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Regional Census Center

Administrative Manual

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Chapter 1: Introduction

Topic 1: Administrative Topics

General

The purpose of this chapter is to provide an overview of the administrative operations covered in this manual and a brief description of the history of the census, confidentiality, and uses of census data.

Administrative Topics

There are many areas of administration covered in this manual, including appointing procedures, payroll administration, security, and performance management. An exact listing of subjects by chapter is shown in the Table of Contents of this manual.

Overview of the Regional Census Center (RCC) Operations

Each Regional Census Center (RCC) oversees the operation of the Local Census Offices (LCOs). The Assistant Regional Census Manager (ARCM) manages the entire decennial census within their region and reports directly to the Regional Director (RD). In carrying out this management responsibility, the ARCMs have the assistance of several supervisors, program coordinators, and Area Managers.

Liaisons with the LCO will be carried out through the RCC Area Managers and their Regional Technicians.

Instructions from the RCC will be relayed through the Regional Technicians. Initially the Regional Technicians will handle problems in the LCO. A detailed RCC organization chart and descriptions of key personnel are included in Chapter 2 of this manual.

Use of this Manual

This manual is intended to be a primary resource for the RCC Administrative Staff. This manual and other related materials provide the necessary instructions and guidance to conduct the census. It is important that everyone concerned with administrative matters fully understands all procedures. Refer to this manual if you do not understand any of the procedures.

The administrative operations covered in this manual are intended to provide optimum support to the RCC staff in conducting a complete and accurate census. Failure in administrative areas cannot be permitted because it could negatively impact the data collection phase of the census.

Why Take the Census

The Census serves every sector of American society, both public and private.

Congressional Apportionment

The primary reason the Census is taken is the same as it was in 1790, when the first census was taken: to determine the number of representatives each state shall have in Congress. This is required by the Constitution of the United States.

Reapportionment at the state and local level also is based on census statistics.

Other Types of Grants, Funding, Etc

Eligibility for grants; funding for public works, education, job training, etc.; and some forms of state revenue sharing are also based on census statistics.

Local Government Uses

School districts, city and county governments, transportation and housing authorities, etc., use census statistics to plan new schools, transportation systems, water treatment facilities, housing programs, day care centers, job training centers, etc.

Business Community Uses

The business community uses census statistics to plan:

- Marketing programs
- Shopping center and store locations
- Plant sites
- Housing subdivisions
- Hotel and motel accommodations
- Services such as recreational facilities and medical care

How is the Census Taken

There are several operations for collecting census information. The operations are defined below.

The Regular Mail Census

A method of data collection in which the U.S. Postal Service (USPS) delivers addressed questionnaires to housing units (HUs), based on geocoded addresses (usually city-style mailing addresses) recorded in the Census Bureau's Master Address File (MAF). Residents are asked to complete and mail the questionnaires to a specified data capture center (DCC).

Address Canvassing

A census field operation that ensures the Census Bureau's address list and maps are as accurate as possible. During Address Canvassing (AC), census Listers travel each street, road, and path looking for living quarters (LQs) and updating the information in a hand-held computer (HHC).

Census Coverage Measurement

A census program that determines the number of people and HUs missed or counted more than once. Census Coverage Measurement (CCM) occurs in a sample of housing units (HUs) in rural and urban areas. CCM operations are managed by staff separate from the regular operations staff.

A census operation that identifies people who were not counted as part of the census or were counted in error (e.g., counted at the wrong address or counted more than once).

Group Quarters (GQ)

A census operation designed to count people living or staying in group quarters (GQs). While most GQs are enumerated by GQ enumerators, some places, such as prisons and hospitals, require close coordination between the Census Bureau and the GQs to determine the best way to obtain the enumeration. An administrator will likely be sworn in to help facilitate the process, up to and including conducting the enumeration himself or herself.

Group Quarters Validation (GQV)

Listed below are several purposes for conducting GQV:

- Decide if the Address Canvassing Listers correctly identified Other Living Quarters. This is, find out if the address is a living quarters other than a housing unit (HU).
- Get information about places where people live, could live, or stay other than a HU.
- Determine the type of GQ.
- Check and collect information about GQs.
- When needed, check and collect information about HUs.
- Collect information about transitory locations.

Non-response Follow-up

A census operation in which enumerators visit addresses and attempt to obtain census data from housing units (HUs) for which the Census Bureau did not receive a completed questionnaire in Mailout/Mailback (MO/MB) census areas.

The Update/Leave Census

A census operation in which enumerators update paper versions of the Census Bureau's address list and maps and deliver questionnaires to all housing units (HUs) in areas with mainly non-city-style addresses (e.g., in areas with rural route addresses). The households are asked to complete and return the questionnaire by mail.

Some Facts About This Census

Census Date

Census Day for the 2010 Decennial Census is April 1, 2010. That is, all information will be current as of that date. The legal boundaries for which data is tabulated; however, is current as of January 1, 2011.

Census Information Is Confidential

a. Title 13 of the United States Code states that all information given to the Census Bureau may be used for statistical purposes only. The law provides that all census information must be held in strict confidence for 72 years. Any employee who discloses any information obtained through the census is subject to a fine of not more than

$250,000 and/or imprisonment for not more than five years.

b. At the time he/she enters on duty, each employee is required to take an oath to keep all information confidential.

c. Individual census information cannot be used by anyone for purposes of taxation, regulation, or investigation.

d. The Census Bureau does not release individual census information to any state, local, or tribal government, nor does it share this information with any Federal Agency (including IRS, ICE, or FBI).

Census Information Is Required by Law

a. Title 13 of the United States Code requires that persons over the age of 18 must answer, to the best of their knowledge, any questions asked by the Census Bureau. There are penalties for failing to answer the questions.

However, it is rarely necessary to mention this law because the census is supported virtually by all the people of the United States. Enumerators are constantly reporting instances in which people not only complied with the law by giving the required information, but also gave additional assistance to help them in their duties. We place a high value on this kind of cooperation and count on you to maintain it.

b. Title 13 of the United States Code also requires that the owner, proprietor, manager, superintendent, or agent of any building must allow the enumeration of all persons who live in the building; non-cooperation could make them subject to a fine and/or imprisonment.

Privacy Act of 1974

The Privacy Act of 1974 requires that all Federal agencies collecting information advise respondents under what authority the information is being collected, to what uses the information will be put, whether response to questions is mandatory, and the effect of not responding.

Anyone contacted in person during census operations will be given a Privacy Act Notice, Form D-31. The same information that appears on this notice will be printed on the questionnaire that is sent to each household.

Chapter 2: Organization Structure and Staffing

Topic 1: Organization Structure and Staffing of the Regional Census Center

General

This chapter shows the organization structure of the Regional Census Center (RCC) and the Local Census Office (LCO). This chapter also gives a general description of the duties assigned to each position within these respective staffs.

Organization of the RCC

The RCC operates under the direction of the Regional Director (RD) who acts as Regional Census Manager. The Deputy Director and Assistant Regional Census Managers (ARCM) assist the Regional Director in accordance with the organization chart shown in Illustration 2A-1. This chart shows the supervisory and working relationship throughout the organization.

Staffing the RCC

The RD is responsible for overall policy implementation and direction of the 2010 Census within the region. Each employee within the RCC must carry out their assigned duties to assure the census is taken as planned and on time.

Some of the more important duties of key personnel employees are listed below.

Assistant Regional Census Manager (ARCM)

a. Direct, coordinate and supervise the activities of the RCC staff; namely, Area Managers, Partnership Specialist, Administrative Coordinator, and their staffs.

b. Monitor the cost and progress of all census activities to assure the census is conducted on schedule and within budgeted allocations.

c. Manage the administrative area within the RCC. Also responsible for the direct supervision of a professional staff.

d. Along with the RD and the Area Manager, recruits and selects Local Census Office Managers, and other key

supervisory staff personnel.

e. Monitors progress of all LCOs through the Area Manager. Ensures adherence to federal, Census Bureau and regional policy and procedures, both administrative and technical.

f. Changes or recommends change in established policy and practice as needed.

g. Reports to Census Bureau Headquarters through the progress reporting system each week on the status of LCOs in their region, advises as to any remedial action planned and/or implemented for the following week, requests advice and assistance when necessary.

h. Along with the RD, represents the Census Bureau to all media in the region, to convey Census Bureau policy, and obtain public cooperation with census personnel.

i. Along with the RD, meets with and/or corresponds with local, state and regional public officials as needed to convey Census Bureau policy and answer questions, as well as obtain support for census activities.

Area Manager

a. Assists the ARCM in the management of all field, office, and evaluation operations for the 2010 Census.

b. Along with the ARCM, recruits, selects and trains the Regional Technicians (RTs) (general).

c. Assists the RD, and the ARCM, in the recruitment and selection of office managers.

d. Responsible for the supervision and oversight of all LCOs in their assigned area.

e. Responsible for the management and close control of field and office evaluation operations of a number of temporary field offices responsible for the enumeration of housing units.

f. Provides supervision, guidance, and technical direction to LCO supervisory staff, RTs in their liaison activities, and RCC clerks.

g. Ensures that all LCO operations are completed on time and within budget and data quality standards.

h. Conducts group and individual training sessions for LCO management staff, RTs, Area Managers who come on later, and other RCC Staff.

i. Holds regular discussions with ARCM, RTs, and headquarters personnel responsible for the development of these operations to eliminate conflicts or other problems and ensure consistency of implementation.

j. Monitors the cost and progress reports of field, group quarters, office, and evaluation operations to ensure that the census is conducted on schedule and within budgeted allocations.

k. Is responsible for interviewing prospective candidates, evaluating present employees, and recommending appropriate actions on hiring, promotions, and reassignments.

l. Applies Equal Employment Opportunity (EEO) principles in hiring practices, training, employee development, the utilization of employee skills, advancement, etc.

Supervisory Regional Technician

a. Provide technical and administrative support for preparatory activities for the opening of the LCOs.

b. Develops a strategic plan for field enumeration and recruitment for the assigned area.

c. Assists with or conducts recruiting, and testing applicants for jobs in the LCOs.

d. Assists LCO staff in understanding, determining, and implementing necessary recruiting targets and number of staff to invite to training and number of staff to start working each operation.

e. Participates in or conducts training session for key LCO personnel, providing assistance on technical questions.

f. Controls the quality of training by monitoring and motivating LCO staff to get adequate training space, checking and arranging materials, and assuring their delivery to training sites.

g. Analyzes and monitors quality of work produced by office and field staff.

h. Assists in or conducts operations, regular enumeration activities, or provide on-site assistance in the LCO with geographic problems following technical guidance provided by the RCC geographic staff.

i. Monitors the LCO recruiting operations by working

closely with the Partnership and Media Specialists, maintaining contact with appropriate referral services in order to identify recruitment efforts and resolve recruitment and publicity problems.

j. Analyzes and monitors cost, progress, and discusses with staff reports regarding staffing, training, and enumeration to determine the status of each phase of the census activity.

k. Resolves any problems involving procedures, maps, supplies, and equipment referring complex problems and status to the RCC

l. Responsible for one or more technical and/or procedural areas that include: census automation procedures/equipment; administrative operations; map/geography problems; census evaluations and experimental programs.

m. Attends a formal comprehensive training course that covers all phases of the decennial census operations .

Regional Technician

a. Participates in and may conduct training sessions for key LCO personnel, providing assistance on technical questions raised.

b. Monitors the LCO recruiting operations by working closely with the Partnership Specialist.

c. Analyzes and monitors cost and progress, and discusses with staff reports regarding staffing, training and enumeration to determine the status of each phase of the census activity vital to a successful completion of the census of each area. Resolves any problems involving procedures, maps, supplies, and equipment referring complex problems and status to the RCC.

d. Answers technical questions and reviews problems referred by field or office staff.

e. Responsible for one or more technical and/or procedural areas that include:

f. Group quarters operations

g. Administrative operations

h. Map/geography problems

i. Census evaluations and experimental programs

j. Attends a formal comprehensive training course that covers all phases of the decennial census operations. Analyzes demographic characteristics and information for their assignment area to identify potential recruitment sources and possible problems and difficult areas for enumeration.

Administrative Coordinator

a. Meets with the ARCM to advise them of all problems in the administrative area.

b. Manages the regional, decennial, administrative functions including personnel, payroll, safety and accident reporting and logistics, as well as the general flow of census paperwork through the RCC.

c. Provides indirect supervision to a staff performing personnel, payroll, administrative support, and cost monitoring work.

d. Participates in the selection of new employees and recruits, selects and trains the Administrative Specialists.

e. Recommends appropriate actions regarding hiring, promotion and reassignment of regional staff.

f. Monitors the Census Bureau's recruiting plan for accuracy, timeliness and Equal Employment Opportunity (EEO) effectiveness.

g. Monitors the Census Bureau's minority reporting system to assure that the principle of equal opportunity is being met. Recommends appropriate action to RCC to assure the LCO employment fairly represent the ethnic and racial composition of the respective district.

h. Answers questions raised by the RTs on administrative policy or procedures.

i. Confers with the ARCM when a need for policy change occurs.

j. Maintains close contact with headquarters personnel on changes in policy and other administrative matters, providing guidance to RCC and LCO administrative staffs based on these changes.

k. Meets with RTs as needed to assure a smooth administrative operation in the region.

l. Coordinates with the Area Managers the assignment and direction of the administrative liaison activities of the RT

with the LCO.

m. Performs as an administrative liaison with the LCO in the absence of the RT.

n. Coordinates manual processing of payrolls in case of automation failure and directs the establishment and maintenance of a filing system, for example, personnel, fiscal, general administration, correspondence and program manuals.

o. Serves as the Employee Assistance Program (EAP) Liaison for LCO employees.

Administrative Specialist

a. Coordinates and directs procedures to ensure timely processing, verification and quality control review of all personnel payroll documents for the automated personnel payroll system.

b. Answers technical personnel payroll questions.

c. Reviews a variety of personnel actions in accordance with personnel procedures and regulations.

d. Establishes internal guidelines and due dates in order to assure proper reporting of all accidents and injuries.

e. Assures proper reporting and review of claims for all accidents and injuries occurring during the 2010 Census.

f. Oversees the logging, processing and forwarding of claims for adjudication to local Office of Worker's Compensation for adjudication.

g. Reports to Administrative Coordinator on all serious or fatal accidents.

h. Assists in training clerical staff in personnel/payroll procedures, processing, reporting, and other administrative activities.

i. Receives and monitors the minority employment and handicap reports and reports successes and shortcomings to supervisor.

j. Contacts Office of Worker's Compensation (OWCP) with regards to accident claims, continuation of pay, and other related matters.

k. Maintains liaison with Field Headquarters on matters relating to appointments, accidents, and other personnel

issues.

l. Implements the components of the Performance Management Program for the 2010 Census employees, including the preparation, certification of completion, and recording of the performance plans and summary ratings.

m. Maintains liaison with regional and LCO administrative staff for technical advice.

n. Oversees RCC Safety Program. Recommends corrective action to Administrative Coordinator for cases that should be controverted by the agency.

o. Assists in training clerical staff in personnel/payroll procedures, progressing reporting, and other administrative activities.

p. Answers technical personnel/payroll questions through research using federal personnel guidelines, accounting procedures, and manuals.

q. Provides direct supervision to a staff of people performing personnel, payroll, administration support, and cost monitoring work.

r. Coordinates procedures with the Administrative Coordinator to ensure timely processing of personnel and payroll document.

s. Implement procedures for a 100 percent quality control review and verification of all personnel and payroll documents for the automated personnel and payroll system.

Lead Support Coordinator

a. The incumbent will be the Point of Contact (POC) between the RCC and the Field Data Collection Automation (FDCA) Vendor representative on technical issues, and communicate the impact of those technical issues on field and office operations.

b. Plans and coordinates LCO Local Area Network/Wide Area Network (LAN/WAN) and office equipment installation.

c. Receives and inspects shipments of office and hand-held computer (HHC) equipment, and associate materials from FDCA contractor.

d. Ensures that the LCO staff managers' initiate distribution, collection and inventory of HHCs at the beginning and

close of each census operation.

e. Serves as a trouble-shooter for locating problems with the telecommunications equipment Voice Over Internet Protocol (VOIP) at the RCC and LCO sites; maintains technical liaison with the local and long-distance telephone companies and headquarters.

f. Oversees the maintenance of supplies and materials inventory, for example, toner kits, plotter chemicals, plotter and printer inventory, color plotter ink jets, and ink solutions.

g. Supervises other staff, planning, and overseeing the implementation of project.

IT Specialist

a. Oversees the creation of general utility routines and systems and independently develops complex routines and detailed sequences of internal program logic by coding, testing, and debugging.

b. Develops test data and appropriate testing procedures, analyzes and evaluates the results.

c. Participates in most phases of projects, from advising on specification requirements and limitations to helping project managers define the problem or need.

d. Reviews requirements of projects to determine objectives of the program, concepts, nature of the unprocessed data, and processes required in support of the computer effort in order to organize work processes and problems for computer solution.

e. Maintains and modifies existing programs to assure adherence to specifications or convention changes.

f. Codes programs or subroutines from overall systems logic developed by other computer specialist.

Database Specialist Partnership

a. Serves as primary contact for the PRISMS. Assists the partnership staff with data entry, researches problems that directly affect the PRISMS and makes recommendations on solving these problems.

b. Assists representatives of business, education, governmental, and community organizations who call or visit the Regional Office, by recording their call, clarifying their exact needs, and finding the information

which meets these needs.

c. Assists the specialist in developing and preparing materials for use in workshops, conferences and presentations.

d. Identifies, locates and frequently duplicates appropriate census publication, information, literature, press releases and other materials required by the specialist to conduct training programs and outreach.

e. Participates in program studies and analysis of operations to achieve greater economy and efficiency.

f. Reviews both operational plans and current and incoming work projects. Makes recommendations for improving methods Advises on the adequacy of budgeting.

g. Uses ability to apply analytical techniques to participate in program studies. Communicate effectively in reporting study findings.

h. Works closely with professional staff in the Regional Office and the field, contacts are primarily with representatives of organizations outside the Census Bureau.

Recruiting Coordinator

a. Directs the overall regional recruiting program to ensure that sufficient numbers of management, field, and office personnel are identified, tested, and hired for temporary census jobs; ensures that a pool of qualified candidates is available to compensate for employee turnover.

b. Creates a high-level regional recruiting plan for the RCC; evaluates recruiting results and recommendations from previous censuses and tests and integrates data from the planning database, American Community Survey, Bureau of Labor Statistics, and other sources.

c. Provides guidance to ELCO and LCO recruiting staffs in the development of comprehensive recruiting plans for their areas, including strategies for hard-to-recruit populations and geographic areas.

d. Coordinates initial contacts with state, tribal, and local public employment agencies, media outlets, community and business leaders, and other appropriate sources to recruit key RCC and management level LCO positions.

e. Formulates and directs a comprehensive plan for

identifying, contacting, and mobilizing national, regional, and local organizations to provide candidates for the 2010 Census.

f. Develops and maintains contacts within civic associations and other community-based organizations, businesses, religious groups, as well as with individual community leaders and census stakeholders.

g. Delivers speeches and informal talks to promote and publicized census jobs and the 2010 Census with the aforementioned groups and organizations.

h. Develops a program to promote census jobs through free media, including news releases, public service announcements, and drop-in articles.

i. Creates and maintains a regional activities calendar that includes the dates of regular community events and parades, Pow-Wows and other ethnic celebrations and holidays, annual meetings, and job fairs that offer promotional opportunities for census jobs.

j. Serves as Contracting Officers Technical Representative (COTR) on the advertising placement contract; directs and monitors the region's paid advertising program. Offers guidance to ELCO and LCO recruiting staffs on the placement of paid advertising and, when necessary, the use of direct mail advertising.

k. Analyzes the status of recruiting activities by monitoring the applicant file and progress reports to ensure that recruiting goals are met.

l. Trains ELCO/LCO staff responsible for recruiting. This training includes recruiting procedures as well as strategies to be implemented in the assigned geographical areas. Oversees and monitors the ELCO and LCO recruiting programs by working closely with the recruiting staffs.

m. Provides guidance on recruiting issues to supervisors, managers, and technical specialists in other operations areas of the RCC, ELCOs, and LCOs, as requested.

n. Works closely with regional management and the Partnership Coordinator in planning integrated recruiting, outreach, media, and advertising strategies for the region.

o. Analyzes and monitors progress, performance, and cost data for all assigned programs on a continuing basis.

p. Applies and disseminates Equal Employment Opportunity (EEO) principles in recruiting and hiring practices.

q. Participates in the establishment of RCC policy through regular meetings and discussion with the Assistant Regional Census Manager and other program coordinators.

r. Creates a vehicle for timely communication of changes in recruiting policies and procedures; disseminates changes to RCC management, Area Managers, and Early Local Census Office (ELCO)/LCO managers.

s. Mitigates or eliminates problems associated with conflicting priorities; reviews recommendations for cost-effectiveness, validity, and conformance to general policy directives and guidelines.

t. Resolves problems involving recruiting procedures, public relations, or sensitive media issues related to recruiting efforts.

Assistant Recruiting Coordinator

a. Implements regional recruiting plan to ensure that sufficient numbers of management, and office personnel are identified, tested, and hired for temporary census jobs; ensures that a pool of qualified candidates are available to compensate for employee turnover.

b. Helps develop a high-level regional recruiting plan for the RCC; provides research assistance and gathers data from previous censuses and tests and their follow-up debriefings, as well as from the planning database, American Community Survey, Bureau of Labor Statistics, and other sources.

c. Provides guidance to ELCO and LCO recruiting staffs in the development of comprehensive recruiting plans for their areas, including strategies for hard-to-recruit populations and geographic areas.

d. Makes initial contacts as directed with state, tribal, and local public employment agencies, media outlets, community and business leaders, and other appropriate sources to recruit key RCC and management level LCO positions.

e. Assists in the formulation of a comprehensive plan for identifying, contacting, and mobilizing national, regional,

and local organizations to provide candidates for the 2010 Census.

f. Helps to develop and maintain contacts within civic associations and other community-based organizations, businesses, religious groups, as well as with individual community leaders and census stakeholders.

g. Prepares and delivers presentations to promote and publicize census jobs and the 2010 Census with the aforementioned groups and organizations. Develops key talking points about recruiting for other census personnel.

h. Implements the program to promote census jobs through free media, including news releases, public service announcements, and drop-in articles.

i. Creates and maintains a regional activities calendar that includes the dates of regular community events and parades, Pow-Wows and other ethnic celebrations and holidays, annual meetings, and job fairs that offer promotional opportunities for census jobs.

j. Monitors the advertising placement contract. Offers guidance to ELCO and LCO recruiting staffs on the placement of paid advertising and, when necessary, the use of direct mail advertising.

k. Analyzes the status of recruiting activities by monitoring the applicant file and progress reports to ensure that recruiting goals are met.

l. Assists in training the ELCO/LCO staff responsible for recruiting. This training includes recruiting procedures as well as strategies to be implemented in the assigned geographical areas. Oversees and monitors the ELCO and LCO recruiting programs by working closely with recruiting staffs.

m. Provides guidance on recruiting issues to supervisors, managers, and technical specialists in other operational areas of the RCC, ELCOs, and LCOs, as requested.

n. Works closely with regional management and the Partnership Coordinator in planning integrated recruiting, outreach, media, and advertising strategies for the region.

o. Analyzes and monitors progress, performance, and cost data for all assigned programs on a continuing basis.

p. Applies and disseminates Equal Employment Opportunity (EEO) principles in recruiting and hiring

practices.

q. Disseminates changes in recruiting policies or procedures on a timely basis to RCC management, Area Managers, and ELCO/LCO managers.

Recruiting Assistant (RA)

a. Conducts recruiting and testing activities.

b. Performs recruiting activities to ensure there is a sufficient pool of qualified applicants for temporary employment.

c. Ensures sufficient numbers of applicants are identified and tested for temporary census jobs for their designated area.

d. Distributes recruiting packets to state, local and tribal governments, local business, local public and state employment agencies, media outlets, community centers, religious groups and other appropriate sources to recruit for a variety of positions.

e. Conducts testing sessions, reviews application forms, and performs other tasks required in testing applicants.

f. Locates space for testing applicants, assuring that it meets specific criteria. Sets up testing rooms in an appropriate manner to allow for a testing and reception area.

Human Resources Specialist

a. Plans and implements continuing personnel management services and/or programs in areas of specialty.

b. Develops the overall plans, procedures, and operating methods for assignments.

c. Identifies and analyzes personnel management problems in order to develop alternative solutions.

d. Performs limited research and analysis of applicable laws, regulations, policies, and so forth, and prepares summaries and recommendations for action.

e. Has experience researching and interpreting federal personnel regulations.

f. Advises management, employees, and/or the public on personnel matters.

g. Keeps personal contact with other specialists, managers, employees, representatives from other federal agencies and/or professional organizations, and members of the

general public to obtain and exchange information, answers questions, explain the basis for personnel decisions, recommendations and actions.

h. Obtains and exchanges information, answers questions, explains the basis for personnel decisions, recommendations and actions.

i. Has knowledge of adverse and performance based actions sufficient to gather relevant information.

j. Demonstrates strong analytical and writing skills to develop support documentation and position papers.

Equal Employment Opportunity (EEO) Specialist

The following position is established and reports to the Department of Commerce. It is established for the conduct of 2010 Census and pre-test operations.

a. Provides training and technical advice on EEO matters to employees, managers and supervisors in the RCC.

b. Conducts difficult and sensitive investigations of discrimination complaints filed with and accepted by the Department from temporary and time limited employees, former employees, and applicants for employment with the Decennial Census.

c. Interprets issues presented in the complaint and performs necessary fact-finding.

d. Contacts and conducts interviews with complainants, agency officials, and other public and private sector witnesses to obtain affidavits, documentary evidence and statistical data for the investigative record.

e. Develops and reports evidence, and attempts to resolve conflicts or provide alternative coverage when such situations may arise.

f. Prepares and submits reports of investigation to be used by the Department in its final agency decisions and before appellate organizations such as the Equal Employment Opportunity Commission (EEOC) and federal courts by using evidential reporting techniques.

g. Identifies opportunities for settlement during the investigation.

Geographic Specialist

The Geographic Specialist provides professional geographic support activities for decennial.

a. Meets with the Geographic Supervisor at least once a week to advise him/her on the status of the geographic area.

b. Reviews proposals, plans, and specifications for geographic operations.

c. Reviews and identifies improved/updated maps for geographic program activities.

d. Participates in the review and identification of improved/updated address lists for geographic areas served by the regional office.

e. Develops plans for training, space and material utilization, and procurement of equipment and services.

f. Provides regional management support for programs by conducting workshops, reviewing plans, or making follow-up calls to non-response participants.

g. Refers requests and recommendations for policy changes to the Geographic Coordinator along with written analysis of the need for change.

h. Is responsible for compliance with Census Bureau statistical and geographic guidelines.

i. Reviews request for recognition of boundary errors and changes to the Topographically Integrated Geographic Encoding and Referencing (TIGER) system database.

j. Provides advice and assistance to local officials on questions related to Census Bureau geographic and statistical methodology.

k. Analyzes the results of census pretests and dress rehearsals; identifies any problems arising from maps, listings, training materials, geographic reference materials and\or procedures.

Geographic Technician

a. Performs assignments designed to assist with the technical support of the geographic activities included in the RCC.

b. Assists in the review and identification of improved/updated maps for geographic program

activities.

c. Assists in the review and identification of improved/updated address lists for geographic areas served by the RCC.

d. Assists in the location/acquisition of geographic source materials (for example, maps, building permits, address listings, memoranda).

e. Gathers information and prepares draft background materials for use in the planning and implementation of census survey operations.

f. Assists in the investigation and solutions for problem areas as needed.

g. Participates in working with local government information in the Local Update of Census Addresses (LUCA).

h. Participates in reviewing the results of census pretests and dress rehearsals; identifies routine problems arising from maps, listings, training materials, geographic reference materials and/or procedures.

i. Researches and prepares draft reports; identifies/acquires required data from a variety of source materials; design/assembles charts, graphs, and tables for progress reports.

Geographic Clerk

a. Compares map reference sources of varying scales to Census TIGER and identifies features and feature names to be added, deleted or changed.

b. Adjusts and positions features and feature names into TIGER files using a variety of drafting techniques including an interactive computer workstation.

c. Compiles maps using a variety of instruments and techniques; convert scale, size and features to meet specifications; and selects and positions appropriate street pattern, drainage features and other landmarks, and plot control points for insert maps.

d. Uses various tools including technical drafting pens, engineering scale, proportional dividers and French curves to compile census maps.

e. Prepares accurate, updated base maps for digitizing. These digitized maps will form part of the cartographic

framework for the support system (TIGER).

Supervisory Geographer

a. Responsible for the update of TIGER; creation of the Master Address File (MAF); obtaining up-to-date maps for use in geographically structuring the census and all phases of the local update of census addresses program.

b. Reviews proposals, plans, and specifications for geographic-type operations that are to be performed by the field organization prior to and during the decennial census and related tests.

c. Recommends necessary changes to the ARCM.

d. Attends staff and inter-division meetings in the field and participates in discussions relating to planning and operations activities of the decennial census.

e. Recommends and/or implements up-to-date geographic concepts and methods to be utilized in census operations.

f. Reports to the ARCM and recommends methods to correct conflicts between the statistical and geographic specifications of census plans and procedures.

g. Manages a professional staff involved in producing the thousands of automated maps for test and the decennial census as well as the update digitizing of these maps as they come back to the RCC from field operations.

h. Manages the search for and identification of improved or updated address lists for the entire geographic area of the RCC.

i. Provides assistance concerning geographic and statistical questions asked by local officials.

j. Responsible for interviewing prospective candidates, evaluating present employees and recommending appropriate actions regarding hiring, promotion, and reassignment.

k. Applies EEO principles in hiring practices, training, employee development and utilization of employee skills, advancement, etc.

l. Reports to the ARCM who assigns functional responsibilities.

