAL</b>	\$	
5. Other <i>(Itemize)</i>					
			<b>TOTAL</b>	\$	
6. Total <i>(Items B-1 through B-5)</i>				\$	
7. Difference between Item A and B-6 <i>(See paragraph 0412 Treasury Cashier's Manual)</i>				\$	

REMARKS:

DATE	NAME OF VERIFIER OR AUDITOR	SIGNATURE OF VERIFIER OR AUDITOR

GAO FORM 437 (Rev 11-82) U.S. GENERAL ACCOUNTING OFFICE (GAO ORDER 0411.2)

CONTROLLER CASE ACTIVITY RECORD

CONTROL NO \_\_\_\_\_

B-NO. \_\_\_\_\_

JOB CODE NO \_\_\_\_\_

Z-NO \_\_\_\_\_

DIVISION/OFFICE \_\_\_\_\_ OCR REP. & TELEPHONE NO \_\_\_\_\_

ASSIGNED TO GROUP \_\_\_\_\_ DATE \_\_\_\_\_ TARGET COMPLETION DATE \_\_\_\_\_

REQUESTER \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ DATE RECEIVED IN OCR \_\_\_\_\_ DATE ACKNOWLEDGED \_\_\_\_\_

SUBJECT MATTER OF REQUEST \_\_\_\_\_

COMMENTS \_\_\_\_\_

DATE SUMMARY OF ACTIVITIES AND STATUS OF CASE

DATE	SUMMARY OF ACTIVITIES AND STATUS OF CASE

OPR OCR

<b>GAO FORM 437 A</b> (9-74)		<b>CONTROLLED CASE ACTIVITY RECORD</b>		B-NO. _____	
DIVISION/OFFICE _____		CONTINUATION SHEET		CONTROL NO. _____	
GROUP _____				JOB CODE NO. _____	
OCR REP. _____					
REQUESTER _____					
DATE	SUMMARY OF ACTIVITIES AND STATUS OF CASE				



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# Instructions for GAO Form 448

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This form is to be used for making nominations for GAO Office-Wide Honor Awards only. (For detailed information, see GAO Order 2451.1.) Submit recommendations for monetary awards and division/office honor awards on GAO Form 429, Recognition of High Level Performance.

- Type all information requested.
- Prepare a clear and concise citation (block 10). This will help the Committee on Awards consider your recommendation.
- Attach a detailed justification (three pages maximum).
- Submit the original and 10 copies each of GAO Form 448 and the accompanying justification to Administrator, Employee Awards, Personnel.

United States General Accounting Office

**GAO** **Personnel Responsible for  
Security Container**

Immediately notify one of the following if this container is found open and unattended or in other emergency situations.

1. Room Number	2. Container Number	3. Date Combination Last Changed
4. Division/Office	5. Branch/Staff/Section/Unit	
6. Name	7. Home Address	8. Home Telephone Number

**Note:** Attach to outside of security container.

OPR: OSS

GAO Form 455 (Rev. 4/89)



**GAO**

**Order Form**

GAO Form 458  
(Rev. 9-87)  
Report Order Form

Check appropriate box, tear out entire form, and send to:  
U.S. General Accounting Office  
Post Office Box 6015  
Gaithersburg, Maryland 20877

**Be sure and include mailing label form on back cover.**

**NATIONAL DEFENSE**

Defense Budget  
Potential Reductions to Dod's Fiscal Year 1988 Ammunition Budget Acc. No. 134237 (GAO/NSIAD-88-29) Oct. 27

Strategic Bombers  
Estimated Costs to Deploy the B-1B GAO/NSIAD-88-12 Oct. 7

Additional Costs to Government  
Reflagging Kuwaiti Ships and Protecting Them in the Persian Gulf GAO/NSIAD-88-9FS Oct. 8

Battlefield Automation  
Army, Air Defense Command and Control System Acquisition and Budget Issues Acc. No. 134125 (GAO/NSIAD-87-208) Sept. 28

Aquila Remote, Piloted Vehicle  
Its Potential Battlefield Contribution Still in Doubt Acc. No. 134220 (GAO/NSIAD-88-19) Oct. 26

Ammunition  
Analysis of Selected Activities at the Army's Hawthorne Plant GAO/NSIAD-88-33BR Oct. 28

Army Inventory Management  
Inventory and Physical Security Problems Continue GAO/NSIAD-88-11 Oct. 9

Naval Shipyards  
Management of Borrowed Labor Can Be Enhanced by Stronger Internal Controls GAO/NSIAD-87-188 Sept. 23

Contractor Pricing  
Overpricing of Awaacs Aircraft Color Monitor Subcontracts Acc. No. 134215 (GAO/NSIAD-88-28) Oct. 22

Military Officers  
DOD's Implementation of Congressionally Mandated Reductions GAO/NSIAD-88-1 Oct. 9

Military Personnel  
Treatment of Prominent Athletes on Active Duty GAO/NSIAD-87-224 Sept. 29

Contract Pricing  
Material Prices Overstated on Ground Vehicle Laser Locator Designators Acc. No. 134131 (GAO/NSIAD-88-25) Oct. 13

Navy Contracting  
Award of a Contract at Whidbey Island Naval Air Station GAO/NSIAD-88-10BR Oct. 7

ADP Modernization  
Status of Proposed Enhancements to Defense Logistics Agency Systems Acc. No. 134214 GAO/ITEC-88-4FS Oct. 22

Financial Audit  
Military Retirement System's Financial Statements for Fiscal Year 1985 Acc. No. 134213 (GAO/AFMD-87-35) Sept. 30

**INTERNATIONAL AFFAIRS**

Export Credit Insurance  
Assessment of Export-Import Bank's Role Acc. No. 134124 (GAO/NSIAD-87-189) Sept. 30

International Trade  
FAS Management of Livestock Cooperator Program GAO/NSIAD-88-24 Oct. 26

South Africa  
Status Report on Implementation of the Comprehensive Anti-Apartheid Act GAO/NSIAD-88-44 Oct. 21

Financial Audit  
Panama Canal Commission's Financial Statements for 1986 and 1985 Acc. No. 134200 (GAO/AFMD-87-450) Sept. 30

**SCIENCE, SPACE, AND TECHNOLOGY**

Space Shuttle Accident  
NASA's Actions to Address the Presidential Commission Report GAO/NSIAD-88-30BR Oct. 30

Satellite Acquisition  
Global Positioning System Acquisition Changes After Challenger's Accident GAO/NSIAD-87-209BR Sept. 30

NASA Procurement  
The 1973 Space Shuttle Solid Rocket Motor Contractor Selection GAO/NSIAD-87-215 Sept. 23

**ENERGY**

Nuclear Test Lobbying  
DOE Regulations for Contractors Need Reevaluation Acc. No. 134209 (GAO/RCED-88-25BR) Oct. 9

Oil Reserves  
An Analysis of Costs-Past, Present, and Future GAO/RCED-87-204FS Sept. 29

Alternative Fuels  
Information on DOE's Methanol Vehicle Demonstration Program Acc. No. 134134 (GAO/RCED-88-38BR) Oct. 7

Federal Electric Power  
Western Area Power Administration's Trac. Livermore Transmission Project GAO/RCED-88-19 Oct. 27

Software Distribution  
Review of the Department of Energy's National Energy Software Center GAO/ITEC-88-2 Oct. 14

**NATURAL RESOURCES AND ENVIRONMENT**

Superfund  
Improvements Needed in Work Force Management Acc. No. 134238 (GAO/RCED-88-1) Oct. 26

Hazardous Waste  
Issues Surrounding Insurance Availability Acc. No. 134208 (GAO/RCED-88-2) Oct. 16

Hazardous Waste  
Controls Over Injection Well Disposal Operations GAO/RCED-87-170 Aug. 28

Mineral Resources  
Interior's Actions on Three Coal Leases GAO/RCED-87-193 Sept. 30

Mineral Revenues  
Interior's Control Over Oil and Gas Allowances GAO/RCED-87-207BR Sept. 17

**AGRICULTURE**

Farm Payments  
Analysis of Proposals to Amend the \$50,000 Payment Limit Acc. No. 134210 (GAO/RCED-88-425R) Oct. 9

Imported Veal and Livestock  
Chemical Residue Detection and the Issue of Labeling Acc. No. 134133 (GAO/RCED-87-142) Sept. 30

Food Stamp Program  
Error Rate Adjustments and Sanctions GAO/RCED-88-10 Oct. 22

My address is incorrect on your mailing list. Please change as follows:

Continued

# GAO Order Form

GAO Form 458A  
(Rev. 3/86)  
Report Order Form

Single copies of GAO reports are available free of charge. To order a GAO report or testimony, please fill in boxes below.

Quantity	Accession Number	Report Number	Date

Please check the appropriate boxes below.

- Member or committee of Congress
- Government official
- Member of press
- Please check here if you wish to receive microfiche rather than printed reports—there is no charge for microfiche
- College library, faculty, and students
- All other

Requester's Name and Address

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- My address is incorrect on your mailing list. Please change to the address above. (List old address below)

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Fold and tape ends to mail. Do not use staples.

- Please add my name to the distribution list for Publications Issued.
- Check this box if you no longer wish to receive Publications Issued.

<b>DATE</b>	<b>GAO FORM 463 (2-78)</b>			
	<b>U.S. GENERAL ACCOUNTING OFFICE</b>			
	<b>RECORD OF TRANSPORTATION REQUEST BOOKS</b>			<b>BOOK NO.</b>
<b>BOOK COVER RETURNED TO:</b>	<b>NOS.</b>	<b>BOOK CHARGED TO</b>		
		<b>DATE</b>	<b>DIVISION</b>	<b>NAME</b>
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
10				

**GAO**

**United States General Accounting Office**

**Request for a New,  
Revised, or Automated Form**

**Part 1. General Information (completed by originator of form and/or Forms Liaison Officer)**

<b>1. Originator's Name</b>	<b>2. Division/Office (acronym)</b>	<b>3. Room No.</b>	<b>4. Telephone No.</b>	<b>5. Date of Request</b>
<b>6. Form No. Assigned (Fill in no., if known.)</b> GAO Form _____ Division/Office Form _____		<b>7. Form Title</b> (Check one.) <input type="checkbox"/> Actual title <input type="checkbox"/> Proposed title		<b>8. Revision/Supersession</b> (State form no. and date of revised/superseded form.)
<b>9. Kind of Form (check one.)</b> <input type="checkbox"/> New <input type="checkbox"/> Automated <input type="checkbox"/> Revised <input type="checkbox"/> Temporary <input type="checkbox"/> Test		<b>10. How will data be filled in?</b> <input type="checkbox"/> Typewriter <input type="checkbox"/> Hand <input type="checkbox"/> Personal Computer <input type="checkbox"/> Other (Specify) _____		<b>11. Is this a multicopy form? (Check one.)</b> <input type="checkbox"/> Yes (If yes, specify number of copies. ____) <input type="checkbox"/> No
<b>12. Estimated Monthly Usage (paper forms)</b>	<b>13. Disposition of Superseded Stock (Check one.)</b> <input type="checkbox"/> Use until depleted. <input type="checkbox"/> Destroy after receipt of new stock.	<b>14. Location of Forms Stock (Check as many as apply.)</b> <input type="checkbox"/> GAO Supply Center <input type="checkbox"/> Division(s)/office(s) (specify) _____		
<b>15. Estimated Stock Level (Estimate quantities on yearly usage.)</b> Maximum Stock Level _____ Minimum Stock Level _____ (Replenish when stock reaches this level.)		<b>16. Remarks (Include prescribing directive, office responsible for form, related forms, and purpose of form.)</b>		

**Part 2. Coordination Approval**

<b>17. Organization</b>	<b>18. Signature and Title</b>	<b>19. Date</b>	<b>20. Concur</b>	<b>21. Nonconcur (State reason.)</b>

**Part 3. Review and Approval by Forms Liaison Officer (of requesting division/office)**

<b>22. Approval (Check one.)</b> <input type="checkbox"/> Approval <input type="checkbox"/> Disapproved (State reason before returning request to originator of form.)	<b>23. Reason for Disapproval</b>
<b>24. Signature</b>	<b>25. Date</b>

Note: If a GAO form, the Forms Liaison Officer forwards the request to the GAO Forms Officer.

**Part 4. Editorial Review (This form must be reviewed by the division/office editor or the Writing Resources Branch, OPC.)**

<b>26. Review (Check appropriate item(s))</b> <input type="checkbox"/> Reviewed <input type="checkbox"/> Editorial changes needed <input type="checkbox"/> No editorial changes needed	<b>27. Signature</b>	<b>28. Date</b>

**Part 5. Approval by GAO Forms Officer**

<b>29. Approval (Check one.)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approval with modifications <input type="checkbox"/> Disapproval (State reason before returning to division/office.)	<b>30. Reason for Disapproval</b>
<b>31. Signature</b>	<b>32. Date</b>

United States General Accounting Office

GAO

Clearance of Personnel for Separation From GAO

**Section I - General Information**

Employee Name and Title	Telephone No.	Organization and Location	Grade/Step
Nature of Separation ( <i>Resignation, Military Furlough, Retirement, Other</i> )			Separation Date

Forwarding Address

Signature and Title of Administrative Coordinator	Standard Form 52 Initiated
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**Section II - Clearance Point and Action**

	Room No.	Signature of Responsible Person/Representative
1. Supervisor <input type="checkbox"/> a. GAO Keys turned in <input type="checkbox"/> b. Classified Documents accounted for, (transferred responsibility) <input type="checkbox"/> c. Courier passes rescinded (through Secret) <input type="checkbox"/> d. Checked on Training Fund Obligations/Advances ( <i>if outstanding items exist notify clearance point II</i> ) <input type="checkbox"/> e. Not applicable		
2. Division/Office Property Accountable Officer (PAO) <input type="checkbox"/> a. GAO Property ( <i>Calculators, Dictating Units, etc.</i> ) turned in <input type="checkbox"/> b. Not applicable		
3. Law Library <input type="checkbox"/> a. Books and Other Publications <input type="checkbox"/> b. Interlibrary Loans <input type="checkbox"/> Coordinator or <input type="checkbox"/> L L Representative ( <i>Check one</i> ) Verified there are no outstanding loans <input type="checkbox"/> c. Not applicable	7056	
4. Technical Library <input type="checkbox"/> a. Books and Other Publications <input type="checkbox"/> b. Interlibrary Loans <input type="checkbox"/> Coordinator or <input type="checkbox"/> TISS Representative ( <i>Check one</i> ) Verified there are no outstanding loans <input type="checkbox"/> c. Not applicable	7016	
5. Office of Counseling and Career Development ( <i>Check appropriate block(s)</i> ) <input type="checkbox"/> a. Employee turned in completed GAO Form 473A, Exit Questionnaire <input type="checkbox"/> b. Employee received exit interview CCD Representative verified employee turned in a completed GAO Form 473A and/or received exit interview	7536	
6. Travel Services <input type="checkbox"/> a. Government Transportation Requests <input type="checkbox"/> b. Cash Advance Receipts Reimbursement <input type="checkbox"/> Coordinator or <input type="checkbox"/> Travel Representative ( <i>Check one</i> ) Verified the employee has nothing due <input type="checkbox"/> c. Diners/Citicorp credit card turned in <input type="checkbox"/> d. Not applicable	6516	

Section II - Clearance Point and Action (continued)	Room No.	Signature of Responsible Person/Representative
7. National Security and International Affairs Division <input type="checkbox"/> a. Official Passport issued and Turned in Verified by: <input type="checkbox"/> Coordinator or <input type="checkbox"/> NSIAD Representative (Check one) <input type="checkbox"/> b. Not applicable	4804	
8. Employee Benefits and Programs Branch <input type="checkbox"/> a. Retirement Policy <input type="checkbox"/> b. Insurance and Health Benefits <input type="checkbox"/> c. Health Unit EBPB Representative verified above items (a-c) have been explained <input type="checkbox"/> d. Not applicable	4733	
9. Office of Security and Safety acknowledges return of: <input type="checkbox"/> a. Credentials <input type="checkbox"/> b. Courier (Card) Passes rescinded (Top Secret) <input type="checkbox"/> c. Government Parking Permit(s) <input type="checkbox"/> d. Security Vault Pass <input type="checkbox"/> e. OSS has administered: Security Clearance Termination and Debriefing <input type="checkbox"/> f. Not applicable <input type="checkbox"/> g. Identification Cards (DOE, DOD, Pentagon, GAO, etc.) <input type="checkbox"/> h. OSS Representative has verified that points a through g have been completed	4844	
10. Division/Office Records Liaison Officer or Records Management Staff  Statement: I have read the provisions outlined in 36 CFR Part 1228 and understand the provisions of law relating to unauthorized disposal, alienation, or mutilation of records and that the penalties for willful and unlawful destruction, damage or alienation of federal records as outlined in 18 USC 2071 include a \$2,000 fine and/or 3 years in jail.  <input type="checkbox"/> I have not removed or destroyed any official GAO records.  _____ Signature	2031 UCP	
11. Travel and Transportation Branch <input type="checkbox"/> a. Travel Advance — As of this date _____ balance is \$ _____ <input type="checkbox"/> b. Service Agreements Travel Representative verified there are no outstanding debts <input type="checkbox"/> c. Not applicable	2022 UCP	
12. Payroll <input type="checkbox"/> a. Jury Fees <input type="checkbox"/> b. Leave Balances Cleared <input type="checkbox"/> c. GAO Form 3 Completed Payroll Representative verified the existing employee has no debts within GAO <input type="checkbox"/> d. Not applicable	4248	
13. GAO Employees Federal Credit Union <input type="checkbox"/> a. GAO Loan/Savings <input type="checkbox"/> b. Not applicable	6512	

Comments:

United States General Accounting Office



Employee Exit Questionnaire

Introduction

This exit questionnaire serves two purposes: it gives you an opportunity to express your reasons for leaving GAO, and it brings to the attention of GAO management those aspects of GAO that may require improvement.

Your responses will be tabulated with those given by others who have completed this questionnaire. Individual answers will be maintained as anonymous. The data will be analyzed only in its aggregate form.

Background Information

- 1. In which of the following (roles) have you spent most of your time during the last 12 months? (Check one.)
1. [ ] Evaluator (staff or manager)
2. [ ] Evaluator related specialist (staff or manager)
3. [ ] Attorney/advisor (staff or manager)
4. [ ] Secretarial, clerical and/or administrative support
5. [ ] Technical or professional support staff
6. [ ] Other (Specify.)

- 2. Where were you most recently assigned? (Check one.)
1. [ ] Headquarters Division
2. [ ] Headquarters Staff Office
3. [ ] Regional Office

- 3. Are you permanent or temporary? (Check one.)
1. [ ] Permanent 2. [ ] Temporary

- 4. What is your current grade/band level?

- 5. How many years of GAO service and total federal service (including GAC service) do you have?
GAO: \_\_\_ Total federal (Include GAO): \_\_\_

- 6. What is your age? (Check one.)
1. [ ] Under 30
2. [ ] 30 - 39
3. [ ] 40 - 54
4. [ ] 55 and over

- 7. What is your sex? (Check one.)
1. [ ] Male 2. [ ] Female

- 8. What is your race/ethnicity? (Check one.)
1. [ ] White
2. [ ] Black
3. [ ] Hispanic
4. [ ] Asian
5. [ ] Other (Specify.)

- 9. What is the highest level of education you have achieved? (Check one.)
1. [ ] Some high school (but did not complete)
2. [ ] High school diploma
3. [ ] Some college (but did not complete)
4. [ ] Bachelor's degree
5. [ ] Master's degree
6. [ ] Doctorate

10. To what extent, if at all, did each of the following factors influence your decision to leave GAO? (Check one column for each row.)