Geographer

a. Performs professional geographic support activities including: improvement of the TIGER; creation and update of the MAF for designated areas; maps for use in geographically structuring census operations; and geographic correction activities.

b. Studies areas to be surveyed based on geographic and cultural make-up to identify, document, and resolve enumeration difficulties.

c. Participates in the review and identification of improved/updated maps for geographic program activities.

d. Performs field check evaluations of sample sites to assess cartographic quality and clarity.

e. Participates in the review and identification of improved/updated address lists for geographic areas served by the regional office.

f. Performs quality evaluations of address file lists and reviews results to improve census operations. Participates in training regional office staff to improve use and availability of TIGER.

g. Conducts program evaluation studies; analyzes and evaluates quality control procedures and production standards; computes production measures and prepares histograms representing relative staff performance and productivity.

h. Assists in the preliminary review of enumeration district plans. Assists in establishing assignment areas and coding addresses.

i. Reviews, analyzes, and drafts preliminary recommendations for changes in geographic methodology, operations, and procedures, such as procedures for listing residential and commercial structures, misinterpretation of maps by enumerators, etc.

Lead Geographic Assistant

a. Leads employees who do digitizing, map production and update census maps.

b. Edits previously digitized data for completeness and accuracy according to established standards and identifies and works to correct specific deficiencies based on the editing.

c. Performs edits using graphic plots or specialized interactive data edit systems at various scales.

d. Distributes and balances workload to maintain flow and quality of work to ensure that work is completed on time and meets established standards.

e. Selects, adjusts and positions features and feature names onto United States Geological Survey (USGS) quads or mylar overlays using a variety of drafting techniques.

f. Operates state of the art plotting equipment to produce maps that support the census.

Geographic Assistant

a. Assists professional employees in the search and identification of updated or improved maps and address lists.

b. Compares map reference sources of varying scales to other maps (paper or digital), and identifies map features, feature names to be added, deleted or amended.

c. Assists professional employees in the selection and adjustment of positions, features, and feature names on base maps.

d. Assists in locating and correcting errors through computer generated plots.

e. Cuts, folds, packages and moves maps to supply temporary field office(s) and other officials with geographic materials.

Lead Cartographic Technician

a. Answers questions regarding procedures, policies, directives, etc and obtains needed information on decisions from supervisor on problems that come up.

b. Performs the most difficult and responsible of the technical operations on a regular basis and may be required in some periods to do the same kind of work as the Cartographic Aid, but with responsibility for completeness and accuracy without review.

c. Assists in the verification and reporting of errors found under formalized dependent quality control problems of the unit, with a pre-designated sample, of the work being performed.

d. Distributes and balances the workload among employees in accordance with established work flow or job specialization, assures timely accomplishment of the assigned workload.

e. Uses knowledge of terminology of census geography to understand written procedures and oral specifications concerning maps, boundaries, and the TIGER System.

f. Uses knowledge of reference maps and materials available in the RCC in order to research problems and of political and statistical census boundaries in order to accurately interpret and respond to geographic problems and referrals.

g. Resolves and trains others on how to resolve a variety of geographic problems on the census maps, computer, and other resource documents, and monitors project operations.

Cartographic Aid

a. Produces digital cartographic products and maps as well as the clerical edit and review of maps and charts.

b. Reviews and processes forms, maps and charts. Enters data into the TIGER system or other computerized mapping application.

c. Has a range of basic cartographic practices, techniques, and methods for converting grid values; computing coordinates, assembling control data; updating maps; and drafting lines, features, and symbols for maps and charts.

d. Uses knowledge of map digitization and map digitizing equipment associated with computerized mapping

applications.

e. Performs a range of clerical duties that include reviewing forms and reports; and explaining routine procedures, rules and regulations.

f. Performs tasks associated with the creation/revision of census maps and map products.

Partnership Specialist

a. Serves as a Partnership Specialist who is responsible for establishing relationships and agreements with state/local governments, and/or local business and community groups to carry out specific activities in support of the 2010 Census.

b. Initiates partnership agreements to assist the Census Bureau in implementing various census operations, such as: the Tiger Improvement Address program; Program for Address List Supplementation; LUCA program; Complete Count Committees; the 'Be Counted' program; outreach and promotion; neighborhood, organization, and/or government based complete count committees; recruiting; questionnaire assistance; and post-census activities.

c. Identifies potential neighborhood business, local community groups, religious organizations, and community gate-keepers to develop partnerships that will have a positive impact on 2010 Census activities.

d. Works with state, local and tribal governments, as well as in regional and/or community and neighborhood organizations, corporations, businesses, business/civic groups, archdioceses and other religious organizations, and all levels of local employers.

e. Develops and conducts presentations for state, local and tribal governments, regional and/or local corporations, businesses, business/civic groups, religious organizations and all levels of local employers to orient them to 2010 Census activities, and the partnership strategy.

f. As appropriate to the geographic location, the incumbent must be proficient in a language other then English and indigenous to the area of assignment to accomplish the mission and goals of the Bureau.

g. Oversees the partnership agreements to ensure activities at all levels are carried out, resolves problems

encountered, and determines the need for renegotiation.

h. Coordinates local government partnership activities with national partnership efforts, other Partnership Specialist, the Media Specialist, RCC staff and LCO staff.

Clerk

a. Performs a combination of clerical duties associated with office processing, including field operations, recruiting, testing, space and leasing, automation, personnel/payroll, and other administrative operations designed to support the responsibilities of the office assigned.

b. Receives, sorts, opens, controls and routes incoming mail and maintains correspondence files.

c. Maintains a variety of logs and suspense files relating to reports, correspondence, travel vouchers, personnel and payroll actions and any other clerical matters required by the originating RCC.

d. Schedules and administers the testing of job applicants for various positions and assists in monitoring the testing sessions, scoring the tests, maintaining testing files, and reviewing application forms.

e. Assists in locating space for test applicants and assuring that it meets specific criteria. Sets up testing rooms in an appropriate manner to allow for testing area and reception area.

f. Supports automation staff, including initiating standard procedures, ensuring supplies are available for operating equipment, such as toner kits for printers, paper, floppy disks, compact disks, and similar items.

g. Assists with reviewing and correcting bi-weekly payroll records, and other forms related to timekeeping and payroll.

Lead Clerk

a. Provides technical guidance and oversight to staff in completion of the RCC's personnel and payroll activities.

b. Provides guidance to clerks who perform a combination of personnel/payroll duties designed to support the responsibilities of the office assigned.

c. Assists in the orientation of new employees by explaining work in general and providing on-the-job training.

d. Coordinates and implements an Official Personnel Folder (OPF) filing system for the RCC.

e. Reviews procedural compliance, weekly and biweekly payroll documents, and other forms related to timekeeping and pay rolling for both the National Finance Center (NFC) system and automated Decennial Applicant Personnel and Payroll System (DAPPS).

f. Establishes a variety of personnel/payroll work control logs and records and coordinates the workload distribution of the clerks to maintain flow and quality of work to ensure that work is completed on time and meets established Census Bureau Standards.

g. Serves as liaison between RCC and Field in the submission of accident cases for continuation of pay.

h. Directs, organizes, plans and reviews clerical duties assigned to ensure completed work is accurate and on time.

Office Automation Clerk (OAC)

a. Works with word processing software and operates one or more types of office automation equipment to type various documents in draft or final form.

b. Places and receives telephone calls; refer calls and visitors; open and distribute mail; and reproduce materials.

c. Operates an electronic typewriter, word processor, microcomputer, or computer terminal to type correspondence or various documents.

d. Processes procedures to execute several basic office automation functions such as storing and retrieving electronic documents or files, activating a printer, inserting and deleting text, entering data into a spreadsheet or database, and transmitting and receiving electronic mail.

e. Performs work in accordance with a variety of established office procedures, requirements, software manuals, tutorials, and reference materials.

f. Uses one or more types of software to produce standard documents requiring different procedures and functions.

g. Makes contact with employees in immediate work unit or related support units.

ARCM for Census Coverage Measurement

a. Responsible and accountable for the planning and effective, timely, cost efficient implementation of the field data collection for the Census Coverage Measurement (CCM) Program in the 2010 Census.

b. Provides an accurate inventory of census-day dwellings in a large national sample of blocks.

c. Provides a comprehensive and independent re-enumeration of residents of these dwellings, profiling census-day residents as well as in-and-out movers and information to evaluate the effectiveness of census data collection process.

d. Participates in the general design of the national CCM procedures, materials, tools, and strategies.

e. Assisting the RD or other senior regional managers in development of written regional and local plans to implement the various phases of the 2010 Census.

f. Becomes thoroughly familiar with the planned CCM methodology for the 2010 Census, including the schedule and purpose of all CCM field operations, their relationship to other census operations and CCM processing activities, and the various assumptions, requirements, and constraints that govern the CCM.

g. Reviews the various components of the automation system supporting CCM, including the Field CCM 2010 control system, CAPI instruments, requirements and plans for acquiring, deploying and maintaining laptop computers, organizing and providing technical and troubleshooting support to field and regional staff, and training programs for field and office staff.

h. Reviews the regional budget and cost and operational model for appropriateness, suggesting revisions to cost parameters and components and/or reallocating the budget within the region.

i. Assures the arrangement of appropriate training sites, the deployment of trainers, trainees, and materials to those sites.

j. Responsible for the review of the consistency, accuracy, and validity of the CCM data, including adherence to data collection specifications and methodology.

k. Interviews prospective candidates, evaluates the performance of present employees, and recommends appropriate actions regarding hiring, promotion, rewards, discipline, and reassignments.

l. Applies EEO principles in hiring, training, developing, utilizing, and advancing employees.

m. Serves under the general direction of the RD, or other senior regional office manager.

Team Supervisor

a. Monitors and evaluates assigned field operations such as data collection, payroll, staffing levels, progress, and project completion to identify problems with timeliness and cost, and for conformance to quality standards.

b. Responsible for coordinating administrative support activities required for the CCM field and office operations and for working with the RCC, LCO, and RO administrative staff, to assure that timely support is provided.

c. Analyzes deficiencies reported by regional technician staff and solves problems based on guidelines and precedents.

d. Assists in quality control and coverage improvement for assigned portion of the CCM operation(s).

e. Gathers data/information, investigates cause of problems, and prepares recommendations/analytical reports as appropriate for use in the planning, development, improvement, and implementation of projects affecting several hundred field employees assigned to the CCM operations.

f. Participates as needed in planning and conducting group and individual training sessions for CCM office and field operations.

Assistant Team Supervisor

a. Supports the Team Supervisor by carrying out the day-to-day activities, which represent complex portions of the CCM.

b. Monitors and evaluates assigned field operations such as data collection, payroll, staffing levels, progress, and project completion to identify problems with timeliness and cost, and for conformance to quality standards.

c. Responsible for coordinating administrative support activities required for the CCM field and office operations and for working with the RCC, LCO, and RO administrative staff, to assure that timely support is provided.

d. Analyzes deficiencies reported by regional technician staff and solves problems based on guidelines and precedents.

e. Assists in quality control and coverage improvement for assigned portion of the CCM operation(s).

f. Acts as liaison between the Team Supervisor and the field management staff.

g. Gathers data/information, investigates cause of problems, and prepares recommendations/analytical reports as appropriate for use in the planning, development, improvement, and implementation of projects affecting several hundred field employees assigned to the CCM operations.

h. Participates as needed in planning and conducting group and individual training sessions for CCM office and field operations.

CCM Regional Technician

a. Serves as a regional staff representative between the office and assigned CCM field staff, or as a technical, procedural, or training specialist in or for the office in a variety of areas.

b. Participates with office staff in planning, organizing, and carrying out the technical support functions required by the CCM regional field staff, as well as evaluating various CCM operations.

c. Incumbent is responsible for providing technical and administrative guidance to decentralized CCM field supervisors to whom assigned in order to assure timely, orderly and efficient conduct of CCM, and other related data collection.

d. Identifies source, locates and obtains space for CCM activities within assigned jurisdiction(s).

e. Participates in or conducts recruiting and testing applicants for CCM field jobs in order that they may be staffed with sufficient Enumerators, CLs, and other field personnel.

f. Participates in training sessions for key CCM personnel, providing assistance on technical questions raised.

g. Controls the quality of training by monitoring and motivating CCM staff to get adequate training space, checking and arranging materials, and assuring their delivery to training sites.

h. Analyzes and monitors quality of worked produced by CCM field staff.

i. Assist in or conduct CCM enumeration activities, or provide on-site assistance to CCM staff with laptop computer problems, following technical guidance provided by the office staff.

j. Analyzes and monitors cost and progress, and discusses with office staff various reports regarding staffing, training and enumeration to determine the status of each phase of the CCM activity vital to its successful completion in each assigned area.

k. Resolves any problem involving procedures, maps, training, supplies, and equipment referring complex problems and status to the office.

l. Provides assistance in any phase of CCM operations in order to eliminate or solve problems using interpersonal skill as well as technical skill.

m. Responsible for one or more technical and/or procedural areas that include: CCM automation procedures/equipment; training; administrative operations; map/geography problems; CCM evaluations and experimental programs.

CCM Lead Clerk

a. Provides technical guidance and oversight to lower-grade staff in completion of CCM field operations support and a variety of administrative activities, such as recruiting, testing, and timekeeping.

b. Leads lower grade clerks who perform a combination of field operations and administrative support duties designed to support the responsibilities of the office assigned.

c. Receive and review for accuracy and procedural compliance various administrative documents, and other forms related to timekeeping and payrolls for the

National Finance Center system as needed.

d. Reviews previously edited CCM forms to assure their accuracy and verify their receipt is recorded correctly in the office.

e. Establishes a variety of field operations and administrative work control logs and records.

f. Coordinates the workload distribution of the clerks to maintain flow and quality of work to ensure that work is completed on time and meets established Bureau standards.

CCM Support Assistant (OA)

a. Supports computer specialist by examining input data to be used for applications, processing, or for conversion to digitized media.

b. Answers users questions about and advises on local hardware and software capabilities and limitations.

c. Troubleshoots the more difficult hardware and software problems and maintains database inventory of hardware and software, or performs a combination of administrative support duties associated with office processing, including field operations, recruiting, testing, space, and leasing, automation, personnel/payroll, and other administrative operations designed to support the responsibilities of the office.

d. Supports automation staff including initiating standard procedures, ensuring supplies are available for operating equipment, such as toner kits for printers, paper, compact disks, etc.

As required by the workload and phase of the CCM activities, the incumbent may perform the following duties on an intermittent basis.

e. Receives, sorts, opens, controls and routes incoming mail. Maintains correspondence files. Receives telephone and personal callers and directs them to appropriate office employees.

f. May support operations in the CCM such as staging, control, quality review duties, sending work assignments out to the field, etc.

CCM Support Clerk (OA)

a. Responsible for a variety of computer processing, staging, control, and quality review duties, or for providing support for the organizations microcomputers.

b. Installs and maintains microcomputers; troubleshoots hardware and software problems, installing replacement drives, boards, and other similar items.

c. Maintains database inventory of hardware and software. Supports remote users of mainframe, mini- or microcomputer systems, or computer network.

d. Assists in computer processing activities; prepares input media for test and/or production runs; inspects material/media prior to issue and arranges for necessary repairs and/or replacement; processes, controls, and documents incoming and outgoing computer tapes, diskettes, and other storage media.

e. Maintains storage and retrieval system for data and tape files; arranges for mass storage files for future data processing; implements the identification system for data media acquisitions.

f. Performs a combination of clerical duties associated with office processing, including field operations, recruiting, testing, space and leasing, automation, personnel/payroll and other administrative operations.

g. Maintains a variety of logs and suspense files relating to reports, correspondence, travel vouchers, personnel and payroll actions and any other clerical matter required by the originating RCC.

h. Supports automation staff including initiating standard procedures, ensuring supplies are available for operating equipment, such as kits for printers, paper, floppy disks, compact disks, etc. and performs other office clerical duties as required.

i. Uses knowledge of system languages such as DOS, and popular off-the-shelf software packages such as LOTUS. Uses ability to diagnose PC problems with different equipment configurations, and to perform simple repairs.

CCM Clerk

a. Assists with a number of clerical duties associated with office processing, including field operations, recruiting, testing, automation, and other administrative operations,

designed to support the responsibilities of the office assigned.

b. Receives, sorts, opens, controls and routes incoming mail.

c. Handles routine telephone calls and personal callers and directs them to appropriate office employees.

d. Maintains a variety of logs and suspense files relating to reports, correspondence, and timekeeping documents, or any other clerical matter required by the CCM program.

e. May schedule the testing of job applicants for various positions. May assist in monitoring the testing session, scoring the tests, maintaining files, and reviewing application forms for completeness.

f. May assist in locating space for test applicants, assuring that it meets specific criteria.

g. Supports automation staff including initiating standard procedures, ensuring supplies are available for operating equipment, such as toner kits for printers, paper, CDs, and similar items.

h. Executes basic office operation functions, such as storing and retrieving electronic documents or files, activating a printer, inserting and deleting text, entering data into a spreadsheet or database, and transmitting and receiving electronic mail.

i. For rough drafts or verbal instructions, types forms, memoranda, and correspondence to the general public, field personnel, the LCOs, the RCC, or within the immediate office.

Topic 2: Organization of the Local Census Office

General

The Local Census Office Manager (LCOM) supervises the LCO. Illustration 2B-1 is an organization chart of the LCO. The chart shows the supervisory reporting relationships, as well as areas of responsibility within the office. For additional information on the Organization and Staffing in the LCO, refer to the *D-501 Local Census Office Administrative Manual.*

Organization of the LCO

The LCO operates under the direction of the LCOM. The LCOM is helped by five assistant managers, the Assistant Manager for Field Operations (AMFO), the Assistant Manager for Recruiting (AMR), the Assistant Manager for Quality Assurance (AMQA), the Assistant Manager for Administration (AMA), and the Assistant Manager for Technology. An administrative assistant is also part of the LCO management team. All of these positions are paid thru the National Finance Center (NFC). The remaining positions in the LCO, both office and field, are paid thru the Decennial Applicant, Personnel and Payroll System (DAPPS).

Staffing The LCO

The RD is responsible for overall policy implementation and direction of the 2010 Census within the region. The LCO is under the direct supervision of the Area Manager. Each employee within the LCO must carry out his/her assigned duties to assure that the census is taken as planned and on time. Some of the more important duties of key personnel employees are listed below.

Local Census Office Manager (LCOM)

a. Responsible for the general supervision and administration of the office. This includes direct supervision of at least five employees, supervisors and managers, and indirect supervision of 400-600 employees; comprised mainly of Crew Leaders, Enumerators, office clerks, and their supervisors.

b. Responsibilities include the planning, development and successful implementation of census operations and field activities within the boundaries of the LCO

c. Supervisory responsibilities include interviewing job candidates, evaluating employees, and taking appropriate actions regarding hiring, promotion, and reassignment.

d. Takes disciplinary action when necessary, assures acceptable conduct and completion of the census operations according to established procedures and participates in public relations activities.

e. Serves as the Census Bureau's representative by developing and maintaining good public relations with the news media, community leaders, and local government officials in order to acquaint the general public with the census and promote community cooperation

f. Promotes Census activities by preparing and presenting talks or formal speeches during public appearances and interacting with the media including radio and television interviews and events.

g. Responsible for managing all administrative aspects of the LCO including start-up and office setup, recruiting 2,000-4,000 job applicants; testing and appointing employees; quality control; payroll administration; cost control; accountable property control; reporting progress; terminating personnel; and closing the office.

h. Directs the phases of the field activities, including automated data collection. In conjunction with regional management, develops strategies and plans to meet all budget, time and quality goals.

i. Ensures that the quality and quantity of work produced are monitored and controlled to meet rigid time schedules and quality standards.

j. Solves major problems if and when they occur, exercises initiative in determining possible problem areas and taking preventive action

k. Utilizes a variety of reports and independent verifications to assure all operational goals are met.

l. Responsible for continuous review and analysis of cost, quality and progress reports to make sure census operations are conducted within prescribed time schedules, budget allocations and quality standards.

m. Identifies problems through a variety of reports and observations and makes critical decisions on

reassignment and relocations of resources to meet deadlines and to control spending.

n. Responds to public inquiries and works with regional office to address coverage and census count inquiries.

o. Responsible for applying the principles of Equal Employment Opportunity (EEO) throughout their span of control. Applies EEO principles in hiring practices, training, employee development, and utilization of employee skills. Periodically reviews the status of the EEO program and takes steps to improve programs.

p. Fosters diversity in LCO staffing commensurate with the population the LCO serves.

Assistant Manager for Field Operations (AMFO)

a. Responsible for the direct supervision of 10-15 Field and Office Operations Supervisors and the indirect supervision of approximately 400-600 Crew Leaders and Enumerators, at peak operation, who work outside the LCO.

b. Responsible for accomplishing production and quality goals in field operations under their span of control.

c. Assists the LCO Manager in the maintenance of effective public relations with the community within the LCO boundaries, such as the local news media, community leaders and organizations, and local government officials.

d. Oversees the training of field and office personnel in their control. Conducts individual and group training sessions for their personnel as necessary.

e. Assists with the recruiting and promotional activities of the LCO.

f. Directly supervises the activities of Field Operations Supervisors.

g. Determines assignment areas for data collection activities.

h. Manages material and assignment preparation for all field operations in their control.

i. Responsible for the activities of the entire field workforce and several office workers during all field operations under their control.

j. Responsible for the completion of field work in a timely

and cost efficient manner.

k. Assures that specific levels of quality and progress of field operations are being met through analysis of various computer generated reports and observation.

l. Acts as the principal technical advisor on field operations in the LCO, answering inquiries from the Local Census Office Manager, and Field Operations Supervisors.

m. Works closely with the Assistant Manager for Administration and the Assistant Manager for Quality Assurance to ensure timely function of the payroll process and the meeting of quality goals.

n. Responsible for the successful completion of all assigned field operations.

o. Will supervise Enumerators and or Crew Leaders, in smaller field operations, when no Crew Leader or Field Operations Supervisor is authorized.

p. Assists the Local Census Office Manager in resolving community complaints concerning problems in the field to assure a timely and efficient census operation.

q. Reviews and analyzes cost, quality, and progress reports to assure operations are conducted within prescribed time/budget allocations and quality standards

r. Identifies problems, and communicates clearly and persuasively the action associated with encountered problems. Performs other related duties necessary to effectively manage field operations.

s. Responsible for applying the principles of Equal opportunity (EEO) in their span of control.

t. Applies EEO principles in hiring practices, training, employee development, and utilization of employee skills.

u. Periodically reviews the status of the EEO program and takes steps to improve program.

Assistant Manager for Recruiting (AMR)

a. Responsible for the management and supervision of the recruitment and testing of applicants to fill LCO positions.

b. Prepares an LCO recruiting plan to ensure that staffing needs are met for all field and office positions.

c. Implements and evaluates the recruiting plan to ensure

that adequate numbers of qualified applicants are available for selection from all areas of the LCO to ensure a locally representative workforce of census employees.

d. Assists the Local Census Office Manager (LCOM) to develop and maintain good public relations with local news media, community leaders and organizations, and local government officials, to promote community cooperation and generate support for recruitment efforts.

e. Conducts the recruitment process to assure that applicants are identified and tested.

f. Maintains liaison with organizations that refer applicants and other employment sources.

g. Distributes literature to potential applicants and explains the responsibilities of open positions as well as the goals of census programs.

h. Recruits, selects, and trains Recruiting Assistants, Office Operations Supervisors (OOS), and the office clerks responsible for scheduling and conducting employment tests of applicant indigenous to the LCO operations area.

i. Responsible for the supervision of office staff. Clerical work shifts will vary due to staggered starting times or night and weekend shifts, depending on operational requirements.

j. Monitors the applicant pool to ensure that it contains sufficient numbers of qualified applicants to fill all field and office positions in all geographic areas of the LCO.

k. Establishes a reserve of available applicants to compensate for employee turnover and attrition.

l. Responsible for applying the principles of Equal Employment Opportunity (EEO) throughout their span of control. Applies EEO guidelines in hiring practices, training, employee development, and utilization of employee skills. Periodically reviews the status of the EEO program and takes steps to improve programs. Fosters diversity in LCO staffing commensurate with the population the LCO serves.

Assistant Manager for Quality Assurance (AMQA)

a. Works closely with and advises the Assistant Manager for Field Operations and the Local Census Office Manager on compliance with pre-established quality

assurance goals and procedures for all field data collection operations in the LCO.

b. In the advisory role, works with LCO operational reports and materials to monitor the quality of data collection processes, performance, and completed field data collection materials.

c. Meets regularly with the Assistant Manager for Field Operations and the LCO Manager, confirms, changes, and supplements their awareness of quality compliance for field data collection operations. In these meetings, reports on the progress of the QC operations and identifies and reports quality problems or concerns within the pre-established standards in a clear and timely manner. Suggests remedial action or alternatives to resolve problems.

d. Directly supervises LCO office staff that review completed data collection forms, listings, and other hand-filled documents.

e. Has direct supervision of both LCO office and field staff that conduct, Nonresponse Followup, Address Canvassing, Coverage Followup data collection quality control operations, and other operations.

f. Is responsible for accomplishing production and quality goals for the LCO office data collection review and field quality control data collection operations under their supervision. In the execution of these duties, assures timely completion of assigned tasks and efficient utilization of resources.

g. Oversees or conducts the training of field and/or office personnel assigned to their supervision.

h. Acts as the principal technical advisor on quality assurance aspects of field data collection operations in the LCO, answering inquiries from the Assistant Manager for Field Operations and Local Census Office Manager.

i. The incumbent is responsible for applying the principles of Equal Employment Opportunity (EEO) in his/her span of control. Applies EEO principles in hiring practices, training, employee development, and utilization of employee skills. Periodically reviews the status of the EEO program and takes steps to improve program.

Assistant Manager for Administration (AMA)

a. Responsible for supervising and managing the payroll, supply requisitioning, and other administrative activities. Assures these activities are accomplished efficiently and expeditiously. Supervises the Office Operations Supervisors and up to 10 clerks. May also assist with recruiting activities.

b. Supervises the daily processing of payroll, personnel, and other administrative documents.

c. Monitors day-to-day selection, payroll, and personnel activities, reviewing completed work for accuracy and assuring that time schedules are met.

d. Oversees payroll and personnel activities, helps maintain the flow and quality of work to meet deadlines. Monitors work status and makes adjustments to expedite production.

e. Maintains working personnel payroll records which contain information covered by the Privacy Act.

f. Provides administrative management information reports to the LCOM and other management personnel.

g. Maintains office facilities through an effective relationship with leasers or office building managers.

h. Responsible for the approval of supply and material equipment requisitions, as needed to ensure continuity of office operations.

i. Assists in setting up and closing the LCO, assuring minimal waste of excess supplies and equipment.

j. Through the use of manuals and on-the-job training, provides for the development of administrative staff.

k. Prepares and/or reviews and analyses financial, quality, and progress reports relating program expenditures and accomplishments.

l. Assures the administrative operations are conducted within prescribed time schedules and budget allocations.

m. Identifies problems and communicates clearly and persuasively the action associated with encountered problems.

n. Assists as the principal technical advisor on administrative operations in the LCO answering inquiries from the Office Operations Supervisor and providing

guidance to LCO employees.

o. Responsible for applying the principles of EEO in the LCO. Applies EEO principles in hiring practices, training, employee development, and utilization of employee skills. Periodically reviews the status of the EEO program and takes steps to improve program.

Assistant Manager for Technology (AMT)

a. The incumbent will lead all Office Computing Environment (OCE), Mobile Computing Environment (MCE), and automation support efforts and evaluate, analyze, and coordinate resources to efficiently support all LCO activities with available equipment.

b. Provide technical guidance and support to Assistant Managers at the LCO and train LCO office employees on software, hardware, and automation operations.

c. Administer user accounts for the various programs utilized by the LCO staff.

d. Manage property through both paper and automated procedures.

e. Report and document lost, missing, and stolen equipment and coordinate warranty repairs

f. Troubleshoot by identifying problems with hardware or software and solving the problems when possible.

g. Supervise the Technical Support Supervisors (TSS) and Inventory Control Clerks (ICC).

Administrative Assistant (AA)

a. Receives and reviews incoming correspondence and other materials.

b. Keeps supervisor informed of matters of particular interest or concern.

c. Personally answers inquiries of a non-technical nature and drafts replies and attaches pertinent background material to correspondence of a more complex nature. Forwards other correspondence and materials to members of the staff for their information and action.

d. Controls documents requiring action by a specific date and follows up to insure that such deadlines are met.

e. Reviews outgoing correspondence and materials for

procedural and grammatical accuracy, conformance with policy, and preferences of supervisor. Calls deviations to the attention of supervisor or personally makes needed corrections or amendments. Receives visitors and telephone calls from a variety of sources.

f. Screens calls and refers them to appropriate staff members. Provides general information and answers questions pertaining to the work of the staff. As instructed, listens in on telephone calls, takes notes, and prepares short summaries. Follows up on commitments and due dates established by supervisor.

g. As directed, orally relays messages and instructions from supervisor to staff members.

h. Maintains supervisor's calendar and schedules appointments and meetings. Sees that supervisor is briefed on appointments and meetings. Makes necessary arrangements for meetings, scheduling place of meeting, and notifying personnel to attend. As instructed, attends meetings and prepares summary notes.

i. Sets up and maintains files for use of supervisor and other staff members. Determines when new files are required, the categories to be established, when files should be expanded or consolidated, and when they should be retired. Keeps supervisor informed of major changes or additions in filing system.

j. Assembles and summarizes information from files and documents in the office for use by the supervisor. As directed, prepares special narrative and tabular reports covering the various aspects of the work of the staff.

k. Receives requests for information and materials concerning the work of the staff, for example, results of special studies, new forms and manuals, and results of meetings. Provides such information and materials as possible from staff records and files; passes on other requests to staff members and follows up to insure fulfillment of requests and deadlines.

l. Keeps supervisor informed on such matters as past practices with respect to reports, actions taken, sources of information available to answer specific questions or solve problems, and past work assignments. Keeps a running account of pertinent office events during supervisor's absence. During supervisor's absence carries out delegated duties such as insuring the assembly of

specified reports by deadline date.

m. Assists LCOM and other managers with the preparation of their Time and Attendance Record.. Makes necessary travel arrangements for supervisor. Prepares travel vouchers, computing per diem and mileage reimbursements. Forwards all the necessary documentation to the RCC.

n. Types a wide variety of materials for supervisor.

o. Prepares reports and tabulations in final form.

p. Assists with other office activities of clerical nature.

Partnership Assistant (PA)

a. Prepares presentation packets for the Partnership Specialist.

b. Distributes materials to partners, coworkers, and the public at events

c. Schedules appointments on behalf of the Partnership Specialist.

d. Makes various follow-up phone calls on behalf of the Partnership Specialist.

e. Staff various activities such as workshops, festivals, fairs, etc.

f. Maintains partner "tickler" file for the Partnership Specialist.

g. Manages inventory in the office.

h. Provides support in linguistically isolated areas.

i. Shadows the Partnership Specialist and assits in delivering Census message.

j. Identifies testing and training space and schedules sessions with the assistance of the Partnership Specialist.

Field Operations Supervisor (FOS)

a. Oversees the activities of the field personnel.

b. Completes the appointment process for Crew Leaders, Crew Leader Assistants, and Enumerators (as needed) during training sessions. Instructs trainees on completion of appointment documents and administers the 'Oath of Office,' making trainees employees of the Census Bureau. Conducts individual and group training sessions

for Crew Leaders using verbatim training guides in field operation procedures, supervision, and administrative responsibilities. Delivers enumeration and training materials to Crew Leader, Crew Leader Assistants, and Enumerator training sites.

c. Makes recommendations for selection and hiring of experienced and qualified Crew Leaders, Crew Leader Assistants, and Enumerators, and makes requests for replacement of Crew Leaders, Crew Leader Assistants, and Enumerators.

d. Makes assessments of trainees during sessions. Based on their assessment and the number of trainees relative to production positions, determines which trainees become Crew Leaders and which become Crew Leader Assistants or Enumerators at lower rates of pay.

e. Makes noncompetitive, temporary promotions under circumstances that could jeopardize field operations and where time does not permit following the ordinary process.

f. Assists in determining Crew Leader districts, completes administrative forms, and handles supplies and training materials to Crew Leader, Crew Leader Assistants, and Enumerator training sites.

g. Collects and reviews completed materials to assure that specific levels of quality are met. Assures completed materials are delivered to the office on schedule.

h. Reviews and certifies payroll forms.

i. Monitors progress and performance of operations in his/her district and provides suggestions to Crew Leaders for improving production and performance to assure that field deadlines and quality standards are met.

j. Makes recommendations for overtime for the Crew Leaders, Crew Leader Assistants, and Enumerators within their supervision.

k. Supervises Crew Leaders during listing and enumeration operations.

l. Makes and approves recommendations for disciplinary action up to and including termination for Crew Leaders, Crew Leader Assistants, and Enumerators.

m. Responsible for applying the principles of Equal Employment Opportunity (EEO) in the office. Applies EEO principles in hiring practices, training, employee development, and utilization of employee skills. Periodically reviews the status of the EEO and takes steps to improve program.

Office Operations Supervisor (OOS)

a. Assists in the supervision of the day-to-day activities of the office clerks performing one or more of the following operations: pre-canvass correction, postal corrections, sorting, batching for transcription, questionnaire check-in, coverage edit, telephone follow-up, re-interview, questionnaire assistance, and coding.

b. Supervises payroll, personnel, inventory, recruiting, or supply management for LCO employees.

c. Supervises the routine clerical tasks required in the collection, control, review, and reporting of personnel and payroll data.

d. Oversees the prep assignment/prep control activities which involves one or more of the following: printing the nonresponse follow-up address listings, questionnaire and address register (binder) labels, map pouches, questionnaires check-in, and questionnaires accepted.

e. Responsible for the data capture of recruiting and payroll and personnel forms.

f. Coordinates the data being processed from the operations functions, objectives and other requirements, such as time schedules, priorities, and workflow.

g. Maintains the flow and quality of completed work by monitoring work status and making adjustments to expedite production.

h. Assigns work to subordinates to ensure accuracy and completeness.

i. Reports daily performance and progress of subordinates to supervisor.

j. Reviews and certifies payroll forms for employees under their supervision.

k. Supervises recruitment affairs such as contacting communities, churches, formal organizations, state and/or local employment offices, to publicize census job

opportunities.

l. Coordinates the activities of the office clerks assigned to the technical processing operations; spot checks work and reviews the results of systematic quality controls to assure specific levels of quality are being met.

m. Recommends corrective action to keep operations on schedule and in proper sequence (including recommending shifting personnel from one operation to another as priorities change), and recommending the termination of personnel who services are no longer required.

n. Works with the assistant manager with the selection of qualified person(s) for each office clerk position, and assignment to specific office operations.

o. Responsible for applying Equal Employment Opportunities (EEO) in the LCO Applies EEO principles in hiring practices training, employee development, and utilization of employee skills. Periodically reviews the status of the EEO program in their assigned area and takes steps to improve program.

Crew Leader (CL)

a. Notifies selected Crew Leader Assistants or Enumerators when and where to report for group training. Administers Oath of Office, appoints Crew Leader Assistants Enumerators, and assigns identification cards. May be required to locate space to train Enumerators.

b. Conducts group training sessions for Enumerators, using verbatim training guides, and instructs them in procedures of enumeration, acquaints them with forms or hand-held computer (HHC) used in collecting data, reports required, etc., by means of classroom instructions, practice interviews, and on-the-job training in accordance with planned training programs.

c. Performs various preparatory duties such as marking field surveys of their Crew Leader district to become familiar with the area (if unknown); checks boundaries to ensure they can definitely be located.

d. Makes complete assignments by enumerator assignment area.

e. Instructs selected Enumerators in proper field techniques. Observes Enumerators in the field to provide on-the-spot

assistance and supervision, making more frequent visits to Enumerators whose performance appears poor or marginal. Recommends for dismissal Enumerators who cannot or will not perform their required duties.

f. Leads and regularly meets with (or contacts) approximately 3-10 Enumerators to assure that they are working and making satisfactory progress.

g. Reviews and certifies daily payroll and progress reports and ensures that work is completed within established time schedules. Reviews progress reports with supervisor, detailing progress and performance made in assigned area(s) and reporting on personal activities. Prepares and transmits other specified reports.

h. Reviews completed cases for completeness and accuracy. Transmits complete and acceptable materials to supervisor on a flow basis and reassigns rejected materials to other Enumerators for further work.

i. Prepares administrative reports.

j. Responsible for the review and certification of Enumerator payroll forms and the timely submission of these forms to the supervisor.

k. May be required to participate in recruiting and testing activities, such as distributing flyers or scheduling and administering the testing of job applicants for various positions within the assigned boundaries of the temporary office.

Crew Leader Assistant (CLA)

a. Receives detailed training on each field operation to which assigned. Learns the nature, scope and objectives of the operation and specific procedures to be followed.

b. Conducts replacement training sessions for Enumerators, using verbatim training guides, and instructs them in procedures of enumeration, acquaints them with forms used in collecting data, reports required, etc., by means of classroom instructions, practice interviews, and on-the-job training in accordance with planned training programs.

c. Receives assignments which involve locating and listing households and conducting interviews with respondents, explaining the purpose of the census, asking questions as worded on census forms, and recording data on these

forms.

d. Canvasses an assignment area looking for every place where a person lives or could live.

e. May be assigned to follow up on coverage problems to determine if designated households, persons, or geographic areas were counted in the census and counted correctly.

f. Participates in recruiting and testing activities, such as distributing flyers or scheduling and administering the testing of job applicants for various positions in the LCO area.

g. Meets with 3-8 Enumerators to assure that they are completely and accurately making entries on the assignment materials. Assigns work to Enumerators. Transmits complete and acceptable materials to supervisor on a flow basis.

Enumerator

a. Receives detailed training on each field operation to which assigned. Learns the nature, scope and objectives of the operation and specific procedures to be followed.

b. Receives assignments which involve locating and listing households and conducting interviews with respondents, explaining the purpose of the census, asking questions as worded on census forms, and recording data on these forms or a hand-held computer (HHC).

c. Canvasses an assignment area looking for every place where a person lives or could live. May be assigned to follow up on coverage problems to determine if designated households, persons, or geographic areas were counted in the census and counted correctly.

d. Conducts quality control operations at selected addresses in a predetermined geographic area. Determines which areas fail quality levels and must be relisted. May participate in relisting difficult or inadequately prelisted areas. Maintains a record of those addresses as a check on the completeness of the assignment. Quality control involves locating and visiting selected households, conducting interviews with occupants and others, explaining the purpose of the visit, and collecting necessary information.

e. Meets with supervisor at specified times for reviewing and

turning in work and receiving procedures and clarification of instructions.

f. Maintains records of hours worked, units produced, miles driven, quality control results, and expenses incurred in the performance of duties.

g. Responsible for the accurate and expeditious completion of each assignment.

h. May be required to participate in recruiting and testing activities, such as distributing flyers or scheduling and administering the testing of job applicants for various positions within there designated area.

Recruiting Assistant (RA)

a. Performs recruiting activities to ensure there is a sufficient pool of qualified applicants for temporary employment.

b. Works to ensure sufficient numbers of applicants are tested for temporary census jobs within their designated area.

c. Meets with and distributes recruiting packets to state, local and tribal governments, local businesses, local public and state employment agencies, media outlets, community centers, religious groups and other appropriate sources to recruit for a variety of positions.

d. Maintains good public relations with applicant referral and other employment sources.

e. Periodically reviews existing recruitment materials ensuring the applicants are provided with a thorough explanation of the responsibilities of the position.

f. Puts up posters, distributes flyers at work job fairs and performs other similar recruiting activities to recruit local residents.

g. Responsible for scheduling and testing job applicants for various positions. Monitors the testing sessions, scores the test, reviews application forms, and performs other tasks required in testing applicants.

h. Locates space for testing applicants, assuring that it meets specific criteria. Sets up testing room in an appropriate manner to allow for a testing and reception area.

Clerk Performs a wide variety of clerical functions associated with office processing, field operations, recruiting, testing and administrative operations.

a. Preparing Enumerator assignments, checking address registers for duplicate or missing addresses, preparing Crew Leader assignment control records, data keying, and checking training materials.

b. Performs routine clerical tasks required in the collection, control, review, processing, and reporting of personnel and payroll data and the administrative tasks supporting these functions.

c. Assists in personnel operations of the office by processing personnel actions, affecting appointments and separations of intermittent field and office employees.

d. Maintains personnel files and records, position description files, manuals and instruction books.

e. Assists employees in preparing payrolls. Reviews claims for completeness and accuracy.

f. Assists in the preparation and processing of special time and cost reports.

g. Assists in the processing of accident forms, travel vouchers, and time and attendance records.

h. Assists in preparing unemployment claim forms for separated employees. Performs incidental typing of transmittals, letters, office records, and forms.

i. Assists in scheduling and administering the testing of job applicants for various positions. Assists in monitoring the testing sessions, scoring the tests, maintaining testing files, and reviewing application forms.

j. Assists in locating space for test applicants, assuring that it meets specific criteria. Sets up testing room in an appropriate manner to allow for a testing area and a reception area.

k. Organizes and maintains office files and supplies.

i. Assists the Office Operations Supervisor with routine clerical office functions necessary to enable them to spend as much time as possible supervising subordinate staff.

Stock Clerk

a. Receives, controls, and records incoming and outgoing shipments of supplies, kits, certified packages or mail, and miscellaneous equipment.

b. Organizes and maintains office files and supplies, and the LCO stockroom. Responsible for inventorying and reordering sufficient supplies for office use.

c. Responsible for setting up, and assisting others with the rearrangement and moving of furniture and equipment within the LCO.

d. Must set-up and arrange large quantities of boxes, containing equipment and supplies up to 50 pounds in a safe manner.

e. May act as a courier between training sites and the LCO, and between the LCO and shipping or mail facilities, for example. Post Office, Federal Express, and United Parcel Service.

f. Receives all deliveries from delivery trucks. Communicates with delivery person to facilitate deliveries and ensure that all deliveries are inside deliveries (delivery personnel must bring all supplies and equipment inside the appropriate room at the LCO).

g. Assists the Office Operations Supervisor with routine clerical office functions necessary to enable them to spend as much time as possible supervising subordinate staff.

ILLUSTRATION 2A-1
RCC & LCO ORGANIZATIONAL CHART

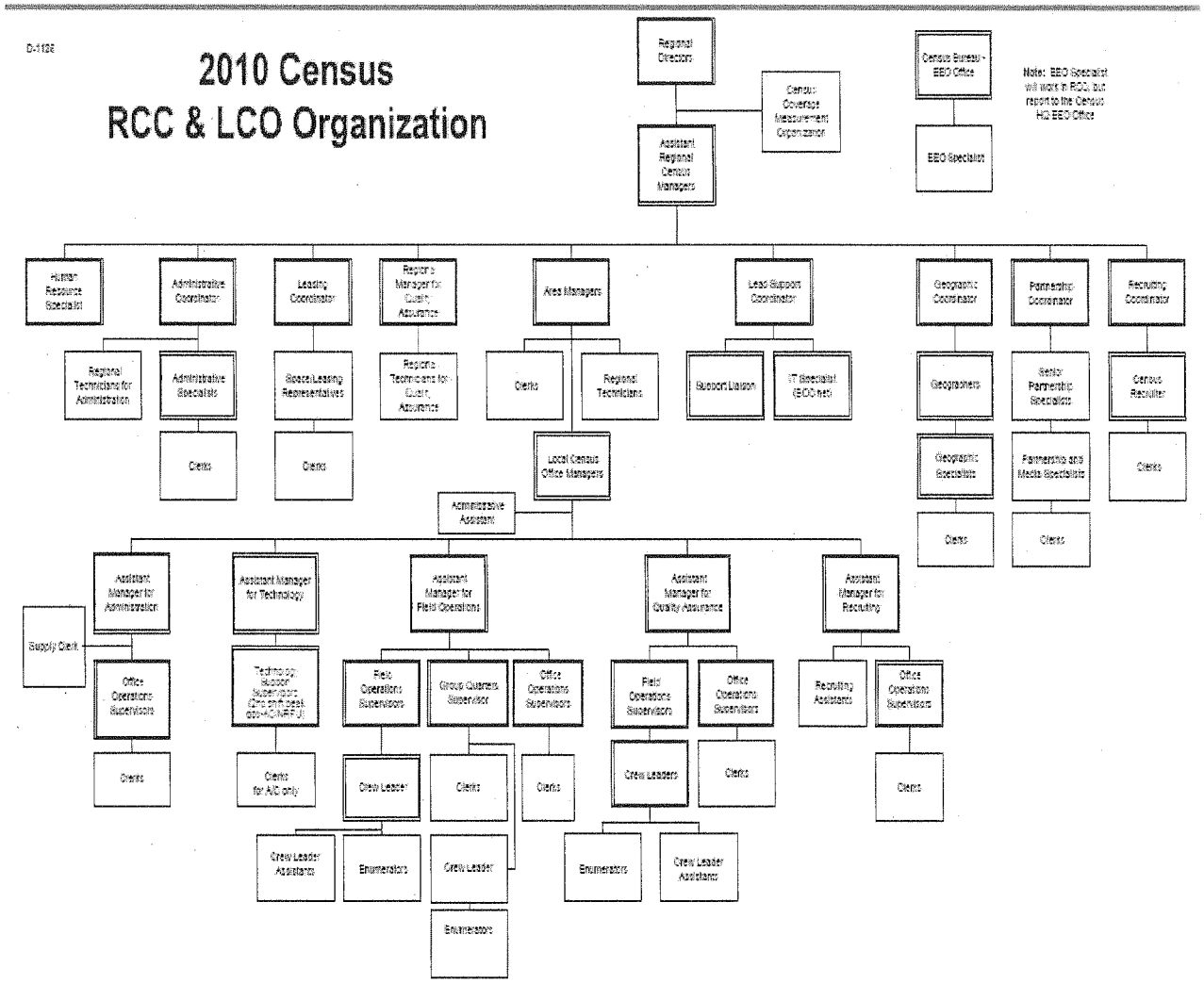
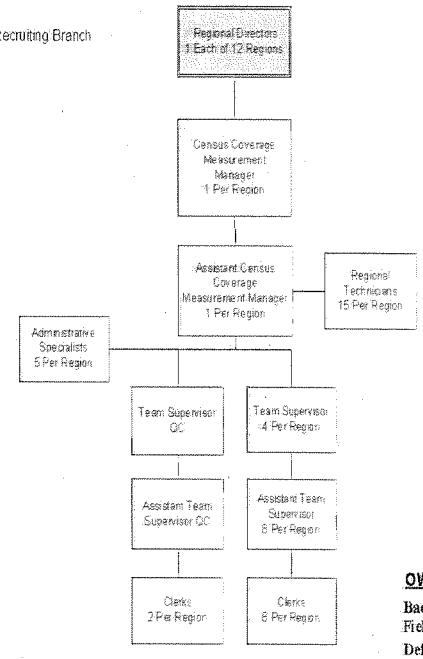


ILLUSTRATION 2B-1
CCM ORGANIZATION CHART

Data Date and Source: February 2006, Field Division Decennial Decade Plan
For Planning Purposes Only: Positions & numbers of staff are not approved or funded as of the date of this draft

Chart Prepared By: Decennial Management Training, Oversight, and Recruiting Branch
Bob Tomassoni & Sari Anderson



OWNERSHIP

Background. Using the 2010 RCC/LCO Organization
Field Division HQ area/branch "Ownership" to each pos

Definition. "Ownership" means taking the lead on the l
And by having ownership you will ensure that the positi

- Is in the budget models for grade, EOD, and d
- Has a training plan, and is provided with proc
- Has a PD and the content is appropriately upd
- Has special equipment and supplies, if necess

Topic 3: Account Classification Code Structure

General

Regional Census Centers are responsible for entering a complete and correct Account Classification Code Structure (ACCS) on all accounting source documents. The ACCS is the standardized means for classifying and reporting financial events; every financial transaction must have an ACCS code. The required string of numbers is referred to as the ACCS and consists of 3 parts:

- Project Number/Task Code (10 digits)
- Organization Code (16 digits)
- Object Class (8 digits)

Understanding and using the ACCS is critical to ensuring that funds are properly obligated and expended according to budgetary guidelines and program objectives.

Project Number/Task Code (10-digits)

The project number/task code is the financial account in which the obligation of expenses will be incurred against. The project number/task code consists of 10 digits (XXXXXXX-XXX): a 7-digit project number followed by a 3-digit task code.

Obtain a copy of the current FLD Division (FLD) project number/task code listing from the FLD intranet site at: http://cmr.ssd.census.gov:7779/portal/page?_pageid=0,57,0_91:55_315120&_dad=portalfld&_schema=PORTALFLD

Organization Code (16- digits)

The organization code is a 16-digit code that identifies the Census Bureau, division, and the specific office (RCC/LCO) within that division. The Census Bureau Organization Codes are included in the Decennial Field Budget Memorandum Series for the latest project number/task code memo. The Organization Code is: **11-15-0057-20-XX-XX-XX** (16 digits) as indicated below:

11= Agency Code for the Census Bureau

15= Field Operations Directorate

0057= Field Division

20 = Regional Operation

XX= Regional Office Code (21, 22, 23, etc. through 32)

XX= RCC (**99**), RO (**00**) or specific LCO (**01-98**)

XX= RCC/RO/Puerto Rico Area Office (**00**), or LCO (**10**)

Object Class Code (8-digits)

The object class code is an 8-digit number (XXXXXXXX) that identifies the type of expenditure or transaction. There are hundreds of object class codes. It is very important that the correct object class code is used that best describes the expenditure. Obtain a copy of all the object class codes by accessing the Finance Division intranet site, "Object Class Codes-All" at: http://cww.census.gov/fin/.

Questions

The Modeling and Analysis Branch (MAB) staff oversees and distributes all FLD Decennial project numbers. Refer any questions about a project/task code number, or any other questions pertaining to financial transactions or ACCS, to the Modeling and Analysis Branch on 301-763-8366.

Topic 4: Requesting A GSA Leased Vehicle in the RCCs

General

Provided below are the guidelines to follow when requesting a leased vehicle from General Services Administration (GSA). The Regional Director should make a cost effective decision when determining, by fiscal year, the number of vehicles needed to support the RCC activities. The cost of a single car is about $400 per month.

Contacting a GSA Fleet Representative

Contact your local GSA Fleet representative to inquire about the availability of vehicles for lease. For assistance on locating your local GSA Fleet representative for your area, contact the national GSA Fleet Service Representative at (703) 605-5630. Next, you will need to prepare a letter to your local GSA fleet representative using agency letterhead requesting a vehicle. The letter should include the following:

- A Statement certifying that there is money in the budget allocated for this acquisition.
- Your agency's Billed Office Address Code number (BOAC#). Your local GSA Fleet representative will provide you with the BOAC# for your agency.
- A statement that the vehicle is mission essential.
- The types of vehicles, makes and models that you will accept. Request at least 3 different types of vehicles to ensure that your request will be filled.
- Name of RCC Point of Contact (POC), email address, and telephone number.

The GSA fleet representative will notify the RCC POC when the vehicle is available and ready for pickup.

Fuel and Maintenance and Repair

A Voyager Fleet Card is issued with each GSA leased vehicle. This card is to be used by the driver to purchase fuel and maintenance and repair services under $100.00.

Alternative Vehicle Leasing

In the event GSA is unable to fill the vehicle request, please contact Clark Terrell, Procurement Section, National Processing Center, NPC at (812) 218-3351 to lease a vehicle through a commercial vendor.

Questions for Leasing

If you have any questions, please contact Tim Devine, Modeling and Analysis Branch at (301) 763-8366.

Monitoring Mileage for GSA Cars

Effective September 1, 2008, each Regional Census Center (RCC) assigned a leased vehicle(s) will begin using a spreadsheet provided by DAB to monitor and track the mileage used during the monthly billing cycle; this procedure should continue throughout the decennial census. **Each RCC must submit mileage using Mileage Express on or before the 20th of each month, if not, GSA will record estimated mileage.** Mileage Express is a component of the GSA Fleet Drive-thru web application located at http://drivethru.fss.gsa.gov. Upon completion of Mileage Express, submit the spreadsheet, which shows the mileage total for each vehicle for the year (i.e., from September 1, 2008 through September 1, 2009) to Richard Liquorie via e-mail. The mileage total(s) on the spreadsheet should match the mileage submitted to GSA using Mileage Express. As a means to maintain accurate vehicle information, update the spreadsheet whenever there are charges to the vehicle(s) information (i.e., vehicle turned in and new one assigned – or not assigned).

Repairs to GSA Car

If any repairs are made to the vehicle, note the date and type of repair made on the bottom of the mileage spreadsheet next to notes. This information must be added to the motor pool certification that is submitted to Finance for payment. Any questions about mileage spreadsheet contact the Decennial Administrative Branch at 301-763-4899.

Topic 5: Ordering Business Cards

General

Staff working on the 2010 Census should use the business card with the 2010 Census logo on it after receiving supervisory approval. Staff working on the Tribal Liaison Program may use the American Indian Alaska Native 2010 Census logo. These are the only logos approved for use on business cards for the 2010 Census. Employees will have the option to use the current version or the new versions.

Who is eligible?

Ordering business cards for an employee is at the discretion of the Regional Director.

Do's and Don'ts of Business Card Usage

Employees who receive Government provided business cards must be advised that they may only use such cards for official purposes. Use of Government provided cards for personal purposes, i.e., leaving cards at restaurants to enter a drawing for a free lunch or benefit, etc. is not authorized.

How to order the Business Cards

For ordering business cards, use the "U.S. Census Bureau Business Card Order Form" located in Appendix H. Make extra copies of the blank order forms for your official use. All business card orders must be purchased from the Lighthouse For the Blind, Inc, sister organization, **Envision Business Card, at http://www.envisionbusinesscards.com/.** You may submit your order via fax or online. Follow the directions of the website in order to begin processing the business cards online. An example of the business card format is located in section B of the business card order forms for fax orders.

Accounting Codes to order Business Cards

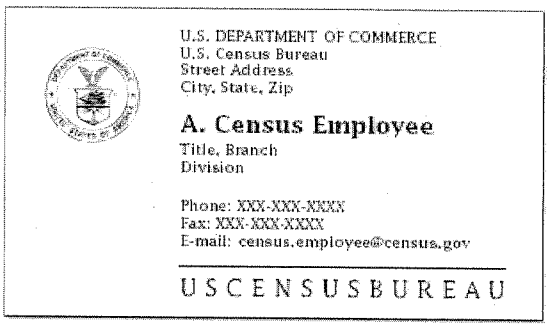
The following are the FY10 accounting codes to use for ordering the business cards for the Regional Census Center (RCC) office staff, RCC Partnership staff and RCC Geography staff:

Staff	Project/Task Code	Object Class Code
Office Staff	5312020-000	26-01-00-00
Partnership Staff	5312030-000	26-01-00-00
Geography Staff	5312036-000	26-01-00-00

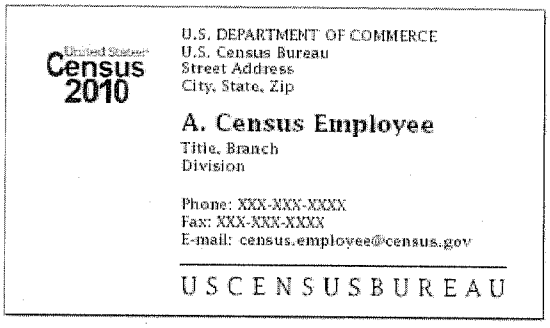
Business Card Formats

Below are the approved formats of the business cards. There are three business cards for the Regional Census Center to choose from. They will be in one color: 1) all blue in with Census Bureau seal and 2) black ink for the 2010 Census logo and American Indian Alaska Native.

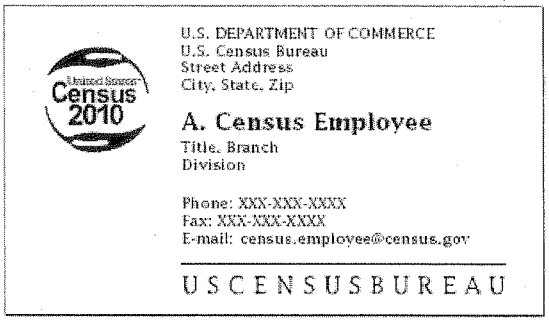
Headquarters/Regional Census Centers



Census 2010



AIAN 2010


United States
Census
2010
U.S. DEPARTMENT OF COMMERCE
U.S. Census Bureau
Street Address
City, State, Zip
A. Census Employee
Title, Branch
Division
Phone: XXX-XXX-XXXX
Fax: XXX-XXX-XXXX
E-mail: census.employee@census.gov
U S C E N S U S B U R E A U

Chapter 3: Recruiting and Selection

Topic 1: Establishing an Applicant File

Introduction

The goal of the recruiting and selection effort is to fill every position available by hiring from all groups as they are represented in the local civilian labor force. This chapter provides the following procedural guidance for:

- Preparing recruiting bulletins
- Application process
- Employment eligibility
- Selection process

Establishing an Applicant File

Use the following procedures to establish and maintain an applicant file (AF) system. You can establish an AF for a one-time recruitment activity in which a recruiting bulletin is issued with specific open and closing dates, or you can establish an 'open' working AF for vacancies you recruit for on a continuous basis.

Many sources are available that will increase the applicant pool and attract candidates who will stay with the job. Regional Census Centers (RCCs) have used many of the following alternative sources with varying degrees of success. Alternative systems may be applied as long as you adhere to the principles outlined in this chapter.

Filling Excepted and Competitive Service Positions

Excepted - Recruiting Bulletins are used to recruit for all RCC excepted service positions (with a target grade of up to 12), and Local Census Office (LCO) managerial and administrative positions. The recruiting bulletins will be prepared by the Human Resource Specialists and/or the Administrative Coordinator. The RCC is responsible for initiating the Personnel Action Request (PARS).

Competitive - All RCC positions with a target grade of 13 and above will be filled with a Competitive Term appointment. These

vacancies will be posted and processed at HQs based on the PARS.

Employees moving to a position with the same grade performance level will be placed on a detail for the length of time that the position is needed in the RCC.

NOTE: There are two recruiting/hiring processes that can be used. The first one is outlined in the subsequent pages within this chapter, and replicates the guidance in AMSD Memorandum 06-03, dated 3/21/06, Subject: Excepted Service Schedule A Authority and Recruiting and Hiring for RO DR Test Positions. The second process is a simpler one, known as 'Quick Fix.' Refer to Appendix C for instructions on using the 'Quick Fix.'

Recruiting Sources

Post recruiting bulletins with local State Employment Service Offices (SESOs), Post Offices, and community-based organizations, and other established sources, of vacancies for your recruiting area. Notify these offices either by telephone or by mailing a recruiting bulletin.

Paid Advertisements

Before placing paid advertisements, all efforts should be made to secure free newspaper coverage.

If recruiting efforts are not producing adequate numbers of qualified candidates in specific areas, the RD can approve paid advertisements in appropriate local and/or minority newspapers. Use Form SF-1143, Advertising Order, to place paid recruitment advertisements. During the 2010 Census, RDs have been provided with the amounts that can be authorized per advertising order by the Decennial Management, Training, Oversight and Recruitment Branch (DMTOR).

All advertisements must contain a reference to the "Department of Commerce, U.S. Census Bureau," and have these two statements:

1. 'The U.S. Census Bureau is an Equal Opportunity Employer.'
2. 'This agency provides reasonable accommodations to applicants with disabilities.'