(19-45)

	Little or no influence (1)	Some influence (2)	Moderate influence (3)	Great influence (4)	Very great influence (5)
<b>I. Career &amp; Compensation</b>					
1. Salary					
2. Work interest/challenge					
3. Advancement opportunities					
4. Career mobility					
5. Further education					
6. Training					
7. Work in education speciality					
8. Retirement benefits					
9. Health benefits					
<b>II. Personal</b>					
1. Living environment/geographic location					
2. Personal or family-related reasons					
3. Health reasons					
<b>III. Working Relationships</b>					
1. Management					
2. Supervisors					
3. Coworkers					
<b>IV. Quality of Personnel and Direction of Policy</b>					
1. Quality of management					
2. Quality of supervision					
3. Quality of staff					
4. Direction of policy					
<b>V. Retirement</b>					
1. Early retirement					
2. Retirement					
<b>VI. Work Environment/Support System</b>					
1. Quality of office space					
2. Location in office					
3. Computer support					
4. Staff/administrative support					



10. continued

(44-88)

	Little or no influence (1)	Some influence (2)	Moderate influence (3)	Great influence (4)	Very great influence (5)
<b>VII. Management Styles &amp; Job demands</b>					
1. Strict conformance to rules					
2. Loose conformance to rules					
3. Excessive travel					
4. Not enough travel					
5. Too much pressure					
6. Not enough work					
7. Too much competition					
8. Not enough competition					
9. Too little teamwork					
10. Too much teamwork					
11. Too much emphasis on work rather than people					
12. Too much emphasis on people rather than work					
<b>VIII. Inequalities</b>					
1. Unfair treatment					
2. Race or ethnic discrimination					
3. Sex discrimination					
4. Sexual harassment					
5. Age discrimination					
6. Handicapped discrimination					
7. Low tolerance for cultural and social diversity					
8. Favoritism					
<b>IX. Personnel Systems</b>					
1. Appraisal/rating system					
2. Awards program					
3. Pay for performance					
4. Ranking system					
5. Bonus program					
6. Broad banding					

10. continued

(70-74)

	Little or no influence (1)	Some influence (2)	Moderate influence (3)	Great influence (4)	Very great influence (5)
<b>X. Personal Value Considerations</b>					
1. Opportunities for visible achievement					
2. Sense of being valued by agency					
3. Opportunity to behave consistently with personal values					
4. Opportunity to influence and make a difference					
5. Other (Please specify.)					

11. Have you accepted or planned to accept another position? (Check one.)

(75)

- 1.  Yes (Continue)
- 2.  No (Go to question 13)

12. What type of organization or firm is this position in? (Check one.)

(76)

- 1.  Federal government other than GAO
- 2.  State, county, city or local government
- 3.  Private sector or nonprofit
- 4.  Other (Please specify) \_\_\_\_\_

13. If you have any additional comments you would like to make about your reasons for leaving GAO or any aspect of GAO, please write them below. Thank you for your cooperation, and good luck in the future.

(77)

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Please mail completed questionnaire to:

Office of Counseling and Career Development  
 Room 3053  
 U.S. General Accounting Office  
 441 G Street, N.W.  
 Washington, D.C. 20548

\*U.S. GOVERNMENT PRINTING OFFICE: 1987-722-317

United States General Accounting Office

**GAO**

**Request for Audio-Visual Services**

<b>Audio-Visual Branch Room 7647 Telephone: 275-3228</b>			Date of Request
Name	Office/Division	Telephone Number	Request Taken by
Date Needed	Time of Job	Location of Job	Equipment Checked Out by
Describe Services and Equipment Requested (list equipment inventory control numbers)			Estimated Return Date
			Actual Return Date
			Equipment Checked In by
		Customer Will Pick Up Equipment	Equipment Checked In by
		Delivery Requested	

GAO Form 480 A (Rev. 7/87)

United States General Accounting Office

GAO

Request for Production of Videotapes, Slide/Tape Programs, and Other Audio-Visual Products

(Please type this request)

To: Office of Publishing and Communications Video Communications Branch Room 7647 Telephone: 275-3228		Date of request:	First meeting with client Date:
		Production number:	
Division or Office:	Signature of Division/Office Director:		OPC approval:
Project Coordinator:	Room number:	Telephone:	A-V producer assigned

Description of request (and objectives)

Comments by V-C staff

First meeting with client Date:
OPC approval:
A-V producer assigned
Planning meeting with client Date:
Program design completed Date:
Budget completed Date:
Draft script completed Date:
Revised script completed Date:
Production dates:
Editing dates:
Production screening Date:
Delivery of duplicated copies Date:
Distribution completed Date:
Evaluation completed Date:

Completed production received by:	Date:
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# GAO Time and Attendance Report

## United States General Accounting Office

1 Name Last	First	Middle	2 Pay Period a No. b End Date	3 Agency	4 Station	5 Town	6 Line	7 TRP	8 PT	9 PT	10 Hours	11 Wk 1	12 Wk 2	13 Status Change a Start b End	
14 Social Security No.	15 Adv. Lv Code	16 Cash of Office	17 Final	18 New Contract Point	19 Cont.	20 Standby AUO a 1st Wk hours b 2nd Wk hours c Percent	21 Accounting Data Code	22 Days in Pay	23 Corrected T&A	24 Compressed Schedule					

### 25a Planned/Approved Schedule (Complete 25a or 25b)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	Hours
Time In															
Time Out															
Time In															
Time Out															
A.L. Hours															
S.L. Hours															
Other Hrs															
Total Hours															

### 25b Standard Schedule (workdays hours)

26 Employee's Signature \_\_\_\_\_ 27 Supervisor's Signature \_\_\_\_\_

### 28 Actual Schedule

	1	2	3	4	5	6	7	Wk 1 Total	8	9	10	11	12	13	14	Wk 2 Total	Total
	S	M	T	W	T	F	S		S	M	T	W	T	F	S		Hours
Time In																	
Time Out																	
Time In																	
Time Out																	
28a Codes																	
28b Total Hours																	

52 I certify that this time and attendance form has been correctly completed to the best of my knowledge

a. Timekeeper's Signature \_\_\_\_\_ b. Date \_\_\_\_\_

53 I certify that the time and leave are correctly stated and approved in accordance with law and regulations. I understand that falsification may lead to disciplinary action under GAO Order 2752-2 Table of Disciplinary Offenses and Penalties or criminal sanctions under 18 U.S.C. § 1001

a. Employee's Signature \_\_\_\_\_ b. Date \_\_\_\_\_

c. Supervisor's Signature \_\_\_\_\_ d. Date \_\_\_\_\_

(GAO Order 2640.1)

### 29 Time in Pay Status

30. Transaction			31 1st Wk	32 2nd Wk	33 App.	34 Assignment	35 Org
a. Prefix	b. Code	c. Suffix	Hours	Hours	Leave Code	Leave Code	Code
61 A/L							99030300
62 S/L							99030400
66 H/L							99030500
			36 Total Regular Hrs				
			37 H/L Worked				
			38 O/T Worked				
			39 Total Time w/Pay				
			40 Nonpay Time				
			41 Total Nonpay Time				

### 42 Leave Record

43 Adv. Lv. Authorized Thru (date)	a. A.L. Hours	44 Previous PT	a. A.L. Hours
	b. S.L. Hours	Carryover hours	b. S.L. Hours
45 Type of Leave			
a. Annual	46 Bal Fwd	47 Accrued	48 Avail
b. Sick			49 Used
c. Credit			50 End Bal
d. LWOP			
e. AWOL			
f. Suspension			
g. Comd Time			
h. Comd Religious			
i. Home			
j. Military Trng (days)			
k. Military Law Enforce			
l. OWCP			
m. Other			
n. A.L. Restored			
51 Current PT Carryover Bal	a. A.L.	b. S.L.	

Note: See reverse for leave descriptions and codes and abbreviations

(GAO Form 484-Rev. 7/91)

☆ U.S. GOVERNMENT PRINTING OFFICE: 1990-722-216

GAO Form 484-1 (Rev. 11/86) (Replaces GAO Form 14)		<b>U.S. General Accounting Office BI-WEEKLY WORK SCHEDULE DAILY ENTRIES</b>										GAO Order 0247-1			
Social Security No		Name Last			First			Middle Init			Pay Period				
											No	Ending Date			
<b>Approved Work Schedule</b>															
	1 S	2 M	3 T	4 W	5 T	6 F	7 S	8 S	9 M	10 T	11 W	12 T	13 F	14 S	Total Hours
Time In															
Time Out															
Time In															
Time Out															
Total Hours To Be Worked															
Employee Signature _____				Beg Bal		Earned		Used		End Bal					
Supervisor Signature _____				Comp Time											
				Credit Hrs											
<b>Actual Work Schedule</b>															
	1 S	2 M	3 T	4 W	5 T	6 F	7 S	8 S	9 M	10 T	11 W	12 T	13 F	14 S	Total Hours
Time In															
Time Out															
Time In															
Time Out															
Assignment Codes															
Total Hours Worked															
<b>Record of Certain Absences When SF-71 is Not Used</b>															
	1 S	2 M	3 T	4 W	5 T	6 F	7 S	8 S	9 M	10 T	11 W	12 T	13 F	14 S	
From															
To															
Annual															
Sick															
Credit Hrs															
Comp Time															
<p>I certify that my time and leave are correctly stated. I understand that falsification may lead to disciplinary action under GAO order 2751.2 or criminal sanctions under 18 U.S.C. §1001.</p> <p style="text-align: center;">Employee's Signature _____</p> <p>Disclosure of the requested time and attendance information, including your social security number, is mandatory and is solicited in accordance with 31 U.S.C. §§731, 1501, 3511, and 3512. Your social security number is solicited pursuant to executive order 9397 of 1943 which provides that, in the interest of economy and orderly administration, the Federal Government shall use exclusively the social security number in establishing any system of permanent account numbers pertaining to individual persons.</p> <p>The requested information is intended to compute employee salary and maintain proper leave balances. Failure to furnish it will result in salary not being paid and leave accounts not being maintained.</p>															

United States General Accounting Office

GAO

Batch Sheet for Time and Attendance Reports

1. Name of Timekeeper		2. Division or Office			3. Reporting Unit Audit Site		
4. Telephone Number of Timekeeper		5. Pay Period	6. Pay Period Ending Date	7. Batch Type  60	8. Batch Number		
9. Description				10. Totals			
A. Number of T & A Reports							
B. Number of Days in Pay Status							
C. A/L Res. Used		(Object Class 1166)					
D. Compensatory Leave Earned		(Object Class 1167)					
E. Credit Hours Earned		(Object Class 1173)					
F. Overtime Hours Worked & Traveled (For Overtime Worked for which there will be pay)		(Object Class 1192-1194)					
G. Holiday Hours Worked		(Object Class 1195)					
H. AWOL		(Object Class 1190)					
I. LWOP		(Object Class 1191)					
<b>Certification</b> I certify that all timesheets in this batch have been properly signed.			11. Signature of Timekeeper		12. Transmittal Date		

OPR: PERS

GAO Form 485 (Rev. 9/88)

GAO Form 491 (Rev. 5/86)

(GAO Order 0621.3)

U.S. General Accounting Office  
**ACCOUNTABLE PROPERTY ACQUISITIONS**

Sheet No. \_\_\_\_\_

Name of Recorder \_\_\_\_\_ Date of Recording \_\_\_\_\_

Item  
Control  
No.

\_\_\_\_\_

Physical Location

Building  
Abbreviation      Room No.

\_\_\_\_\_

\_\_\_\_\_

Organization  
Custody

Div/Off  
Code      Date

\_\_\_\_\_

\_\_\_\_\_

Y Y M M

GAO Acquisition or Receipt

Date      Document No.

\_\_\_\_\_

\_\_\_\_\_

Y Y M M

\* Estimated  
Value

\_\_\_\_\_

("20.00-999999 99")

Machinery or Equipment Manufacturer

Classification  
Code No.

Type

\_\_\_\_\_

\_\_\_\_\_

("20,21,40")

Name  
Abbreviation

Serial Number

\_\_\_\_\_

\_\_\_\_\_

\*To be completed by PMO only if item was transferred into GAO ownership (excludes property loaned to GAO) on a nonreimbursable basis (i.e., donation, surplus, etc.)



U.S. GENERAL ACCOUNTING OFFICE

GAO Form 492 (5-76)  
(Replaces OAS Form 178)

(GAO Order 0621.3)

CAPITALIZED PROPERTY REMOVALS OR CUSTODY CHANGES\*

Sheet No. \_\_\_\_\_

NAME OF RECORDER \_\_\_\_\_ DATE OF RECORDING \_\_\_\_\_

ITEM CONTROL NO.	*TRANSFER TO (PMO TO COMPLETE)			
	PHYSICAL LOCATION		ORGANIZATION CUSTODY	
	BUILDING ABBREVIATION	ROOM NO.	DIV/OFF CODE	DATE
_____	_____	_____	_____	_____ Y Y M M

REMOVAL OR CHANGE		LOSING
DATE	AUTHORIZING DOCUMENT NO.	DIV/OFF CODE
_____ Y Y M M	_____	_____

CLASSIFICATION CODE NO.	TYPE	MACHINERY OR EQUIPMENT MANUFACTURER	
		NAME ABBREVIATION	SERIAL NUMBER
_____	("20,21,40")	_____	_____

CHECK ONE BOX UNDER EITHER A OR B BELOW

A. REASON FOR REMOVAL:

- SURPLUS TO GSA
- LOST
- STOLEN
- DESTROYED
- TRADED-IN

B. CUSTODY CHANGE (check and complete):

- \*TRANSFER TO \_\_\_\_\_  
(NAME OF GAO DIV/OFF)
- LOANED TO \_\_\_\_\_  
(NAME OF AGENCY)  
(CUSTODY RESPONSIBILITY WILL REMAIN  
WITH LOSING DIV/OFF)

\*TRANSFERS OF CAPITALIZED PROPERTY WITHIN A DIVISION/OFFICE OR TRANSFERS FOR REPAIR OR MAINTENANCE DO NOT CONSTITUTE A REMOVAL OR CUSTODY CHANGE, AND SHOULD NOT BE RECORDED AS SUCH.

GAO Form 501 (Rev. 7-79)  
UNITED STATES GENERAL ACCOUNTING OFFICE  
MERIT STAFFING PROGRAM/VACANT POSITION APPLICATION

MAIL TO PERSONNEL  
GAO, 441 G STREET, NW  
WASHINGTON DC 20548

TO BE COMPLETED BY PERSONNEL

1. INITIAL SCREENING

- Your application was late and could not be considered.
- You are qualified for the vacant position
  - Your application has been forwarded to the selecting official.
  - Your application has been forwarded to a screening panel for further evaluation.
- You did not meet the following minimum requirements for the vacant position:
  - Sufficient time-in-grade.
  - General experience.
  - Specialized experience.
  - Other

2. FINAL REPORT

- You were rated among the best qualified
  - You have been selected. You will be advised of the effective date and other details pertinent to your new assignment
  - You were not selected for this position.
- You were not rated among the best qualified.
- Other
  - Your interest in furthering your career goals with GAO is appreciated

PERSONNEL MGT. SPEC.	SIGNATURE	DATE	SIGNATURE	DATE
-------------------------	-----------	------	-----------	------

TO BE COMPLETED BY APPLICANT

Information below can be found on the appropriate Job Opportunity Announcement.

ANNOUNCEMENT NO.	SERIES-GRADE
POSITION TITLE	LOCATION

DATE OF LAST PROMOTION

(APPLICANT'S NAME AND COMPLETE MAILING ADDRESS)

APPLICANT'S SIGNATURE

United States General Accounting Office

GAO

Application for Consideration (Merit Selection Plan)

Part 1. Instructions for the Selecting Unit: Fill-in the appropriate information for (1) applicants applying for merit selection vacancies from outside your unit and (2) employees within your unit applying for other than "generalist" evaluator positions. Send one copy to each applicant and keep one for your files.

1. Initial Screening

- checkbox Your application was late and could not be considered.
checkbox You did not meet the following minimum requirements.
checkbox Sufficient time-in-band.
checkbox Other

- checkbox You are qualified for the position and your application has been forwarded to:
checkbox the selecting official
checkbox a management review panel for further evaluation

4. Final Report

- checkbox You were not among the best qualified.
checkbox You were rated among the best qualified.
checkbox You have been selected. You will be advised about details of your new assignment.
checkbox You were not selected.
checkbox Other

2. Panel Chair Person's Signature

3. Date

5. Signature

6. Date

Part 2. Instructions for the Applicant: Provide your complete mailing address. Information for items 7 through 10 can be found in GAO's Annual Promotion Opportunity Announcement.

Name (first, middle initial, last)
Street Address
City
State Zip Code
7. Announcement No.
8. Series-Rank/Band
9. Position Title
10. Location
11. Date of Last Promotion
12. Applicant's Signature

Note: GAO employees give to your home unit control points.

(GAO Order 2335.8)

GAO Form 501A (Rev. 12/89)

GAO Form 506 (Rev. 12-86)		GAO ORDER 2332.1 and 2335.6		
<b>UNITED STATES GENERAL ACCOUNTING OFFICE</b>				
<b>PERSONNEL SELECTION CERTIFICATE</b>				
ISSUED TO:				
SELECTION CERTIFICATE NO.	DATE ISSUED	RETURN DEADLINE		
NO. OF VACANCIES	POSITION TITLE	SERIES, GRADE	LOCATION	
<b>BEST QUALIFIED CANDIDATES</b>				
ACTION*	NAME AND CURRENT ORGANIZATION	INTERVIEWED		REMARKS
		YES	NO	
<small>* INDICATE INDIVIDUAL(S) SELECTED BY PLACING AN <u>S</u> IN THE ACTION COLUMN. PLACE <u>NS</u> FOR THOSE NOT SELECTED, <u>D</u> FOR THOSE WHO DECLINE.</small>				
<input type="checkbox"/> No Selection Made. (Briefly explain)				
<input type="checkbox"/> Other. (Briefly explain)				
DATE	SIGNATURE OF SELECTING OFFICIAL			
This certificate and any attached material must be confidentially delivered to Personnel.				

\* U. S. GOVERNMENT PRINTING OFFICE: 1976-627-391

GAO FORM 507 (8-76)	<b>NOTICE OF ATTEMPT TO          DELIVER CLASSIFIED MATERIAL</b>	
<b>TO:</b>		
<b>FROM: SUPERVISOR, GENERAL ACCOUNTING OFFICE REPORTS DISTRIBUTION SECTION</b>		
<b>SUBJECT:</b>		
<p style="text-align: center;"> <i>On _____, a second attempt was made to deliver the subject classified report to the individuals listed above. Please contact _____ or _____ on 275-6395 to make arrangements for future delivery or to let us know that you don't want this material.</i> </p>		
<b>GAO RECEIPT NUMBER</b>	<b>SIGNATURE OF RECIPIENT OF THIS RECEIPT</b>	

GAO

United States General Accounting Office  
Security Register

Page No \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

The following articles may not be brought into this location without first obtaining permission from the Office of Security and Safety:

- Cameras and Film (other than for personal use)
- Recording Devices
- Historics
- Radio Transmitters
- Copying and Production Devices
- Acoustic Devices
- Firearms and Ammunition
- Explosives
- Radioactive Materials

Also any article the possession of which is considered a violation of Federal, state or local laws.

All boxes checked unless otherwise indicated.

To be Completed by Visitor				To be Completed by Security				Time			
First	Name M I	Last	Agency/Company Represented	Citizen Other than U.S.A.	Person to be Visited and Room Number	Purpose of Visit	Address Authority	Badge Number	Escort's Signature	In	Out
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GAO

United States General Accounting Office

# Consent for the Release of Information

## Office of Counseling and Career Development (OCCD)

1. Name of Consenting Employee	2. Office Telephone Number
--------------------------------	----------------------------

3. Person/Organization to Which Information may be Disclosed (for example, supervisor, OCCD counselor, private therapist)

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4. Person/Organization Authorized to Disclose Information (for example, supervisor, OCCD counselor, private therapist)

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5. Extent or Nature of Information Authorized to be Disclosed (for example, attendance at counseling sessions)

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6. **Consent Statement-** I, the undersigned, consent to the disclosure of information as specified above and understand that I may withdraw this consent at any time by signing the Withdrawal Statement below.

a. Signature	b. Date
--------------	---------

7. **Withdrawal Statement-** I, the undersigned, withdraw my consent to the disclosure of information as specified above.

a. Signature	b. Date
--------------	---------

U. S. GENERAL ACCOUNTING OFFICE • POST OFFICE BOX 2610 • WASHINGTON, D.C. 20013

CLAIM NUMBER	STATEMENT CLOSING DATE	AMOUNT PAST DUE	SCHEDULED PAYMENT	SCHEDULED PAYMENT DUE	AMOUNT NOW DUE
AMOUNT OF PAYMENT RECEIVED	PREVIOUS BALANCES	PRINCIPAL	INTEREST	COURT COSTS	
	PAYMENT DISTRIBUTION				
	NEW BALANCES				

GAO 514 (REV. 6-81)

FILE COPY



United States General Accounting Office

GAO

Draft Report

Notice:  
This draft is restricted  
to official use.

This draft report is being provided to obtain advance review and comment from those with responsibility for the subjects it discusses. It has not been fully reviewed within GAO and is, therefore, subject to revision.

Recipients of this draft must not, under any circumstances, show or release its contents for purposes other than official review and comment. It must be safeguarded to prevent publication or other improper disclosure of the information it contains. This draft and all copies of it remain the property of, and must be returned on demand to, the General Accounting Office.

U.S. GOVERNMENT PRINTING OFFICE: 1980 O-944-101

OPR:OP

GAO Form 515 (Rev. 2/90)

GAO Form 518 (Rev. 1/86)  
 (Supersedes GAO Form 518 and 518A)

**U.S. General Accounting Office**  
**ANNUAL MAIL VOLUME REPORT**

**PART I. Reporting Information**

Reporting Organization & Address	Survey Period	For Additional Information Contact
	From: _____	Name _____
	To: _____	Phone No: _____

**PART II. First Class**  
 Stroke Count

Type and Size/Weight	Stroke Count	Total
A. Envelopes—Small Up to 6 1/8 x 11 1/2 1 oz. or less		
Up to 6 1/8 x 11 1/2 1.1 oz. to 2 oz.		
B. Envelopes—Nonstandard Larger than 6 1/8 x 11 1/2 x 1/4 1 oz. or less		
C. Envelopes—Medium Up to 11 x 13 2.1 oz. to 5 oz.		
D. Envelopes—Large Larger than 11 x 13 5.1 to 12 oz.		
E. Postcards 3 1/2 x 5 to 4 1/4 x 6		

**PART III. Priority (Must Be Endorsed "Priority")**  
 Stroke Count

Type and Size/Weight	Stroke Count	Total
A. Envelopes 12.1 oz to 2 lbs		
B. Packages—Small 2.1 to 14 lbs		
C. Packages—Medium 14.1 to 27 lbs.		
D. Packages—Large 27.1 to 40 lbs.		
E. Packages—Extra Large 40.1 to 70 lbs.		

**PART IV. Third Class Single Piece (Must Be Endorsed "Third Class")**  
 Stroke Count

Type and Size/Weight	Stroke Count	Total
A. Small 6 1/2 x 11 1/2 Up to 2 oz		
B. Nonstandard Larger than 6 1/2 x 11 1/2 x 1/4 1 oz. or less		
C. Medium Larger 6 1/2 x 11 1/2 2.1 to 8 oz		
D. Large Larger than 6 1/8 x 11 1/2 8.1 to 15.9 oz.		

**PART V. Fourth Class Parcel Post**

Type and Size/Weight	Stroke Count	Total
A. Small 12 lbs. or less		
B. Medium 12 to 24 lbs		
C. Large 24.1 to 35 lbs		
D. Large 35.1 to 54 lbs.		
E. Extra Large 54.1 to 70 lbs.		

**PART VI. Special Rate Fourth Class (Must Be Endorsed "Special Rate 4th Class")**

Type and Size/Weight	Stroke Count	Total
A. Small Up to 3 lbs		
B. Small 3.1 to 14 lbs.		
C. Medium 14.1 to 27 lbs.		
D. Large 27.1 to 40 lbs.		
E. Extra Large 40.1 to 70 lbs.		

**PART VII. Special Services (In Addition To Regular Postage)**

Type and Size/Weight	Stroke Count	Total
A. Registered (MUST be 1st Class OR Priority)		
B. Certified (MUST be 1st Class OR Priority)		
C. Restricted Delivery (MUST also be Registered or Certified)		
D. Return Receipt Requested (MUST also be Registered or Certified)		
E. Special Delivery 1st Class and Priority		
All Other Classes		
F. Special Handling (3rd & 4th Class only)		

**PART VII. Special Services (In Addition To Regular Postage) (Continued)**

Type and Weight	Stroke Count	Total
G. Returned Mail (Other Than 1st Class & Priority)		
H. Incoming Reply Envelopes Up to 6 1/8 x 11 1/2		
Up to 11 x 13		

GAO Form 518 (Rev. 1/86)

**PART VIII. International Mail**

Type and Weight	Stroke Count	Total
<b>A. Letter &amp; Letter Packages—Surface</b>		
Up to 1 oz.		
1.1 to 2 oz.		
2.1 to 4 oz.		
4.1 to 8 oz.		
8.1 oz. to 1 lb.		
1.1 to 2 lbs.		
2.1 to 4 lbs.		
<b>B. Printed Matter &amp; Small Packets—Surface</b>		
Up to 2 oz.		
2.1 to 4 oz.		
4.1 to 8 oz.		
8.1 oz to 1 lb.		
1.1 to 2 lbs.		
2.1 to 4 lbs.		
<b>C. Books—Surface</b>		
Up to 1 lb.		
1.1 to 2 lbs.		
2.1 to 4 lbs.		
4.1 to 6 lbs.		
6.1 to 8 lbs.		



GAO Form 519 (Rev. 11-78) (GAO Order 0660.1)

U.S. General Accounting Office
REQUEST FOR THE USE OF THE GAO AUDITORIUM
(Maximum seating capacity: 254. No chairs permitted in the aisles.)

FROM: (GAO organization requesting use)
State when needed, allowing for setup.
Date(s) Time From - To
Approving official (signature/title) (Date)
Person responsible for arrangements (Name, location, and telephone number)

Section A
(Completed by the Special Assistant - Room 7113)
Requested date is confirmed
Copies of request have been forwarded to FMB on (date)

PURPOSE OF MEETING:

Section B
(Completed by the Chief, Facilities Management Branch)
Request received in FMB on (date)

1. There are 12 chairs available for stage area seating. If stage area seating is required, how many people will be seated at one time? (Attach sketch, if needed.)
2. Two tables (one in each size listed) are available in rear of stage. Check blocks to indicate needs for your meeting.
18 by 36 inches Yes No
24 by 60 inches Yes No
3. A 16 MM movie projector is permanently in place in the auditorium. A screen is permanently in place. Is the movie projector required for your meeting? Yes No
4. Will your meeting require the public address system? Yes No
5. Other than initially turning on the lights, will your meeting require operating lights during the meeting? Yes No

The individual named below will provide services (as outlined in paragraph 7 of GAO Order 0660.1.)
(name)
(telephone)
Copy 1 returned to requester on (date)
Section C
(Completed by operator and returned to Chief, FMB)
Assignment was accomplished on (date)
(signature)

NOTE: Call Audio-Visual Production Services (extension 53228) to reserve audio-visual equipment.
For other than the 16MM movie projector listed in item 3 above, the requester of the auditorium arranges for needed equipment (pickup, setup (not to interfere with previous meetings), and removal—promptly after use so that the area is immediately presentable for the next visitors or users).

Check block if meeting is to have less than 75 in attendance and forward the request to the Director, General Services and Controller, who considers use for the purpose stated.
TO: Director, General Services and Controller Room 6834 Use is: Approved Disapproved
(Signature)

TO: Special Assistant Room 7113 Comments:

ENTRANCE TO THE AUDITORIUM IS THROUGH THE 7500 CORRIDOR. NO SMOKING OR BEVERAGES ARE PERMITTED IN THE AUDITORIUM AREA. QUIETNESS IN THE HALLS IS REQUESTED SINCE OTHER MEETINGS MAY BE IN SESSION.

COPY 1 — RETURNED TO REQUESTER

GAO Form 519A (11-78) (GAO Order 0660.1)		U.S. General Accounting Office <b>REQUEST BY A NON-GAO ORGANIZATION FOR THE USE                  OF THE GAO AUDITORIUM</b> (Maximum seating capacity: 254. No chairs permitted in the aisles. Minimum attendance for approval: 75)		<b>Section A</b> (Completed by Special Assistant – Rm 7113)	
<b>FROM:</b> <i>(Organization requesting use)</i>		State when needed, allowing for setup.		<input type="checkbox"/> Date(s) circled is (are) confirmed	
Approving official (signature/title) _____ (Date) _____		Preferred Date(s) _____ Time From – To _____		<input type="checkbox"/> Use is approved, but dates stated are unavailable. Please select another date, complete a new form—sending direct to the Special Assistant, Rm 7113	
Person responsible for arrangements <i>(Name, location, and telephone number)</i>		Alternate		<input type="checkbox"/> Purpose not approved, request returned.	
PURPOSE OF MEETING:		Expected Attendance _____		<input type="checkbox"/> Copies of request have been forwarded to FMB on _____ (date)	
1. There are 12 chairs available for stage area seating. If stage area seating is required, how many people will be seated at one time? <i>(Attach sketch, if needed.)</i>		_____		<b>Section B</b> (Completed by the Chief, Facilities Management Branch)	
2. Two tables <i>(one in each size listed)</i> are available in rear of stage. Check blocks to indicate needs for your meeting.		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Request received in FMB on _____ (date)	
3. A 16 MM movie projector is permanently in place in the auditorium. A screen is perma- nently in place. Is the movie projector required for your meeting?		Yes <input type="checkbox"/> No <input type="checkbox"/>		The individual named below will provide services (as outlined in paragraph 7 of GAO Order 0660.1.)	
4. Will your meeting require the public address system?		Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ (name)	
5. Other than initially turning on the lights, will your meeting require operating lights during the meeting?		Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ (telephone)	
NOTE: For other than the equipment mentioned in items 1 through 5 above, the requester of the auditorium arranges for needed equipment (pickup, setup (not to interfere with previous meetings), and removal—promptly after use so that the area is immediately presentable for the next visitors or users).		_____ (date)		<b>Section C</b> (Completed by operator and returned to Chief, FMB)	
<input type="checkbox"/> TO: Director, General Services and Controller Room 6834, GAO Building		Use is:		Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
(Specifically for consideration of the purpose stated.)		_____ (Signature)		Assignment was accomplished on _____ (date)	
<input type="checkbox"/> TO: Special Assistant Room 7113		Comments:		_____ (signature)	
ENTRANCE TO THE AUDITORIUM IS THROUGH THE 7500 CORRIDOR. NO SMOKING OR BEVERAGES ARE PERMITTED IN THE AUDITORIUM AREA. QUIETNESS IN THE HALLS IS REQUESTED SINCE OTHER MEETINGS MAY BE IN SESSION.					
COPY 1 — RETURNED TO REQUESTER					

GAO FORM 520  
(1/77)

U.S. GENERAL ACCOUNTING OFFICE

<b>TEMPORARY QUARTERS SUBSISTENCE EXPENSES</b>	NAME	DATE
	SOCIAL SECURITY NUMBER	AUTHORIZATION NUMBER

DAY	DATE	LODGING <sup>1</sup>	MEALS	TIPS	LAUNDRY <sup>1</sup>	CLEANING CLOTHES <sup>1</sup>	DAILY TOTAL	REMARKS
1st								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								

<b>PER DIEM BASIS</b>	EMPLOYEE: Days @ \$ =	<b>TOTAL OF FIRST 10 DAYS ACTUAL EXPENSES<sup>2</sup></b>
	DEPENDENT(S): Days @ \$ =	
	<b>PER DIEM TOTAL<sup>2</sup></b>	

11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								

<b>PER DIEM BASIS</b>	EMPLOYEE: Days @ \$ =	<b>TOTAL OF SECOND 10 DAYS ACTUAL EXPENSES<sup>2</sup></b>
	DEPENDENT(S): Days @ \$ =	
	<b>PER DIEM TOTAL<sup>2</sup></b>	

21st								
22nd								
23rd								
24th								
25th								
26th								
27th								
28th								
29th								
30th								

<b>PER DIEM BASIS</b>	EMPLOYEE: Days @ \$ =	<b>TOTAL OF THIRD 10 DAYS ACTUAL EXPENSES<sup>2</sup></b>
	DEPENDENT(S): Days @ \$ =	
	<b>PER DIEM TOTAL<sup>2</sup></b>	

<sup>1</sup> Receipts must be attached to voucher for Actual Expenses listed. Receipts are not required if coin-operated machines are used.

<sup>2</sup> Claim whichever is the lesser of the two totals.

I certify that subsistence expenses claimed herein were incurred during the occupancy of temporary quarters and were necessary to my obtaining and occupying permanent quarters.

Signature of Employee	Date of Claim
-----------------------	---------------

OPR OC



SAFETY INSPECTION CHECKLIST

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Walking and Working Surfaces<br>(29 C.F.R. 1910.22)   |                          |                          |
| a. Are work places kept clean and orderly?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are floors, aisles, and passageways kept clean?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are floor holes and wall openings covered?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Egress (29 C.F.R. 1910.365 - 368)   |                          |                          |
| a. Are all exits marked with an exit sign and illuminated by a reliable light source?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are doors or other passageways that could be mistaken for exits appropriately marked "NOT AN EXIT," "TO BASEMENT," "STOREROOM," etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are all exit routes always kept free of obstructions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hazardous Materials (29 C.F.R. 1910.101)  |                          |                          |
| a. Are flammable liquids kept in closed containers when not in use?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are storage cabinets for flammable and combustible liquids labeled "FLAMMABLE"?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. General Environmental Controls<br>Sanitation (29 C.F.R. 1910.141 - 142)   |                          |                          |
| a. Are restrooms and washrooms kept clean and sanitary?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has pest control been exercised?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical and First Aid (29 C.F.R. 1910.15)   |                          |                          |
| a. Is at least one employee qualified to render first aid in the absence of a nearby clinic or hospital?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there a first aid kit easily accessible to work area?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are first aid supplies inspected and replenished?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are emergency telephone numbers posted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fire Protection (29 C.F.R. 1910.157 - 159 - 160)  |                          |                          |
| a. Are proper fire extinguishers available?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Class A. Ordinary - for combustible material fires   |                          |                          |
| Class B. Flammable - for liquids or grease fires   |                          |                          |
| Class C. Energized - for electrical equipment fires  |                          |                          |

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| b. Are extinguishers fully charged and in their designated places?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are extinguisher locations free from obstruction or blockage?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have all extinguishers been serviced, maintained, and tagged at intervals not to exceed 1 year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Materials handling and storage (29 C.F.R. 1910.176 - 181)                                       |                          |                          |
| a. Is there safe clearance for equipment through aisles and doors?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is stacked material stable and secure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are storage areas free from tripping hazards?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is all storage material secure against sliding or collapsing?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are pallets stacked horizontally and not on end?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. National Electrical Code<br>Electrical Wiring (29 C.F.R. 1910.308 - 309)                        |                          |                          |
| a. Have exposed wires, frayed cords, and deteriorated insulation been repaired or replaced?        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are junction boxes, outlets, switches, and fittings covered?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are all electrical outlets grounded?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are breaker switches identified as to their use?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are flexible cords and cables free from splices or tapes?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are all conduit connections intact?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is the electrical equipment properly protected in wet locations?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Recordkeeping (29 C.F.R. 1921.2 - 8)  |                          |                          |
| a. Is an OSHA poster prominently displayed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have occupational injuries or illnesses, except very minor injuries, been recorded?             | <input type="checkbox"/> | <input type="checkbox"/> |

GAO FORM 521 (4-77)

(GAO ORDER 0843.11)

U. S. GENERAL ACCOUNTING OFFICE

**SAFETY INSPECTION REPORT**

DIVISION: \_\_\_\_\_

REGION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PERSON(S) MAKING INSPECTION: \_\_\_\_\_

COMMENTS

GAO Form 528 (Rev 3-78)

U.S. General Accounting Office

(GAO Order 0631 4)

ORIGINATING STATION:

### CONFERENCE CALL LOG

REPORT PERIOD:

(Ended) \_\_\_\_\_

DATE	DIVISION/ OFFICE	NAME OF CALL COORDINATOR	LENGTH OF CALL	LOCATIONS INVOLVED IN CALL (CIRCLE)	PROBLEMS/ SUGGESTIONS
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	
				ALBANY CLEV. K.C. NOR. S.F. ATL. DAL. L.A. PHIL. SEAT. BOS. DEN. N.O. PORT. W.R.O. CHI. DET. N.Y. ST. L. HQ OAS CINN. HOU. OTHERS:	

United States General Accounting Office

GAO

Request, Authorization, and Report of Overtime

**Instructions**

- a. A separate request for overtime shall be prepared for each employee for each pay period overtime is to be worked
- b. Enter the name of employee, grade, salary on a per hour basis, and the estimated overtime hours to be worked by the employee.
- c. The requesting official shall manually sign the request and submit it to the appropriate authorizing official. If the authorizing official concurs he/she shall manually sign the form and return it to the requesting office for preparation of the Report of Overtime Worked. (filling in item 2) stating actual hours and cost. If compensatory time has been requested and approved, indicate "Comp Time" in the cost column instead of a dollar amount.

Authority is hereby requested for the performance of the overtime described below which is beyond the regularly established 8-hour day or 40-hour workweek

Division or Office	Organization Code	Pay Period	From: _____ To _____
--------------------	-------------------	------------	----------------------

Organization for which overtime is to be performed	Organization Code to be Charged
--	---------------------------------

1] Name of Employee	Grade/Step	Overtime Salary Per Hour
---------------------	------------	--------------------------

Dates Overtime to be Worked	Estimated Hours	Estimated Cost
-----------------------------	-----------------	----------------

Work to be Performed and Justification for Overtime

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Requested by (Signature)	Date	Approved by (Signature)	Date
--------------------------	------	-------------------------	------

2] Dates Overtime Worked	Work Accomplished (if different from above)
Actual Overtime Hours	

Signature of Employee	Date
-----------------------	------

Supervisory Approval	Date	Overtime Cost
----------------------	------	---------------

3] Overtime Posted to Time and Attendance Report for Pay Period No.	Signature of Timekeeper	Date
---	-------------------------	------

## U.S. GENERAL ACCOUNTING OFFICE

### General Instructions for Completing Employee Profile, GAO Form 537 (Rev. 5-85) (Previous instructions are obsolete)

*THIS FORM MUST BE TYPED.*

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This form must be completed using only the four pages provided. An optional continuation sheet (GAO Form 537A) may be used to update a prior GAO Form 537. No other additional written material of any kind can be submitted. If a MICOM is used to prepare this form, the spacing must not be altered.