Advertisements should emphasize that USCIS Form I-9, Employment Eligibility Verification, is required for all applicants.

Area of Consideration (AOC)

The AOC is the area in which a search is made for eligible candidates for consideration for a specific vacancy. All recruiting bulletins or newspaper ads must have a defined AOC. The minimum AOC is as follows:

a. Office Positions – The AOC for office positions is, 'All qualified citizens.'
b. Field Positions - Define area of consideration as the area that represents the assignment area. For example: a particular county or counties.

Note: The area of consideration may be expanded if you anticipate an insufficient number of qualified applicants will be located by using the minimum AOC listed in a or b (above).

Duty Station

An employee's duty station is the city, county and state in which the employee works. For most employees, this will be the location of the employee's desk or the place where the employee normally performs their duties. For those employees with no fixed work site, for example, Schedule A field employees, the duty station is their home.

Anytime a personnel action moves an employee to another state or to a city or county, which levies an income tax, give the employee any local tax forms for the new location. Forward the new tax forms to HRD for processing.

Topic 2: Recruiting Bulletins

Introduction

Recruiting bulletins are prepared for all RCC and LCO managerial and administrative assistant positions. Bulletins can be used to advertise for vacancies that are open continuously which are used to build an applicant file of potential candidates for vacancies that will be filled on a recurring basis and open/close announcements.

Contents of Recruiting Bulletins

Recruiting Bulletins contain the following information:

- Position Title, Series, Grade(s), Target Grade of Position, Salary, and Cost of Living Allowance for authorized locations in Alaska, Hawaii, and Puerto Rico;
- Recruiting Bulletin Number, Vacancy Location/Duty Station, Opening and Closing Dates, and Number of Vacancies;
- Type of Appointment and Length of Appointment;
- Area of Consideration;
- Duties, Qualification Requirements, and if appropriate Selective Factors. Selective Factors are in addition to minimum qualifications standards and are defined as Knowledge, Skills, or Abilities that an applicant MUST have in order to be qualified for the positions (for example, Speaks fluent Spanish);
- Evaluation Criteria: For one-grade interval positions – (for example, 4/5) use the following statement for the evaluation criteria. **Note: Applicants are required to pass a Bureau of the Census written exam.** For two-grade interval positions, (such as, 5/7/9) use the actual evaluation criteria. (Applicants that do not provide a separate response/statement to each of the Evaluation Criteria elements indicated on the Recruiting Bulletin may not be considered.);
- Mixed-tour Work Schedule Statement – (that is, 'This position has a Mixed-tour Work Schedule. A Mixed-tour work schedule provides for periods of full-time, part-time, or intermittent work to accommodate fluctuating workloads. The candidate(s) selected for this position must sign an employment agreement outlining the

conditions of employment prior to appointment.')

- Equal Employment Opportunity (EEO) Statement – (that is, 'The U.S. Department of Commerce is an Equal Opportunity Employer' and 'All qualified applicants will be considered regardless of age, race, color, sex, creed, national origin, lawful political affiliation, non-disqualifying disability, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.');
- Voluntary Separation Incentive Payment (VSIP) Statement – (that is, 'Employees who receive a Voluntary Separation Incentive Payment or 'Buyout' and subsequently return to a position in federal agencies, whether by reemployment or contracts for personal services, are obligated to repay the full amount of the buyout to the agency that paid it within a specified time period.');
- Statement of Selective Service Registration – (that is, 'If selected, male applicants born after 12/31/59 must confirm their selective service registration status. Certification forms are available at most federal agency personnel offices or from the U.S. Office of Personnel Management.') ;
- Statement of Reasonable Accommodation – (that is, 'This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application process, please notify the agency. The decision on granting reasonable accommodation will be made on a case-by-case basis.')
- Application Procedures – (that is, Acceptable methods of submitting applications.);
- Application Deadline – (for example, 'The final date that the application can be submitted to the U.S. Census Bureau.')
- Conditions of Employment – (for example, Must be available to work evenings and weekends, must have use of a vehicle, so forth); and
- Name and telephone number of the RCC contact person for information purposes.

Time Limitations for Posting Recruiting Bulletins

Bulletins must be open for a minimum of 10 work days. All requests to post recruiting bulletins for fewer than 10 days must be cleared through Human Resources Division (HRD). The minimum amount of days a recruiting bulletin can be posted is five (5) days. Apply the following guidance when posting recruiting bulletins for 5 to 9 days:

The RD must submit to Chief, Human Capital and Decennial Field Staff (HCDFS), for prior approval, a written request to post a recruiting bulletin for fewer than 10 days. Requests may be submitted by fax or electronic mail to the Branch Chief, Decennial Administrative Branch. The fax number is (301) 763-5081. The DAB Branch Chief will work with the Chief, HCDFS to obtain approval and will notify the RD of the status.

1. The request must explain clearly the reasons for posting the bulletin for less than 10 days, and the reasons must be work related. Examples of valid reasons to request an exception to the 10-day posting period include the following:
   - Position must be filled quickly to ensure timeliness of Census operations.
   - Critical position was suddenly vacated.

If the desired number of candidates in the applicant pool has not been met by the closing date of the recruiting bulletin, the bulletin may be extended. There is no minimum time requirement for extending the bulletin (that is, the extensions can be for less than 10 days).

Time Limitations for Issuing Selection Certificates

Selection Certificates for:

- Internal recruitment: are valid for 30 days and may be extended up to 30 additional days.
- External recruitment: are valid for 90 days and may be extended up to 30 additional days.

Pulling from an Applicant File (AF) once a Recruiting Bulletin Closed:

- Open continuous recruiting bulletin – Applicants can be evaluated and certified for up to 90 days after the closing date without posting a new recruiting bulletin. A new selection certificate must be issued.
- One time recruitment with specific opening and closing dates – You may go back to a selection certificate and

make an additional selection(s) up to 30 days from the date of the original selection.

NOTE: A selectee must be appointed within 6 months from the date of selection.

Simplified Recruiting Process

When using the simplified recruiting process, you are no longer required to develop extensive Recruiting Bulletins for each position. Instead, you may develop one page flyers and/or publish newspaper advertisements to announce open positions.

1. Flyers – One-page flyers are intended to attract a number of candidates to the various positions. Design one page flyers to advertise all RCC Schedule A job opportunities, not necessarily specific positions. In other words, job opportunities could reflect categories of work (for example, Field positions, office positions, so on). At a minimum, flyers should indicate the following:
    - Types of positions available
    - Work location(s)
    - EEO statement
    - Contact information (name, address, phone, fax, and internet address)

2. Advertisements – To recruit applicants for a specific position, you may post advertisements in local newspapers and periodicals. Targeted advertisements should generate applicants for specific positions (for example, Field Operations Supervisor, Crew Leaders, so forth). At a minimum, each advertisement should include the following:
    - Title (grade and series optional)
    - Pay range
    - Work location
    - Basic job description or skills needed
    - Contact information (telephone number, fax number, e-mail address, and mail address)
    - Test information (for example, provide test

location, dates, and times)

Unranked Order

Staff may choose not to apply numerical order if the applicant pool for a specific position contains less than 3 applicants **and** either 1) all applicants on cert are veterans (5 or 10 pt), or 2) all applicants on cert are non-preference eligibles.

If this occurs, qualified candidates may be selected from an unranked list. Eligible applicants are certified in alphabetical order and there is no limit to the number of names referred. Any eligible applicant(s) may be selected for the position.

Topic 3: Testing and Reasonable Accommodations

General Information This selection describes the testing process, as well as the procedures for reviewing the applicant forms.

Testing Procedures

Step	Action
1.	Identify testing space: • Space for the persons with disabilities must be available upon request. • Noise-free environment. • Adequate testing space/chairs/desks. • Accessible parking or transportation.
2.	Schedule the testing date(s) and time(s) and include: • Some evenings and weekends. • Some routine sites including RO.
3.	Schedule job applicants: • Respond to applicant inquiries. • Schedule the applicants for the testing session and remind them to bring proof of identification and employment eligibility.
4.	Set-up the testing space: • Provide adequate testing materials for each applicant. • Ensure places for the Recruiting poster, and/or EEO poster.
5.	Before giving the test: • Give each applicant the applicant forms and instructions for filling out the forms: 1. Form BC-170D, *Census Employment Inquiry* 2. USCIS Form I-9, *Employment Eligibility Verification* • Verify and certify the Form I-9 requirements. • Confirm that the citizenship section on the I-9 form has been completed, and the appropriate additional information was provided if applicable for each applicant.
6.	Administer test using: • The Form D-267- Instructions for Employee Selection Aid, and the Instructions on Form D-268, Application Review Guide and Answer Key for Field Employee Selection Aid or D-270, Instructions for Employee Selection Aid – Supervisors or D-271, Answer Key and Guidelines for Evaluating Supervisory Candidates.
7.	During the test: • Review applicant forms for completeness and signatures.
8.	After the test: • Return incomplete forms to applicants to complete after testing.
9.	Collect all testing materials, complete and incomplete, and other materials such as pencils.
10.	Post Test Administration: • After the testing session is finished, score the test using the D-268 and place the raw score above the Census Block section of the "For Official Use Only" portion of the BC-170D and on the test answer sheet. • Provide raw score discreetly to applicant at test site. (RCC discretion) • Secure all testing materials. • Send or deliver applicant forms to the RCC.

Testing Space

Attempt to obtain rent-free, accessible space. Ensure testing space is adequate and well lit, accessible to people with disabilities, and seats 15 – 25 with testing surfaces (tables, desks, so on). Always keep in mind when identifying testing space, our focus is on the applicant. Make every effort to ensure testing locations are familiar, convenient, and comfortable and close to public transportation.

Here are some examples of testing sites:

- Schools
- Places of Worships
- Banks
- Military Reserve Centers
- Local Governments
- Fire Departments
- Community Organizations
- Public Utility Companies
- State Employment Offices
- Post Offices
- Federal Buildings
- Libraries

When asking to use a space for testing, know how many testing times you need per week, how many times per day, weekend and evening availability, and long-term availability, if applicable. Weekend and evening testing may be required.

If a testing site does not meet the needs of an applicant with disabilities, reschedule the applicant in a location that will meet the needs and is convenient for the applicant.

Accommodations for Applicants with Disabilities

All applicants must be allowed to take the test. However, it is important to inform applicants interested in field positions that they must be able to go door-to-door in order to collect data.

At the time of the testing, the agency will provide an accommodation for the known physical or mental limitations of

qualified applicants with disabilities, unless the agency can demonstrate that a particular accommodation would impose an undue hardship on the operation of its program.

An applicant with a disability is defined as one who:

a. has a physical or mental impairment which substantially limits one or more major life activities; or

b. has a record of such impairments; or

c. is regarded as having such impairment.

Ensure that an applicant with such disabilities receives proper and equal consideration. The RCC must consider each request for an accommodation from the applicant on a case-by-case basis. Where the impairment of the applicant with a disability is not obvious, and an accommodation is requested, the RCC should request documentation from a medical or other qualified authority if the accommodation is not evident before the accommodation is granted. This should be done several days in advance of the testing session to allow the Census Bureau time to determine the merits of the requested accommodation, such as a sign language interpreter.

Most applicants with disabilities may have personal preferences for accommodations. An accommodation that works for one applicant may not work for another. Communicate with each applicant to determine which accommodation is the best fit for them. Management will determine if the accommodation is reasonable on a case-by-case basis. **Never turn an applicant away or refuse to give the test for any reason.**

All notes taken by the disabled applicants during the exam as part of the accommodation must be destroyed (for example, shredded or erased if an audio tape) by the testing clerk before the disabled applicant may leave the testing site.

Information associated with the applicant's disability, in concluding the nature of the disability and any requests for accommodation, must remain confidential.

a. What are some examples of an accommodation for testing?

The following may be provided as an accommodation to hearing-impaired applicants:

With an Interpreter:

- If requested, the Census Bureau must provide a sign language interpreter. Interpretation fees, if requested, will be paid by the Bureau. Applicants who are hearing impaired should be informed that they will be part of a regular group examination, and that they may have the services of an interpreter to communicate the test instructions.

Without an Interpreter:

- Most persons who are deaf cannot rely on lip reading or speech as the only means of communication. Therefore, when a test administrator is communicating without an interpreter, the Census Bureau should issue written instructions to the applicant and seat them at the front of the room.
- The instructor should speak clearly and stand close to the hearing-impaired applicant.
- If requested, provide the hearing impaired applicant notepaper to ask questions of the instructor.
- If requested, testing time limits may be waived.
- All notes taken by the hearing impaired applicant during the exam, as part of the accommodation, must be destroyed (for example, shred the notes; erase/destroy any audio tapes used) by the testing clerk before the disabled applicant may leave the testing site.

The following may be provided as an accommodation to a visually impaired applicant:

- Individual testing session.
- In most cases, testing times will be waived for a visually impaired applicant.
- Applicants who are visually impaired may use note-taking equipment such as, a slate and stylus, Braille writer, or tape recorder. These types of devices must be provided by the applicant. All notes or used tapes must be given to the test administrator for destruction after the test.
- Applicants may use the Crammer abacus, arithmetic-type

slate, or other computation aid which requires the user to understand the process of computation. A standard electronic calculator does not meet this requirement, and therefore, may not be used. These types of devices must be provided by the applicant.

- Use of magnifying glass. This device must be provided by the applicant.
- The test administrator may read the test to the blind applicant.
- The test administrator may mark the answers selected by the blind applicant onto the answer sheet for them.

The following may be provided as an accommodation if requested by an applicant with a motor impairment:

- Personal assistance of various kinds, such as turning pages and marking answers.
- Rest breaks.
- Testing time limits may be waived.

The following may be provided as an accommodation if requested by an applicant with a specific disability such as Attention Deficit Disorder (ADD).

The great variety of learning disabilities and the fact that they occur in variable combinations make it extremely difficult to state general rules for testing applicants with learning disabilities. Special testing of these applicants must be handled on a **case-by-case basis.** Although each case may be treated differently and there are no hard and fast rules, the following list provides general guidelines on some appropriate modifications:

- Oral administration may be necessary for applicants who are dyslexic (that is, who have an impaired ability to read).
- Testing time limits may be waived.
- Personal assistance of various kinds, such as turning pages and marking answers.
- Rest breaks.
- Testing the person alone in a room or allowing the person to come in first to choose their seat (for people primarily with ADD).

Note: These guidelines do not include recommendations for physical accessibility to the testing site. An applicant with a disability should be given the test regardless of the accessibility of an individual test site.

Waiver of the Test

If an accommodation would impose an undue hardship (in other words, it cannot be provided) and the applicant with a disability agrees not to take the test, then the RO may consider that applicant as a non-competitive eligible under the applicable excepted service, Schedule A, appointment authority (that is, Schedule A 213.3102 (i) (3), 213.3114 (d) (2) or 213.3102 (u).

To be considered under this authority, the applicant with a disability must submit documentation from the Veterans' Administration (VA) or state vocational rehabilitation agency stating that the applicant is severely physically disabled or mentally disabled and is certified as likely to succeed in the performance of the duties of the position.

The Regional Director must ensure the following guidelines are met when using this special appointment authority:

1. Consideration of veterans with disabilities applicants will follow the principles of veterans' preference as far as administratively possible.
2. All other non-veteran, applicants with disabilities are exempt from normal appointment procedures. A non-veteran, applicant with disabilities may be considered without a certificate list or the rating and ranking of the eligible, candidates with disabilities. The selecting official will use their judgment to hire who they feel would most likely succeed at the position within the constraints of time and merit system principles.
3. The selecting official may select from either a ranked list of competitive candidates or from the separate list of eligible, noncompetitive applicants with disabilities. They may hire one, some, or all based on the principles of veterans preference as described above, the availability of the eligible, applicants with disabilities, and the hiring needs in that area.
4. If hired, the employee with disabilities will not be eligible for conversion to competitive status; no employees in Census Excepted Service will be eligible for conversion to competitive status. This should be clearly stated to the applicant.

5. Information about an applicant's or employee's disability must be kept confidential. **No information regarding their disability may be filed in the employee's OPF.**

Note: If the applicant with disabilities chooses, they may take the exam with an accommodation AND submit certification by counselors of a state vocational rehabilitation agency as being severely physically or mentally disabled and as likely to succeed in the performance of the duties. This will permit the applicant to be considered non-competitively <u>and</u> under the merit system for the Census Schedule A 213.3102(i)(3) or 213.3114(d)(2), as appropriate. This way, they'll be considered on both the disabled list of rehabilitation applicants <u>and</u> the regular employment list (test score order with veterans' preference added).

Testing (Selection Aids)

All applicants for one-grade interval positions or administratively determined positions must take a written examination, Form D-267A/B/C/D, Field Employee Selection Aid. Procedures for administering and scoring the test are contained in the D-267, Instruction for Employee Selection Aid, and Form D-268, Application Review Guide and Answer Key for Field Employee Selection Aid. (Copies of Forms D-268 and D-267A/B/C/D are not included as exhibits within this chapter since use of these forms is administratively restricted.) There are exceptions for testing applicants with disabilities as described in the above sections.

Only applicants who meet the selecting criteria will be considered for employment. (Decennial applicants applying for RCC vacancies must also be tested using Form D-267A/B/C/D.)

Scheduling the Test

There are a couple of ways to handle scheduling the test such as:

- Many RCCs maintain a testing session schedule, and as applicants call in, they are scheduled for testing at that time and are told what to bring to the test facility.
- Other RCCs maintain a list of all applicants to be notified. When the list of applicants to be tested is equal to the capacity of the testing session, the RO will call the applicants and provide them with the test site and time.

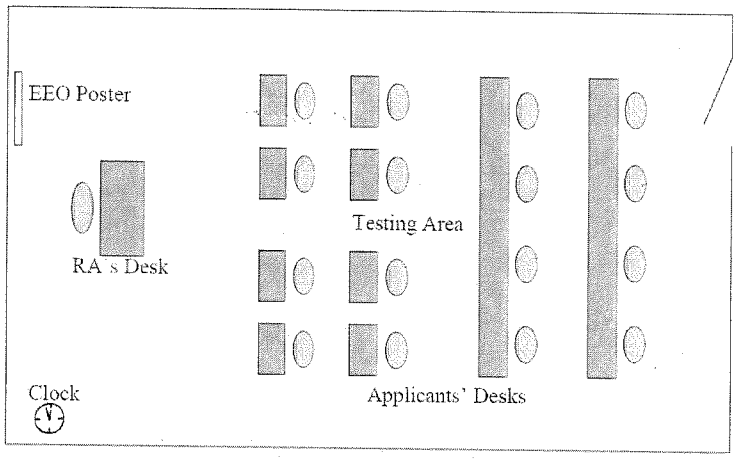
Regardless of how you schedule applicants to take the test, inform all applicants to bring Form I-9 information and two forms of identification (one must be a picture id, such as a driver's license) and Veterans bring a copy of their DD-214, Certificate of Release

or Discharge from Active Duty. Whatever system is used, the key is to ensure the applicants know where to go, when to be there, and what to bring.

Each testing session takes about two hours. Always arrive at the testing site at least 30 minutes before the scheduled start time. Schedule applicants to arrive 15 minutes before test time to complete applicant forms and to ensure the test will start on time.

Display prominently the EEO poster. Attempt to arrange the space so that applicants have sufficient space. (See Figure 2 below for example.)

Figure 2. Sample Room Layout



Pretest Duties

Before administering the test, proceed with the following steps as applicants arrive.

- Greet all applicants in a pleasant, relaxed manner, keeping in mind that many people are anxious before taking a test.
- Reassure applicants that the test is just a way to measure certain job skills. The test is not difficult and most score well. The higher the score, however, the greater the chance of selection.
- Have all applicants sign in using Form D-969, Test Sign-In Sheet, like the example shown on page 3-22.

Give all applicants the following forms: BC-170D and I-9. Applicants must complete these forms in the designated area before the test begins.

Materials for Testing

Always be prepared with extra promotional materials to provide the applicant and encourage them to take them to family and friends. You need to have the following materials at each testing session:

- BC-170D, Census Employment Inquiry
- I-9, Employment Eligibility Verification
- #2 Pencils/Black Pens
- Portfolio to carry material
- D-267, Field Employee Selection Aid and Instructions or D-270, Instructions for Employees Selection Aid - Supervisors
- D-268, Application Review Guide and Answer Key for Field Employee Selection Aid
- Pads of Paper (81/2 X 11)
- Testing Signs: 1 EEO, 2 Form D-180, Census Jobs Test Session
- Red Pencils
- Pencil Sharpeners
- Bag of Paper Clips
- Roll of Scotch Tape
- Pad of Post-It Notes (3 x 3)
- D-969, Test Sign-In Sheet
- SF-15 Application for 10-Point Veteran Preference (if available)
- D-315, Testing Summary
- Bag of Rubber Bands
- Local Telephone book
- Envelopes pre-addressed with RCC/LCO Address
- Completed test answer sheet

Completing Form I-9, Employment Eligibility Verification

At testing, the RCC/LCO staff verified that the applicant has completed the I-9, Employment Eligibility Verification form and has supplied required documentation.

Instruct all applicants whose present names differ from birth names because of marriage or other reasons, to print their birth names in the appropriate name space of Form I-9, Section 1.

Ask applicants to have their I-9 employment eligibility documentation ready for your review as they finish completing the BC-170D, Census Employment Inquiry. If there are some applicants who have already completed their BC-170D before the

testing session, ask them to wait quietly.

Make sure all forms of identification are from the appropriate list (one from List A or one each from both List B and List C). These lists are contained in Exhibit 7D-1.

After you have verified the identification, fill in Section 2 of Form I-9 with the required information providing both document identification number and expiration date. Furnish the requested information at the bottom of Section 2 and print your name in the box provided. Be sure to sign the form only if the identification meets requirements on I-9 (one from List A or one from both List B and one from List C).

If identification is not provided, ensure applicant knows to bring documentation to next testing site or the RCC/LCO. Without proper identification documents, the applicant is ineligible for work.

For additional information on I-9 requirements, refer to the Intranet online guide at http://cww.hrd.census.gov/hrd/emp/dfs/I9.htm

NOTE: *Effective November 2008, the U.S. Passport Card is considered a "List A" document that may be presented at the time of testing to show eligibility verification for work authorized status. (Select "A1," U.S. Passport in DAPPS)*

Completing Form BC-170D, Census Employment Inquiry

Instruct applicants to complete all items in ink on the BC-170D. If a male applicant marks Item 12 on the BC-170D indicating he is not registered with the Selective Service System, check his date of birth in Item 9. If he was born after December 31, 1959, he must be registered to be considered for employment. Also, if he is not registered a detailed explanation must be provided in item 30 of the BC-170D (The RD has been granted authority to adjudicate cases of applicants' failure to register for Selective Service.)

Male applicants 16 and 17 years old, allowed by state law to work, do not have to be registered with Selective Service System, but must not be hired in positions requiring them to drive.

For some Census operations, staff use a hand-held computer (HHC). Almost all clerk positions require the use of personal computers. Advise the applicants that about 95 percent of the jobs are in the field (working door to door). However, on occasion, there is short-term office work. Every applicant will be considered for both office and field jobs unless a specific block is marked. If an applicant is interested in office work only, ask him

or her to mark the 'No' box in Item 15 and the appropriate box in Item 16 on the Form BC-170D.

Tell the applicants claiming 5-point veterans' preference to mark box 1 of item 11b on the BC-170D and attach a copy of their Form DD-214, Certificate of Release or Discharge, or other appropriate documentation. Veterans' preference will not be given without appropriate documentation.

Instruct applicants claiming 10-point veterans' preference to mark box 2 of Item 11b on the BC-170D. Provide a Form SF-15, Claim for Veteran Preference, for applicants to complete. If an applicant cannot provide the necessary copies of documentation to accompany the SF-15, make photocopies of their DD-214. If a photocopy machine is not available, the applicant can submit his or her copies or forward them to the office (using an RCC/LCO pre-addressed envelope) at a later date but the applicant will not be given the preference until the documentation is received.

Inform all applicants claiming veterans' preference that the 5 or 10 points will be added to their test score only after we receive the required documents.

Ensure the address in Item 3, the 'Residence Address' where the applicants physically live, and if the mailing address is different from the address in Item 3, it must be entered in Item 4, the 'Mailing Address.' Ensure that a street address identifier, that is, ST., HWY, Lane, AVE., is provided after the street number and name. In all cases, Item 5 must be completed to indicate the names of intersecting streets nearest your home.

Be sure to note the test score and type of test (D-267 or D-270) on the BC-170D.

Administering the Test

Administer the test, using Form D-267, Instructions for Field Employee Selection Aid or D-270, Instructions for Employee Selection Aid – Field or Supervisor and read Part G (the verbatim script) to the applicants. Remember to read all instructions slowly, clearly, loudly, and as written (verbatim). Provide applicants with scratch paper. **Applicants are not permitted to write in test booklets. Test booklets must be reused.** If applicant arrives after the examiner has started reading instructions, reschedule to another test time.

To minimize the opportunity for cheating, pass out tests A, B, C and D alternately.

NEVER leave the testing room during the test.

An applicant is not allowed to leave the testing room/area once

the session begins, unless it is an emergency or medically necessary. If so, the test must be turned into the examiner and the applicant should be rescheduled for another testing session.

While the applicants are taking the test, start reviewing the completed applicant forms for completeness, legibility, signature, and date. All items on BC-170D must be completed. If Item 11c is marked "Other," Item 12 is marked 'Not Registered', Items 18 through 20 are answered 'Yes' or Items 25 through 29 are answered 'Yes,' additional information must be recorded in Item number 30. Circle, in red, and number requiring completion or additional information. Obtain missing or illegible information from the person AFTER the test, but before he/she leaves.

Collect each completed test, (and any other materials complete or incomplete), D-267A/B/C/D or D-270 A/B, and answer sheets. Collect all scratch paper and destroy.

Inform the applicants that the test can be retaken if they prefer, on a different day, and that scores will be provided at the end of the session (if the RCC permits).

Scoring the Test

As applicants complete the test, use the D-268 or D-270 to score the test. (Scoring tests is at the discretion of the RCC).

Place the appropriate answer key, A, B, C or D, over the corresponding test and mark incorrect answers with a red pencil. Remove the key and look for multiple markings. Mark these items also as incorrect, even if one is a correct answer. Count the number of correct items to determine the raw test score. In red pencil record the total score in Item D on the test's answer sheet, and in block A on the bottom of the BC-170D to the right of the 'Office or LCO' box.

If asked, provide test scores to applicants, in a discreet manner, at the testing site (at the RCCs discretion). Place the scored answer sheet in the corresponding applicant folder and arrange the folders alphabetically by last name.

Applicants Retaking the Test

When an applicant requests to retake the test, the applicant does not have to complete the BC-170D and initial forms again. Tell the applicant to print his/her name and social security number in the blocks provided at the top of the answer sheet, D-267A1/B1/C1/D1 or D-270A1/B1.

Note: Applicants cannot retake the test on the same day.

Instruct the applicant to write in large letters 'RETESTED' at the

top of the answer sheet.

Securing and Reviewing Test Materials
Updated 07/10

Collect all test materials (whether completed or blank) and other materials, such as applications from persons not involved in administering the test.

Keep all test materials in a safe, locked place when they are not being used.

Account for each copy of the test booklet after every testing session; notify your supervisor if any are missing. Return defective tests to the office, for example, faulty print job.

Do not destroy any test materials or applications on site. Return them all to the office.

Make sure all the applicant folders contain the required forms and a test answer sheet. Ensure each applicant provides the following forms:

- BC-170D, Census Employment Inquiry
- I-9, Employment Eligibility Inquiry

And, if applicable, the following

- Form DD-214, Certificate of Release or Discharge, or other appropriate documentation (if applicant is claiming 5-point Veteran Preference), *or a Notification of Separation from U.S. Naval Service (this form was used prior to inception of the DD-214*. The DD-214 was not implemented until January 1950.
- Form SF-15, Application for 10-point Veteran Preference (if applicant is claiming 10-point veterans' preference)
- Promptly deliver the test materials to the RCC.

After reviewing and recording the raw test score on the Test Answer Sheet and the BC-170D, remove the Test Answer Sheet. When removing the D-270, Test Answer Sheet, detach the D-270.1 and clip it to the BC-170D to be filed in the employee's OPF. Store the answer sheets and the D-280, Instructions for Measure of Adult English Proficiency, in a standard sized record storage box in a secure area. All test answer sheets should be maintained at the Local Census Office until it closes. At that time, the test answer sheets will be retired to the appropriate Federal Records Center. All other forms should be returned to the Applicant Folder.

Complete D-969, Test Sign- In Sheet (Page 3-22), by tallying the numbers of persons who attended the session. Use D-315, Testing Summary Sheet, as a transmittal cover sheet. Deliver all test materials to the AMR or OOSR, either in person or by overnight carrier, as approved. Send in your D-308R, Daily Pay and Work Received.

D-969, TEST SIGN-IN SHEET

FORM D-969 (7-26-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TEST SIGN IN SHEET
2010 Census

1. Date	2. Time	3. LCO number

4. Recruiting assistant

5. LCO complete mailing address	City	State	Zip Code

6. Test site	7. Site contact	8. Telephone number

9. Site address	City	State	Zip Code

Applicant name *(Please print)*	Telephone number	County	Block grid #
Total number of applicant folders →			

I placed the EEO poster in a location in this room so that all those taking the test could see it.