---

The Employee Profile is one of the documents used in assessing employees for promotion. (Employees who will not be assessed for promotion during the Annual Assessment and who do not choose to apply for announced evaluator-related positions should not complete this form.) In addition to being used for the home unit Annual Assessment, other divisions/offices will use it when making inter-unit selections from among best qualified applicants. It is each employee's responsibility to ensure that his/her Employee Profile is accurate and current.

In completing this form, use only the four pages provided. This form may be redone each year prior to the Annual Assessment, or may be reused in the succeeding year(s) without major modification. If reused, it may be supplemented with an Employee Profile Continuation Sheet (GAO Form 537A) to provide information on the additional year(s) of experience. (Refer to GAO Form 537A for detailed instructions.)

The Profile is your opportunity to present and explain to the management review panel and the selecting official the extent to which you have the job-related knowledge, skills, and abilities needed for success in a higher level position. In order to effectively represent your capabilities, it will be necessary for you to review and analyze your experience and background to identify those areas you believe are important and relevant in an assessment of your promotion potential. This review and analysis or self-assessment, involves several steps having as their objective the identification of those knowledges, skills, and abilities (KSAs) which you have acquired, developed, or enhanced and which are relevant to your potential to perform at the next highest level. It is important to understand that KSAs may result from a variety of planned or unplanned experiences or activities, and that the KSAs you possess have differing degrees of relevance--from high to none at all--to your potential to perform at the next highest level. So the self-assessment process is one of first identifying your KSAs and then judging their importance and relevance to your promotion potential.

#### SUGGESTIONS ON HOW TO COMPLETE YOUR EMPLOYEE PROFILE

These instructions have been designed to help you understand the types of information which should be included in your Profile and how such information can best be developed and presented.

##### Deciding What to Include

Before you actually begin to write the content of the Employee Profile, you will first have to go through the self-assessment of your background referred to above. This involves considering your background from the perspective of how you have acquired and/or demonstrated the knowledge, skills, and abilities needed at the grade level for which you are competing.

It is important to consider that parts of your background are job-related and other parts are not. Also, the knowledge, skills, and abilities needed for successful performance at the next grade may be acquired through a variety of experiences or activities. For example, you may have supervised in a job you held prior to coming to GAO and that would be an important experience to include if you have not had an occasion to do much supervising while with GAO. On the other hand, if you've had numerous opportunities to supervise while with GAO, your outside supervisory experiences may be less relevant. In addition, even if you've never actually been a supervisor, you may have had experiences which

developed supervisory skills, such as chairing a committee or coordinating and leading a volunteer activity. It is important to take the time necessary to evaluate your background in this way and report information about yourself that can assist in an assessment of your promotion potential.

The following questions can help you get started on deciding what parts of your experience to present. They are meant to help you look at what you've done and see how it relates to your ability to perform in the job dimensions at the next higher grade level.

- What new responsibilities did I take on recently?
- What opportunities did I have to apply existing job skills to new situations?
- What assignments or activities did I have that required me to learn new subjects or use new approaches?
- What did I do to overcome obstacles to get the job done?
- What unexpected situations did I have to deal with and how did I handle the difficulties that arose?

These questions are all intended to help you with the necessary self-assessment process. By reviewing and taking notes on your experience in this way, you will later be able to make choices about what parts of your background you actually want to report in the Employee Profile. Remember that the notes you take here are your personal workpapers to help you decide how to organize and present the information in the Profile.

After identifying examples of job performance along these lines, the next step in the process is to use your notes about what you have done to infer the relevant knowledge, skills, and abilities you acquired, developed, and enhanced which apply to the next higher grade. (It would be useful to review the BARS Appraisal Manual, paying particular attention to the grade level definitions and to the tasks inventory and performance statements applicable to each BARS dimension at the next grade level.)

**Consider the following examples:**

*"Within the past year, I led a task force which refined the criteria for making staff assignments. I had requested this assignment and was responsible for planning the work, seeing that the plan was implemented, and developing the final recommendations. During the life of this task force, there were numerous changes in staffing due to changing priorities. By arranging for information-sharing meetings between outgoing and incoming task force members and by motivating lower level staff by keeping them involved in the decision making process, I was able to deliver the recommendations on time. The Division Director accepted the recommendations and several other units are considering adapting the refined criteria. This experience enabled me to develop and use my supervisory and planning skills and enhance my ability to analyze data for the purpose of identifying patterns."*

*"I recently learned to use a new statistical methodology for identifying appropriate samples for audits. By working closely with our TAG group, I was able to suggest and gain acceptance of alternative sampling approaches which would be more administratively feasible."*

The above examples suggest what to include, i.e., they talk about self-initiated assignments or approaches; obstacles overcome; the results of the work; and the development or refinement of knowledge, skills, and abilities.

**Deciding How to Present the Selected Information**

Once you have decided what to include in your Profile, you must decide how to present it. You may choose between a chronological presentation or a discussion of your experience as it relates to each of the BARS dimensions. Most panel members have indicated that they prefer a chronological presentation because it easily displays career progression. This method also offers a contrast to summarizing experience by BARS dimensions, as is done in the appraisals. In either approach, as stated above, you should keep in mind that your experience is important as it relates to your potential to perform in the job dimensions at the next higher grade level. In your approach, you should keep in mind that if you provide only partial information or simply identify a job experience, the panel members or selecting official may not realize the growth and development you gained from the experience.

Once you have chosen your approach, you have various options in how to use the five blocks available for experience. For example, career ladder experience can be treated as one position and addressed in one block. If your duties or responsibilities changed materially while working at one grade level, you may choose to use separate blocks to describe the different roles or positions. For example, while at one grade level you may have worked in two separate divisions or one division and a staff or regional office. These would appropriately be treated as separate positions.

**Consider the following suggestions and reminders:**

- **EMPHASIZE KNOWLEDGE, SKILLS, AND ABILITY.**  
Describe not only what you did but the abilities you used and developed. Once again, your goal is to assist the panel in understanding how your experience relates to the knowledge, skills, and abilities needed to perform at the next grade level (i.e., the BARS dimensions).

**Suggested Examples**

Rather than only saying: *"I conducted opening and exit conferences with officials from Agency X"*, it would be better to also state: *"I successfully responded to impromptu questions within my area of responsibility and gained valuable experience which enhanced my ability to deal with individuals at the higher levels of an organization."*

Rather than only saying: *"I managed a multi-region job"*, it would be better to also state: *"This required coordinating the efforts of staff in three regions at different grade levels to meet the audit deadline on time and motivating staff to take pride in the importance of their work."*

- **EMPHASIZE RESULTS or the ACCOMPLISHMENTS of your work.**  
Evidence of accomplishment is important, even if the accomplishments are minor. You should try to show that your efforts produced results, no matter what the level of the job.

**Suggested Examples**

*"I wrote the workpaper summary, excerpts of which were used in GAO's congressional testimony."*

*"I revised the original audit approach which resulted in saving 30 staff days."*

*"I designed two questionnaires which were used in the audit without significant change."*

- **BE SPECIFIC about what you have done.**  
Describe your roles, the size and complexity of jobs, unique characteristics of assignments, degree of supervision exercised, number of regional offices or agencies involved, and other factors which will help the panel assess your potential to assume higher level responsibilities. State how much experience you have had performing certain tasks; e.g., how often and in what context you planned, supervised, etc. Describe by name the projects you completed successfully or what ideas you introduced or set in motion. Provide evidence of the degree to which you have the knowledge, skills, and abilities needed to succeed at the next higher level.

**Suggested Example**

Rather than just stating: *"I served as the Site Senior"*, it would be better to state: *"In my first experience as Site Senior, I was responsible for training two junior people (one GS-7 and one GS-9) who had never performed on a complete audit. I was also responsible for developing the audit approach which was accepted with only minimal change by the evaluator in charge."*

- **DON'T EXAGGERATE BUT DON'T BE HUMBLE.**



- **EMPHASIZE RECENT HIGHER LEVEL EXPERIENCE.**

Describe your experience in reverse chronological order; i.e., present your experience starting with your most current position (grade level) and work back.

While there may be certain times when lower level experience is important, most often it is not as important as higher level experience in determining promotion potential. Summarize experience which is less recent and go into greater detail about more recent experience.

- **INCLUDE ALL RELEVANT EXPERIENCE.**

Remember to include any paid or unpaid job experience outside GAO which bears on your ability to perform GAO work at the next grade level and show how this experience relates to the BARS dimensions. Exclude any experience which is not clearly relevant.

- **GO BEYOND WHAT IS ON YOUR APPRAISALS.**

Don't regard completion of the Profile as a requirement to restate what is already on your performance appraisals. Rather than repeating these descriptions, highlight areas that you feel need to be expanded and include areas that were not addressed that you believe are important to present to the panel.

- **USE PAGES 3 AND 4 WISELY.**

The sections on other knowledge, skills, and abilities; professional development; education; training; and awards should be used to highlight achievements or contributions which reflect on your readiness to assume higher-level work.

You should show only *pertinent* professional memberships, public speaking, writing experience, training and education, outside activities, personal developments and study, and special honors. Entry-level training courses or old awards may not be relevant to your potential to perform at the next grade level.

In the space for "Other Knowledge, Skills, and Abilities" and the space for additional information, you may want to include basic summary information about how you have demonstrated performance in the BARS dimensions.

**Suggested Examples**

*"I served three times as EIC within the last two years which greatly developed my supervisory and planning skills."*

*"I have been selected to develop audit guidelines for two priority assignments since I became a GS-13 three years ago. As a result, I have gained valuable experience in the areas of planning, analysis, and writing."*

- **USE YOUR OWN WORDS.**

Don't repeat the wording in your job description or performance appraisals.

- **USE ACTION VERBS** to clearly describe what you did and to make the Profile more readable.

- **BE CLEAR AND CONCISE.**

Aim for a clear, well-organized presentation that invites reading. Put yourself in the position of a panel member who may be reading many forms. Use relatively short, direct sentences and paragraphs that clearly show what you did and how it contributed to your development. Don't use jargon or vague words. Try bullets or dashes so that points stand out.

- **MAKE YOUR PROFILE EASY TO READ.**

Make sure it is typed and neat in appearance. Do not crowd words or use reduced type that is difficult to read.

- **AND VERY IMPORTANTLY, GET SUGGESTIONS FROM OTHERS.**

Show your Profile to colleagues and supervisors and ask for suggestions on how to improve it. Their viewpoints on what would be most useful to the panel can be valuable.

GAO Form 537 (Rev. 2/84) (Previous editions are obsolete)		(GAO Order 2335.8)	
UNITED STATES GENERAL ACCOUNTING OFFICE <b>EMPLOYEE PROFILE</b>			
NAME OF EMPLOYEE (LAST, FIRST, M.I.)			TELEPHONE NUMBER
1	EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE	DATES EMPLOYED FROM: TO	
TITLE OF POSITION (IF FEDERAL, GRADE/SERIES)		NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES, RESPONSIBILITIES, AND MAJOR ACCOMPLISHMENTS OR CONTRIBUTIONS			
2	EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE	DATES EMPLOYED FROM: TO	
TITLE OF POSITION (IF FEDERAL, GRADE/SERIES)		NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES, RESPONSIBILITIES, AND MAJOR ACCOMPLISHMENTS AND CONTRIBUTIONS			

3 EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE	DATES EMPLOYED FROM TO	
TITLE OF POSITION (IF FEDERAL GRADE/SERIES)	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES RESPONSIBILITIES AND MAJOR ACCOMPLISHMENTS OR CONTRIBUTIONS		
4 EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE	DATES EMPLOYED FROM TO	
TITLE OF POSITION (IF FEDERAL GRADE/SERIES)	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES RESPONSIBILITIES AND MAJOR ACCOMPLISHMENTS AND CONTRIBUTIONS		
5 EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE	DATES EMPLOYED FROM TO	
TITLE OF POSITION (IF FEDERAL GRADE/SERIES)	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES RESPONSIBILITIES AND MAJOR ACCOMPLISHMENTS AND CONTRIBUTIONS		

**6 OTHER KNOWLEDGE, SKILLS, AND ABILITIES**--List and describe how you obtained any other knowledge, skills, and abilities which you believe add to your qualifications.

**7 PROFESSIONAL DEVELOPMENT**--List memberships and offices held in professional associations, civic or volunteer organizations, GAO groups, etc., which add to your qualifications for promotion. Also, list professional certifications, and/or publications and dates published.

**8 EDUCATION**

<u>Name of College or University Attended</u>	<u>Type of Degree (B.A., etc.)</u>	<u>Major Field</u>

**9 TRAINING**--List training you believe adds to your qualifications for promotion

<u>Internal GAO Training Name of Course/Seminar</u>	<u>Dates (From To )</u>

<u>External Training Name of Course/Seminar</u>	<u>Name of Facility/School</u>	<u>Dates (From To )</u>

10	AWARDS	
<u>Type and Source of Award</u>	<u>Date</u>	<u>Basis for Award</u> <u>Indicate if Group Award</u>

Item No.	Space for additional information. Indicate item number to which information applies.

CERTIFICATION

I CERTIFY that all the statements are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any falsification may be grounds for disciplinary action.

\_\_\_\_\_  
Signature of Employee (*in ink*)

\_\_\_\_\_  
Date



<b>C</b> EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE		DATES EMPLOYED	
		FROM	TO
TITLE OF POSITION (IF FEDERAL, GRADE/SERIES)		NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES, RESPONSIBILITIES, AND MAJOR ACCOMPLISHMENTS OR CONTRIBUTIONS			

<b>D</b> EMPLOYER AND ADDRESS OR DIVISION/REGION/OFFICE		DATES EMPLOYED	
		FROM	TO
TITLE OF POSITION (IF FEDERAL, GRADE/SERIES)		NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO
DESCRIBE DUTIES, RESPONSIBILITIES, AND MAJOR ACCOMPLISHMENTS AND CONTRIBUTIONS			

**U.S. GENERAL ACCOUNTING OFFICE****General Instructions for Completing Employee Profile Continuation Sheet,  
GAO Form 537A (5-85)**

*THIS FORM MUST BE TYPED.*

---

This form is a supplemental sheet to the GAO Form 537, Employee Profile. Only ONE sheet may be attached to the Profile. If a MICOM is used to prepare this form, the spacing must not be altered.

---

The Employee Profile Continuation Sheet is an optional supplement to the Employee Profile (GAO Form 537) used in assessing employees for promotion. This form is designed to permit employees who previously completed a Profile to update certain segments of the Profile and add information on work experience gained since the last assessment, without having to redo the entire Profile each year.

Employees who are being assessed for the first time or who choose to rewrite their Profile *cannot* use this form. This form is only for employees who want to add the most recent year's experience to an existing Profile.

If you choose to use this form, you may add last year's experience in one of the four available blocks. Only one block may be added each year. For example, if you rewrote your Profile last year, you may use only the first block for this year's experience. If you used a block on this form last year, you are allowed to add one more block for this year's experience.

Only one Continuation Sheet may be attached to a Profile. Therefore, once you have used all four blocks to describe 4 years' experience, you must rewrite your Profile the following year.

If you decide to use this form, you may also make minor changes to the Profile to bring it up to date (e.g., add training courses, awards, report issue dates). However, you may not substantially rewrite the Profile and then use this form for additional space.

If you choose to use this form, proceed as follows:

- (1) Make a copy of last year's Profile and Continuation Sheet, if appropriate, and return the original to the unit's file. *Do not alter last year's original.*
- (2) Update the copy of the Profile as needed and complete the proper block on the Continuation Sheet as instructed above.
- (3) Delete last year's signature and date, then sign and date the Profile again for this year's use.
- (4) Staple the Continuation Sheet to the front of the Profile for this year's annual assessment.



GAO Form 538 (8-77)		U.S. GENERAL ACCOUNTING OFFICE <b>OCCUPATIONAL SAFETY AND HEALTH HAZARD REPORT</b>		Hazard Report No. (Assigned by Safety Office)
<b>SECTION I – Completed by the Originator</b>				
1. TO: Safety and Health Office  _____ (Location)		2. FROM: (Sender will complete or leave anonymous)		
3. (Check one)				
<input type="checkbox"/> Unsafe Act				
<input type="checkbox"/> Unsafe Equipment (Name and give model number, if any)				
<input type="checkbox"/> Unsafe Condition				
<input type="checkbox"/> Other (Identify) _____				
<input type="checkbox"/> Unsafe Practices _____				
4. Description of Hazard (Date, time, SUMMARY – Who, What, When, Where, How – Continue on additional pages, if necessary)				
5. Originator's Suggestions, if any.				
<b>SECTION II – Completed by Safety and Health Representative</b> (This section is completed in all cases and one copy will be forwarded to the Safety Section, OAS.)				
1. (Check one)			2. Report Received (Date)	
<input type="checkbox"/> Regional Office (Identify)				
<input type="checkbox"/> Overseas Branch				
<input type="checkbox"/> Division/Office				
3. Was corrective action taken?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes (Explain in Section IV)				
<input type="checkbox"/> Recommend that action be taken by Safety Section, OAS				
4. Name and Organization (Typed)		Signature		Date
<b>SECTION III – Completed by the Safety Section, OAS</b>				
1. Date Received		3. <input type="checkbox"/> Action Needed (Identify) _____		
2. <input type="checkbox"/> No Further Action		4. Assigned to		5. Date Assigned
6. Reviewer's Name/Title (Typed)		7. Reviewer's Signature		8. Date

(Back of GAO Form 538)

**SECTION IV – Completed (as needed) by the Safety and Health Representative**

1. Summary of Corrective Action

2. Recommendations of the Safety and Health Representative

**SECTION V – Completed (as needed) by the Safety Section, OAS**

1. Actions Taken or Recommended

2. Action Taken By. (Print Name/Title)

3 Signature

4 Date

GAO Form 540 (Rev 4/87)

(GAO Order 0910.2)

**U.S. GENERAL ACCOUNTING OFFICE  
Office of Security and Safety  
IDENTIFICATION CARD REQUEST**

**This application must be completed in full, signed by the applicant, and concurred in by the Division/Office Security Officer of the applicant; otherwise, it will not be considered.**

1. NAME \_\_\_\_\_ 2 DIVISION/OFFICE/REGION \_\_\_\_\_

3. JOB SERIES \_\_\_\_\_ 4 ROOM NUMBER \_\_\_\_\_

5. OFFICE TELEPHONE NUMBER \_\_\_\_\_ 6 SOCIAL SECURITY NUMBER\* \_\_\_\_\_

7. TYPE OF ID CARD NEEDED REGULAR \_\_\_\_\_ CREDENTIAL \_\_\_\_\_ EXECUTIVE CREDENTIAL \_\_\_\_\_  
 FLIMSY \_\_\_\_\_ COURIER \_\_\_\_\_ VISITING FELLOW \_\_\_\_\_

8. REASON FOR REQUEST NEW EMPLOYEE \_\_\_\_\_ LOST/STOLEN \_\_\_\_\_ BROKEN \_\_\_\_\_  
 OTHER \_\_\_\_\_

**I certify that statements made on this application are true and that I will notify the issuing office whenever a change occurs in the information given in this application. I am also aware that any falsification may result in administrative action and any other penalties as prescribed by law. (Section 1001, Chapter 47, Title 18, U.S. Code)**

9 SIGNATURE OF APPLICANT	DATE	
10. DIVISION/OFFICE APPROVAL SECURITY OFFICER (TYPED NAME)	SIGNATURE	DATE
11. SIGNATURE OF ISSUING OFFICER	DATE	ID CARD NUMBER

**\* Disclosure of the requested information for an identification card to the GAO building is mandatory and is solicited in accordance with 31 U.S.C. §§ 731 and 3512. Your social security number is solicited pursuant to Executive Order 9397 of 1943 which provides that, in the interest of economy and orderly administration, the federal government shall use exclusively the social security number in establishing any system of permanent account numbers pertaining to individual persons.**

**The requested information is needed in order to receive an identification card to the GAO building. Failure to furnish it will result in not receiving an identification card.**

GAO FORM 540A, (5/87)

U.S. GENERAL ACCOUNTING OFFICE  
Office of Security and Safety

FOR OSS USE ONLY	
CARD NUMBER	_____
ISSUING OFFICER	_____
ISSUING DATE	_____
ACCESS LEVEL	_____
EXPIRATION DATE	_____

TEMPORARY ACCESS CARD REQUEST

This application must be completed in full, signed by the applicant, and concurred in by the Division/ Office Security Officer of the applicant; otherwise, it will not be considered.