Signature of Recruiting Assistant	Date

Topic 4: Rating and Ranking Applicants

Evaluating Applicants

Eligibility for two-grade interval positions (for example, 5/7/9/11) will be determined by using the evaluating criteria identified on the recruiting bulletin. Use Form 11-701, Vacancy Worksheet when rating and ranking applicants (see Appendix H, Forms). Use the Qualification Analysis Worksheet (see Appendix H, Forms) during the qualification review of the applications to document your reasons for qualifying or not qualifying the applicant for the position. Use the following guidelines to document this process:

Minimum Qualifications Standards

RCC applicants: Applicants must meet the minimum qualifications standards outlined in the Qualifications Standards Operating Manual. Applicants, for two-grade interval positions who meet the minimum qualification standards and selective factor(s) (if used) receive 70 points. The one grade interval positions (for example, 3/4/5) must also meet the minimum qualifications standards, but do not receive points for doing so. Their points' score is based on their test scores.

***NOTE:** Service in positions not subject to General Schedule (GS) (that is, AD) are credited at the equivalent GS grade by comparing the candidate's rate of basic pay with the representative rate (the fourth step of the GS grade) of the GS position in effect when the non-GS service was performed. The equivalent GS grade is the GS grade with a representative rate that equals the candidate's rate of basic pay. When the candidate's rate of basic pay falls between the representative rates of two GS grades, the non-GS service are credited at the higher grade.

LCO managerial applicants: In addition to passing the appropriate test, candidates must meet the duties/qualifications outlined in Illustration 3-8.

Selective Factors

Selective Factors are knowledge, skills, abilities, (KSA) or special qualifications that are in addition to the minimum requirements in a qualification standard, but are determined to be essential to perform the duties and responsibilities of a particular position. Applicants who do not meet a selective factor are ineligible for further consideration. Selective factors for excepted service

positions are limited strictly to language requirements. If the language requirement is not documented in the position description, prepare a written justification and maintain it as part of the applicant file.

To request an exception to use any other type of selective factor for an excepted service position, submit the following information to DAB prior to advertising the position:

1. Copy of the recruiting bulletin
2. Justification statement for using the selective factor
3. Level definition *(Level definitions should be defined as follows: 1) Superior level work examples should represent demonstration of the Factor at a level equal to that required for full performance of each duty originally linked to the KSA. 2) Acceptable level work examples should represent the Factor at a level below that required for full performance of each duty statement originally linked to the KSA and will require additional on-the-job training or guidance. 3) Barely acceptable level must not be below those that must have been performed to meet minimum qualifications for the job.*

If a selective factor is used applicants MUST meet the selective factors to be qualified for the position.

Veteran's Preference

Updated 01/10

In order to receive veterans' preference for hiring purposes, an applicant must have been discharged or released from active duty under honorable conditions in the armed forces.

The National Defense Authorization Act for Fiscal Year 2006 clarified the scope of the term "veteran" for the purposes of determining who is entitled to veterans' preference. OPM is in the process of revising its regulations to conform to this clarification. In the interim, agencies should rely upon the statute and this guidance in determining who is entitled to veterans' preference.

To receive preference, a veteran must have been discharged or released from active duty in the Armed Forces under honorable conditions (i.e., with an honorable or general discharge). As defined in 5 U.S.C. 2101(2), "Armed Forces" means the Army, Navy, Air Force, Marine Corps and Coast Guard. The veteran must also be eligible under one of the preference categories below (also shown on the Standard Form (SF) 50, *Notification of Personnel Action*).

NOTE: Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference in

appointment unless they are disabled veterans. (This does not apply to Reservists who will not begin drawing military retired pay until age 60.)

For non-disabled users, active duty for training by National Guard or Reserve soldiers does not qualify as "active duty" for preference

Applicants must identify on their application the type of veteran's preference, if any, to which they are entitled (or claiming) and provide the necessary documentation such as a DD-214, *Certificate of Release or Discharge from Active Duty* or SF-15, *Application for 10-point Veteran Preference , or a Notification of Separation from U.S. Naval Service (this form was used prior to inception of the DD-214)*. The DD-214 was not implemented until January 1950. Although, the DD-217, Discharge Certificate and DD-1300, Report of Casualty are not as common as the DD-214 or SF-15, they may also be used to establish Veterans' Preference. Proof of service will be verified and collected at the time of testing. Verify claims by checking the service separation dates on the applicant's documentation with the dates on the application form. Documentation of service and the SF-15, if appropriate, are required to verify creditable military service before preference will be given.

NOTE: If documentation is not provided, the applicant will not receive credit for veteran preference in the Decennial Applicant, Personnel and Payroll System (DAPPS) until the supporting documents are received.

All applicants claiming 10-point veteran preference at the time of application must identify the period of creditable service on their resume/application, and submit a completed SF-15 along with the required documentation specified on the reverse of the form.

They must also have (1) performed in a war, or in a campaign or expedition for which a campaign badge has been authorized (Appendix B, Chart of Wars, Campaigns, and Expeditions of the Armed Forces since April 25, 1861); or (2) during the period beginning April 28, 1952, and ending July 1, 1955; or (3) for more than 180 consecutive days other than for training, any part of which occurred during the period beginning February 1, 1955, and ending October 14, 1976; or (4) during the Gulf War between August 2, 1990, and January 2, 1992; or (5) for more than 180 days other than for training, any part of which occurred between September 11, 2001, and the date prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.

For further guidance Refer to Illustration 3-1, Wars, Campaigns, and Expeditions of the Armed Forces, or the D-1110, *Pre-Appointment and Selection Handbook.*

Evaluation Criteria

Applicants for all RO one grade interval positions must pass a Bureau of the Census written examination.

Applicants for two grade interval positions should provide a statement that shows how their experience and/or education is directly related to each of the evaluation criteria elements specified on the recruiting bulletin. Applicants who do not address the evaluation criteria may not be considered. The RD will determine, prior to posting the recruiting bulletins, if it is mandatory for applicants to address the evaluation criteria on a separate sheet of paper. There must be a statement on the bulletin informing applicants of this decision. Applicants will receive 10 points for each element met. If a candidate does not meet the element, no points are given for that element. After completing the evaluation, add the total number of points to the minimum qualification score.

NOTE: Add veterans' preference to final score for one and two grade interval positions.

Former/Current Tax Collectors or Law Enforcement Work

All non-Census employment (including law and regulatory enforcement jobs) will be reviewed on a case-by-case basis for compatibility with Census Bureau employment. This policy in no way implies a negative assessment of these occupations, or the trustworthiness of such applicants. Rather, it reflects our sensitivity toward public perception and the critical need for public cooperation.

Employment Eligibility Issues

Eligibility issues are issues involving the applicant or employee's character, reputation, trustworthiness, and fitness as related to the efficiency of the Federal service. General factors that must be considered are: (1) whether the conduct of the individual may reasonably be expected to interfere or prevent effective performance in the position applied for or employed in; and (2) whether the conduct of the individual may reasonably be expected to interfere with or prevent effective performance of the duties and responsibilities of the Regional Office (RO), Regional Census Center (RCC), or Local Census Office (LCO).

Review all employment applications (if applicable), particularly

items 8-12 on the OF 306, items 38-45 on the SF 171, and items 25-29 in section G of the BC-170D. If the applicant answered 'yes' to any of these questions, then make a preliminary determination by using the D-268, Application Review Guide and Answer Key for Field Employee Selection Aid, or the D-271, Answer Keys and Guidelines for Evaluating Supervisory Candidates, of the applicant's eligibility for Federal employment. You may place the application in the 'pending folder' for up to 30 days to enable you to evaluate the applicant's eligibility and make a determination. If additional information is needed from the applicant, which is frequently the case, notify him/her (in writing) and retain the application in the pending folder until this information is available to make a determination. As long as you have notified the applicant that his/her application is incomplete or that we require additional information to determine his/her eligibility for employment, you can maintain his/her application in the pending file until the applicant submits the required information. You should not delay your preparation of a selection certificate if doing so would interfere with the timely completion of census work. You may issue the certificate pending eligibility review; HOWEVER, YOU MUST HOLD A POSITION AVAILABLE FOR ANY PREFERENCE ELIGIBLE(S) PENDING ELIGIBILITY.

Regional Directors are responsible for making all employment eligibility determinations. The decision that an applicant is not eligible for employment cannot be arbitrary; that is, there must be some rational connection or 'nexus' between a person's conduct and the efficiency of the Federal service. In many cases, additional facts must be obtained from the applicant so the RD can determine whether the conduct in question is of such a nature that employing the person would impair the efficiency of the service. Disqualification is appropriate only if the information at hand supports the conclusion that the conduct may reasonably be expected to interfere with effective job performance or discharge of the RCC responsibilities.

Additionally, the Equal Employment Opportunity Commission (EEOC) set forth three criteria for agencies to implement in the exercise of appropriate discretion when considering applicant criminal history information. Specifically, the EEOC states that agencies need to look at the specific facts for each applicant and make an appropriate exercise of discretion on a case by case basis and not apply the focus to a narrow category of felonies. In each case the manager must show that he/she considered (1) the nature or gravity of the applicant's offense(s), (2) the time elapsed since the conviction(s) and/or the completion of the sentence imposed, and (3) the nature of the job sought. Properly applied, the

exercise of these criteria should rule out persons with violent tendencies or persons who are dishonest as to be unreliable.

Specific questions concerning applicant eligibility should be referred to the RD and Chief, Field, Attention: Decennial Administrative Branch (for decennial-related cases) or Management Services Branch (for RO cases), if necessary, for resolution. Once a determination is made, if favorable, move the application to the active file for future consideration. If the applicant is determined to be 'ineligible,' place the application in the inactive file, and label it 'ineligible.'

Outside Employment Issues

On September 7, 1999, the Chief, HRD announced that employees are no longer required to seek prior agency approval of outside employment or activities. However, employees are responsible for ensuring that their outside employment and other outside activities comply with the provisions set forth in the Standards of Ethical Conduct for Employees of the Executive Branch (Title 5, Code of Federal Regulations, Part 2635), Subpart H- Outside Activities.

Employees who wish to engage in outside employment or other outside activities must comply with all relevant statutes, regulations, and provisions including, when applicable:

1. the prohibition on outside employment or any other outside activity that conflicts with the employee's official duties;
2. the restriction that employees shall not serve, other than on behalf of the United States, as an expert witness, with or without compensation, in any proceeding before a court or agency of the United States in which the United States is a party or has a direct and substantial interest, unless the employee's participation is authorized by the agency;
2. the limitations on receipt of outside earned income by certain Presidential appointees and other non career employees;
3. the limitations on participation in professional organizations;
4. the limitations on paid and unpaid teaching, speaking, and writing; and
5. the limitations on fund-raising activities.

This also includes the principle that employees shall endeavor to

avoid actions creating an appearance of violating any of the ethical standards regarding outside employment and activities. RCC employees, and LCO managerial staff should review the provisions found in the Standards of Ethical Conduct for Employees of the Executive Branch (5 CFR, Part 2635), Subpart H - Outside Activities, which provide specific guidance on these restrictions and limitations. A copy of the Standards of Ethical Conduct for Employees was provided at the time of appointment. However, the Standards of Ethical Conduct is currently available on the HRD's homepage under "What's Hot," and is permanently available under 'Subjects A to Z' on HRD's Intranet site by clicking 'S' or 'E' for Standards of Ethical Conduct. All other LCO employees should review the Summary of Ethics Rules contained in Chapter 2 of their employee Handbook.

All employees should be advised to consult with their supervisor on any outside employment or other outside activity matter to ensure that their engaging in such activity does not raise a question of a conflict of interest, or otherwise conflicts with the Standards of Ethical Conduct.

Dual Compensation Act
Added 10/2009

The *Dual Compensation Act* (PL 88-448) prohibits federal employees from working more than 40 regular hours per week for more than one federal agency. However, Title 13 section 23 (b) allows the Census Bureau to hire federal employees of agencies other than the Department of Commerce under agreements made with those agencies. The current approved agencies are listed in the D-501, Appendix I, D-1110, Appendix D, and the D-581, Topic 6 of the Appendix.

Title 5, USC, Section 5534a, which pertains to dual employment and pay during terminal leave from the uniformed services, states that military personnel on terminal leave (pending release under honorable conditions) may accept and receive pay for a civilian job and receive their regular military pay for the unexpired part of the terminal leave.

Topic 5: Selection Process

Selection Certificate

List only applicants who pass the test (only for one grade interval positions) and meet the qualification standards, employment conditions, eligibility requirements, and selective factors (if any). Do not list applicants on the final Form 11-702, Selection Certificate (See Appendix H, Forms), until all eligibility issues are resolved and a favorable decision is made by the Regional Director on the applicants' eligibility for Federal employment. List applicants on selection certificates in one of the following groups below:

Group I - includes applicants confirmed as having compensable service connected disabilities of 30 percent or more, or at least 10 percent but less than 30 percent. Applicants are listed at the top of the certificate in order of their numerical scores ahead of the names of all other eligibles. These individuals are always placed at the top of the list in the order of their converted scores.

Group II - includes applicants with 10-point disability preference, other 10-point non-compensable veterans, 5-point preference eligibles, and all other applicants not claiming veterans preference listed in order of their numerical score. The applicants are listed in descending converted numerical score order. If there is a tie in the converted numerical score between eligibles in different preference categories, the order of precedence is 10-point preference eligibles, 5-point preference eligibles, and then non-veterans. For example, an individual with a rating of 90 (10-point preference eligible) is listed ahead of a person with a 90 (5-point eligible), who is listed ahead of a 90 (non-veteran). For each additional vacancy, add one additional candidate.

Breaking Tied Ratings on a Certificate of Eligibles

Tied ratings may occur among eligible competitors in the same priority group. When this occurs it will be necessary to use a tie breaking method. A random method should be used to break a tie. The OPM recommends using the last digit of eligibles' Social Security Number (SSN) in conjunction with a table of random numbers. This table is known as the 'Random Number List' (RNL). (See Illustration 3-14 for a sample RNL.) The working RNL should be maintained in a separate log and kept under lock and key for administrative use only.

The RNL method is used to rank tied eligibles by matching the

last digit of their SSN against a randomly chosen 10 number sequence which is changed daily.

When the RNL method is used, the date of the certificate requiring the tie breaker is written onto the chart next to the next number in line, working down each column. Dates entered in the RNL should only be the dates in which a certificate is issued. For example, if the first certificate is issued Monday (assuming this is the first time using the chart) that would make the RNL for that day '0,' the next time a certificate is issued is the following Friday. The random number for Friday would be '3.' Entries would not be made on the RNL for Tuesday, Wednesday and Thursday. Everyone in the office requiring a tiebreaker number must use the number for that day. When all numbers on the RNL have been used, start over at the beginning of the list.

If '0' were your starting point, the sequence would be 0123456789. If '3' were your starting point, your sequence would be 3456789012, and so on.

Below is an example of how this tie breaking system works:

Today is the 10th day an office has used the RNL. The 10th number on the list is '9.' The first number in the sequence for that day would be 9, making the entire sequence to break the tie for that day 9012345678.

SSN of tied eligibles:	SSN as shown after tie break:
229-70-0863	214-41-5239
214-41-5239	317-06-7112
317-06-7112	229-70-0863
576-95-4416	576-95-4416

Logic: The SSN ending in '9' became the first in the list. Since there were no SSN's ending in '0' or '1,' the SSN ending in '2' was the next in the list.

If there is more than one applicant with the SSN in a tied rating group, the same method is applied using the next to last digits and so on until the necessary ties are broken.

You may make copies of the RNL for in-house use only. However, the RNL should be treated as confidential and should not be released to selecting officials, outside agencies or the general public.

NOTE: When an SSN is not provided on an application, a temporary SSN must be provided strictly for tie breaking purposes. Use the 'Temporary or 'dummy' Social Security Number Assignment List' (See Illustration 3-3.) to assign the dummy SSN's. When all of the numbers provided on the 'dummy' SSN list have been used, continue the list with the next logical number.

Interviewing and Reference Checks

All applicants being considered should be interviewed. At the time of interview the applicants must complete a OF-306, Declaration of Federal Employment. Review the applicants responses to the questions on the OF-306 for employment eligibility and outside employment issues using the guidelines in Topic 3 and Topic 4 of this chapter. Refer questions concerning eligibility determinations and outside employment issues to the DAB.

RCC applicants: Use Form BC-1503, Telephone Reference Check for Personal Reference and Former/Current Employer(s) (See Appendix H, Forms.), to conduct a telephone reference check with a current or former employer that will confirm information from the interview and provide information about the applicant's work history.

LCO Managerial applicants: All applicants, within the rule of three, must be interviewed. Use Form BC-1503, Telephone Reference Check for Personal Reference and Former/Current Employer(s) (See Appendix H, Forms), to conduct a telephone reference check with a current or former employer that will confirm information from the interview and provide information about the applicant's work history. Maintain reference checks in the recruiting file.

Making the Selection

Selection must be made from the highest three eligibles on the certificate who are available for the job the 'rule of three.' However, an agency may pass over a 10-point non-compensable or 5-point preference eligible to select a non-preference eligible only if the non-preference eligible has a higher score. For example:

Example #1: If the top person on a certificate is a 10-point disabled veteran and the second and third persons are 5-point preference eligibles, the appointing authority may choose any of the three.

Example #2: If the top person on a certificate is a 10-point disabled veteran, the second person is not a preference eligible, and the third person is a 5-point preference eligible, the appointing authority may choose either of the preference eligibles. The appointing authority may not pass over the 10-point disabled veteran to select the non-preference eligible unless an objection has been sustained.

How to use the rule of three - If one of the top three candidates decline, then select from the next three. For example, you have candidates #1, #2, #3, #4, #5. You select #2 and he declines. Using the rule of 3, your next selection would be from #1, #3, and #4. (Veterans' Preference must be taken into consideration in each circumstance). For more information on veterans' preference and the order of selection, refer to Topic 3 of this chapter. Proceed with this rule of 3 until all positions have been filled. Below are several possible selection scenarios which illustrate the use of veterans preference and the rule of three.

A. Example 1:

Rank Order	Applicant score (with preference points)	Preference
1	85	10 pt compensable
2	90	No
3	90	No
4	80	No

In this instance, the 10-point veteran should be offered the position. If the veteran were to decline the offer, you could consider any of the next three candidates.

B. Example 2:

Rank Order	Applicant score (with preference points)	Preference
1	99	No
2	95	5 pt
3	90	No
4	80	No

In this instance, either the 1st or 2nd eligible could be offered the position. The third applicant could only be selected if the veteran declines the job or an objection to the veteran is supported.

C. Example 3:

Rank order	Applicant score (with preference points)	Preference
1	85	10 pt compensable
2	90	5 pt
3	90	No
4	80	No

In this instance, either the 1st (10 point veteran) or 2nd (5 pt veteran) eligible may be offered the position. The third candidate can only be offered the position if both veterans decline the position or an objection to both veterans is supported.

D. Example 4:

Rank order	Applicant score (with preference points)	Preference
1	85	10 pt compensable
2	90	5 pt
3	90	5 pt
4	80	No

In this instance, any of the 3 veterans may be offered the appointment.

NOTE: The RCC has 60 days to bring the employee on board, after a selection is made.

Passing Over a Preference Eligible

Prior written approval from the HQs must be obtained before selecting a non-preference eligible over a preference eligible. If you request approval to pass over a preference eligible to select a non-preference eligible, clearly document the reasons for the selection and non-selection of each candidate being considered.

When submitting your request to pass over a preference eligible assemble a package containing: (1) the resumes, OF 612s, SF 171s, or BC-170Ds, of all candidates being bypassed and the nominee; (2) all veterans' preference information (for example, the Form DD-214, *or a Notification of Separation from U.S. Naval Service (this form was used prior to inception of the DD-214*. The DD-214 was not implemented until January 1950), SF-15, or Veterans Administration letter) and; (3) the vacancy worksheet and the selection certificate showing the applicants in rank order. Indicate which applicant the RCC prefers to select. Send the documentation to Field Division, Attention: DAB.

Please ensure that your reason(s) state why the preference eligible is not qualified for the position you are trying to fill. The justification must include information or evidence which clearly shows that the preference eligible is not qualified for the particular position. A poor reference check, being fired from a job, and so forth, are not sufficient reasons for automatically passing over a preference eligible; however, for example, the circumstances surrounding a termination may provide sufficient reasons. HQs will review the package and contact your office if additional justification is required.

HQs will send written approval/disapproval back to the RCC for record-keeping. HRD will provide oversight and guidance on the administration of veterans preference. A HQs file will be established of all exceptions to ensure consistency and compliance with the rules and regulations. Upon request, provide a copy of the reasons for passing over a preference eligible to the preference eligible or his/her designated representative.

Documenting Considerations

After each selection is made from the AF, document your considerations on the 11-703, Field Applicant File Record (See Appendix H, Forms.), for any applicant considered at the time of selection. Under the 'rule of three', each time you review a group of 3 candidates and non-select a person, that counts as a single consideration of that person (as long as it is for the same or similar type or grade of position). After three considerations, the selecting official does not have to consider the applicant further.

The 11-703 should show the number of considerations the applicant has received. An applicant who has been considered and non-selected for three (3) positions may be placed in the inactive file.

Applicants may also be moved to the inactive file in accordance with the following:

1. Continuously open files--applicants may become inactive after 6 months provided that the vacancy announcement, newspaper ad or notification to OPM and the SESOs clearly stated that applications would be considered for that period.
2. Short Term or special recruitment - applicants may be inactive after a selection has been made if the vacancy notification specified a closing date and no further recruitment for the position is expected.

NOTE: Appointments must be made within 6 months from the date of selection.

Job offer letter

It is advisable to document all formal job offers, in writing. Refer to Illustration 3-5 for an example of a job offer letter.

Non-Select Letter

Notify all non-selected applicants that a selection has been made. Refer to Illustration 3-6 for an example of a non-select letter.

Rescind Offer of Employment letter

Notify selected applicants if the job offer needs to be rescinded. Refer to Illustration 3-6A for an example of a rescind offer of employment letter. File a copy of the letter in the Recruitment File for the specific position.

Selecting Multiple Grade Levels from One Recruiting Bulletin

When selecting multiple grades from the same recruiting bulletin, a separate selection certificate must be prepared for each grade level. Number the second and subsequent selection certificates with the same number as the first, but add 'Supplement 1,' 'Supplement 2,' and so on, to the end of the number. For example: you post recruiting bulletin number 31-01 for Regional Tech grades 7-12. From that bulletin you select a grade 7, a grade 9, and an 11. Prepare three selection certificates. The first certificate, for the grade 7, is numbered 31-01. The second certificate, for the grade 9, is numbered 31-01-Supplement 1. The third certificate, for the grade 11, is numbered 31-01-Supplement 2.

Credit Checks for LCO Managers and Assistant Manager for Administration

*(**Note:** This process will not be used during the 2010 Census as credit cards will not be issued to the LCO staff.)*

Once selections and offers have been made for the Local Census Office Manager and/or Assistant Manager for Administration positions, and only after they have completed the "Fair Credit Reporting Act of 1970, as amended" form (See Appendix H, Forms), fax the candidates Social Security numbers, names, and dates of birth to the CHEC staff at HQs on (301) 763-4957 or 4958. A credit history check will be completed on these individuals. The CHEC staff will send the results back to you as soon as the check is completed (usually within 2-3 days from the date of receipt). The purpose of the credit check is to determine if we should issue the corporate credit card to the Local Census

Office Manager and Assistant Manager for Administration.

Negative Credit Checks: Do not issue the corporate credit card to the employee. The Regional Director or his/her designee must notify the employee orally, in writing, or electronically the results of their negative credit check and provide him/her with a copy of the consumer report and a copy of 'A Summary of Your Rights Under the Fair Credit Reporting Act' - a document prescribed by the Federal Trade Commission. The Credit Reporting Agency (CRA) that furnishes the individual's report will give you the summary of consumer rights.

Recordkeeping and Review Requirements

All recruiting files must be kept for a minimum of two years from the closing date of the Recruiting Bulletin. Recruiting files must consist of a copy of the completed SF-52 for each selection made, position description, recruiting bulletin, qualification analysis worksheet for each applicant, evaluation criteria, selective factor justification (if applicable), vacancy worksheet, applications received for all qualified and non-qualified candidates and selection certificate. Use the 'Recruitment Case File Checklist' (See Illustration 3-9), to ensure the recruiting files are complete.

Topic 6: Limiting Consideration to Internal Candidates for Certain Excepted Service, Schedule A Positions

The guidelines contained in the section apply to all RCC Decennial positions, Census Coverage Measurement office positions only, and LCO office* positions only. The procedures that follow must be administered by the Human Resource Specialist or Administrative Coordinator/Specialist in the RCC. These procedures may not be delegated to the LCOs.

***NOTE:** In some regions, the Recruiting Assistant is determined to be an office position. In other regions, it is determined to be a field position. This determination will be made by each Regional Director, depending on the particular needs of his/her region. If you determine the Recruiting Assistant is an office position, the procedures contained in this memorandum apply to that position. However, if you determine the Recruiting Assistant is a field position, these procedures are not applicable.

When you determine there is a sufficient number of internal candidates to consider for a particular vacancy, you may limit the area of consideration to current census employees.

A current decennial census employee is defined as any employee serving under any type of appointment in the RCC, CCM RCC positions; RCC decennial positions; LCOs for LCO positions.

Recruiting

Prepare a recruiting bulletin following the guidelines contained in the D-520, Chapter 3, Topic 2, with the following exception: Omit the statement pertaining to evaluation criteria and written exam.

For all office positions: post a recruiting bulletin in the RCC/LCO for a minimum of ten (10) workdays.

For RC field positions (for example, Regional Technician): post a recruiting bulletin for a minimum of 10 workdays in the RCC. Also, send a copy of the recruiting bulletin to each employee who lives in the assignment area.

The area of consideration for RCC or CCM office positions is, "Current employees of the (enter name, for example, Chicago) RCC, and RCC CCM." For RCC field positions (for example, Regional Technician), define the area of consideration based on the work assignment area, for example, 'Current employees of the Bureau of the Census in Prince Georges County.' For LCO office positions, the area of consideration is the boundary covering that particular LCO.

Applicants for RCC and RCC CCM (office) positions, and LCO managerial positions must submit either a SF-171, Application for

Federal Employment, OF-612, Optional Application for Federal Employment or a resume to apply for consideration. Applicants also must attach a copy of their latest SF-50, Notification of Personnel Action, to their application. LCO managerial applicants, and applicants for all other LCO office positions must submit a BC-170D, Census Employment Inquiry for consideration.

Qualifications

Applicants for RCC and LCO managerial vacancies will be evaluated against the appropriate qualifications standards. Apply the Office of Personnel Management Qualifications Standards for RCC positions. Apply the qualification requirements contained in Illustration 3-8 for LCO managerial positions. Use a qualifications analysis worksheet to document this review for each applicant.

Applicants for all other Group Quarters office vacancies (for example, Office Operations Supervisor, Recruiting Assistant, so on) will be determined qualified for positions one level higher than the position they currently hold or previously held as follows:

Position to be filled is:	Supervisors/FOS	Office Operations Supervisor	Recruiting Assistant	Admin. Assistant	Clerks
Employees must occupy or have once occupied one of the following positions:	Office Operations Supervisor, Field Operations Supervisor, Crew Leader, Enumerator, Clerk, Recruiting Assistant, and Administrative Assistant	Clerk, Recruiting Assistant, Admin. Assistant, and Crew Leader	Admin. Assistant, Clerk, Crew Leader, and Enumerator	Recruiting Assistant and Clerk	Recruiting Assistant and Admin. Assistant

Applicants will not take a written examination or be evaluated against evaluation criteria or quality ranking factors. However, all applicants must meet the selective factor(s) listed on the recruiting bulletin (if any).

In addition, applicants for RCC and RCC CCM positions above the grade 5 level are required to meet time-in-grade requirements as of the closing date of the recruiting bulletin. (Refer to the D-520, RCC Administrative Manual, Topic 2, for more information on time-in-grade.)

For LCO positions only, applicants must reside within the boundaries covered by that particular LCO.

Selection Process

List all qualified applicants in alphabetical order on a separate sheet of paper labeled, 'INTERNAL CANDIDATES' and attach to the selection certificate. The selecting official will select whomever he/she determines to be the best qualified candidate based on the candidate's experience, past performance, awards, and additional training. The selecting official should focus on the applicant's individual qualities as they relate to the specific vacancy. Veterans' preference does not apply when considering internal candidates.

Note: If the recruiting bulletin lists multiple grade levels, a separate list must be prepared for each grade level. Qualified applicants should then be listed in alphabetical order.

Enter the following codes by each candidates name, as appropriate:

S = Selected

NS = Non-Selected

D = Declined

Selection certificates are valid for 30 days and may be extended up to 30 additional days.

For RCC, RCC CCM, and LCO managerial positions, it is advisable to document all formal job offers, in writing. (See Illustration 3-5 for a sample job offer letter.) Modify the letter accordingly based on the position location. Notify all non-selected applicants that a selection has been made. (See Illustration 3-6 for a sample non-select letter.) This applies to all positions (includes non-managerial positions in the LCOs).

Records Maintenance

Maintain recruiting files for a minimum of two years from the date of the recruiting bulletin. This includes a complete copy of the PARS for each selection made, position description, recruiting bulletin, qualification analysis worksheet for each applicant, selective factor justification (if applicable), applications/resumes for all applicants, and selection certificate.

Processing

If the applicant selected is currently in the competitive service and he/she accepts the job offer, they will be leaving the competitive service and entering into the excepted service. As such, the selectee must sign the appropriate excepted service employment agreement.

To process actions in the National Finance Center personnel/payroll system, prepare a PARS, for each selectee and submit to the HRD for processing. The Nature of Action (NOA) is Conversion to Excepted Appointment NTE (NOA Code 571). Enter the recruiting bulletin/selection certificate number and date the selection certificate was issued in the PARS.