REASON FOR REQUEST \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
\*SOCIAL SECURITY NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

AGENCY/COMPANY (ADDRESS/TELEPHONE NO.)  
\_\_\_\_\_  
\_\_\_\_\_

DIVISION/OFFICE VISITING \_\_\_\_\_

NAME OF CONTACT PERSON \_\_\_\_\_

ROOM NO. \_\_\_\_\_ OFFICE TELEPHONE NO. \_\_\_\_\_

I certify the statements made on this application are true and I will notify the issuing office whenever a change occurs in the information given in this application. I am also aware that any falsification may result in administrative action and any other penalties as prescribed by law. (Section 1001, Chapter 47, Title 18, U.S. Code)

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

DIVISION/OFFICE CONTACT PERSON \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Disclosure of the requested information for a temporary access card to the GAO building is mandatory and is solicited in accordance with 31 U.S.C. 731 & 3512. Your social security number is solicited pursuant to Executive Order 9397 of 1943 which provides that, in the interest of economy and orderly administration, the federal government shall use exclusively the social security number in establishing any system of permanent account numbers pertaining to individual persons.

The requested information is needed in order to receive a temporary access card to the GAO Bldg. Failure to furnish it will result in not receiving a TEMP CARD.

GAO Form 542 (Rev. 7-80) (CAO Order 0843.1)

U. S. GENERAL ACCOUNTING OFFICE  
ACCIDENT REPORT  
(Submitted by Supervisor)

Supervisor's Name and Title	Signature of Supervisor	Date
-----------------------------	-------------------------	------

SECTION 1

Injured Party (Name and Title)

Telephone	Assigned Location
-----------	-------------------

Location of Accident

Date	Time
------	------

Any Witnesses? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, list in the spaces below (Attach pages, if needed)

WITNESS (1)		WITNESS (2)	
Name _____		Name _____	
Address _____		Address _____	
Room _____	Telephone _____	Room _____	Telephone _____

SECTION 2

Severity of Injury or illness Nondisabling \_\_\_\_\_ Disabling \_\_\_\_\_

Medical Treatment Required? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, state where) Health Unit \_\_\_\_\_ Hospital \_\_\_\_\_ Other \_\_\_\_\_

Accident Category: MOTOR-VEHICLE \_\_\_\_\_ SLIP, TRIP, FALL \_\_\_\_\_ FIRE \_\_\_\_\_ OTHER (state) \_\_\_\_\_

Was protective equipment required in the work being performed? YES \_\_\_\_\_ NO \_\_\_\_\_

If required, was the person injured using the required equipment? YES \_\_\_\_\_ NO \_\_\_\_\_

If not using required equipment, state why

SECTION 3

Complete only for disabling injuries or if medical treatment was required. Use checklist shown on back of copy 3 of this form. Additional details are found in GAO Order 0843.1.

Name Causative Factor (e.g., Improper attitude, lack of knowledge or skills, slow reaction, fatigue, improper training, etc.)

Provide a detailed narrative description of what happened. (Use additional sheets, if necessary.)

Supervisor's Recommendation(s) or Comments (If any)

COPY 1 — Originator's Copy

United States General Accounting Office

**GAO** Office of Security and Safety  
Property Pass

Name, Room, and Telephone Number of Person Removing Property		Number 04602
		Date
		From (Bldg., Div., etc.)
Quantity	Description, Serial Number, etc. (State Contents of Containers)	To
Check One <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Office Equipment <input type="checkbox"/> Personal Tools <input type="checkbox"/> Personal Prop. (Ex. Tools) <input type="checkbox"/> Audio/Visual <input type="checkbox"/> Test & Insp Eqpt <input type="checkbox"/> Tools, Co. Owned <input type="checkbox"/> Parts & Assembles <input type="checkbox"/> Scrap <input type="checkbox"/> Other _____	Agency Property ___ Yes      ___ No	Division or Office Head Approval
	Is Item To Be Returned ___ Yes      ___ No	Office of Security and Safety Approval
	If Yes, When (Date)	Pass Good Until (Date)
	Guard's Signature	Date

OPR:OSS

COPY 1—BUILDING GUARDS

GAO Form 545 (Rev. 7/88)

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GAO United States General Accounting Office  
Authorized Signature Card  
for Removal of Property

---

1. Description of Property

---

2. Name (Type full name.)

---

3. Signature (Sign full signature.)

---

United States General Accounting Office

GAO

Application for Night, Weekend, and Holiday Parking Permit

This application must be completed in full, signed by the applicant, and approved by the supervisor of the applicant; otherwise, it will not be considered.

1. Issue Date

2. Valid Until

3. Name		4. Telephone Number(s)		5. Permit No.	
6. Division/Office/Section		7. Room Number	8. Tag Number(s)		9. State
10. Division/Office approval			11. Title		12. Date

Statement of Applicant(s):

I certify that the statements made on this application are true. I will notify the permit issuing office whenever a change occurs in the information given in this application. I also am aware that any falsification may result in the loss of the privilege of parking at a federal installation for six months and other penalties may be imposed as prescribed by law under Section 1001, Chapter 47, Title 18, USC, or GAO Order 0681.1.

In consideration of the privilege of parking my vehicle in the GAO building, I agree and consent, as evidenced by my signature below, to allow the GAO building security guard force to search my vehicle, or any vehicle I am operating, for government property whenever such a search is requested. I understand that if I should subsequently withdraw my consent for a vehicular search, my parking privilege will be immediately terminated.

13. Applicant's Signature		14. Date	
---------------------------	--	----------	--

OPR: OSS

GAO Form 547 (Rev. 2/89)



United States General Accounting Office

GAO

GAO Building Special Parking Permit (For Nights, Weekends, and Holidays)

1. Name	2. Room Number	5. Permit Number
3. Tag(s) Number/State	4. Telephone Number	6. Expiration Date

Statement of User:

I certify that the information I have provided to obtain this permit is true. I understand that any falsification may result in the loss of the privilege of parking in the GAO building and other penalties may be imposed as prescribed by law under Section 1001, Chapter 47, Title 18, U.S. Code or GAO Order 0681.1.

In consideration of the privilege of parking my vehicle in the GAO building, I agree and consent, as evidenced by my signature below, to allow the GAO building security guard force to search my vehicle, or any vehicle I am operating, for government property whenever such a search is requested. I understand that if I should subsequently withdraw my consent for a vehicular search, my parking privilege will be immediately terminated.

7. User's Signature	8. Issued By
---------------------	--------------

Note: This permit is not transferable and is void if altered. Display this permit where it may be clearly seen when viewed through the vehicle windshield.

OPR: OSS

GAO Form 547A (Rev. 2/89)

United States General Accounting Office

GAO

Approval of First-Class Air Accommodations

Name of Traveler:		Position/Title:
Origin-Destination:	Date of Travel:	Travel Order Number:

Cost of First-Class Accommodations Over Coach Class Accommodations.

First-class air accommodations are or were necessary for the following reasons:

- Space is not available in less-than-first-class accommodations on any scheduled flight in time to accomplish the purpose of the official travel, which is so urgent it cannot be postponed.
- First-class accommodations are necessary because the employee is so handicapped or otherwise physically impaired that other accommodations cannot be used, and this condition is substantiated by competent medical authority;
- First-class accommodations are required for security purposes or because exceptional circumstances, as determined by either the Comptroller General, or the Assistant Comptroller General for Operations, make their use essential to the successful performance of the agency mission;
- Less-than-first-class accommodations on foreign carriers do not provide adequate sanitation or health standards, or
- The use of first-class accommodations would result in an overall savings to the agency based on economic considerations, such as the avoidance of additional subsistence costs, overtime or lost productive time that would be incurred while awaiting the availability of less-than-first-class accommodations.

The request to use first-class accommodations is:

- Approved
- Disapproved

Signature/Title of Approving Official	Date.
---------------------------------------	-------

OPR-OFM

GAO Form 555 (Rev. 12/88)

GAO

United States General Accounting Office

Request for ADP Services/  
Equipment

<b>Section I—Requester Information</b>		<i>See instructions on the back. If additional space is required for any item, attach additional pages.</i>	Control Number (Assigned by OIRM)	1 Date Submitted
2. Requesting Organization	Name, title, organization, and mailing address, including ZIP Code.  Telephone Number (Including area code)		3. Contact for Technical Information Concerning this Request (Name, title and mailing address, including ZIP Code)  Telephone Number (Including area code)	
4. Location Where Service Is Requested	If different than above, give complete mailing address, including ZIP Code.		5. Estimated Cost \$	
			6. Inclusive Dates Service Will be Requested a From _____ b To _____	
7. Purpose/Justification/Description of Need (See instructions on reverse)				

8. Authorizing Official (Type name and title)	(Signature)	(Telephone No. including area code)
---	-------------	-------------------------------------

**Section II—To be Completed by Office of Information Resources Management**

9. Date Received in OIRM/AEM	10. Comments
------------------------------	--------------

**Section III—Requested Approvals**

	Approval	Disapproval	Date	Signature	Comments Attached (Yes/No)
____ Manager, AEM, OIRM	_____	_____	_____	_____	_____
____ OIRM/Project Starts	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OPR: OIRM

GAO Form 557 (Rev. 4/88)  
(Replaces GAO Form 560)

### Instructions to Requesting Organizations

Complete Items 1 through 8 of Section 1 (Requester Information) and submit the form to the Manager, Acquisition and Equipment Management, OIRM, c/o North Capitol St, Room 6018, 441-G-Street, N.W. Washington, D.C. 20548.

Item 5. Estimate the approximate cost of the requested service/equipment. The cost entered should include the time period shown in item 6.

Item 6. The time period shown is not to exceed the end of the current fiscal year. If the need for services is expected to exceed that date, include the anticipated systems life in item 7.

Item 7. Explain why the ADP service/equipment is required. To expedite processing, the requester should attach documentation on the projected cost savings, feasibility studies, and/or planning documentation.

Fully describe:

- the computer hardware requirements (including the preferred make/model of equipment, storage requirements, terminals, printers, modems, etc.);
- the software requirements (applications packages, and operating systems, etc.);
- the data communications requirements;
- the personnel services by staff type and skill level, and other associated items (e.g keypunching, printing, courier services, etc.); and
- if known, the recommended ADP service/equipment/supplier which will fulfill your requirements.

If this request is a continuation or modification of an existing approved service/equipment, identify the associated AEM Control Number from the original Form 557 submitted. Contact Acquisition and Equipment Management for this number if not known.

**NOTE:** In general, the government encourages competitive procurements. Therefore, when requesting services or equipment, please attempt to provide at least three alternatives for the needed service/equipment, and suppliers. (Equipment/services/vendors on GSA Schedules are preferable.)

Item 8. The Authorizing Official should be the division/officer director or manager, or the ADP Representative or TAG Manager permitted to authorize requests on behalf of the director.

Items 9 through 10. To be completed by Acquisition and Equipment Management, OIRM  
Section III. To be used by OIRM when additional management approvals are required.

United States General Accounting Office

GAO

End-of Assignment/Period  
Performance Appraisal for  
Band I and II Employees

1. Name	2. Band	3. Division/Office/Region	
4. Rating Period	5. Total Staff Days	6. Date(s) Expectations Set	7. Date(s) of Progress Review
From:	To:		

**Part I(A) Assignment Information:** Describe, (1) job title(s), code(s), summary of assignment(s) objectives; and (2) any unusual job characteristics or factors of complexity.

**Part I(B) Summary of Ratee's Expectations:** Describe ratee's role and expectations for the assignment/period.

**Part II. Assessment of Job Dimensions:** Review the Performance Appraisal System Manual for the performance standards. Place a check in box that best describes ratee's performance. Narrative must be provided in part III.

Job Dimensions	No Basis for Evaluation	Unacceptable	Needs Improvement	Fully Successful	Exceeds Fully Successful	Outstanding
Planning						
Data Gathering and Documentation						
Data Analysis						
Written Communication						
Oral Communication						
Working Relationships, Teamwork, and Equal Opportunity						
Supervision, Appraisal, and Counseling						

---

**Part III. Supervisor's Assessment of Performance.** Summarize performance, including major accomplishments. (Do not exceed the space on this form, except for ratings below Fully Successful or for Developmental staff ratings, when narrative should be provided for each dimension rated. One page (one-side) may be attached for the continuation of narrative. Use 12 pitch font.)

---

**Part IV. Signatures**

Name (typed)	Band	Signature	Unit	Date
Rater				
Reviewer				
Ratee				

The signature of the rater and ratee indicate that the appraisal has been discussed and the ratee was counseled on his/her performance. By signing, the ratee does not necessarily indicate agreement with the appraisal.

---

**Part V. Ratee Comments (optional):** Additional pages may be added.

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GAO FORM 565 (3-79)		U.S. GENERAL ACCOUNTING OFFICE STAFF ACTION SUMMARY SHEET				OPR.GSC		
ROUTING TO <i>Use Position Title(s) of Recipient(s)</i>	SENDER <i>Identify Action Required of the Recipient</i>				RECIPIENT <i>Indicate Review or Decision</i>			
	Check (✓) appropriate block for action				Initial Appropriate Block			
	Information only	Coordi- nation	Approval	Sign	Noted	Concur	Non- Concur	Date
1.								
2.								
3.								
4.								
5.								
6.								
NAME OF SENDER (TYPE)			POSITION TITLE		ORGANIZATION			
SIGNATURE			ROOM NO.		PHONE NO.		DATE	
REMARKS								

GAO Form 570 (Rev.2-84)  
(PREVIOUS EDITIONS ARE OBSOLETE)

(GAO Order 2920.1)

**U.S. GENERAL ACCOUNTING OFFICE  
APPRAISAL OF PERFORMANCE AND POTENTIAL  
FOR APPLICANTS FOR GAO'S  
EXECUTIVE CANDIDATE DEVELOPMENT PROGRAM**

**APPLICANT'S NAME:** \_\_\_\_\_ Executive Candidate Development  
Program Announcement Number  
\_\_\_\_\_

The purpose of this form is to provide GAO's Qualifications and Performance Review Board a description of the applicant's work and a supervisor's appraisal of his/her (1) past performance and (2) ability to perform in an executive position in GAO.

**DESCRIPTION OF APPLICANT'S WORK**

The applicant and his/her supervisor should collaborate in preparing a brief description of the content, scope, and complexity of the employee's work (duties, assignments, projects, etc.). The narrative should include *specific* descriptions of major responsibilities, duties, and assignments. Provide examples that demonstrate the quality of the applicant's performance in each subject area.



GAO Form 570

**EVALUATIVE FACTORS**

For each of the following factors, the employee's supervisor should provide:

- (1) An evaluation of past performance, citing examples of the employee's knowledge, skills, and abilities relative to each factor. Discuss significant contributions the employee has made on the job. Please concentrate your remarks on the employee's performance in his/her present position.
- (2) An assessment of the employee's potential for performing each factor as a GAO executive.

**(1) INTEGRATION OF INTERNAL AND EXTERNAL PROGRAM/POLICY ISSUES.**

Understanding roles and relationships within an agency, the Federal hierarchy, and the public at large; keeping abreast of key national and agency-wide issues, priorities, and values; and applying these factors in carrying out the responsibilities of of the immediate work unit.

**ASSESSMENT OF PAST PERFORMANCE**

**ASSESSMENT OF POTENTIAL FOR SUCCESSFUL PERFORMANCE IN SES**

GAO Form 570

**(2) ORGANIZATIONAL PREPARATION AND LIAISON.**

Establishing and maintaining relationships with key individuals and groups outside the immediate work unit, and serving as a spokesperson for the work unit and organization. Such activities would include preparing and/or presenting effective briefings, speeches, congressional testimony, interunit staff meetings, etc.

**ASSESSMENT OF PAST PERFORMANCE**

**ASSESSMENT OF POTENTIAL FOR SUCCESSFUL PERFORMANCE IN SES**

GAO Form 570

**(3) DIRECTION AND GUIDANCE OF PROGRAMS, PROJECTS, OR POLICY DEVELOPMENT.**

Understanding broad policy guidance and priorities, designing responsive plans and programs, and establishing the necessary structure and procedures for carrying them out. Necessary capabilities include: effective long-term and short-term planning, information gathering and analysis, and scheduling and monitoring progress of the work.

**ASSESSMENT OF PAST PERFORMANCE**

**ASSESSMENT OF POTENTIAL FOR SUCCESSFUL PERFORMANCE IN SES**

GAO Form 570

**(4) RESOURCE ACQUISITION AND ADMINISTRATION.**

Principles and procedures for obtaining and allocating the resources needed to implement policies and programs, including (1) staff planning and budgeting techniques and (2) equitable work force recruitment and selection procedures.

**ASSESSMENT OF PAST PERFORMANCE**

**ASSESSMENT OF POTENTIAL FOR SUCCESSFUL PERFORMANCE IN SES**

GAO Form 570

**(5) DEVELOPMENT AND UTILIZATION OF HUMAN RESOURCES.**

Assuring that people are appropriately employed and dealt with fairly and equitably. These include: assessing individuals' capabilities and needs and assigning appropriate work in response, providing career development opportunities, establishing clear performance standards and accurate performance appraisals, and adhering to Government-wide EEO and other personnel utilization programs.

**ASSESSMENT OF PAST PERFORMANCE**

**ASSESSMENT OF POTENTIAL FOR SUCCESSFUL PERFORMANCE IN SES**

GAO Form 570

**(6) REVIEW OF IMPLEMENTATION AND RESULTS.**

Employing program review and evaluation techniques to assure that plans are being implemented and adjusted as necessary and that the appropriate results are being achieved.

**ASSESSMENT OF PAST PERFORMANCE**

**ASSESSMENT OF POTENTIAL FOR SUCCESSFUL PERFORMANCE IN SES**

GAO Form 570

**(7) OVERALL EVALUATION OF PERFORMANCE AND POTENTIAL.**

Please provide an overall evaluation of the applicant's past performance and suitability for an executive position in GAO. Include discussions of the applicant's general managerial ability, his/her initiative and creativity, and your assessment of his/her specific strengths and weaknesses.

---

SIGNATURE AND TITLE

---

DATE

United States General Accounting Office

GAO

SES Performance Contract/  
Assessment

Name	Rating Period	SES Level
Title/Unit		

Part 1. Individualized Performance Objectives (General expectations are incorporated by references. See instructions on reverse side.)

Part 2. Overall Achievements

a. Work Results Rating: Exceeded  Met  Did Not Meet

b. Job/Unit Management Rating: Exceeded  Met  Did Not Meet

c. Staff Management/EEO/Affirmative Action Rating: Exceeded  Met  Did Not Meet

d. Institutional Management Rating: Exceeded  Met  Did Not Meet

e. Other Objectives Rating: Exceeded  Met  Did Not Meet

Part 3. Supervisor's Assessment of Performance

Overall Rating:

Exceptional

Superior

Fully Successful

Minimally Satisfactory

Unsatisfactory

a. Supervisor's Signature	b. Date
c. Ratee's Signature	c. Date

OPR: OPs

This form replaces the previous GAO Forms 578A and 578B.  
GAO Form 578A (Rev. 2/90)

OPR: OPs

This form replaces the previous GAO Forms 578A and 578B.  
GAO Form 578A (Rev. 2/90)



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SES Performance  
Contract/Assessment

---

**Instructions**

**Part 1.**

The ratee completes part 1. The ratee should include only those individualized or specific performance objectives, if any that have been agreed to by the ratee and the supervisor. General expectations should not be repeated on this form. For SES members primarily responsible for audit and evaluation work, general expectations are detailed in a memorandum from the Chair (EPB) at the beginning of the assessment year. (SES members in staff offices and the Office of the General Counsel will work with their supervisors to modify the general expectations to more closely fit their roles.)

**Part 2.**

The ratee also completes part 2, except for the rating, which should be provided by the supervisor. Part 2 should support how well the ratee's performance met both individualized performance objectives and general expectations. The supervisor's rating also should be based on how effectively the SES member satisfied both individualized performance objectives and general expectations.

**Part 3.**

In part 3, the supervisor should provide an overall rating, and at his or her discretion, may include a brief narrative assessment of the ratee's overall performance.

GAO Form 579 (4-80)

U.S. GENERAL ACCOUNTING OFFICE

**SENIOR EXECUTIVE SERVICE  
COUNSELING FORM**

**THIS FORM IS NOT PART OF THE FORMAL APPRAISAL PROCESS. IT IS TO BE USED TO FACILITATE THE  
DISCUSSION BETWEEN THE RATER AND RATEE. DO NOT FORWARD TO THE QPRB.**

**NARRATIVE SUMMARY**

This section requires you to summarize your overall evaluation of the executive's performance and comment on the managerial skills demonstrated during the rating period (leadership, the ability to plan, organize, delegate, develop and motivate subordinates, effective use of time, promoting cooperation, making decisions, improving procedures and systems, etc.). Comments should be directed toward those aspects that had either a significant positive or negative impact on performance.

**EMPLOYEE STRENGTHS:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**IMPROVEMENT AREAS:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**ACTION PLAN FOR CONTINUING DEVELOPMENT:**

**ACTIVITIES**

**DATES**

**DESIRED DEVELOPMENTAL ASSIGNMENTS:**

G. A. O. Form No. 1100 (July 1962)  
3GA05010

UNITED STATES  
GENERAL ACCOUNTING OFFICE  
**NOTICE OF EXCEPTION**

No.  
Date  
Code

To  
Disb. Officer  
Cert. Officer  
Dept. & Bu.  
Activity

Sym.

Officer  
Vou. No.  
Bu. Vou. No.  
Period

Credit for \$ \_\_\_\_\_ paid to \_\_\_\_\_  
will be withheld or a charge will be raised in your next statement of settlement for the reason stated below unless a  
satisfactory explanation is promptly made or the amount deposited:

---

---

REPLY TO EXCEPTION

CODE	AMOUNT

\_\_\_\_\_  
(Signature of person making reply)

Administratively verified by \_\_\_\_\_  
Title \_\_\_\_\_

I certify the forgoing explanation to be true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(Disbursing or Certifying Officer)

GAO Form 2030 (Rev. 5/82)  
General Accounting Office  
(GAO Order 0613.2)

UNITED STATES  
GENERAL ACCOUNTING OFFICE  
**REQUEST FOR REPAIRS TO OFFICE MACHINES**

Request No. \_\_\_\_\_

Division/Office/Region .....  
Building .....  
Room No. ....  
Trouble.....  
Request made by.....  
...../Date:  
(Signature for completed work)

Purchase Order No. ....  
Date .....  
Make/Style of machine.....  
Item Control No. (ICN).....  
Serial No.....  
Request received by .....

Description of work performed:	MATERIALS USED		COST
.....			
.....			
.....			
.....			
.....			

Work Performed by ..... Date .....  
Mechanic's Time ..... Hours ..... Minutes.....

ADMINISTRATIVE FINANCE SECTION

U. S. GENERAL ACCOUNTING OFFICE

DIVISION

# INFORMAL INQUIRY

NO.  
DATE  
CODE

┌

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┘

Disb. Officer

Symbol

Vou. No.

Cert. Officer

Bu. Vou. No.

Period

Dept. & Bureau

Cont. No.

Activity

Payee

Amount Questioned

(SIGNATURE)

(TITLE)

(USE REVERSE FOR REPLY)

GAO FORM 3010 (REV. 12-30-57)

### TEMPORARY DUTY STATION LOCATOR CARD

Employee's name .....

Date and time of arrival ..... Hours of duty .....

Installation .....

Street .....

City ..... State .....

Phone ..... Extension .....

Hotel .....

Street .....

City ..... State .....

Phone ..... Will be here until .....

UNITED STATES  
GENERAL ACCOUNTING OFFICE  
Form 3020 (Rev. 3-22-62)

16-77001-1 GPO

United States General Accounting Office

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**GAO** **GGD/Claims Group**  
**Washington, D.C. 20548**

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Your claim **Z-----** has been received

Any information required will be obtained and final action on your claim will be taken at the earliest practicable date, at which time you will be advised.

Please advise us promptly of any change in your address.

When corresponding in regard to this matter please quote the above claim number.

Chief, Claims Service Section

---

**OPR:GGD**

**GAO Form 4000 (Rev. 4/90)**





**GAO**

**United States General Accounting Office**

**Settlement Transmittal**

Claims Division	Transmittal Number:	Date:
-----------------	---------------------	-------

The following settlements and the authorized number of copies are enclosed for processing.

GAO File Reference	GAO File Reference	GAO File Reference
--------------------	--------------------	--------------------

Please acknowledge receipt of these settlements by completing the Receipt copy of this transmittal and returning it to address shown.

UNITED STATES DEPARTMENT OF AGRICULTURE  
**REQUEST FOR SUPPLIES, FORMS, AND/OR PUBLICATIONS**

C.S.B. NO. **E 95236**

TO CENTRAL SUPPLY, OFFICE OF OPERATIONS AND FINANCE WASHINGTON, D.C. 20250

DELIVER VIA-	MESSENGER	PARCEL POST	FREIGHT	UPS	MAIL	AIR FREIGHT	AIR PARCEL POST
--------------	-----------	-------------	---------	-----	------	-------------	-----------------

DATE \_\_\_\_\_ AGENCY CONTROL NO. \_\_\_\_\_

AGENCY \_\_\_\_\_

APPROPRIATION SYMBOL AND PROJECT NO. \_\_\_\_\_

PHONE # COMMERCIAL \_\_\_\_\_  
 FTS \_\_\_\_\_

ENCUMBERED \$ \_\_\_\_\_

DELIVER TO: \_\_\_\_\_

GIVE YOUR ZIP CODE NUMBER ATTENTION: \_\_\_\_\_

BILL MATERIALS AND TRANSPORTATION TO: \_\_\_\_\_

CODE SYMBOLS: TOS - TEMPORARILY OUT OF STOCK; RE-ORDER EACH ITEM ON SEPARATE REQUISITION

✓ - FINISHED G - ORDER FROM GSA  
 X - BACK ORDERED NS - NOT STOCKED  
 \* - DISTRIBUTED TO THE WASHINGTON, D.C. METROPOLITAN AREA ONLY

Please furnish in accordance with instructions hereon the following items which I certify are necessary for use in the public service.

(Signature of authorized representative)

CODE	LINE NO.	ITEM NO	DESCRIPTION OF ARTICLES	NUMBER OF UNITS	UNIT	DO NOT WRITE IN THESE COLUMNS		
						UNIT PRICE	STORES	FORMS
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							

CARTONS/BOXES USED \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE

FOR SHIPMENT: \_\_\_\_\_

FILLED BY: \_\_\_\_\_ SUBTOTALS \_\_\_\_\_

CHECKED BY: \_\_\_\_\_ PACKED OR DELIVERED BY: \_\_\_\_\_ REQUISITION TOTAL \_\_\_\_\_

SHIPPED VIA-	PARCEL POST	FREIGHT	UPS	MAIL	AIR FREIGHT	AIR PARCEL POST
--------------	-------------	---------	-----	------	-------------	-----------------

GOVT. B/L NO. \_\_\_\_\_ DATE \_\_\_\_\_

CONTAINERS \_\_\_\_\_ CLASS \_\_\_\_\_ WEIGHT \_\_\_\_\_

**RECEIPT**  
 I CERTIFY that the materials, equipment, or services itemized above have been received in the quantity specified, except as otherwise noted.

(Date) \_\_\_\_\_ (Signature) \_\_\_\_\_

1. ORIGINAL (Note and follow carefully instructions on reverse of last copy)



MASTER RECORD/INDIVIDUAL POSITION DATA
THIS SIDE TO BE COMPLETED BY THE CLASSIFIER

A. KEY DATA
1. FUNCTION (1)
2. DEPT. CD./AGCY-BUR-CD. (4)
3. SON (4)
4. MR. NO. (6)
5. GRADE (2)
6. IP NO (8)
A/C/D/I/R

B. MASTER RECORD
1. PAY PLAN (2)
2. OCC. SER. (4)
3. OCC. FUNC. CD. (2)
4. OFF TITLE CD (5)
5. OFF TITLE (38)
6. HQ. FLD. CD (1)
7. SUP. CD. (1)
8. CLASS STD. CD. (1)
9. INTERDIS CD (1)
10. DT CLASS (8)
11. EARLY RET. CD. (1)
12. INACT/ACT (1)
13. DT. ABOL. (6)
14. DT INACT/REACT (6)
15. AGCY USE (10)
16. INTERDIS. SER. (40)
17. INTERDIS. TITLE CD (50)

C. INDIVIDUAL POSITION
1. FLSA CD. (1)
2. FIN. DIS. REQ (1)
3. POS SCHED (1)
4. POS. SENS (1)
5. COMP LEV (4)
6. WK. TITLE CD (4)
7. WK TITLE (38)
8. ORG STR CD (18)
9. VAC REV CD (1)
10. TARGET GD (2)
11. LANG REQ (2)
12. PROJ DTY IND (1)
13. DUTY STATION (9)
14. BUS CD (4)
15. DT LST AUDIT (6)
16. PAS IND (1)
17. DATE EST (6)
18. GD BASIS IND (1)
19. DT REQ REC (6)
20. NTE DT (6)
21. POS ST BUD (1)
22. MAINT REV/CLASS ACT CD. (2)
3. DT EMP ASGN (6)
24. DT ABOL (6)
25. INACT/ACT (1)
26. DT INACT/REACT (6)
27. ACCTG STAT (4)
28. INT ASGN SER (4)
29. AGCY USE (8)
30. CLASSIFIER'S SIGNATURE
31. DATE

REASON FOR THIS POSITION		
<input type="checkbox"/> 1 NEW	<input type="checkbox"/> 2 IDENTICAL ADDITION TO THE ESTABLISHED PD NUMBER	<input type="checkbox"/> 3 REPLACES PD NUMBER

**POSITION DESCRIPTION COVER SHEET**

RECOMMENDED			
4 TITLE			5 PAY PLAN
		6 SERIES	7 GRADE
8 WORKING TITLE (Optional)		9 INCUMBENT (Optional)	

OFFICIAL						
10 TITLE						
11 PP	12 SERIES	13 FUNC	14 GRADE	15 DATE		16 I/A
				MONTH	DAY	YEAR
						Yes <input type="checkbox"/> No <input type="checkbox"/>

18 ORGANIZATIONAL STRUCTURE (Agency/Bureau)	
1st	5th
2nd	6th
3rd	7th
4th	8th

SUPERVISOR'S CERTIFICATION			
I certify that this is an accurate statement of the major duties and responsibilities of the position and its organizational relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violations of such statute or their implementing regulations.			
19 SUPERVISOR'S SIGNATURE	20 DATE	22 SECOND LEVEL SUPERVISOR'S SIGNATURE	23 DATE
21 SUPERVISOR'S NAME AND TITLE		24 SECOND LEVEL SUPERVISOR'S NAME AND TITLE	

FACTOR EVALUATION SYSTEM					
FACTOR	25 FLD/BMK	26 POINTS	FACTOR	25 FLD/BMK	26 POINTS
1 Knowledge Required			6 Personal Contacts		
2 Supervisory Controls			7. Purpose of Contacts		
3 Guidelines			8 Physical Demands		
4 Complexity			9. Work Environment		
5 Scope and Effect			27 TOTAL POINTS ▶		27
					28 GRADE ▶

CLASSIFICATION CERTIFICATION	
I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.	
29 SIGNATURE	30 DATE
31 NAME AND TITLE	

32 REMARKS	33 OPM CERTIFICATION NUMBER
------------	-----------------------------



**PAYROLL/PERSONNEL PROCESSING MANUAL  
PAYROLL AND PERSONNEL FORMS**

Chapter 2  
Exhibit 9

**FORM AD-336, RECORD OF LEAVE DATA TRANSFERRED**

FORM AD-336 11/74		UNITED STATES DEPARTMENT OF AGRICULTURE NATIONAL FINANCE CENTER <b>RECORD OF LEAVE DATA TRANSFERRED</b>				
1 SOCIAL SECURITY NO	2 LAST NAME	3 FIRST NAME OR INITIAL	4 MIDDLE NAME OR INITIAL	5 ENTERED ON DUTY MO   DAY   YEAR	6 FULL TIME <input type="checkbox"/>	7 PART TIME <input type="checkbox"/>
8. SUBJECT TO 5 U. S. C. 8304(n) (48 DAY LEAVE CEILING) YES <input type="checkbox"/> NO <input type="checkbox"/>	9 CEASED TO BE SUBJ MO   DAY   YEAR	10 ANNUAL LEAVE BALANCE (HOURS)	11 TOTAL SER FOR LEAVE YEARS   MOS   DAYS	12 MORE THAN 18 YEARS <input type="checkbox"/>	13 SEPARATION MO   DAY   YEAR   NATURE OF ACTION	
SUMMARY OF LEAVE (HOURS)			ABSENCE WITHOUT PAY (HOURS)			
ITEM	MO   DAY   YEAR	ANNUAL (A)	SICK (B)	ITEM	LWOP OR FURLOUGH	AWOL OR SUSPENSION
14 BALANCE FROM PRIOR LEAVE YEAR ENDED	MO   DAY   YEAR			24 DURING LEAVE YEAR IN WHICH SEPARATED		
15 CURRENT LEAVE YEAR ACCRUAL THROUGH	MO   DAY   YEAR			25 DURING W E I WAITING PERIOD WHICH BEGAN ON	MO   DAY   YEAR	
16 TOTAL (ITEM 14 PLUS ITEM 15)				MILITARY LEAVE		
17 REDUCTION IN CREDITS, IF ANY CURRENT YEAR				26 NO DAYS TAKEN DURING CURRENT YEAR		
18 TOTAL LEAVE TAKEN				REMARKS		
19 BALANCE (ITEM 16 MINUS ITEMS 17 AND 18)				27 CERTIFIED CORRECT BY		
20 TOTAL HOURS PAID IN LUMP SUM	AMOUNT	RATE		DATE		
21 SALARY	\$					
22 LUMP SUM LEAVE DATES	FROM MO   DAY   YEAR	TO MO   DAY   YEAR	HOURS			
23 INTERMITTENT DAYS WORKED SINCE LAST W G :						

NATIONAL FINANCE CENTER  
P. O. BOX 80 000  
NEW ORLEANS, LOUISIANA 70180

UNITED STATES DEPARTMENT OF AGRICULTURE  
**TRANSMITTAL**  
**PERSONNEL AND PAYROLL FORMS**

1 AGENCY CODE	2 EMPLOYING OFFICE CODE	3 SEQUENTIAL BATCH NUMBER	4 PAY PERIOD	6 REPORTING UNIT		7 DATE MAILED TO NFC
5 AGENCY NAME AND MAILING ADDRESS				8 SPECIAL HANDLING		SIGNATURE OF AUTHORIZED OFFICIAL
CITY		STATE	ZIP CODE	<input type="checkbox"/> IF YES <input type="checkbox"/> CHECK HERE		

**NOTE: SUBMIT A SEPARATE TRANSMITTAL FOR EACH TYPE OF PERSONNEL AND PAYROLL FORM.**

9 FORM NUMBERS	10 DOCU- MENT CODE	11 NUMBER OF FORMS	FOR NFC USE ONLY		
			CONTROL DATA FOR GROUP TOTALS		
			DESCRIPTION	12 TOTAL (1)	13 TOTAL (2)
AD-581	054		Total Annual Leave Lump Sum Hours		
AD-581	056		Total Comp Time Hours		
AD-350A, AD-349	060				
AD-347	065				
AD-658	070				
AD-434	075				
AD-287-2 (Quality Increase)	080				
SF 1187, SF1188, AD-356, AD-356A	086		Total Union Codes		
CFC-804, CFC-804-A	088		Total Deduction Amount		
SF 1198, SF 1199A	095		Total Allotment Amount		
AD-287-2 (Cash Award)	110		Total Award Amount		
AD-287-4	112				
W-4 (Federal) or W-5	130		Total Exemptions (Excluding Alpha)		
W-4 (State), AD-304 or Individual State Tax Form	140		Total State Codes		
TFS-7311 or Individual City or County Tax Form	150				
SF 1150 or AD-336	160		Total (1) Prior Year Annual Leave Balance Total (2) Prior Year Sick Leave Balance		
AD-582	165		Total Restored Annual Leave Hours		
SF 1192	170		Total (1) Denomination Total (2) Deduct Amounts		
SF 2809, SF 2810	180				
AD-747	195				
AD-332	308				
AD-338	309				

FOR NFC USE ONLY					
FORM NUMBER	DOCU- MENT CODE	NUMBER OF FORMS	DESCRIPTION	TOTAL (1)	TOTAL (2)
NFC-74	030		Total Field Numbers		
AD-319, AD-321	065				
NFC-186	086		Total Union Codes		
NFC-69	088		Total Deduction Amount		
NFC-109	160		Total (1) Prior Year Annual Leave Balance Total (2) Prior Year Sick Leave Balance		

FORM AD-337 (REV. 4/84)



☆ U.S. GOVERNMENT PRINTING OFFICE: 1988-207-610

PRIVACY ACT NOTICE FOR AD-349, DECLARATION SHEET

General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form AD-349.