Illustration 3-1
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WARS, CAMPAIGNS, AND EXPEDITIONS OF THE ARMED FORCES

Wars Which Qualify for Veterans' Preference

War	Inclusive dates
World War I	April 6, 1917 to July 2, 1921
World War II	December 7, 1941 to April 28, 1952

Campaigns and Expeditions Which Qualify For Veterans' Preference:

Campaign or Expedition	Inclusive dates
Armed Forces Expeditionary Medal (AFEM) A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD Form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Afghanistan (Operation Enduring Freedom (OEF)	September 11, 2001 to present
Iraq (Operation Iraqi Freedom (OIF)	March 19, 2003 to present
Berlin	August 14, 1961, to June 1, 1963
Bosnia	
Operation Joint Endeavor	November 20, 1995 to December 20, 1996
Operation Joint Guard	December 20, 1996 to June 20, 1998
Operation Joint Forge	June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 - 13, 1975
Congo	July 14, 1960 to September 1,1962, and November 23 - 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21,1966
El Salvador	January 1, 1981 to February 1,1992
Global War on Terrorism	September 11, 2001 to present
Grenada (Operation Urgent Fury)	October 23, 1983 to November 21,1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31,1995
Iraq	
Operation Northern Watch	January 1, 1997 to present
Operation Desert Spring	December 31, 1998 to December 31, 2002 (projected)
Operation Enduring Freedom (OEF)	September 11, 2001, to present
Operation Iraqi Freedom (OIF)	March 19, 2003 to present
Korea	October 1, 1966 to June 30, 1974
Korean Service Medal	
Kosovo	March 24, 1999 present
Laos	April 19, 1961 to October 7, 1962
Lebanon	July 1, 1958 to November 1,1958, and June 1, 1983 to December 1, 1987
Mayaquez Operation	May 15, 1975
Operations in the Libyan Area	
Operation Eldorado Canyon	April 12 – 17, 1986
Panama	
Operation Just Cause	December 20, 1989 to January 31, 1990

Illustration 3-1
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Campaign or Expedition	Inclusive dates
Persian Gulf Operations	
Operation Earnest Will	July 24, 1987 to August 1, 1990
Operation Southern Watch	December 1, 1995 to present
Operation Vigilant Sentinel	December 1, 1995 to February 1,1997
Operation Desert Thunder	November 11, 1998 to December 22, 1998
Operation Desert Fox	December 16, 1998 to December 22,1998
Persian Gulf Intercept Operation	December 1, 1995 to present
Quemoy and Matsu Islands	August 23, 1958 to June 1, 1963
Somalia	
Operation Restore Hope and United Shield	December 5, 1992 to March 31, 1995
Taiwan Straits	August 23, 1958 to January 1, 1959
Thailand	May 16, 1962 to August 10, 1962
Vietnam Evacuation	
Operation Frequent Wind	April 29, 1975 to April 30, 1975
Vietnam (including Thailand)	July 1, 1958 to July 3, 1965

Navy expeditionary Medal and Marine Corps Medal for these Operations:

Campaign or Expedition	Inclusive dates
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979 to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986, and February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant Runner)	April 7 - 18, 1994
Thailand	May 16 - August 10, 1962

Other Campaign and Service Medals Qualifying for Preference:

Campaign or Expedition	Inclusive dates
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of Germany (exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korean Defense Service Medal	July 28, 1954 to (date to be determined)
Korean Service	June 27, 1950 to July 27, 1954
Kosovo Campaign Medal (KCM) Operation Allied Force	March 24, 1999 to June 10, 1999
Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Kosovo Campaign Medal (KCM)	
Operation Sustain Hope/Shining Hope	April 4, 1999 to July 10, 1999
Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Kosovo Campaign Medal (KCM) Task Force Saber	March 31, 1999 to July 8, 1999

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Campaign or Expedition	Inclusive dates
Kosovo Campaign Medal (KCM) Task Force Falcon	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Navy Occupation of Austria	May 8, 1945 to October 25, 1954
Navy Occupation of Trieste	May 8, 1945 to October 25, 1954
Southwest Asia Service Medal (SWASM) Operations Desert Shield and Desert Storm	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973
Rwanda (Operation Distant Runner)	April 7 – 18, 1994
Thailand	May 16 – August 10, 1962

Notes:

1. There are Non-combat operations that are not qualifying for veterans' preference. Many medals are awarded for non-combat operations. These medals are not a basis for preference and include the following:
   - The Medal of Merit for meritorious service in World War II.
   - The Medal of Freedom for meritorious achievements or meritorious service to the United States on or after December 7, 1941, in the war against an enemy outside the continental limits of the United States.
   - The Antarctica Service Medal for participating in a scientific, direct support, or exploratory operation on the Antarctic Continent.
   - The National Defense Service Medal for honorable service between June 27, 1950 and July 27, 1954 or January 1, 1961 and August 14, 1974; or for the period between August 2, 1990, and November 30, 1995.
   - The Armed Forces Service Medal for participation in a United States military operation deemed to be a significant activity for which there was no threat of encounter of foreign armed opposition or imminent threat of hostile action.
   - The Armed Forces Reserve Medal for 10 years of honorable service in a Reserve component; or active duty service in a Reserve component on or after August 1, 1990; or volunteer service for active duty on or after August 1, 1990.
2. The United States Air Force became a separate branch of the armed forces of the United States on September 18, 1947.
3. The effective date of the Treaty of Peace with Japan that officially terminated World War II.
4. Claimants for veteran preference based on service between September 8, 1939, and December 7, 1941 must meet the requirements for campaign service. The award of an American Defense Service Medal does not prove service in a campaign or expedition for which a campaign badge has been authorized. However, the requirement of campaign service is met if, in addition to this medal, the recipient is awarded a service clasp (bearing the inscription *Foreign Service* if Army; *Fleet* or *Base* if Navy; *Fleet, Sea* or *Base* if Coast Guard); or a bronze star for service outside the continental limits of the United States.
5. There are over 100 Navy Expeditions, including:
   - Republic of Haiti - December 4, 1929 to August 5, 1931;
   - Thailand Military Operation - May 16, 1962 to August 10, 1962:
   - Cuban Military Operation - January 3, 1961 to October 23, 1962
   - the most recent Navy Expeditions are listed above

Illustration 3-1
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6. July 2, 1921 is the date of a Joint Resolution of the US Congress that terminated the war with Germany and Austria - Hungary.
7. Kosovo Campaign Medal - This medal will be awarded to Members of the Armed Forces for services performed in Kosovo or its contiguous waters or airspace after March 24, 1999 and before a terminal date not yet set by the Secretary of Defense. Recipients of this campaign medal are eligible for veterans' preference if they served at least 24 months and were released from active duty under honorable conditions. Furthermore, reservists are eligible if they were released under honorable conditions for the full period for which ordered or called to active duty. Veterans with compensable service-connected disabilities, or those who were discharged or released from active duty are exempt from the minimum service requirement for:
   - a disability incurred or aggravated in the line of duty , or
   - for hardship or other reasons under 10 U.S.C. 1171 OR 1173

Executive Order 13154 specifies that "any such member may be awarded the Kosovo Campaign Medal in lieu of the Armed Forces Expeditionary Medal (AFEM), or the Armed Forces Service Medal, but no person may be awarded more than one of these three medals by reason of service in Kosovo..." The Department of Army notified OPM that the Campaign Medal was awarded instead of an AFEM, and that no AFEM will be awarded for Kosovo

Illustration 3-1
Page 5 of 8

Uniformed Service Qualifying for Veterans' Preference Purposes

Capacity or Organization in Which Service is Performed	Qualify for Preference
Air Force Service:	
Air Force Nurse Corps	YES
Air Force Reserve, service on active duty	YES
Air Force Reserve Officer's Training Corps	NO
Air National Guard of the United Sates (including all Federally Recognized Units, Organizations, and members of the Air National Guard of the several States, Territories and the District of Columbia), when mustered or called into service	YES
Cadets of the Air Force	YES
Regular Air Force	YES
Women in the Air Force	YES
Airlines under contract	NO
Air Transport Field Service	NO
American Field Service	NO
American Volunteer Guard	NO
Army Service:	
Army field clerks	YES
Army Nurse Corps	YES
Army Reserve (formerly Organized Reserve Corps) service on active duty	YES
Army Specialist Corps	NO
Army Transport Service: Commissioned officers of the Army assigned as transport quartermasters in the Army Transport Service	YES
Army Transport Service: Other personnel	NO
Cadets of the United States Military Academy	YES
Contract Surgeons, service since June 3, 1916	YES
Female Dietetic and physical therapy personnel service since April 1, 1943 (exclusive of students and apprentices)	YES
Licensed female physicians and surgeons, service since April 16, 1943	YES
National Guard of the United States (including all federally recognized units, organizations, and members of the National Guard of the several States, Territories and the District of Columbia) when called or mustered into active *Federal Service*	YES
Philippine Army (organized military forces of the Government of the Commonwealth of the Philippines, including recognized guerilla units) {see note 2}	NO
Philippine Scouts	YES
Regular Army	YES
Reserve Officers' Training Corps (ROTC)	NO
Women's Army Auxiliary Corps (WAACS) {see note 5}	NO
Women's Army Corps (WACS)	YES
Women's Medical Specialist Corps	YES

Illustration 3-1
Page 6 of 8

Capacity or Organization in Which Service is Performed	Qualify for Preference
Auxiliary Military Police	NO
Bureau of Marine Inspection and Navigation	NO
Cadet Nurse Corps	NO
Chaplains:	
Army	YES
Knights of Columbus	NO
Navy	YES
Y.M.C.A.	NO
Chemical Warfare Service:	
Civilian and Contract employees	NO
Military personnel on active duty	YES
Citizens Military Training Camps	NO
Civil Aeronautics Administration Pilot Training:	
Prior to September 1, 1943	NO
After September 1, 1943	YES
Civil Air Patrol	NO
Civilian Conservation Corps (reserve Officers of the Army called to active duty with the Civilian Conservation Corps):	
Service for at least 30 days before July 25, 1939	YES
Other personnel	NO
Coast and Geodetic Survey Personnel {see note 4}:	
Service under transfer by the President in time of natural emergency to the service and jurisdiction of the Armed Forces with proper military status (section 16 of the Act of May 22, 1917; 40 Stat. 87, as amended;33 U.S.C. 855)	YES
Service of commissioned officers of the Coast Guard and Geodetic Survey assigned to duty on projects of immediate military hazard under the provisions of Section 2, of the Act of December 2, 1942, 56 Sta. 1038, as amended (68 Stat. 730)	NO
Coast Guard Service in or in connection with:	
Cadets of the United States Coast Guard Academy	YES
Coast Guard Auxiliary	YES
Coast Guard Reserve Service (temporary): Members enrolled for full-time duty with military pay and allowances other than for uniforms	YES
Coast Guard Reserve Service (temporary): Members enrolled for part-time or intermittent duty without pay and allowances for uniforms	NO
Coast Guard Reserve Service (temporary): Pilots without pay and allowances other than for uniforms	NO
Coast Guard Reserve Service (temporary): Officers of Great Lakes vessels without pay and allowances other than for uniforms	NO
Coast Guard Reserve Service (temporary): Coast Guard police without pay and allowances	NO

Illustration 3-1
Page 7 of 8

Capacity or Organization in Which Service is Performed	Qualify for Preference
Coast Guard Reserve Service (temporary): Civil Service employees of the Coast Guard without pay other than compensation of their civilian positions	NO
Regular Coast Guard	YES
Women's Reserve (SPARS), service on active duty	YES
Marine Corps:	
Aviation Cadets: Enlisted aviation cadet under 10 U.S.C. 6911, service after August 4, 1942	YES
Aviation Cadets: Aviation cadet (appointive grade), service while undergoing flight training	NO
Marine Corps Reserve including: Fleet marine reserve; Organized Marine Corps Reserve; Women's Reserve; provided service is on active duty	YES
Regular Marine Corps	YES
Merchant Marine	NO
Merchant Marine Cadet Corps	NO
Military Sea Transportation Service (MSTS)	NO
Navy, service in connection with:	
Aviation Cadets: Enlisted aviation cadet under 10 U.S.C. 6911, service after August 4, 1942	YES
Aviation Cadets: Aviation cadet (appointive grade), service while undergoing flight training	NO
Licensed female physicians and surgeons, service since April 16, 1943	YES
Midshipmen: Midshipmen (Regular) of the United States naval Academy	YES
Midshipmen: Midshipmen (Reserve), service between September 8, 1939, and 1946 while attending Midshipmen schools	YES
Naval Reserve including: Fleet Reserve; Merchant marine Reserve {see note 5 below}; Volunteer Reserve; Women's Reserve (WAVES); provided service is on active duty	YES
Naval Reserve Officer's Training Corps Students Service before July 1, 1943	NO
Naval Reserve Officer's Training Corp Students Service between July 1, 1943 and June 30, 1946	YES
Naval Reserve Officer's Training Corp Students Service after June 30, 1946	NO
Navy College Program personnel, service between July 1, 1943 and June 30, 1946	YES
Navy Nurse Corps	YES
Regular Navy	YES
Office of Strategic Services	YES
Public Health Service:	
Officers and employees detailed to duty with the Army or Navy by Executive Order 2571, during World War I	YES

Illustration 3-1
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Capacity or Organization in Which Service is Performed	Qualify for Preference
Commissioned officers performing active service: Under individual detail for duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard;	YES
Commissioned officers performing active service: In the Public Health Service while the service is part of the Armed Forces of the United States pursuant to Executive Order {see Note 6 below};	YES
Commissioned officers performing active service: In the Public Health Service in time of war: whether or not the individual detail to the Army, Navy, or Air Force, Marine Corps, or Coast Guard and whether or not the Public Health Service was at that time a part of the Armed Forces	YES
Red Cross	NO
State Guards	NO
State maritime Academy	NO
State or Territorial police or Constabularies	NO
Volunteer Defense Force Units, Territory of Hawaii (1942 to 1945)	NO
War correspondents	NO
Women's Air Service Pilots (WASPS)	NO

NOTES:

1. Military service under the veterans' preference laws is:
   - Active duty in the Armed forces of the United States.
   - Active service in the Public Health Service which is a basis for entitlement to "full military benefits" under the Public Health Service Act of July 1, 1944.
   - Active service in the Coast and Geodetic Survey and successor organizations (NASA, NOAA) under transfer to the jurisdiction of the Armed Forces under 33 U.S.C. 855.

2. Service in the organized military forces of the Government of the Commonwealth of the Philippines (including recognized guerilla units) between July 26, 1941 and June 30, 1946 when the forces were in the service if the Armed Forces of the United States, is not service in the military or naval forces if the United States for preference.

3. Members of the Women's Army Auxiliary Corps served *with* but not *in* the Army. This organization was abolished on September 30, 1943.

4. Coverage applies also to successor organizations, that is, Environment Science Service Administration and National Oceanic and Atmospheric Administration.

5. Service of Merchant Marine Reservists (U.S. Naval Reserve) called to active duty in the Navy, even though assigned to duty on merchant vessels or at shore establishments of the U.S. Maritime Service, is considered active duty for preference purposes.

6. The Commissioned Corps of the Public Health Service was declared to be a military service branch of the land and naval forces of the United States beginning July 29, 1945, and continuing through July 3, 1952. (Executive Orders 9575, 10349, 10356, 10362, and 10367.)

Illustration 3-2

SUPERVISORY TEST CONVERSION CHART

Test Score	Converted Score
15	70
16	72
17	74
18	76
19	78
20	80
21	82
22	85
23	87
24	89
25	91
26	93
27	95
28	97
29	100

NONSUPERVISORY TEST CONVERSION CHART

Test Score	Converted Score
1	55
2	57
3	58
4	60
5	62
6	63
7	65
8	67
9	68
10	70
11	72
12	73
13	75
14	77
15	78
16	80
17	82
18	83
19	85
20	87
21	88
22	90
23	92
24	93
25	95
26	97
27	98
28	100

Illustration 3-3

Temporary or "dummy" Social Security Number Assignment List

TEMPORARY SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	CERT #	DATE RATED
100-00-0011			
100-00-0012			
100-00-0013			
100-00-0014			
100-00-0015			
100-00-0016			
100-00-0017			
100-00-0018			
100-00-0019			
100-00-0020			
100-00-0021			
100-00-0022			
100-00-0023			
100-00-0024			
100-00-0025			
100-00-0026			
100-00-0027			
100-00-0028			
100-00-0029			
100-00-0030			
100-00-0031			

Illustration 3-4

SALARY TABLE 2008-GS
INCORPORATING THE 2.50% GENERAL SCHEDULE INCREASE

EFFECTIVE JANUARY 2008

Annual Rates by Grade and Step

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	WITHIN GRADE AMOUNTS
1	$ 17,046	$ 17,615	$ 18,182	$ 18,746	$ 19,313	$ 19,646	$ 20,206	$ 20,771	$ 20,793	$ 21,324	VARIES
2	19,165	19,621	20,255	20,793	21,025	21,643	22,261	22,879	23,497	24,115	VARIES
3	20,911	21,608	22,305	23,002	23,699	24,396	25,093	25,790	26,487	27,184	697
4	23,475	24,258	25,041	25,824	26,607	27,390	28,173	28,956	29,739	30,522	783
5	26,264	27,139	28,014	28,889	29,764	30,639	31,514	32,389	33,264	34,139	875
6	29,276	30,252	31,228	32,204	33,180	34,156	35,132	36,108	37,084	38,060	976
7	32,534	33,618	34,702	35,786	36,870	37,954	39,038	40,122	41,206	42,290	1084
8	36,030	37,231	38,432	39,633	40,834	42,035	43,236	44,437	45,638	46,839	1201
9	39,795	41,122	42,449	43,776	45,103	46,430	47,757	49,084	50,411	51,738	1327
10	43,824	45,285	46,746	48,207	49,668	51,129	52,590	54,051	55,512	56,973	1461
11	48,148	49,753	51,358	52,963	54,568	56,173	57,778	59,383	60,988	62,593	1605
12	57,709	59,633	61,557	63,481	65,405	67,329	69,253	71,177	73,101	75,025	1924
13	68,625	70,913	73,201	75,489	77,777	80,065	82,353	84,641	86,929	89,217	2288
14	81,093	83,796	86,499	89,202	91,905	94,608	97,311	100,014	102,717	105,420	2703
15	95,390	98,570	101,750	104,930	108,110	111,290	114,470	117,650	120,830	124,010	3180

Illustration 3-5

December 5, 2006

Ms. Jane Doe
1212 Anywhere St.
Everywhere, NC 28267

Dear Ms. Doe:

We are pleased to confirm our offer to you of an Excepted Service, Schedule A appointment with a mixed-tour work schedule in the Department of Commerce, Bureau of the Census, Charlotte Regional Dress Rehearsal Office, duty stationed in Charlotte, NC. You will be employed as a Census Recruiter, grade GG-0301-11, with an annual salary of $43,370. You are scheduled to report to duty December 22, 2008.

We are enclosing some informational material about reporting for work, along with forms you must complete and bring with you on the date you are scheduled to report to work. Public Law requires that all new appointees present proof of identify and employment eligibility, e.g., U.S. Citizenship. You must present acceptable documents to verify your employment eligibility. The Excepted Service Agreement must be signed and dated by you prior to reporting to work.

Determination of retirement coverage, life insurance, and health benefits will be made once you have reported for duty.

The Employee Handbook enclosed will give you some useful information about being an employee of the Federal Government and the Department of Commerce.

We look forward to having you work for the Bureau of the Census. Please report to the Bureau of the Census, Charlotte Regional Office, 901 Center Park Drive, Suite 106, Charlotte, North Carolina 28217. If you have any questions, do not hesitate to call me on 704-424-6400.

Sincerely,

(Name of Human Resources Specialist or Administrative Officer)
Title
Charlotte Regional Office

Enclosures

Illustration 3-6

UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
901 Center Park Drive, Suite 106
Charlotte, North Carolina 28217

(Date)

(name)
(address)
(city/state/zip)

Dear (name):

Thank you for your application or resume for Recruiting Bulletin number (enter #), (enter position name).

We regret that we were unable to consider you for this position because:

____Your application arrived after the closing date.

____You did not address the Evaluation Criteria.

____You did not pass the written test.

____You did not meet the Selective Factor.

____Your application did not reflect meeting the specialized experience requirement.

____Your application did not reflect meeting the general experience requirement.

____You were determined to be qualified for this vacancy; however, you were not selected in competition with other candidates.

____You declined consideration.

____The vacancy that you applied for has been canceled.

We appreciate your interest in applying for this vacancy. Please do not hesitate to apply for future vacancies for which you are qualified.

Sincerely,

(Name of Human Resource Specialist or Administrative Officer)
Title (Name of) Regional Office

Illustration 3-6A

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001

DATE, 2008

Dear XXX,

Upon further consideration, the U.S. Department of Commerce, U.S. Census Bureau, has decided to rescind its offer of April 3, 2008. We apologize for any inconvenience this may cause.

Sincerely,

XXXXXXX
Title
Division

Illustration 3-7

Section No.	*Subject*	*Response*	*Application Status*
1	Name, Address, Date of Birth	All information must be completed	If completed - continue If incomplete - ask applicant to complete
1	Social Security Number	Must be completed	If completed - continue If incomplete - ask applicant to complete, an SSN is required
1	Citizenship Status	First block is marked	Continue with review of I-9
1	Citizenship Status	Second block is marked	Verify that the Alien Number is entered, and continue with review of I-9
1	Citizenship Status	Third block is marked	Verify that the date has not expired and that the Alien Number or Admission Number is entered, and continue with review of I-9.
1	Signature	Must be signed	If signed - continue with review of I-9 If not signed - obtain signature from applicant
2	List A	Record information from any item listed in column A on the back of the I-9	If no documents from column A, one document from BOTH column B and C must be provided
2	List B	Record information from any item listed in column B on the back of the I-9	Continue and record document from column C
2	List C	Record information from any item listed in column C on the back of the I-9	Continue review of I-9 If no item from both column B and C, applicant is ineligible
2	Certification	Authorized Representative Information and Signature	It is the responsibility of the Recruiting Assistant to ensure that all information is completed. If not signed - forward to RA that conducted the testing session and that reviewed the documents, and receive signature.

Illustration 3-8
Page 1 of 8

Duties and Qualifying Factors for the Local Census Office Managerial Positions

Local Census Office Managerial Positions

The qualification requirements for LCO managerial positions are described below. The duties relating to the qualification requirements are also listed. Include these duties, as appropriate, on the recruiting bulletin.

Qualification Requirements for the Local Census Office Manager

The qualification requirements in 1through 3 below must be used, 4 through 6 are optional.

1. **Experience demonstrating the ability to manage a time critical operation through at least two levels of subordinate management.**

   Duties to be included in the Recruiting Bulletin: The position manages staff and resources to carry-out office and/or field procedures; to direct and control all operational functions, resources, and personnel; and implements a team-based environment to lead a temporary staff of over 50 office and 700 field employees through multiple levels on accomplishing production goals and quality standards of enumerating all of the residences in the LCO area of operation.

2. **Experience demonstrating the ability to effectively communicate organizational objectives to groups of people, such as the local news media, community leaders and organizations, and local government officials.**

   Duties to be included in the Recruiting Bulletin: The position must build strong local support for the Census by establishing effective relationships with local community- based and volunteer organizations and/or governments, and marketing the Census message to local media outlets (may include interviewing with these outlets.) The position will also include developing and making presentations; adapting the presentation to the specific audience; and speaking extemporaneously to a variety of audiences.

3. **Experience demonstrating the ability to analyze office operations and procedures.**

   Duties to be included in the Recruiting Bulletin: This position will analyze office production operations and seek to eliminate bottlenecks and impediments to efficiency. Incumbent must analyze analytical and anecdotal information to develop systems for an efficient office operation supporting field activities.

Illustration 3-8
Page 2 of 8

4. **Experience demonstrating the ability to provide direct supervision over employees and manager/supervisors to accomplish production goals and quality standards.**

   Duties to be included in the Recruiting Bulletin: The position will include management responsibility for multiple functions of the LCO field operations, including motivation of workers to achieve goals of enumeration, management of assigned personnel to ensure efficient and high quality of completed Census address listings; and compliance with Census Bureau standards and programs to meet established goals to complete the 2008 Census Dress Rehearsal in the assigned LCO.

5. **Experience demonstrating the ability to use management reports to identify problems and take prompt and effective action.**

   Duties to be included in the Recruiting Bulletin: The position will include the consideration and evaluation of data and information for field operations, including budget, quality, and production; and communicating clearly and persuasively the actions associated with encountered problems.

6. **Experience demonstrating the ability to establish effective working relationships with traditionally hard to enumerate populations or with specific population indigenous to the LCO boundaries, including those with unique cultural, community, religious or other characteristics. These relationships should have produced specific outcomes.**

   Duties to be included in the Recruiting Bulletin: The position will include contributing to the well-being of the _____[insert as many as apply] community through the establishment of solid partnerships with groups within that community to enable participation of hard to enumerate populations in the Census.

7. **Language and Proficiency Requirements [Bilingual, Full Professional, Working] proficiency in_____.]**

   Duties to be included in the Recruiting Bulletin: The position will include speaking and everyday proficiency in the _____ language to accomplish the mission and goal of the Bureau. [The RDs will have the flexibility to use the level that they deem appropriate. A brief description of the selected level of proficiency should be included.] Refer to 3-62 for proficiency level definitions.

<u>Qualification Requirements for Assistant Manager for Field Operations</u>

The qualification requirements in 1 – 4 below must be used, 5 & 6 are optional.

Illustration 3-8
Page 3 of 8

1. **Experience demonstrating the ability to manage a time critical operation through at least two levels of subordinate management.**

   Duties to be included in the Recruiting Bulletin: The position manages staff and resources to carry out field procedures; directs and controls all operational functions, resources and personnel; and implements a team-based work methodology to lead temporary staff of over 700 employees (most working from home) to accomplish production goals and quality standards while enumerating all the residences in the LCO area.

2. **Experience demonstrating the ability to effectively communicate both orally and in writing, organizational objectives to groups of people indigenous within the LCO boundaries, such as the local news media, community leaders, and organizations, and local government officials.**

   Duties to be included in the Recruiting Bulletin: The position must build strong local support for the Census by establishing effective relationships with local community based and volunteer organizations and/or governments, and marketing to local media outlets (may include interviewing with these outlets).

3. **Experience demonstrating the ability to use management reports to identify problems and take prompt and effective action.**

   Duties to be included in the Recruiting Bulletin: The position will include the consideration and evaluation of data and information for field operations, including budget, quality, and production; and communicating clearly and persuasively the actions associated with encountered problems.

4. **Experience demonstrating the ability to establish effective working relationships with traditionally hard to enumerate populations or with specific population indigenous to the LCO boundaries, including those with unique cultural, community, religious or other characteristics. These relationships should have produced specific outcomes.**

   Duties to be included in the Recruiting Bulletin: The position will include contributing to the well-being of the _____[insert as many as apply] community through the establishment of solid partnerships with groups within that community to enable participation of hard to enumerate populations in the Census.

5. **Experience demonstrating the ability to provide direct supervision over employees and manager/supervisors to accomplish production goals and quality standards.**

Illustration 3-8
Page 4 of 8

Duties to be included in the Recruiting Bulletin: The position will include management responsibility for multiple functions of the LCO field operations, including motivation of workers to achieve goals of enumeration, management of assigned personnel to ensure efficient and high quality of completed Census address listings; and compliance with Census Bureau standards and programs to meet established goals to complete the 2008 Census Dress Rehearsal in the assigned LCO.

6. **Language and Proficiency Requirements [Bilingual, Full Professional, Working] proficiency in_____.]**

   Duties to be included in the Recruiting Bulletin: The position will include speaking - and everyday proficiency in the _____ language to accomplish the mission and goal of the Bureau. [The RDs will have the flexibility to use the level that they deem appropriate. A brief description of the selected level of proficiency should be included.] Refer to page 3-62 for proficiency level definitions.

Qualification Requirements for Assistant Manager for Recruitment

The basic qualifications requirements identified in 1 through 3 below must be used. Use of items 4 and 5 are discretionary.

1. **Experience demonstrating the ability to manage a time critical administrative or recruiting public-contact operation through subordinate staff.**

   Duties to be included in the Recruiting Bulletin: The position manages staff and resources in a team work environment to plan and carry out recruiting activities; directs and controls all recruiting and testing functions, resources and personnel; and leads a team of temporary staff to accomplish recruiting goals and provide sufficient numbers of field employees to complete the enumeration of all the residences in the LCO operations area.

2. **Experience demonstrating the ability to maintain effective relationships with the local news media, community leaders, and organizations, and/or local governments officials in order to promote community assistance in finding applicants.**

   Duties to be included in the Recruiting Bulletin: The position must build strong local support for Census hiring of community members by establishing effective relationships with local community based and volunteer organizations and/or governments, and advertising census jobs through local media outlets (may include interviewing with these outlets).

Illustration 3-8
Page 5 of 8

3. **Experience demonstrating the ability to regularly prepare and present recruitment talks and formal speeches to moderate sized or larger groups.**

   Duties to be included in the Recruiting Bulletin: The position will include developing and making oral and written presentations; adapting the presentation to the specific audience; and speaking extemporaneously to a variety of audiences on recruiting topics.

4. **Experience demonstrating the ability to establish effective working relationships with traditionally hard to enumerate populations or with specific indigenous populations within the LCO boundaries, including those with unique cultural, community, religious or other characteristics. These relationships should have produced specific outcomes.**

   Duties to be included in the Recruiting Bulletin: The position will include contributing to the well-being of the _____(insert specific communities that apply) community through the establishment of solid partnerships with groups within that community to enable participation of hard to enumerate populations in the Census.

5. **Language and Proficiency Requirements [Bilingual, Full Professional, Working] proficiency in _____.**

   Duties to be included in the Recruiting Bulletin: The position will include speaking and everyday proficiency in the _____ language to accomplish the Bureau missions and goals. [The RDs will have the flexibility to use the language proficiency level that they deem appropriate. A brief description of the selected level of proficiency should be included]. Refer to page 3-62 for proficiency level definitions.

Qualification Requirements for the Assistant Manager for Administration

The basic qualification requirements listed in 1 and 4 below must be used. Use of item 2 or 3 is discretionary.