Authority

5 USC 301

Purpose and Uses

This form is used to obtain an employee's home address, check mailing address and certain data (reserve status, etc.) required by the Department.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b) (Privacy Act of 1974)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Department of Agriculture is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U.S. Department of Agriculture. The SSN also will be used by the U.S. Department of Agriculture and other Federal Agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birthdates, and whose identities can only be distinguished by the SSN

FORM AD-349 (REV. 1/83)

Second Sheet of Carbon Set

FORM AD-349 (REV. 1/83)		U.S. DEPARTMENT OF AGRICULTURE DECLARATION SHEET				ACTION CODE	(AGENCY USE) AGENCY		EFFECTIVE DATE		
READ THE REVERSE SIDE OF THIS SHEET BEFORE COMPLETING ITEMS 1 THROUGH 34.		1 NAME (LAST, FIRST, MIDDLE)			2 (DEPT. USE)		3 SOCIAL SECURITY NO				
4 FIRST LINE STREET ADDRESS				5 SECOND LINE STREET ADDRESS			6 COUNTY CODE (AGENCY USE)				
CURRENT RES- DENCE ADDRESS		7. THIRD LINE STREET ADDRESS			8 NAME		CITY		STATE OR COUNTRY		12 ZIP CODE
		9 CODE (AGCY USE)		10 NAME		11 CODE (AGCY USE)					
CHECK MAILING ADDRESS OTHER THAN HOME		13 FIRST LINE STREET ADDRESS			14 SECOND LINE STREET ADDRESS						
		15 NAME		CITY		STATE OR COUNTRY		19 ZIP CODE		20 (DEPT. USE)	
		16 CODE (AGCY USE)		17 NAME		18 CODE (AGCY USE)		21 DESIGNATED AGENT CODE (AGENCY USE)			
(DEPARTMENT USE)		22		23		24		25		26	
		27		28		29		30		31	
29 UNIFORM SERVICE COMPONENT (CIRCLE ONE CODE)		30 (DEPT. USE)			31 (DEPT. USE)			32 (DEPT. USE)		33 BIRTHDATE	
0-NONE 1-READY RESERVE 2-STANDBY RESERVE 3-NATIONAL GUARD 4-RET MIL REG 5-RET MIL NONREG										36 (DEPT. USE)	
		34 DATE REY MIL SERV YR   MO   DAY		35 (DEPT. USE)		36 (DEPT. USE)		37 (DEPT. USE)		38 (DEPT. USE)	

NOT PROCESSING COPY

**PAYROLL/PERSONNEL PROCESSING MANUAL  
PAYROLL AND PERSONNEL FORMS**

Chapter 2  
Exhibit 18

**FORM AD-354, REQUEST FOR INFORMATION**

IDENTIFICATION NUMBER		UNITED STATES DEPARTMENT OF AGRICULTURE						
SOCIAL SECURITY ACCOUNT, BOAC, GBL, GTR, PURCHASE ORDER, ETC.		REQUEST FOR INFORMATION						
		FOR NFC USE ONLY				AGCY STATION/EMPLOYING OFFICE CODE (4)		
		AGENCY CODE (3)	INQUIRY CODE (3)	REPLY CODE (1)	DATE REC'D (6)	DATE COMP (6)	CLERK CD (2)	
		-2						
<input type="checkbox"/> IDENTIFICATION REQUESTED. PLEASE FURNISH COPY.		NAME (Employee, Vendor, Traveler, Cashier, Claimant, Casual)					SCHEDULE/PP NO	
INSTRUCTIONS								
Check type inquiry and information requested. If information requested is not described below, check type inquiry and briefly describe information requested in the "Other" block. Always attach a copy of the source document pertaining to the inquiry for identification and follow-up.								
TYPE INQUIRY	INFORMATION REQUESTED							
Salary/ Allowance	<input type="checkbox"/> SF-2806		PAYMENT STATUS INCLUDE DATE(S) OR PAY PERIOD(S). (Check one)			WGI		
	<input type="checkbox"/> W-2 FOR TAX YEAR		GRADE CHANGES			PAY ADJUSTMENT		
Payroll/Personnel Documents	FORM NUMBER		BLOCK NUMBER		ENTRY SHOULD BE			
	PAYROLL LISTING FOR YEAR(S)		CASUAL TIME		UNIFORM			
Check/Bond	NON-RECEIPT OF (Check one)							
	<input type="checkbox"/> CHECK			<input type="checkbox"/> BOND				
Travel Voucher/Advance	RECONCILE AGENCY BALANCE IS		PAYMENT STATUS OF			DATE OF ADVANCE OR PERIOD OF TRAVEL		
	<input type="checkbox"/>		<input type="checkbox"/> TRAVEL VOUCHER/ADVANCE			<input type="checkbox"/> NON-RECEIPT		
FEDSTRIP/ Motor Pool	STATUS							
GBL/GTR/CBL	STATUS							
Imprest Fund	STATUS OF FORM NUMBER		NON-RECEIPT OF PAYMENT			FURNISH ISUBVOUCHERS FOR AUDIT PERIOD		
	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		
Telephone/ Utilities	MASTER FILE ERROR		NON-RECEIPT OF PAYMENT					
Purchase Order (AD-838)	STATUS							
Over-the-Counter Purchases (AD-744)	STATUS							
Misc. Pay	STATUS							
Gasoline Credit Card	REQUEST FOR MASTER FILE		NON-RECEIPT OF CREDIT CARD					
	<input type="checkbox"/>		<input type="checkbox"/>					
Billings/ Collections	STATUS		BILL NUMBER		APPLICANT/DEBTOR NUMBER		DOCUMENT NUMBER	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CAS/Agency Reporting	TYPE REPORT				REPORT DATE			
OTHER (If more space is required, add additional sheet(s).)								
NFC REPLY								
MAIL REPLY TO					AUTHORIZED SIGNATURE			
<input type="checkbox"/>					TITLE			
AGENCY NAME AND ADDRESS					PHONE (Area code and number)		FTS COMM	
							DATE	

ORIGINAL - NFC COPY

Form AD-354 (5/80)

U. S. DEPARTMENT OF AGRICULTURE <b>PROBATIONARY OR TRIAL PERIOD REPORT</b>			1. TYPE OF PERIOD EMPLOYEE IS SERVING		
<b>IMPORTANT: THIS FORM IS DUE BACK TO THE PERSONNEL OFFICE NOT LATER THAN:</b>			<input type="checkbox"/> PROBATIONARY <input type="checkbox"/> TRIAL		
2 NAME		3 SOCIAL SECURITY NUMBER		4 PAY PLAN, OCCUP. SERIES AND GRADE	
5. OFFICIAL TITLE OF POSITION				6. PERIOD OF SERVICE COVERED BY REPORT	
				FROM: _____ TO: _____	
7. AGENCY		8. ORGANIZATIONAL STRUCTURE CODE		9 OFFICIAL DUTY STATION	
10. TENURE GROUP		11 TYPE APPOINTMENT			
<b>FOR COMPLETION BY SUPERVISOR. PLEASE SEE REVERSE OF THIS FORM BEFORE COMPLETING THE FOLLOWING ITEMS.</b>					
12. INDICATE BY S, O, M, OR U WHETHER THE EMPLOYEE'S PERFORMANCE IS SATISFACTORY, OUTSTANDING, MARGINAL, OR UNSATISFACTORY IN THE CHARACTERISTICS LISTED BELOW:					
I. PERFORMANCE Interest in Work _____ Leadership _____ Initiative _____ Dependability _____			II. CONDUCT Attendance _____ Punctuality _____ General Department _____		
13. NARRATIVE STATEMENT. Give your appraisal of this employee's capacity for growth and potential development. (If necessary, use additional sheets and attach.)					
14. I CERTIFY THAT THE EMPLOYEE'S PERFORMANCE AND CONDUCT ARE (Check One)			15. I RECOMMEND THAT THE EMPLOYEE BE (Check One)		
A. <input type="checkbox"/> SATISFACTORY B. <input type="checkbox"/> UNSATISFACTORY			A. <input type="checkbox"/> RETAINED IN PRESENT POSITION B. <input type="checkbox"/> SEPARATED FROM PRESENT POSITION		
16. IF YOU RECOMMEND THAT THE EMPLOYEE BE SEPARATED FROM PRESENT POSITION, PLEASE INDICATE ANY OTHER WORK IN THIS AGENCY FOR WHICH YOU BELIEVE THE EMPLOYEE MAY BE FITTED					
17. SIGNATURE OF SUPERVISOR		18 TITLE		19 DATE	
20. SIGNATURE OF REVIEWING OFFICIAL		21 TITLE		22 DATE	

FORM AD-507P (REV. 10/80)

## PURPOSE OF PROBATIONARY OR TRIAL PERIOD REPORT

The probationary or trial period for USDA employees is the first year of continuous service with the Agency. The probationary or trial period is considered as a continuation of the examining process for an employee who is given a career-conditional or career appointment in the competitive service or a conditional or permanent appointment in the excepted service.

Performance on the job is the final test for a new employee. The probationary or trial period provides a method by which the Agency may separate without following the normal separation procedures those new

employees who lack fitness, or capacity to acquire fitness for permanent Government service.

Properly used, the probationary or trial period affords an opportunity for fostering the interest of the employee as well as that of USDA. Intelligent and considerate treatment during the period will often have a lasting effect on the career of the employee. It will often save for useful and efficient Federal service, employees who would otherwise be separated, or be retained in positions in which they have little prospect of success.

## ACTION DURING PROBATIONARY OR TRIAL PERIOD

1. During the probationary or trial period the supervisor shall (a) observe the employee's conduct and performance closely; (b) try to understand employee's problems and give proper guidance; and (c) study potentialities closely, and try to determine whether employee is suited for successful Government work.
2. If it becomes apparent after full and fair trial, that the employee's conduct or performance is not such

for satisfactory service, the supervisor shall initiate action to separate the employee by recommending separation from the present position.

3. Following the submission of Form AD-507, the supervisor shall continue to observe and appraise the employee, and report by memorandum any significant change which may occur before the end of the period, and which would affect the former appraisal or recommendation of the employee.

## INSTRUCTIONS FOR USE OF FORM

It is essential that the supervisor and other officials take the action indicated below *promptly* in order that personnel offices will have sufficient time to comply with requirements concerning change to lower grade and separations.

**SUPERVISOR.** Immediately upon receipt of Form AD-507 from the personnel office, the supervisor shall (1) complete items 12 through 16, (2) sign and date the

report, and (3) forward it through the reviewing official to the personnel office by the date shown on the top of the form.

**REVIEWING OFFICIAL.** The Official to whom the report is referred en route to the personnel office shall (1) review and evaluate the report, (2) request desired additional information from the supervisor, and (3) attach to the report any comments.



U.S. DEPARTMENT OF AGRICULTURE  
**WITHIN-GRADE INCREASE RECORD**

**PART I.**

1. NAME (Last, First, middle)		2. SOCIAL SECURITY NO.		3. AGENCY CODE	4. PAY PLAN	14. WGI WAITING PERIOD BEGAN	
5. OCCUP. SER.	6. GRADE/STEP	7. PAY RATE DETERMINANT CODE	8. SALARY		9. DUTY STATION CODE		15. INT. DAYS IN PAY STATUS NO. DAYS AS OF (DATE)
10. OFFICIAL TITLE OF POSITION				11. PERS. POSITION NO.		12. STANDARD JOB NO.	16. EFF. DATE FOR WGI
13. ORGANIZATION STRUCTURE CODE						17. WGI GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSTRUCTIONS: The above employee will meet the time requirements for a WGI on the date shown in Block 16. Final eligibility for the WGI depends upon your determination as the employee's supervisor that the employee's performance is at an "acceptable level of competence." Please make sure that you keep a record of any discussions you hold with the employee on this WGI determination. This record will be important should the employee request reconsideration if the within-grade increase is withheld.

**LEVEL OF COMPETENCE DETERMINATION FOR WITHIN-GRADE INCREASE**

**PART II - To be completed, when applicable, by the employee's immediate supervisor not earlier than 2 weeks prior to the effective date.**

**AN ACCEPTABLE LEVEL OF COMPETENCE.** I personally have considered the work of the above-named employee in terms of the essential work factors of the position occupied, and I certify that I find the employee's work to be of an acceptable level of competence within the meaning of 5 U.S.C. 5335.

SIGNATURE AND TITLE OF SUPERVISOR		DATE
-----------------------------------	--	------

**PART III - To be completed, when applicable, by the employee's immediate supervisor and the Reviewing Official.**

**NOT AN ACCEPTABLE LEVEL OF COMPETENCE.** (Contact Personnel Office.) I personally have considered the work of the above-named employee in terms of the essential work factors of the position occupied, and I certify that it is not of an acceptable level of competence to establish eligibility for a within-grade increase under 5 U.S.C. 5335.

SIGNATURE AND TITLE OF SUPERVISOR		DATE
-----------------------------------	--	------

I have discussed fully the work of this employee with the supervisor whose signature appears above, and concur with the determination made.

SIGNATURE AND TITLE OF REVIEWING OFFICIAL		DATE
---	--	------

**RECONSIDERATION FINDINGS**

**PART IV - To be completed by an appropriate Agency Official should the employee request reconsideration.**

The employee's performance during the specified waiting period met the acceptable level of competence requirement. The initial decision to withhold is hereby reversed. The within-grade pay increase should be effected on the original due date.

The initial findings are sustained. The employee does not meet the acceptable level of competence requirement. Employee has been notified.

SIGNATURE AND TITLE OF REVIEWING OFFICER		DATE
--	--	------

FORM AD-658 (9-81)

ORIGINAL - NFC PROCESSING COPY

### REQUEST FOR ISSUANCE OF REPLACEMENT CHECK

<b>PAYMENT INFORMATION</b>		CLAIMANT'S NAME		SEE PRIVACY ACT STATEMENT ON CLAIMANT'S COPY			
IDENTIFICATION NUMBER (Social Security Number, Purchase Order Number, Account Number, etc.)		Agency should complete form and secure employee's signature. Forward claimant copy to employee, NFC copy to NFC, and retain agency copy. Employee should contact agency for further information. Employee should <b>NOT</b> contact the National Finance Center.					
<b>PAYROLL</b>		Claimant should complete form, retain claimant copy, and forward NFC copy for processing.					
PERIOD COVERED <small>FROM</small> _____ <small>TO</small> _____		PERIOD COVERED <small>FROM</small> _____ <small>TO</small> _____		TYPE ADMINISTRATIVE PAYMENT (Travel Voucher, Purchase Order, Utilities, Telephone, etc.)			
<b>ADMINISTRATIVE</b>		CLAIMANT SHOULD COMPLETE FORM, RETAIN CLAIMANT COPY, AND FORWARD NFC COPY FOR PROCESSING.					
VOUCHER/INVOICE NUMBER AND DATE		PERIOD COVERED <small>FROM</small> _____ <small>TO</small> _____		TYPE ADMINISTRATIVE PAYMENT (Travel Voucher, Purchase Order, Utilities, Telephone, etc.)			
CHECK NUMBER/SERIES		CHECK DATE		ORIGINAL INSCRIPTION (Claimant's name, address, city, state, and zip code. Include bank account number for payroll checks designated to a financial institution.)			
CHECK AMOUNT \$ _____		SCHEDULE NUMBER				AGENCY CODE	
EMPLOYING OFFICE OR ACCOUNTING STATION CODE		DATE NOTIFIED NFC					
ENDORSEMENT (If endorsed)		BANK ACCOUNT NUMBER (Payroll check only)					
<b>REISSUANCE INSTRUCTIONS</b>				NAME, ADDRESS, CITY, STATE AND ZIP CODE			
<input type="checkbox"/> Process check according to original inscription		<input type="checkbox"/> Mail replacement check to		The above information identifies the check(s) which you reported as not received or received and inadvertently lost, stolen, destroyed, mutilated, etc.  If your check was mailed to a financial institution, please attach their letter advising that they did not receive your check or circumstances involving the loss, theft, destruction, mutilation, etc. If the financial institution refuses your request for a statement, explain.  Do not complete or return this form if your check has been located since your last communication. Should you find the check(s) after mailing the certification, immediately notify NFC at (FTS) 680-5370 or (Commercial) 504-255-5370.  <input type="checkbox"/> I certify that I have not received the check identified above.  <input type="checkbox"/> The check identified above was received and inadvertently lost, stolen, destroyed, or mutilated.			
<input type="checkbox"/> Stop payment							
<b>CLAIMANT'S INSTRUCTIONS AND STATEMENT</b>							
<b>CLAIMANT'S CERTIFICATION</b>							
SIGNATURE		DATE	PHONE (Area code and number)		FTS    COMM		
<b>AGENCY CERTIFICATION</b>							
I certify that the claimant identified above is entitled to the check as claimed and that this agency has not previously requested cancellation of the check							
AUTHORIZED SIGNATURE				DATE			
TITLE			PHONE (Area code and number)		FTS    COMM		
<b>FOR NFC USE ONLY</b>							

**MAIL TO:**

USDA - NATIONAL FINANCE CENTER  
P.O. BOX 60,000  
NEW ORLEANS, LOUISIANA 70160

NFC

RECEIVED BY
DATE RECEIVED
SF 1184 NUMBER

FORM AD - 663 (Rev. 10/84) USDA

UNITED STATES DEPARTMENT OF AGRICULTURE																COMPLETE EMPLOYMENT		SOCIAL SECURITY NUMBER			
AUDIT FOR LEAVE YEAR 19																					
NAME																SERVICE COMPUTATION DATE		EOB 88 in year of Audit		SEPARATION DATE	
PAY PERIOD	ANNUAL LEAVE RECORD					SICK LEAVE RECORD					COMP LEAVE RECORD					LWOP	AWOL				
	BROUGHT FORWARD FROM PRIOR PERIOD	ACC OR EARNED	USED THIS PERIOD	BALANCE OR TOTAL TO DATE	PART TIME UN-APPLIED HOURS	BROUGHT FORWARD FROM PRIOR PERIOD	ACC OR EARNED	USED THIS PERIOD	BALANCE OR TOTAL TO DATE	PART TIME UN-APPLIED HOURS	BROUGHT FORWARD FROM PRIOR PERIOD	ACC OR EARNED	USED THIS PERIOD	BALANCE OR TOTAL TO DATE	HOURS Y RATE						
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
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REMARKS

CERTIFIED CORRECT (Signature)

DATE

FORM AD 717 (REV. 4/79)



UNITED STATES DEPARTMENT OF AGRICULTURE

**COURT-ORDERED CHILD CARE OR ALIMONY DEDUCTIONS**

1 AGENCY CODE	2 EMPLOYING OFFICE	3 CASE NUMBER	4 SOCIAL SECURITY NUMBER	5 TRANSACTION CODE 1 = ADD 2 = CHANGE 3 = CANCEL	6 EMPLOYEE NAME (Last, First, Middle Initial)	
7 DUTY STATION			8 EMPLOYEE NOTIFICATION (Check One) <input type="checkbox"/> EMPLOYEE NOTIFIED IN PERSON OR BY CERTIFIED MAIL WITHIN 15 DAYS OF RECEIPT OF COURT ORDER <input type="checkbox"/> EMPLOYEE NOTIFIED IN PERSON OR BY CERTIFIED MAIL OF ANY CHANGES			
9 DEDUCTIONS. You are hereby directed to deduct the following in accordance with a court order on file in this office effective _____ →					9 PAY PERIOD	YEAR
A Court ordered pay period deduction					9A(1)	
(1) Dollar amount					\$	
(2) Percentage of applicable earnings					9A(2)	%
(3) Not to exceed dollar amount per pay period					9A(3)	\$
B Court cost					9B(1)	
(1) Total amount					\$	
(2) Amount collectable per pay period					9B(2)	\$
C Arrears					9C(1)	
(1) Total amount					\$	
(2) Amount collectable per pay period					9C(2)	\$
(3) Percentage of applicable earnings per pay period					9C(3)	%
(4) Not to exceed dollar amount per pay period					9C(4)	\$
10 NAME AND ADDRESS OF COURT OFFICIAL OR RECIPIENT OF DEDUCTION						
NAME						
1ST LINE ADDRESS						
2ND LINE ADDRESS						
CITY		STATE	ZIP CODE		11 EMPLOYEE CASE NUMBER ASSIGNED BY COURT (To Appear on Check)	
12 REMARKS						
13 AUTHORIZATION						
SIGNATURE OF AUTHORIZED OFFICIAL				TITLE		DATE

**NOTE:** Request must be received at the National Finance Center no later than Monday of the week in which the pay period follows in order to be effective for a particular pay period. Later receipts will be processed the following pay period.