1. **Experience demonstrating the ability to manage a time critical payroll or personnel operation through subordinate staff.**

   Duties to be included in the Recruiting Bulletin: The position manages staff and resources in a team work environment to carry out administrative processing procedures; directs and controls processing functions, resources, and personnel with temporary staff of up to 25 employees to ensure quality standards of and keying, personnel processing, and payroll processing.

Illustration 3-8
Page 6 of 8

2. **Experience demonstrating the ability to use management reports to identify problems and take prompt action to solve these problems.**

   Duties to be included in the Recruiting Bulletin: The position will include the consideration and evaluation of payroll and personnel data information, and communicating clearly and persuasively the actions associated with problems encountered.

3. **Experience demonstrating the ability to maintain office facilities through an effective relationship with lessors or office building managers.**

   Duties to be included in the Recruiting Bulletin: The position will include the administrative management of the LCO space.

4. **Experience demonstrating the ability to provide direct supervision over employees and manager/supervisors to accomplish production goals and quality standards.**

   Duties to be included in the Recruiting Bulletin: The position will include management responsibility for multiple functions of the LCO administrative operations, including motivation of workers to achieve goals, and compliance with Census Bureau standards and programs to meet established goals to complete 2008 Census Dress Rehearsal in the assigned LCO.

5 **Language and Proficiency Requirements [Bilingual, Full Professional, Working] proficiency in _____.**

   Duties to be included in the Recruiting Bulletin: The position will include speaking and everyday proficiency in the _____ language to accomplish the Bureau missions and goals. [The RDs will have the flexibility to use the language proficiency level that they deem appropriate. A brief description of the selected level of proficiency should be included]. Refer to page 3-62 for proficiency level definitions.

Qualification Requirements for the Assistant Manager for Quality Assurance

The basic qualification requirements listed in 1 and 2 below must be used. Use of item 3 or 4 is discretionary.

1. **Experience demonstrating the ability to provide direct supervision over employees/supervisors to accomplish production and quality standards.**

   Duties to be included in the Recruiting Bulletin: The position will include management responsibility for quality assurance aspects of field data collection operations.

Illustration 3-8
Page 7 of 8

2. **Experience demonstrating the ability to use management reports to identify problems and take prompt action to solve these problems.**

   Duties to be included in the Recruiting Bulletin: The position will include the consideration and evaluation of data collection information, and other related information for field operations, communicating clearly and persuasively the actions associated with problems encountered.

3. **Experience demonstrating the ability to establish effective working relationships with traditionally hard to enumerate populations or with specific population indigenous to the LCO boundaries, including those with unique cultural, community, religious or other characteristics. These relationships should have produced specific outcomes.**

   Duties to be included in the Recruiting Bulletin: The position will include contributing to the well-being of the _____[insert as many as apply] community through the establishment of solid partnerships with groups within that community to enable participation of hard to enumerate populations in the Census.

4. **Language and Proficiency Requirements [Bilingual, Full Professional, Working] proficiency in _____.**

   Duties to be included in the Recruiting Bulletin: The position will include speaking and everyday proficiency in the _____ language to accomplish the Bureau missions and goals. [The RDs will have the flexibility to use the language proficiency level that they deem appropriate. A brief description of the selected level of proficiency should be included]. Refer to page 3-62 for proficiency level definitions.

Levels of Language Proficiency

Bilingual – has a speaking proficiency equivalent to that of an educated native speaker AND has complete fluency in the language, such that speech on all levels is fully accepted by educated native speakers in all of its features, including breadth of vocabulary and idiom, colloquialisms, and pertinent cultural references.

Full Professional Proficiency – able to use the language fluently and accurately on all levels normally pertinent to professional needs AND can understand and participate in any conversations within the range of own personal and professional experience with a high degree of fluency and precision of vocabulary AND would rarely be taken for a native speaker, but can respond appropriately even in unfamiliar situations AND makes only quite rare errors of pronunciation and grammar AND can handle informal interpreting from and into the language.

Illustration 3-8
Page 8 of 8

Professional Working Proficiency – able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics. Can discuss particular interests and special fields of competence with reasonable ease AND has comprehension which is quite complete for a normal rate of speech AND has a general vocabulary which is broad enough that he or she rarely has to grope for a word AND has an accent which may be obviously foreign; has a good control of grammar; AND whose errors virtually never interfere with understanding and rarely disturb the native speak.

Illustration 3-9

Recruiting Case File Checklist

1. _____ Copy of the recruiting bulletin.

2. _____ Selective factor definition for each grade level posted.

3. _____ Selective factor justification statement, i.e., specific identification of counties, states, etc.

4. _____ Specialized experience definitions for each grade level posted.

5. _____ If selective factor is used, a copy of the position description for each grade level must be annotated to identify the duties that justify the selective factor.

6. _____ Vacancy Worksheet.

7. _____ Qualifications Analysis Worksheet for each applicant.

8. _____ All applications reviewed for consideration.

9. _____ Declination forms attached to application.

10. _____ Selection Certificate.

11. _____ Copy of completed SF-52, Request for Personnel Action, for each selection made.

Illustration 3-10

Sample Selection Letter for Recruiting Bulletins
Limited to Internal Candidates Only

(Date)

(Name)
(Street Address)
(City, State and Zip Code)

Dear (Name):

We are pleased to confirm our offer of an Excepted Service, Schedule A appointment with a mixed-tour work schedule in the Department of Commerce, Bureau of the Census, Charlotte Regional Census Center duty stationed in Charlotte, NC. You will be employed as a Census Recruiter, with an annual salary of $_____. The effective date of your new appointment is October 24, 2008.

Enclosed is an excepted appointment employment agreement that outlines the conditions of your employment for this new appointment. Please read this agreement thoroughly, sign and date the form, and return the form to _____ in the Administrative Section as soon as possible before October 24, 2008.

Determination of retirement coverage, life insurance, and health benefits will be made by the Human Resources Division at HQs. However, in general, if you currently have benefits you will retain them in your new position as long as you have not had a break-in-service of more than three calendar days between appointments.

If you have any questions, please call me at _____.

Sincerely,

(Name of Personnel Management Specialist or Administrative Officer/Specialist)
(Title)
(Name of) Regional Census Center

Enclosure

Illustration 3-11
Page 1 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed in your request, you served in the *(branch of service)* from *(dates of service)*, and received an Honorable Discharge. Many veterans believe that active duty service with a branch of the Armed Forces covers the obligation to register with the Selective Service. Others think that in signing up for military service, they were registered with the Selective Service at the same time.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment.

If you have any questions, please contact this office on *(phone number)*.

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 2 of 8

Sample Decision Letters for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed, you have stated that at no time did you become aware of the obligation to register with the Selective Service. You have now passed your 26th birthday and are ineligible to register.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment.

If you have any questions regarding this matter, please call *(phone number)*.

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 3 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed, your DD-214 (Certificate of Release or Discharge) you served in the *(branch of service)* from *(dates of service)*, and received an Honorable Discharge. Many veterans believe that active duty service with a branch of the Armed Forces covers the obligation to register with the Selective Service. Others think that in signing up for military service, they were registered with the Selective Service at the same time.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment. The granting of this waiver and declaration of eligibility for Federal employment covers all the time that you have been employed by the U.S. Census Bureau. If this waiver had been sought before you were actually employed, it would have been granted at that time.

If you have any questions, please contact this office on *(phone number)*.

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 4 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed in your request, you have stated that you believed that you were registered and that it was taken care of while you were in high school. You are now past the age of 26 and are ineligible to register.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment.

If you have any questions, please contact this office on *(phone number)*.

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 5 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed in your request, you stated that you believed that, being a non-citizen and living in (*U.S. state or territory*), you were not obliged to register. You became a citizen in (*year)*, at the age of (*age)*. You are now past the age of 26 and ineligible to register.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment.

If you have any questions, please contact this office on (*phone number).*

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 6 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed in your request, you and your family left the United States (U.S.) when you were *(age)* and did not return to the U.S. for *(duration)*. You first learned that you were not registered when *(state circumstances)*. When you did try to register, you were told that having passed your 26th birthday, you are now ineligible.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment.

If you have any questions, please contact this office on *(phone number)*.

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 7 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed in your request, you stated that you were a citizen of and living in (*foreign country*) until (*year)*. You came to the United States in (*year)*, at the age of (*age)*. You are now past the age of 26 and ineligible to register.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we have determined that you did not knowingly and willfully avoid registering with Selective Service and that you are eligible for Federal employment.

If you have any questions, please contact this office on (*phone number).*

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-11
Page 8 of 8

Sample Decision Letter for Selective Service Registration Determinations

Dear Mr.

This responds to your request for a decision concerning your employment eligibility for a U.S. Census Bureau position. You did not register with the Selective Service System.

According to the documentation enclosed in your request, xxxxxxxxxxx.

Under Section 3328 of title 5 of the U.S. Code, the Office of Personnel Management (OPM) has the authority to adjudicate cases involving failure to register. OPM has delegated this authority to us. Based on our review of the available information, we were unable to determine that your failure to register with Selective Service was not knowing and willful. Given this determination, we regret to notify you that you are ineligible for Federal employment.

Inasmuch as you are not currently an employee of the Bureau of the Census, this decision is not subject to administrative appeal. If you believe that you were unfairly denied access to this agency's adjudication procedure, you may request that a determination be made by OPM. Your request should be addressed to the Director, Staffing Reinvention Office, Employment Service, 1900 E Street N.W., Room 6500, Washington, D.C. 20415, and include the following:

(1) a copy of the application submitted to this agency;
(2) a copy of your Optional Form 306;
(3) a copy of the written notice;
(4) an explanation of your failure to register, and any other papers pertinent to your registration status; and
(5) a copy of this agency's determination.

Sincerely,

Regional Director
(Name of) Regional Census Center

Illustration 3-12
Page 1 of 2

Who Must Register for the Selective Service?

CATEGORY			
MILITARY-RELATED			REQUIRED TO REGISTER?
	Active duty military.		No*
	Men attending service academies like the U.S. Air Force Academy.		No*
	Men attending the U.S. Coast Guard Academy.		No*
	Men attending the Merchant Marine Academy.		Yes
	Men receiving Officer Training at The Citadel, North Georgia College, Norwich University, and Virginia Military Institute.		No*
	Members of the National Guard or Reserves not on active duty.		Yes
	Delayed Entry Program enlistees.		Yes
	Men who separate from active duty military for any reason before they turn 26.		Yes*
	Men rejected for enlistment for any reason before turning 26.		Yes
ALIENS **			REQUIRED TO REGISTER?
	Lawful non-immigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired visas (Forms I-94, I-95A), or those with Border Crossing Documents (Forms I-185, I-186, I-1444).		No
	Permanent resident aliens.		Yes
	Special (seasonal) agricultural workers (Form I-688).		Yes
	Special agricultural workers (Form I-688A).		No
	Refugee, parolee, and asylee aliens.		Yes
	Undocumented (illegal) aliens.		Yes
CONFINED			REQUIRED TO REGISTER?
	Incarcerated, hospitalized, or institutionalized for medical reasons.		No*

Illustration 3-12
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DISABLED PHYSICALLY OR MENTALLY		REQUIRED TO REGISTER?	
	Able to function in public with or without assistance.		Yes
	Continually confined to a residence, hospital, or institution.		No

* Must register within 30 days of release unless already age 26, already registered when released, or exempt during entire period age 18 through 25.

** Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when their permanent address is in the U.S. This also goes for a national or citizen of the Republic of the Marshall Islands or the Federal States of Micronesia if they live in the U.S. for more than one year for any reason, except as a student or employee of the government of his homeland.

Illustration 3-13
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Allied Countries and Other Places from which U.S. Citizens, U.S. Nationals, and Lawful Permanent Resident Noncitizens may be hired for the 2010 Census

Revised 4/2010

Afghanistan	Dominican Republic	Lesotho	Rwanda
Albania	East Timor	Liberia	Saint Helena
Algeria	Ecuador	Libyan Arab Jamahiriya	Saint Kitts and Nevis
American Samoa	Egypt	Liechtenstein	Saint Lucia
Andorra	El Salvador	Lithuania	Saint Pierre and Miquelon
Angola	Equatorial Guinea	Luxembourg	Samoa
Anguilla	Eritrea	Macao	San Marino
Antarctica	Estonia	Madagascar	Sao Tome and Principe
Antigua and Barbuda	Ethiopia	Malawi	Saudi Arabia
Argentina	Falkland Islands (Malvinas)	Malaysia	Senegal
Armenia	Faroe Islands	Maldives	Seychelles
Aruba	Fiji	Mali	Sierra Leone
Australia	Finland	Malta	Singapore
Austria	Fmr Yugoslav Rep of Macedonia	Marshall Islands	Slovakia
Azerbaijan	France	Martinique	Slovenia
Bahamas	French Guiana	Mauritania	Solomon Islands
Bahrain	French Polynesia	Mauritius	Somalia
Bangladesh	French Southern Territories	Mayotte	South Africa
Barbados	Gabon	Mexico	Spain
Belarus	Gambia	Micronesia, Federated States	Sri Lanka
Belgium	Georgia	Moldova, Republic of	St Vincent and the Grenadines
Belize	Germany	Monaco	Sth Georgia & Sth Sandwich Is
Benin	Ghana	Mongolia	Sudan
Bermuda	Gibraltar	Montserrat	Suriname
Bhutan	Greece	Morocco	Svalbard and Jan Mayen
Bolivia	Greenland	Mozambique	Swaziland
Bosnia and Herzegovina	Grenada	Myanmar	Sweden
Botswana	Guadeloupe	Namibia	Switzerland
Bouvet Island	Guam	Nauru	Syrian Arab Republic
Brazil	Guatemala	Nepal	Taiwan, Province of China
British Indian Ocean Territory	Guinea	Netherlands	Tajikistan
Brunei Darussalam	Guinea-Bissau	Netherlands Antilles	Tanzania, United Republic of
Bulgaria	Guyana	New Caledonia	Thailand
Burkina Faso	Haiti	New Zealand	Togo
Burundi	Heard and McDonald Islands	Nicaragua	Tokelau
Cambodia	Holy See (Vatican City State)	Niger	Tonga
Cameroon	Honduras	Nigeria	Trinidad and Tobago

Canada	Hong Kong	Niue	Tunisia
Cape Verde	Hungary	Norfolk Island	Turkey
Cayman Islands	Iceland	Northern Mariana Islands	Turkmenistan
Central African Republic	India	Norway	Turks and Caicos Islands
Chad	Indonesia	Oman	Tuvalu
Chile	Iran (Islamic Republic Of)	Pakistan	Uganda
China	Iraq	Palau	Ukraine
Christmas Island	Ireland	Palestinian Territory, Occupie	United Arab Emirates
Cocos (Keeling) Islands	Israel	Panama	United Kingdom
Colombia	Italy	Papua New Guinea	United States
Comoros	Jamaica	Paraguay	Uruguay
Congo	Japan	Peru	US Minor Outlying Islands
Congo, The Democratic Republic	Jordan	Philippines	Uzbekistan
Cook Islands	Kazakstan	Pitcairn	Vanuatu
Costa Rica	Kenya	Poland	Venezuela
Cote D'Ivoire	Kiribati	Portugal	Viet Nam
Croatia	Korea, Democratic People's Rep	Puerto Rico	Virgin Islands (British)
Cuba	Korea, Republic of	Qatar	Virgin Islands (U.S.)
Cyprus	Kuwait	Republic of Montenegro	Wallis and Futuna Islands
Czech Republic	Kyrgyzstan	Republic of Serbia	Western Sahara
Denmark	Lao People's Democratic Rep	Reunion	Yemen
Djibouti	Latvia	Romania	Yugoslavia
Dominica	Lebanon	Russian Federation	Zambia
			Zimbabwe

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Revised 4/2009

Note:

The complete and accurate conduct of Census 2010 requires the successful recruitment, hiring and retention of a very sizeable workforce. The Census Bureau's primary goal is to ensure a complete census for all communities and access to residents is integral to that goal. While priority is given to US citizens, if there is an absence of US citizens in a local area who possess a needed language skill, the Census Bureau may hire noncitizens. Any noncitizen hired for Census work must possess a visa that permits employment of this type. Hiring needs will vary from area to area depending on the characteristics of the local labor market and the population to be enumerated; however, the Regional Census Centers and Local Census Offices shall make every effort to hire within communities and select candidates by census tract, zip code and block.

Illustration 3-14
Random Number List
(RNL)

____	0	____	0	____	1	____	2	____	8
____	3	____	4	____	5	____	7	____	2
____	4	____	3	____	6	____	3	____	9
____	6	____	7	____	3	____	4	____	7
____	2	____	9	____	2	____	9	____	4
____	4	____	1	____	8	____	8	____	0
____	8	____	5	____	9	____	6	____	1
____	7	____	6	____	0	____	1	____	3
____	5	____	2	____	4	____	5	____	5
____	9	____	8	____	7	____	0	____	6
____	7	____	2	____	1	____	6	____	7
____	3	____	8	____	5	____	2	____	4
____	2	____	3	____	7	____	0	____	5
____	6	____	0	____	3	____	5	____	1
____	0	____	7	____	4	____	8	____	9
____	8	____	6	____	8	____	4	____	3
____	1	____	1	____	2	____	9	____	2
____	5	____	5	____	6	____	7	____	0
____	9	____	4	____	9	____	3	____	8
____	4	____	9	____	0	____	1	____	4
____	3	____	5	____	5	____	9	____	4
____	6	____	4	____	9	____	2	____	7
____	7	____	7	____	4	____	0	____	9
____	9	____	2	____	1	____	4	____	6
____	8	____	9	____	8	____	8	____	5
____	2	____	3	____	3	____	6	____	2
____	4	____	8	____	0	____	3	____	3
____	1	____	6	____	7	____	7	____	1
____	0	____	1	____	2	____	1	____	0
____	5	____	0	____	6	____	5	____	8
____	2	____	7	____	0	____	6	____	3
____	7	____	5	____	9	____	5	____	5
____	8	____	3	____	5	____	0	____	0
____	5	____	9	____	7	____	7	____	6
____	6	____	1	____	1	____	9	____	1
____	4	____	8	____	2	____	3	____	2
____	3	____	6	____	8	____	4	____	4
____	1	____	2	____	3	____	8	____	8
____	9	____	4	____	6	____	2	____	7
____	0	____	0	____	4	____	1	____	9

Illustration 3-15
Page 1 of 3
Agency Responses

AGENCY RESPONSES 10/2008		
AGENCY NAME	DATE	RESPONSE
Access Board	22-Sep-08	Yes
Advisory Council on Historic Preservation	07-Oct-08	Yes
Agency for International Development	01-Aug-08	Yes
Appalachian Regional Commission	19-Nov-08	Yes
Barry M. Goldwater Scholarship and Excellence in Education Foundation	09-Jul-08	Yes
Broadcasting Board of Governors	08-Aug-08	Yes
China Economic and Security Review Commission	19-Sep-08	Yes
Commission of Fine Arts	09-Sep-08	Yes
Commission on Civil Rights	04-Aug-08	Yes
Commission on Security and Cooperation in Europe	22-Oct-08	Yes
Committee for Purchase from People who are Blind or Severely Disabled	22-Sep-08	Yes
Consumer Product Safety Commission	01-Oct-08	Yes
Corporation for National and Community Service	24-Nov-08	Yes
Defense Nuclear Facilities Safety Board	29-Sep-08	Yes
Department of Defense	07-Aug-08	Yes
Department of Education	17-Jul-08	Yes
Department of Energy	30-Sep-08	Yes
Department of Health & Human Services	15-Aug-08	Yes
Department of Housing and Urban Development	09-Sep-08	Yes
Department of Labor	14-Aug-08	Yes
Department of the Interior	07-Aug-08	Yes
Department of Transportation		Yes
Department of Veteran Affairs	30-Sep-08	Yes

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Environmental Protection Agency	25-Jul-08	Yes
Farm Credit Administration	24-Jul-08	Yes
Federal Communications Commission	24-Sep-08	Yes
Federal Mine Safety and Health Review Commission	23-Jul-08	Yes
Federal Reserve System - Board of Governors	25-Jul-08	Yes
Federal Trade Commission	16-Sep-08	Yes
General Services Administration	05-Aug-08	Yes
Government Accountability Office	28-Aug-08	Yes
Institute of Peace	08-Oct-08	Yes
Inter American Foundation	24-Sep-08	Yes
International Trade Commission	12-Sep-08	Yes
James Madison Foundation	29-Sep-08	Yes
Library of Congress	14-Nov-08	Yes
Marine Mammal Commission	15-Oct-08	Yes
Medicare Payment Advisory Commission	10-Nov-08	Yes
Merit Systems Protection Board	23-Sep-08	Yes
Millennium Challenge Corporation	07-Oct-08	Yes
Morris K Udall Foundation	15-Sep-08	Yes
National Aeronautics and Space Administration	12-Aug-08	Yes
National Capital Planning Commission	07-Jul-08	Yes
National Endowment for the Arts	07-Nov-08	Yes
National Endowment for the Humanities	19-Sep-08	Yes
National Mediation Board	04-Sep-08	Yes
National Science Foundation	25-Jul-08	Yes
National Transportation Safety Board	12-Nov-08	Yes
Nuclear Regulatory Commission	08-Oct-08	Yes
Nuclear Waste Technical Review Board	14-Oct-08	Yes
Occupational Safety and Health Review Commission	06-Nov-08	Yes

Illustration 3-15
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Office of Compliance	**04-Nov-08**	**Yes**
Office of National Drug Control Policy	**26-Sep-08**	**Yes**
Office of Navajo and Hopi Indian Relocation	**14-Jul-08**	**Yes**
Office of Personnel Management	**18-Jul-08**	**Yes**
Office of Special Counsel	**24-Nov-08**	**Yes**
Office of U.S. Trade Representative	**05-Aug-08**	**Yes**
Overseas Private Investment Corporation	**26-Sep-08**	**Yes**
Pension Benefit Guaranty Corporation	**11-Jul-08**	**Yes**
Railroad Retirement Board	**29-Jul-08**	**Yes**
Selective Service System	**21-Aug-08**	**Yes**
Small Business Administration	**4-Sep-08**	**Yes**
Smithsonian Institution	**30-Oct-08**	**Yes**
Social Security Administration	**18-Aug-08**	**Yes**
Surface Transportation Board	**25-Jul-08**	**Yes**
Trade and Development Agency	**17-Sep-08**	**Yes**
United States Postal Service	**29-Oct-08**	**Yes**

Chapter 4: Personnel Administration

Topic 1: Appointments

General

This chapter provides procedural guidance on selecting and appointing individuals in the Excepted Service for the 2010 Census. When performing the functions outlined in this chapter, adhere to the Merit System Principles (see Appendix A) and Prohibited Personnel Practices (see Appendix B).

Appointing Responsibilities

All Regional Census Center (RCC) employees will be appointed to a mixed-tour work schedule, and must sign an employment agreement. Full-time and part-time employees are eligible to receive health and life insurance immediately as long as the original appointment is beyond one year. Full-time and part-time employees will also earn annual and sick leave. The amount of annual leave earned will be determined by the employee's length of federal service. Part-time employees leave entitlement is prorated based on the number of hours worked in a pay period and the annual leave rate will be determined by length of federal service. Most employees are entitled to participate in the Federal Employees Retirement System (FERS) unless the employee has previous creditable service under another federal retirement system such as, the Civil Service Retirement System or is a federal annuitant. The Benefits Office in the Human Resources Division (HRD) will determine eligibility and provide enrollment information to new employees.

Before an individual can begin working our census, they must complete a BC-61, Appointment Affidavits. Completion of this form is mandatory. Applicants may be sworn in on the date of their appointment. Although, there may be applicants who are located in remote areas who find it difficult to make a trip into the office. These applicants may be sworn in by a field employee or a notary public, prior to their date of appointment. In these cases, mail a copy of the BC-61, Appointment Affidavit and two cover letters (see illustration 4-7 and 4-8).

The first cover letter, which is directed to new employee(s), asks them to seek a notary public for the purpose of administering the Oath of Office and to return the completed form immediately, in the envelope provided, to the attention of the Administrative

Coordinator at the RCC.

The second cover letter contains written instructions to the individual about administering the oath. Applicants cannot be considered employees or receive payment for completing the self-study until they have taken the Oath of Office and completed the BC-61.

If this option is elected, the date of appointment and the date the Oath of Office was taken will differ. However, applicants are never to be sworn in after their date of appointment. Upon being administered the Oath of Office, applicants become Census Bureau employees.

The Civil Service Oath of Office in Part A of the BC-61 contains the phrase "defend the constitution." In the case of Girouard vs. United States, 328 U.S. 61 (1946), the U.S. Supreme Court held that the oath of allegiance to the United States of American (taken by all candidates for citizenship) "does not in terms require that they promise to bear arms." Explain to any appointee who questions the meaning of, or objects to, that part of the oath, that the "defend the Constitution" phrase in the Civil Service Oath of Office does not imply that the appointee would be expected to bear arms.

NOTE: The Oath of Office must not be administered via telephone.

Objecting to signing the BC-61, Appointment Affidavits

If an appointee objects to signing the BC-61:

1. Determine the nature of their objection and document the reason the appointee refuses to sign the BC-61. If the appointee is a member of the RCC staff, the refusal should be documented in a Memorandum for Record. If the appointee is a member of the Local Census Office (LCO) staff, the reason for refusal must be documented on the D-275, Record of Training. A copy of the D-275, containing the reason for refusal, should be forwarded to the RCC from the LCO. The Administrative Coordinator should forward this documentation to the Decennial Administrative Branch (DAB) upon receipt.
2. Read the note at the bottom of the BC-61, Appointment Affidavits to the appointee and determine if this will provide enough information to allow the appointee to sign

the BC-61. If it does, strike the words, "So help me God" and "swear" wherever it appears and have the appointee sign the form.

3. If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act.

    a. The appointee should be informed that the phrase in the oath, "defend the Constitution" does not imply that appointee would be expected to bear arms.
    b. Read the Modified Oath of Office to the appointee and determine if this will provide enough information to allow the appointee to take the oath. If yes, attach a Modified Oath of Office (Appendix J) to the BC-61. The trainer should strike out Section A of the BC-61 and have the appointee sign and date the Modified Oath of Office and the BC-61, Appointment Affidavits. The trainer should complete the BC-61 as appropriate.
    c. If the appointee still does not wish to sign either the Modified Oath of Office or the BC-61, Appointment Affidavits, the appointee must be sent home and told that a Census Bureau representative will contact them to discuss the matter. However, they should **not** be told that they cannot work if they do not take the Oath of Office. The AMA should be immediately informed if a person is sent home under these circumstances.

The AMA should contact the Administrative Coordinator at the RCC. The Administrative Coordinator must call the appointee and determine the reason why the appointee did not sign the BC-61 or the Modified Oath of Office.

The Administrative Coordinator will provide the details of the conversation with DAB who will, in turn, provide this information to the Office of General Council (OGC). OGC will determine a course of action and notify DAB.

Note: Oath of Office may not be administered via telephone. Also, this form is not required when there is a change in an employee's status (such as a conversion to a new

appointment) as long as service is continuous in the same agency.

Administrative Training

After RCC employees are sworn in, they are required to take the administrative training on the following modules:

- No FEAR Act,
- Personally Identifiable Information (PII),
- Title 13, and
- Information Technology (IT) Security Awareness.

The material for each of the modules is provided in Appendix M of this manual. It is the supervisor's responsibility to provide these materials to the appointee after all other appointment documents have been completed. There is a certificate for each training. Each appointee needs to complete the four certificates and hand them to their supervisor.

After the supervisor completes their section of the certificate, they are to be given to the Administrative Coordinator for filing. The administrative area of the RCC should manually track the certificates to make sure that all RCC employees have completed these training modules.

Topic 2: Types of Appointments

General

Most RCC employees are appointed to Excepted Service positions under the Census Bureau's Schedule A 213.3114 (d)(1) appointing authority. All new RCC employees will be appointed to a mixed-tour work schedule. The mixed-tour work schedule provides management the flexibility to adjust the work schedule from full-time to intermittent or part-time according to the changing workload. Refer to the section on Employment Conditions, in this chapter, for additional information on mixed-tour work schedules.

Excepted Service Appointments

There are three excepted service appointing authorities that can be used for the 2010 Census.

a. **Schedule A Authority 213.3114(d)(1)** - This authority allows time-limited appointments for more than one year but not-to-exceed four years. This authority can be used for decennial census appointments only. Employees appointed through this authority will be in tenure Group 3 and will be required to serve a one (1) year trial period. Employees who are hired under this authority are eligible for within-grade increases, health and life insurance, annual and sick leave, and retirement. Also, advancement to the next higher grade level (if position has full performance level greater than current grade) is without competition.

b. **Schedule A Authority 213.3102 (i)(3)** - Temporary excepted service appointments not-to-exceed one year. Appointments may be extended up to one additional year. Total cumulative service under this authority cannot exceed two years. (Refer to the Temporary Employment in the Excepted Service section of this chapter for further guidance on the two-year limitation.) A not-to-exceed one-year appointment does not entitle an employee to federal health or life or retirement benefits. However, employees may carry their eligibility for benefits from another federal appointment, which afforded benefits, if the employee does not have a break in service of more than 3 days. Also, if the employee is full-time or part-time, they may be entitled to earn annual and sick leave, depending upon length of

appointment. (Refer to Chapter 6 for more information on leave.)

c. **Schedule A Authority 213.3102 (u)** – a government-wide excepted service appointing authority for persons with mental retardation, severe physical disabilities, and psychiatric disabilities. The regulation improves the federal government's ability to hire persons with these disabilities. Agencies may accept proof and certification from a licensed medical professional. These can include a physician or other medical professional duly certified by a state, the District of Columbia, or a U.S. territory, to practice medicine; a licensed vocational rehabilitation specialist (that is, state or private); or any federal agency, state agency, or agency of the District of Columbia or a U.S. territory that issues or provides disability benefits. In cases where an applicant does not have certification of job readiness, an agency may appoint the individual to a temporary appointment to determine the applicant's readiness for continued employment. Agencies may also make temporary (for positions not expected to last more than 1 year), time-limited, and permanent appointments under this authority.