ORIGINAL - NFC PROCESSING COPY

FORM AD - 747 (REV 12/82)

### INSTRUCTIONS FOR PREPARING FORM AD - 747

(Also, see DPM Chapter 581, Subchapter 1)

1. AGENCY CODE - Enter assigned agency code (2 digits).
2. EMPLOYING OFFICE - Enter assigned employing office code (4 digits).
3. CASE NUMBER - Enter a sequential number (4 digits). This number shall be used to identify the deductions until their conclusion. The same sequential number shall appear on all AD-747's prepared subsequently for the same garnishment case.
4. SOCIAL SECURITY NUMBER - Enter employee's social security number.
5. TRANSACTION CODE - Enter the appropriate number.
6. EMPLOYEE NAME - Enter employee's last name, first name, and middle initial.
7. DUTY STATION - Enter employee's current duty station city and state. (Organizational levels also may be entered, if desired.)
8. EMPLOYEE NOTIFICATION - Check the appropriate block.
9. DEDUCTIONS - Enter effective pay period and year for deductions to begin in the appropriate block.
  - a. Court-Ordered Pay Period Deduction
 

Enter the dollar amount (Line a.1) or the percentage of applicable earnings (Line a.2) to be deducted each pay period for child support or alimony. Where, in rare cases, the court ordered deduction is a percentage and the percentage cannot exceed a certain amount per pay period, enter the applicable amount below the percent in Line a.3.

NOTE: Court-ordered payments must be converted to 26 pay periods. If the writ of garnishment requires monthly payments, multiply the monthly amount by 12 and divide the results by 26 to obtain biweekly equivalent payment to be deducted.

If weekly payments are stipulated, multiply the weekly amount by 2.
  - b. Court Cost
 

Enter the total court cost amount in Line b.1. Enter zeros if no court costs are specified. Where, in rare cases, the court cost is designated as a specific amount each pay period until the total amount is paid (e.g., \$5.00 per pay period until \$55.00 has been paid), enter the applicable amount in Line b.2. If no amount is entered in Line b.2, the total amount (Line b.1) will be deducted one time only.
  - c. Arrears
 

Enter total arrears amount as specified in the court order in Line c.1. Enter zeros if no arrears are specified. If a part of the arrears is collectable each pay period, enter the dollar amount (Line c.2) or the percentage of applicable earnings (Line c.3) collectable each pay period. Where, in rare cases, the arrears collectable is a percentage and the percentage cannot exceed a certain amount per pay period, enter the applicable amount below the percent in Line c.4.
10. NAME AND ADDRESS OF COURT OFFICIAL OR RECIPIENT OF DEDUCTION - Enter name of court official or other person identified specifically in legal process notice to receive deduction. This name will appear on the deduction check. Also, enter exact address where check is to be mailed as specified in the legal process notice. Prepare a new AD-747 when information in this block changes.
11. EMPLOYEE CASE NUMBER ASSIGNED BY COURT - Enter employee's case identification number if specified in legal process notice.
12. REMARKS - May be used to record information deemed necessary to aid the National Finance Center in collecting the court ordered deduction.
13. AUTHORIZATION - This block is to be signed by the person having delegated employment authority. Enter the signer's title and date signed in the appropriate blocks.



### PURPOSE OF SUPERVISORY/MANAGERIAL PROBATIONARY PERIOD REPORT

The success or failure of Agency programs is dependent to a large extent on the caliber of the Agency's supervisors and managers. They require unique skills and abilities which cannot readily be taught or developed in other kinds of positions. The probationary period is intended to bridge the gap with an opportunity to assess the new appointee's development on the job, and to return an employee to a nonsupervisory or nonmanagerial position without undue formality should circumstances warrant.

An employee who is removed from a supervisory or managerial position is entitled to be returned to a position in the Agency of no lower grade and pay than the one the employee left to accept the supervisory or managerial position. This is a management right authorized by statute and, therefore, is not subject to negotiated grievance procedures or appeal rights applicable.

### ACTION DURING PROBATIONARY PERIOD

1. During the probationary period, the supervisor shall observe the employee's conduct and performance closely and assess problems and give the employee the guidance necessary to successfully carry out the managerial or supervisory aspects of the position.
2. If it becomes apparent, after full and fair trial, that the employee's ability to perform supervisory and/or managerial functions is not satisfactory, the supervisor shall initiate action to separate the employee from that position.
3. Following the submission of this form, the supervisor shall continue to observe and appraise the employee, and report by memorandum any significant change which may occur before the end of the period and which would affect the former appraisal of the employee or recommended action.

### INSTRUCTIONS FOR USE OF THE FORM

It is essential that the supervisor and other officials take the action indicated below promptly in order that personnel offices will have sufficient time to comply with requirements concerning change to a nonsupervisory or nonmanagerial position.

**SUPERVISOR:** Immediately upon receipt of this form from the personnel office, the supervisor shall: (1) Complete Items 12 through 15, (2) Sign and date the report, and (3) Forward it through the reviewing official to the personnel office by the date shown on the top of the form.

**REVIEWING OFFICIAL:** The official to whom the report is referred en route to the personnel office shall: (1) Review and evaluate the report, (2) Request additional information from the supervisor as needed, and (3) Attach to the report any comments the reviewing official wishes to make.

**COMMUNICATIONS MANUAL  
TRANSMITTAL SHEETS  
1 THROUGH 8**

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**COMMUNICATIONS MANUAL - TRANSMITTAL SHEET 2**

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**INTRODUCTION**

In an effort to keep the Communications Manual current, we have attached several revised pages for insertion in the manual. These pages reflect changes resulting from recently issued chapters of the Project Manual. For example, Policy Bulletin 4 was moved from the General Policy Manual to the Project Manual when chapter 4.1 was issued. Other changes include renaming the Master Report Folder to the Master Product Folder and revising the retention period and storage location of the folders. Additionally, we added and deleted related materials, as appropriate.

Additionally, telephone numbers in the list of major contributors and explanatory memorandums for reports signed below the Comptroller General level will be optional. (See pp. 12.12-4 and 12.14-4.) Major changes are marked with the symbol "#" in the left margin.

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**VIDEO PRODUCTS**

We also revised chapter 12.16, "Video Products," to more fully identify when video products should be considered to convey GAO's message, to include information on the new approval procedures for video products, and to include copies of the newly developed releases for video products. (See apps. III, IV, and V.)

Before expending significant resources, divisions or offices considering a video product will submit a proposal to a Job Starts Group subgroup for review. Generally, these proposals should highlight the objectives to be accomplished by preparing a video, whether a built-in customer exists to see and act on GAO's message, and whether the video is being produced in conjunction with a key congressional event. (See pp. 12.16-3 to 12.16-5.)

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**COMMUNICATIONS MANUAL - TRANSMITTAL SHEET 2**

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**FILING  
INSTRUCTIONS**

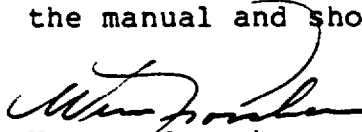
Remove the following pages:

- Table of Contents, pages 5 through 9
- 12.6-3 to 12.6-6
- 12.8-7 to 12.8-11
- 12.12-3 to 12.12-8
- 12.13-15 and 12.13-16
- Chapter 12.14
- 12.15-5 and 12.15-6
- Chapter 12.16
- 12.19-9 and 12.19-10

Insert the following pages:

- Table of Contents, pages 5 through 9
- 12.6-3 to 12.6-6
- 12.8-7 to 12.8-11
- 12.12-3 to 12.12-8
- 12.13-15 and 12.13-16
- Chapter 12.14
- 12.15-5 and 12.15-6
- Chapter 12.16
- 12.19-9 and 12.19-10

This transmittal sheet is considered part of the manual and should be retained.

  
Werner Grosshans  
Director

Attachment



COMMUNICATIONS MANUAL - TRANSMITTAL SHEET 3

INTRODUCTION

Attached for insertion in the Communications Manual are revisions to chapters 12.1 and 12.13.

Because the message conference is important as a vehicle to reach early agreement on the product's message, format, and timing, we are including a sample Message Conference Agreement/Writing Plan for use in documenting agreements reached. (See p. 12.1-11.) This appendix will be moved to the Guide for Conducting Message Conferences when revised.

The changes to chapter 12.13 reflect the renamed master product folder.

FILING  
INSTRUCTIONS

Remove the following pages:

- Table of Contents, pages 1 and 2
- 12.1-7 and 12.1-8
- 12.13-1 and 12.13-2, 12.13-5 to 12.13-8, 12.13-13 and 12.13-14, and 12.13-17 and 12.13-18

Insert the following pages:

- Table of Contents, pages 1 and 2
- 12.1-7 and 12.1-8, 12.1-11 to 12.1-13
- 12.13-1 and 12.13-2, 12.13-5 to 12.13-8, 12.13-13 and 12.13-14, and 12.13-17 and 12.13-18

This transmittal sheet is considered part of the manual and should be filed with the Checklist of Transmittal Sheets.

Werner Grosshans  
Assistant Comptroller General  
for Policy



**COMMUNICATIONS MANUAL - TRANSMITTAL SHEET 4****INTRODUCTION**

This transmittal sheet provides a revised Chapter 12.18, "Comments on Legislative Bills," for inclusion in the Communications Manual. Also, pen and ink changes are being made to update information in the recently issued Office of Policy (OP) publication entitled Performing GAO's Work: Where to Find Guidance and Help (GAO/OP-90-3).

**REVISIONS TO  
CHAPTER ON  
LEGISLATIVE  
BILL COMMENTS**

The changes in the Communications Manual chapter on bill comments are designed primarily to

- provide additional guidance on how to handle oral requests for bill comments, and
- more clearly explain about review levels and signature authority for bill comments, including the authority for issue area directors to sign bill comments if it is considered appropriate.

Also, revisions to the chapter discuss responsibility for distributing final bill comment responses to recipients and maintaining appropriate files.

**FILING  
INSTRUCTIONS**

Remove the following material:

- Table of Contents, pages 7 through 9.
- Chapter 12.18.

Insert the following material:

- Table of Contents, pages 7 through 9.
- Chapter 12.18.

Changes are marked with the symbol "#" in the left margin.

COMMUNICATIONS MANUAL - TRANSMITTAL SHEET 4

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**PEN AND INK CHANGES  
TO OP PUBLICATION  
ON AVAILABLE  
RESOURCES**

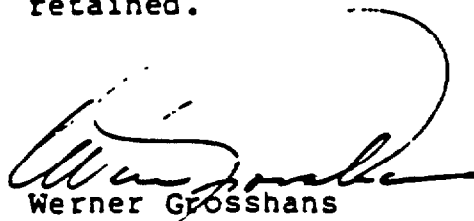
The following "pen and ink" changes should be made to update the OP publication that provides guidance on the various resources available to assist GAO staff in doing their work and how to access those resources.

In Chapter 4 entitled "Key Telephone Numbers":

Page 24 - Insert "Financial Institutions and Markets (202) 275-8678" below "Government Information and Statistics (202) 275-8676."

Page 26 - Change "Manpower and Reserve Affairs" to "Defense Force Management Issues." The phone number--(202) 275-3990--remains the same.

This transmittal sheet is considered part of the Communications Manual and should be retained.



Werner Grosshans  
Assistant Comptroller General

Attachment

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**COMMUNICATIONS MANUAL - TRANSMITTAL SHEET NO. 5, JULY 1991**

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**INTRODUCTION**

This transmittal sheet provides a revised Chapter 12.11, "Agency Comments," for inclusion in the Communications Manual.

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**HIGHLIGHTS OF  
CHANGES**

The chapter has been updated to provide additional guidance on procedures for obtaining and handling agency comments on the results of GAO's work, including those obtained from agency officials during exit conferences. Major changes are highlighted below.

- The chapter reinforces the need for staff to discuss GAO's policy on obtaining agency comments during initial meetings with the requester(s). Also, the chapter mentions the steps to be taken should the requester ask that GAO not obtain agency comments. (See pp. 12.11-1 and 12.11-4.)
- To assist staff in addressing agency comments for inclusion in GAO products, the chapter:
  - Emphasizes the need for careful evaluation of the comments to ensure that the agency's position is thoroughly and accurately described. (See p. 12.11-7.)
  - Includes examples of suggested language so that agency comments obtained during exit conferences can be appropriately described in specific sections of GAO products. (See p. 12.11-13.)

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**AUTOMATED POLICY  
GUIDANCE SYSTEM**

The changes covered in this transmittal sheet have been incorporated into GAO's automated policy system. This system can be accessed easily through any personal computer with "Crosstalk" and a modem. Information on the

system is included in the Automated Policy Guidance System User's Guide (GAO/OP-90-2) or can be obtained from your division or office system coordinator.

---

**FILING  
INSTRUCTIONS**

Remove the following material:

- Table of Contents, pages 5 through 9.
- Chapter 12.11.

Insert the following material:

- Table of Contents, pages 5 through 9.
- Chapter 12.11.

Changes are marked with the symbol "#" in the left margin. Also, this transmittal sheet is considered part of the Communications Manual and should be retained.



Werner Grosshans  
Assistant Comptroller General

Attachment



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**COMMUNICATIONS MANUAL** - TRANSMITTAL SHEET NO. 6, JULY 1991

---

**INTRODUCTION**

This transmittal sheet provides a revised chapter 12.6, "Transmittal Letters," for insertion in the Communications Manual.

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**HIGHLIGHTS OF  
CHANGES**

This chapter has been updated to consolidate the examples of suggested language in an easy-to-use appendix rather than intermix the examples with the text. Other major changes include

- an emphasis on coordination of draft reports and testimonies with the division having cognizance before transmitting the product to the agency for comment;
- a requirement to notify the Assistant Comptroller General for Planning and Reporting (ACG/P&R) before transmitting any sensitive or controversial products to the agency for comment;
- eliminating the requirement to send a copy of the transmittal letter for draft products to the ACG/P&R; and
- requiring that the director for planning and reporting or the issue area associate director, rather than an assistant director, sign reports for the issue area director when the responsible issue area director is unavailable to sign the report.

Changes have been marked with a "#" sign in the left margin.

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**AUTOMATED POLICY  
GUIDANCE SYSTEM**

The changes covered in this transmittal sheet have been incorporated into GAO's automated policy system. This system can be accessed easily through any personal computer with "Crosstalk" and a modem. Information on the

system is included in the Automated Policy Guidance System User's Guide (GAO/OP-90-2) or can be obtained from your division or office system coordinator.

---

**FILING  
INSTRUCTIONS**

Remove the following material:

-- Table of Contents.

-- Chapter 12.6.

Insert the following material:

-- Table of Contents.

-- Chapter 12.6.

Also, this transmittal sheet is considered part of the Communications Manual and should be retained.



Werner Grosshans  
Assistant Comptroller General

Attachment



Assistant Comptroller General  
of the United States

Washington, D.C. 20548

Office of Policy

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COMMUNICATIONS MANUAL - TRANSMITTAL SHEET NO. 7, NOVEMBER 1991

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**INTRODUCTION**

Attached for insertion in the Communications Manual are revised chapters 12.16, "Video Products," and 12.17, "Testimony." Changed material is marked with a "#" in the left margin.

Additionally, a new chapter 12.20, "Correspondence as a Product Line," is being introduced.

---

**HIGHLIGHTS OF CHANGES**

Presented below is a brief overview of the changes to the Communications Manual.

**Video Products**

Chapter 12.16 is being revised to emphasize the need for early notification of the Job Starts Group subgroup, the Video Review Board, for those potential video products that are being considered. This group should be aware of all possible video reports, the messages they will communicate, the progress of these products, and be shown the video at such a point where changes may still be made without significant resource implications.

**Testimony**

Beginning in fiscal year 1992, GAO will prepare testimony covers differently and eliminate the use of the GAO Form 160, "Testimony Cover Sheet." Chapter 12.17 is being revised to introduce the new procedures for preparing testimony covers using a template in WordPerfect 5.1, printing the cover on a laser printer, and preparing copies for subsequent and demand distribution single-space, printed both sides of the paper to reduce waste, and being "saddle-stitched."

Additionally, this chapter

-- emphasizes the need for exit conferences when testimony is the primary product or precedes a written report;

- allows an appendix listing related products and requires the job code to be included;
- requires that staff ensure that the Publishing and Communications Center, Office of Information Management and Communications, be provided a copy of the testimony from which the reserve inventory may be produced;
- requires that staff provide a copy of the testimony and any report to be released at the testimony to the ranking minority member at the same time testimony is provided to the committee/subcommittee;
- informs staff on the procedures to be followed if testimony is canceled or postponed; and
- makes issue area directors responsible for ensuring the accuracy of material submitted for the record.

**Correspondence**

The new chapter recognizes correspondence as a product line to be used in communicating substantive information to external parties. This type product provides flexibility in communicating attributable information to interested parties but assures that the results of these efforts will be available to others upon request. Additionally, the MATS system identifies correspondence as a product line and this change provides guidance on preparing such products.

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**AUTOMATED POLICY  
GUIDANCE SYSTEM**

The changes covered in this transmittal sheet have been incorporated into GAO's automated policy system. This system can be accessed easily through any personal computer with "Crosstalk" and a modem. Information on the system is included in the Automated Policy Guidance System User's Guide (GAO/OP-91-2) or can be obtained from your division or office system coordinator.



**COMMUNICATIONS MANUAL - TRANSMITTAL SHEET NO. 7**

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**FILING  
INSTRUCTIONS**

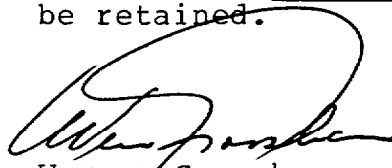
Remove the following material:

- Table of contents, pages 7 to 9.
- Chapter 12.16.
- Chapter 12.17.

Insert the following material:

- Table of contents, pages 7 to 10.
- Chapter 12.16.
- Chapter 12.17.
- Chapter 12.20.

Also, this transmittal sheet is considered part of the Communications Manual and should be retained.



Werner Grosshans  
Assistant Comptroller General

Attachment

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**COMMUNICATIONS MANUAL - TRANSMITTAL SHEET NO. 8, JUNE 1992**

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**INTRODUCTION**

Attached for insertion in the Communications Manual is a revised chapter 12.20, "Correspondence as a Product Line." These revisions include those changes made on the Automated Policy Guidance System in January 1992 and some recent additional clarifications. Material changed since the November 1991 issuance is marked with a "#" sign.

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**HIGHLIGHTS OF CHANGES**

Chapter 12.20 has been revised to more closely focus on the appropriate uses of correspondence as a product line and to clarify some of the processing requirements.

To qualify as a product, correspondence should transmit substantive information, meet GAO's quality standards, and generally be distributed only to interested parties. Generally, GAO may use correspondence to

- provide substantive information that is time-critical to users,
- provide assignment results to lower level agency officials who can act on the information provided, or
- close out assignments and document the results of GAO efforts.

The correspondence product addresses a more narrowly scoped issue than other reports, has limited applicability beyond the assessed program or function, and therefore has a more targeted audience and generally limited distribution.

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**AUTOMATED POLICY GUIDANCE SYSTEM**

The changes covered in this transmittal sheet have been incorporated into GAO's Automated Policy Guidance System. This system can be

accessed easily through any personal computer with "Crosstalk" and a modem. Information on the system is included in the Automated Policy Guidance System User's Guide (GAO/OP-91-2) or can be obtained from your division or office system coordinator.

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**FILING  
INSTRUCTIONS**

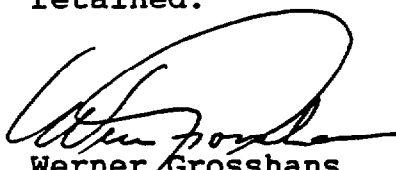
Remove the following material:

- Table of Contents, pages 9 and 10.
- Chapter 12.20.

Insert the following material:

- Table of Contents, pages 9 and 10.
- Chapter 12.20.

Also, this transmittal is considered part of the Communications Manual and should be retained.



Werner Grosshans  
Assistant Comptroller General  
for Policy

Attachment