Competitive Term Appointments

Term appointment positions will be given to new hires for grades 13 and above or positions with a full performance level of 13. Employees who are on term appointments are eligible for within-grade increases, promotions, health and life insurance, annual and sick leave, and retirement. Employees who are on term appointments do **not** acquire competitive status and are not eligible for transfer to other agencies. Employees currently on term appointments will remain on term appointments throughout the 2010 Census unless they apply for and receive a Schedule A appointment.

The Human Resource Department (HRD) will notify the employee of the conditions of his or her term appointment by enclosing a term Employment information sheet. Employees who are on term appointments will also be required to sign a mixed-tour work schedule agreement.

RCC Appointment & Transfer Policy

Listed below are guidelines for appointing and transferring employees. The guidelines vary dependent upon the original

appointment or position of the individual.

a. Written agreement (see section on Employment Agreements in this chapter).
b. All non-census employees who are selected and hired for temporary and term competitive service positions (such as those with a target grade of GG-13 and above) will have no placement rights with the Census Bureau after their decennial appointment ends.
c. An excepted service employee who desires to leave their Regional Office (RO) position for a higher graded position at the RCC must apply and compete for the RCC excepted service position. The employee would need to sign a written agreement (see section on Employment Agreements in this chapter.)
d. All non-census employees who are selected and hired in the RCCs for Schedule A positions must sign a written agreement, which states that the 2010 Census appointment is a temporary position with no expectations of further employment (See section on Employment Agreements in this chapter.)

Employment Agreements

Employees will be required to sign an excepted service employment agreement (Forms D-186A through I) acknowledging the terms and conditions of their appointment. The Human Resources or Administrative Coordinator can sign as the Census Bureau representative. If the employee refuses to sign the agreement, do not process the appointment action. A copy of this form should be provided to the employee, and the original form filed on the right side of the employee's SF-66, Official Personnel Folder (OPF).

One of the following employee agreements is appropriate depending on the previous appointment, if any, of the employee.

Career/Conditional appointment or excepted service appointment:

D-186A – Census Bureau Career/Conditional Appointment to a Regional Census Center Excepted Service Appointment (With Return Rights) (Illustration 4-1) - This agreement is appropriate for a career/conditional employee who accepts a position in an RCC. (The only exception is for positions that have a target grade of 13 or higher. Those are filled in the competitive service.) This agreement guarantees the employee return rights to the previous appointment or one at the same permanent grade last

held before the excepted service appointment.

D-186B - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service (Without Return Rights) (Illustration 4- 2) - This agreement is similar to D-186A. However, it provides no commitment to return an employee to a previous appointment.

D-186C - Census Bureau Temporary/Term Competitive Appointment Transferring to a Regional Census Center Excepted Service Appointment (Illustration 4-3) - This agreement is appropriate for a competitive service temporary or term employee who is accepting a position in an RCC. This agreement guarantees return rights to the original competitive service position or a similar temporary or term position at the same permanent grade last held if the employee's competitive service appointment has a time limit beyond the date their RCC excepted service appointment ends.

D-186D - Census Bureau Temporary/Term Appointment Transferring to a Regional Census Center Excepted Service Appointment (Without Return Rights) (Illustration 4-4) - This agreement is similar to D-186C. However, it provides no commitment to return the employee to the competitive service.

First-time appointment or transferring from one excepted service appointment to another:

D-186E - Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of Less Than One Year (Illustration 4-5) - This agreement is appropriate for RO excepted service employees selected for RCC or LCO excepted service positions with appointments not to exceed one year. This agreement provides return rights to the original appointment or a similar appointment at the same grade if the previous appointment had no time limitation or a time limit beyond the end of the new assignment.

D-186F – 2010 Census Employment Agreement, Temporary Excepted Service (Illustration 4-6) - This agreement is appropriate for first-time appointees. This agreement is also appropriate for RO excepted service employees selected for RCC or LCO excepted service positions without commitment to return the employee to a previous appointment.

D-186G – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year (Illustration 4-7) - This agreement should

be used for appointments of more than one year in the RCC. This agreement is appropriate for RO excepted service employees selected for RCC excepted service positions that are guaranteed return rights to the previous RO appointment or a similar appointment at the same permanent grade if the previous appointment had no time limitation or a time limit beyond the end of the new assignment.

D-186H – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year (Without Return Rights) (Illustration 4-8) - This agreement is similar to D-186G. However, it provides no return rights for RO excepted service employees.

Dual Employment with another Federal agency:

D-186I - Dual Employment with the 2010 Census and Another Federal Agency (Illustration 4-9) - This agreement is applicable only to LCO employees who are dually employed with another federal agency. Refer to the D-*501, Local Census Office Administrative Manual*, for additional information.

Temporary Employment in the Excepted Service

Temporary employment is defined as an appointment made for a specific period of time not-to-exceed one year effected under Schedule A authority 213.3102(i)(3).

Regulations

Temporary employment in the excepted service is limited to two years (24 months) total cumulative service. The purpose of this limitation is to ensure that all temporary appointments, under which employees may receive no benefits, are used to meet truly short-term needs.

If you hired staff under the temporary appointing authority and later determine that you will have a need for this position beyond two years, follow the selection procedures contained in this chapter, and fill the position using the time-limited appointing authority.

Also, if a temporary position in the RCC or a full-time position in the LCO (that is, LCO manager, assistant manager or administrative assistant) has been filled by multiple incumbents during the past two years, the next time you fill this position you must use the time-limited appointing authority.

There is no restriction on employees' eligibility to apply for successive temporary appointments to different positions or agencies.

Example 1: During the past two years John Jones worked in a dress rehearsal office. He served as an Administrative Assistant for six months under a temporary appointment. He was then converted to Assistant Manager for Recruiting under another temporary appointment and held that position for six months. He was again then converted to Assistant Manager for Field Operations under a temporary appointment and held that position for one year. Now, you want to select Mr. Jones for another temporary appointment Not-to-Exceed (NTE) one year as an LCO Manager. Since Mr. Jones has served under multiple temporary appointments during the past two years, you need to review his employment history and determine if he can be given another temporary appointment. In this situation, Mr. Jones held different positions during the past two years; he has never held the position of LCO Manager. Therefore, he can be hired under a temporary appointment NTE one year as LCO Manager. He also can be extended NTE one additional year as LCO Manager, if needed.

Example 2: During the past two years, Susan Jones worked in a dress rehearsal office. She served under a temporary appointment NTE one year as the Assistant Manager for Recruiting (AMR). Her appointment in the AMR position was extended NTE one additional year. You would like to keep her on the rolls in this same position throughout the census. In this situation, Ms. Jones' temporary appointment to the AMR position cannot be extended. Also, Ms. Jones cannot be given a new temporary appointment as a AMR because she has already served in this temporary position for the past two years. However, you have the following options: 1) you can appoint Ms. Jones to a different position under a temporary appointment NTE one year, or 2) you can advertise the AMR position under the Census Bureau's time-limited appointing authority [Schedule A 213.3114(d)(1)], and Ms. Jones may apply and compete for consideration.

Exceptions

The regulations governing temporary employment do not apply to appointments made to positions with an intermittent work schedule in which the employee has worked less than six months (1040 hours or less). Also, the regulations allow up to 120 hours of training in the first year and 80 hours of training in subsequent years in addition to the 1040 paid work hours.

As such, short-term appointments with an intermittent work schedule in the LCOs are excluded from coverage. Full-time appointments in the LCOs, and temporary appointments in the RCCs and LCOs with a full-time work schedule must be reviewed to ensure compliance with these regulations.

Each time a supervisor or manager determines that an RCC or full-time LCO position, for example, LCOM, assistant manager or Administrative Assistant, will be filled by temporary appointment, they must determine and certify that:

1. The position filled by temporary appointment is truly temporary; and
2. The proposed appointment meets the regulatory time limits.

Position Certification Requirements

The certification must be signed by a supervisor, grade 13 or above. The reason(s) for making a temporary appointment must be stated on the selection certificate documenting each appointment. Use the position certification (Illustration 4-10) statement attached to this memorandum.

Topic 3: Employment Practices and Policies

Authorizing RCC Positions

RCC positions will be staffed according to the budget authorization provided each RCC. RCC positions with a target grade of 13 or above may not be filled without prior approval of the Chief, Field Division. Refer to Chapter 2, of this manual for organizational structure and position description information.

Schedule A Salary Rates

Positions filled under the temporary authority, Sch A 213.3102 (i)(3), must be filled at the base level of the grade (step 1).

Positions filled under the time-limited authority, Sch A 213.3114 (d)(1), will generally be filled at the step 1, unless the candidate filling the position is entitled to the highest previous rate. By definition, the highest previous rate is the actual basic rate of pay for the highest grade and step previously held by an individual while employed by the Federal Government.

Exceptions may be approved to recognize previous salary levels for skilled positions or when it is necessary to hire a particular applicant with superior qualifications and skills that are required to fill a position. (See Illustration 4-1 for a sample superior qualifications request.) Exceptions must be approved in advance by Chief, HRD. Forward the justification requesting an advanced rate to the Decennial Administrative Branch (DAB), Field Division.

Four-Day Mandatory Break in Service Policy for 2010 Census

There is a mandatory four-day break in service policy for federal employees who accept Census Bureau appointments in the LCOs. This policy is mandatory for employees transferring to the Census Bureau from other federal agencies only. It does not apply to federal employees who accept a second appointment under the dual employment exemption. If a current Census Bureau employee accepts a position in the LCO, the RD is responsible for making the determination according to the guidelines contained in this section. The 2010 Census requires the largest peacetime mobilization of American workers. Because the federal workforce provides a large contingent of skilled workers for this effort, the Census Bureau is working with other federal agencies

to recruit current federal employees.

Census Bureau Federal Employees

If a current Census Bureau RO or RCC employee applies for and accepts a position in an LCO, the RD will decide if a four-day break in service is mandatory on individual, case-by-case basis. There are two factors to consider when making this decision:

1. Budgetary Constraints - Headquarters did not include overhead costs to cover federal employee benefits (that is, health insurance, life insurance, retirement and/or leave) in the LCOs. Do you have sufficient funding to cover the employee's benefits in your budget authorization?
2. Return Rights - Transferring an employee with benefits to an LCO position must be linked to whether or not the employee will be granted return rights to the RO or RCC.
   a. If you are going to guarantee the employee return rights to the RO or RCC, then the employee should be converted to the LCO position without a break in service. As such, the employee will maintain their eligibility for benefits.
   b. If you are not going to guarantee the employee return rights to the RO or RCC, the employee should be required to resign to terminate their permanent or time-limited appointment. The employee should then be given a new appointment in the LCO after a break in service of four calendar days.

An RO or RCC 2010 Census employee who is transferred to an LCO position without a four-day break in service will remain in the National Finance Center (NFC) system. The employee cannot be appointed in the Decennial Applicant, Personnel and Payroll System (DAPPS).

As a reminder, all employees should be given the appropriate excepted service employment agreement according to the Employment Agreement section of this chapter.

Within-Grade Increases

Schedule A employees who are serving on time-limited appointments (that is, appointment for more than one year) are eligible to receive Within-Grade Increases (WGI). Employees serving on competitive term appointments also are eligible for WGIs. WGIs are granted to employees who are performing at an

acceptable level of competence and who have completed the required waiting period.

Waiting Periods

The waiting period for full and part time employees are as follows:

Steps 2 - 4	52 weeks
Steps 5 - 7	104 weeks
Steps 8 -10	156 weeks

The waiting period for intermittent employees is as follows:

Steps 2 - 4	260 days worked
Steps 5 - 7	520 days worked
Steps 8 -10	780 days worked

NOTE: Periods of non-pay status may delay Within Grade Increases.

Within-Grade Increase Certification

The HRD will issue a list identifying employees who will complete their waiting period for a WGI in the next 60 days. You are to notify the supervisor of the employee's eligibility to receive a WGI. If the supervisor determines the employee is performing at an acceptable level of competence, no further action is required and the WGI will be processed. If it is determined that the WGI is not to be granted, the supervisor must seek guidance from the Employee Relations Branch at (301) 763-3701 immediately but no later than 30 days prior to the completion of the waiting period. The Employee Relations Branch should also be contacted about WGI procedures, particularly WGI denials.

Within-Grade Eligibility

If a Schedule A employee is on a temporary appointment (that is, not-to-exceed one year) and is converted to a time-limited or non-time limited appointment, the time served under the temporary appointment may be creditable towards WGI as long as the position change was not an equivalent increase. Questions regarding WGI eligibility are to be directed to the Pay, Processing & Systems Branch (PPSB), HRD at (301) 763-2900.

Tour of Duty for LCO Field and Office Staff

LCO field and office staff are assigned to an intermittent work schedule; that is, they work on an *as needed* basis and are not eligible for employee benefits or federal retirement.

These employees will be paid only for the hours worked and their hours and schedule will vary depending on the assignment. They are not eligible for annual or sick leave, health and life insurance coverage, federal retirement, or the Thrift Savings Program.

All part-time or intermittent employees who work in excess of five (5) consecutive hours in any day must take an unpaid meal period break of 30 minutes.

LCOMs are responsible for appointing all intermittent employees and ensuring the appointment procedures are followed. This responsibility is delegated in writing to first level supervisors for employees under their direct supervision.

Topic 4: Automated Personnel System

General

National Finance Center (NFC) – the NFC is the bi-weekly personnel/payroll system that is used for processing personnel data for the RCCs and the six (6) LCO office positions (that is, LCOM, assistant managers, and Administrative Assistant). Personnel Action Request (PARS) and payroll are processed by the RCC administrative staff.

Decennial Applicant Personnel/Payroll System – the DAPPS for LCO intermittent employees. It was developed and designed to reduce the amount of paperwork inherent to any automated personnel system. The intermittent LCO staff are processed in DAPPS. All personnel and payroll data entry is performed in the LCO. All employees in DAPPS are paid weekly. The last stages of payroll processing for the LCO intermittent staff will be completed at the RCC. Refer to the *D-581, DAPPS Operating Guide*, for specific processing instructions.

Topic 5: Processing Personnel Actions

Appointing New Hires in to NFC

To appoint employees, the following forms must be completed by the employee or the office.

Completed by employee:

- Resume or OF-612 Optional Application for federal Employment, or BC-170D, Census Employment Inquiry. (Although it has been discontinued by OPM, you may still accept SF 171, Application for federal Employment.)
- SF-15, Application for 10-Point Veterans' Preference, (if applicable)
- OF-306 (dated 1/01), Declaration for federal Employment
- BC-61 (dated 9/06), Appointment Affidavits
- W-4, Federal Withholding Allowance Certificate
- State Tax Withholding Form
- CD-525 (dated 1/94), Employee Address
- D-1199, Direct Deposit Authorization, or D-260, Waiver of Electronic Funds Transfer
- Personnel Source Document (for uniform service data), no form number
- SF-85 (dated 9/95), Questionnaire for Non-sensitive or Non-critical Sensitive Position
- SF-87A (dated 4/84), Fingerprint Chart (top portion only)
- I-9 (dated 8/09), Employment Eligibility Verification
- D-229, Pre-Appointment Certification Statement for Selective Service Registration (completed only by males born after 12/31/59)
- Uniform Source Document (for uniform service data)
- D-168, New Employee Data
- CD-314 (dated 11/92), Statement Relating To Employee Responsibilities and Conduct
- CD-187, Summary of Ethics Rules
- Language Proficiency Questionnaire, (if applicable)
- Excepted Service Employment Agreement (Forms D-186A-I)
- CD-415, Record of Employee's Address and Emergency

Information

Optional Forms:

- SF-1152, Designation of Beneficiary
- W-5, Earned Income Credit
- SBD-2090, Authorization for Purchase and Request for Change for US Series Savings Bonds
- Modified Oath of Office

Use **Competitive Service/Schedule A EOD Checklist** to ensure you all have the required documents. Refer to Appendix H Forms, for a sample of this form.

Completed by the office:

- Certification of the employee's Form I-9 requirements, that is acceptable proof of employment eligibility, is given to the appointing official for review and subsequent certification.
- Verification of Veterans' Preference, if any (SF-15, DD-214, or VA letter, when necessary).
- SF-87A, Fingerprint Chart (bottom portion) - fingerprints will be taken.
- Review of employment application and supporting documentation for employment suitability.
- Personnel Action to be processed in PARS system.
- Preparation of Form CD-430, Performance Management Record (See Appendix H, Forms, for a copy of this form).

NOTE: All new employee paperwork must be received in HRD by no later than the second Tuesday of the pay period the appointment is effective.

Completing the Personnel Action Request

Use the Competitive Service/Schedule A EOD Checklist when completing the PARs Action for RCC staff, LCO managers, and Administrative Assistants. Each of the items in this checklist MUST be complete prior to sending to HRD. The Competitive Service/Schedule A EOD Checklist is located in Appendix H of this manual.

Employment Conditions

Mixed-Tour Work Schedule

All decennial employees in the RCC and full time LCO employees will be on a mixed-tour work schedule. This type of work schedule provides more flexibility for managers as the workload fluctuates. As workloads drop and staffing requirements are reduced, change the work schedules of full-time Schedule A employees that have not reached the NTE date on their appointment, as indicated below.

Changes in Mixed-Tour Work Schedule

When the work volume is not sufficient to utilize all of the full-time workers in a given position, as many of these individuals as possible should be placed in other work areas. If there is insufficient work within the office or the field (if appropriate) to accommodate all of the excess workers, change the work schedules of all mixed-tour full-time employees to mixed-tour intermittent. Then place employees into a non-pay status until more work is available. These changes are to be effective on the first day of the pay period.

The identification of employees to be placed in non-pay status or remain working is the responsibility of the supervisor and higher level management. *Veterans' preference does not apply to such changes in work schedules. These changes are specifically provided for under the mixed-tour work schedule.* Complete a PARS Action to process the change.

Follow these procedures:

1. The supervisor should base their decisions on work related criteria such as employee availability, work performance, and experience and skills in determining which individuals should be placed in non-pay status. All such judgments as to who remains in pay status must be fair and equitable and made in accordance with Equal Employment Opportunity (EEO) principles and guidelines. It is the responsibility of the RCC management staff to ensure that EEO principles are followed. (Refer to Chapter 18, Equal Employment Opportunity Program for EEO responsibilities).
2. Placement in non-pay status by use of the mixed-tour program must be the result of work shortages only. It may not be used as a form of disciplinary action or as an attempt to remove a poor performer. If NFC employees are

performing poorly or warrant disciplining, there are appropriate measures that should be taken. Placement in non-pay status by a work schedule change is not one of these measures.

Employees in a given position who are in non-pay status will be brought back to pay status in preference to hiring new employees for that position. With limited exceptions, only after work is assured for all intermittent employees in the position will others be hired.

Recalling Mixed-Tour Intermittent Employees

When intermittent employees are available for the needed position, the general rule is as follows:

- Return intermittent mixed-tour employees to pay status prior to outside hiring for the position. For example:

  a. The RCC has 10 clerks in non-pay, intermittent status. As the office workload for clerks increases, the 10 clerks will be offered the opportunity to come back to work. If more than 10 clerks will be required, recruitment and hiring may begin for outside hiring simultaneously, so long as work remains for all interested intermittent clerks to return to pay status.

  b. Intermittent employees no longer available for, or interested in work, should resign. Employees who are temporarily unavailable for work, but who give a specific date on which they will be available, may be kept on the rolls if the arrangement is reasonable. The office does not have to contact these employees prior to hiring new ones as long as the increased staffing is needed before they are available.

  c. Employees who are offered and decline work and are unable to give an availability date should be told to contact the office when they are available. They will not be given consideration in advance of additional hiring until they contact the office. The office should set a time frame which is reasonable for such employees to remain on the rolls. The time frame set should take into account the work cycle of operations, the availability of other employees, individual circumstances (where warranted), and the prevailing labor market. The time frame should be explained to these employees when they are initially

contacted. When employees have been unavailable for work longer than is acceptable, they should be contacted, advised of their right to resign should they choose to do so, and advised that administrative action will be initiated that could include termination based on their unavailability for work (and told to resign or they will be terminated).

d. If an office is unable to contact an intermittent employee after a reasonable number of attempts, they may proceed with external hiring after documenting the attempts to contact. However, they should continue to attempt to contact the employee to determine his/her status. All contacts and attempts to contact intermittent employees should be documented.

e. The order in which employees are recalled to pay status should be determined by the same considerations outlined above, which describes the placement in intermittent status.

f. Any individual exceptions to returning an intermittent employee to pay status as outlined above must first be requested in advance through, and approved in writing by, the DAB. The justification for any such requests will need to be compelling.

Processing Actions for Positions Grade 13 and Above

All actions for positions grade 13 and above must be approved at headquarters. Prepare the PARS Action and send it to Chief, Field Division for approval.

Time-in-Grade Restrictions for Non-Competitive Conversions

When processing a non-competitive conversion, to the next higher grade level, within the full performance level of a position, time-in-grade restrictions must be met as listed below:

Advancement up to General Grade (GG) 5 - Candidates may be advanced without time restriction to positions up to GG-5 if the position to be filled is no more than two grades above the lowest grade the employee held within the preceding 52 weeks under his or her latest non-temporary competitive appointment.

Advancement to positions at GG-6 and above - Candidates for advancement to a position at GG-6 through GG-12 must have completed a minimum of 52 calendar weeks at the next lower

grade level.

Prior federal service in positions in the federal civilian service, including time spent under temporary promotion, may be used in counting time-in-grade provided the prior service was under a non-temporary appointment.

Time served on detail is credited at the grade of the employee's position of record. Service in positions not subject to General Schedule (GS) (that is, AD, FS, FC, LG) is credited at the equivalent GS grade by comparing the candidate's rate of basic pay with the representative rate (the fourth step of the GS grade) of the GS position in effect when the non-GS service was performed. The equivalent GS grade is the GS grade with a representative rate that equals the candidate's rate of basic pay. When the candidate's rate of basic pay falls between the representative rates of two GS grades, the non-GS service is credited at the higher grade.

> **Example**: Employee was in an Administratively Determined (AD) position in 1990 at $11.52 per hour. Using the 1990 General Schedule Pay Table, the grade 7 step 4 rate was $10.64 per hour and the grade 9 step 4 rate was $13.02 per hour. Therefore, the equivalent grade level for the purposes of time-in-grade would be grade 9.

Other Types of Personnel Actions

There are other types of personnel actions, for example, name change, correction, resignation, and change in work schedule, the administrative staff will be required to prepare when necessary. Refer to Appendix E, for a list of commonly used personnel actions and definitions. For a complete list of personnel actions, refer to the Guide to Personnel Processing Actions. All personnel actions, excluding resignations, are to be received in HRD as early as possible, but no later than the last workday before the effective date.

Noncompetitive or 'Battlefield' Conversions

For the 2010 Census, Schedule A employees who are immediately available, skilled and who have demonstrated ability will be considered for positions of higher level. Most often these conversions will occur under "battlefield" conditions, where typical administrative procedures to select the candidate through the rating and ranking process are not feasible. As in the previous censuses, managers or supervisors will make selections quickly to prevent serious operational interruptions. Battlefield promotions/conversions are only appropriate when regular recruiting practices would present unacceptable

interruption to operations. The Regional Director is granted the authority to approve all battlefield promotions/conversions and determine that operational circumstances require a battlefield action.

These guidelines apply **only** to filling excepted service positions (i.e., AD (213.3102(i)(3) - less than one year appointments with a possible 1 year extension or 213.3114(d)(1) – time-limited appointment at the full performance level of GG-12 or below) in the Regional Census Centers (RCCs), Early Local Census Offices (ELCOs), and/or Local Census Offices (LCOs) for the 2010 Census. Employees may be converted to a position of higher level without considering other candidates based upon past performance and experience. The guidelines set forth outline the procedures to convert the following experienced, excepted service employees:

a. 213.3102(i)(3) to 213.3102(i)(3) – An employee in a temporary position being converted to another temporary position. Battlefield actions may not exceed a total of 2 years from the original appointment.

b. 213.3114(d)(1) to 213.3114(d)(1) – An employee in position under a time-limited appointment being converted to another position under a time-limited appointment.

c. 213.3114(d)(1) to 213.3102(i)(3) – An employee in a position under a time-limited appointment being converted to a position under a temporary appointment. (Note: This is limited to NFC positions only.)

To be eligible for a battlefield promotion/conversion, the position must have been recruited for or occupied previously in a non-competitive conversion. A battlefield action cannot be used to fill a previously unoccupied position.

An employee in a temporary position **may not** be converted to a time-limited position through a non-competitive conversion, and must compete for that time-limited position.

The following are examples of when battlefield conversions would be appropriate:

- During the third week of the Nonresponse Follow Up Operation, a crew leader resigns. The Field Operations Supervisor (FOS) reviews the performance and production reports of each crew leader assistant in the crew. The FOS selects one of the crew leader assistants who have demonstrated the ability to perform the duties of the crew leader position.

- The Assistant Manager for Field Operations is terminated in the middle of operations. The Local Census Office Manager (LCOM) and/or Area Manager (AM) review the performance of each FOS. The LCOM and/or AM select one of the FOS's to fill the position.
- An Area Manager leaves to accept another position. A Regional Technician can be noncompetitively converted to fill the Area Manager's position (as long as the full performance level is GG-12).
- The above Regional Technician was noncompetitively converted to fill an Area Manager's position. A Field Operations Supervisor can be noncompetitively converted to fill that vacant Regional Technician position. (In this example, the Field Operation Supervisor, who currently holds a temporary appointment, 213.3102(i)(3), would be converted to a Regional Technician on a temporary appointment, 213.3102(i)(3). On the temporary appointment, 213.3102(i)(3) the Regional Technician would only be eligible for leave and would not earn health benefits.

To process a battlefield action for employees in the Decennial Applicant, Personnel, and Payroll System (DAPPS), follow the guidance contained in the D-581, DAPPS Operating Guide.

To process a battlefield action for employees going from the DAPPS system to the National Finance Center system, please do the following:

- Terminate the employee from the DAPPS system.
- Submit a PARS action "EOD/Sch A" in NFC to Human Resources Division (HRD) to process.

  a. Type in "Battlefield Action" in the Remark section.
  b. The following in the "Remarks" section inserting the appropriate information in the parenthesis:

     (RECOMMENDING OFFICIAL's name and title) approved on DATE. This selection is based on merit factors alone after due consideration of other available candidates. Internal posting procedures were not feasible.

     (REGIONAL DIRECTOR name and title) approved on DATE. This selection is based on merit factors

alone after due consideration of other available candidates. Internal posting procedures were not feasible.

c. Print out a copy of the PARS action. Place a copy in the selection file and send a copy to HRD to place in the OPF on the left hand side.
d. Enter the initial cert number from DAPPS for which the employee was hired and original date of hire from DAPPS in the "Remarks" section.

- Send the DAPPS OPF to the HRD to process as an EOD into NFC. Please note – the EOD action will not be processed until the OPF is received in HRD containing all required documents.

Filling RCC and LCO Managerial Vacancies by Internal Detail for the 2010 Census

A detail is defined as a temporary assignment of an employee to a different position for a specified period, with the employee returning to their regular duties at the end of the detail.

Competitive and excepted service employees in the RO and RCC may be detailed to excepted service positions (GG and AD) in the RCC and for managerial positions in the LCO in situations where the RD determines that such details are reasonable. Details should be made to positions of the same or lower grade level, in which there is no additional promotion potential. Employees may be detailed for the duration of census operations and funding, Not to Exceed beyond September 30, 2010. The legal authority for effecting these details is 13 U.S.C 24(a). Employees serving on detail will be paid the salary associated with their permanent position of record.

Details of less than 30 days do not require any form of documentation. Details over 30 days are processed in PARS.

Refer to the section on Intergovernmental Personnel Act (IPA) and Reimbursable details later in this chapter.

Processing Personnel Actions (Conversion/ Extension) for Employees on Time-Limited Appointments Whose Services are Needed for Less Than

Same Grade - Employees currently occupying Schedule A, time-limited appointments (that is, Schedule A 213.3114(d)(1)) whose services are still needed, but for less than one year, may have their original appointments extended by a Nature of Action (NOA) 760. An extension to the original appointment will maintain the employee's status in their current appointment. Therefore, the employee will retain the eligibility to receive WGIs. A not-to-

One Year

exceed date of one year or greater is not required on an extension personnel action.

Higher/Lower Grade or New Position - If an employee is to be 'converted' to a higher, or lower, graded position, or to a different position, a conversion personnel action (NOA 571) is necessary. Since the conversion to the new appointment is for less than one year, the appointing authority, Schedule A 213.3102(i)(3), is required. The higher grade would be reflected on the conversion personnel action, using the temporary appointing authority.

In such cases, employees are NOT required to complete a new 'temporary' excepted service employment agreement, and the employee is entitled to retain their benefits and leave earning eligibility.

Topic 6: Entry on Duty (EOD) Application for Schedule A Appointments

General

The Regional Census Center (RCC) will be responsible for entering the EOD information for all Schedule A appointments. The Employment and Compensation Branch (ECB), HRD will input EOD information for all competitive appointments.

The EOD Application

The EOD application is designed to collect, store, and disseminate data on new Census Bureau hires enabling the various entrance processes to begin in preparation for the new employee's arrival. Entering the data into the EOD system will start the process to establish the James Bond ID (JBID), computer/safe boot access, and access to e-QIP (the electronic SF-85) used to initiate the background investigation. After appointment, the EOD application is used to track the status of the new employee's background investigation.

Enter the new hire's information into the EOD system immediately upon acceptance of the job offer. Be sure to also submit the personnel action via the Personnel Action Request System (PARS).

On a daily basis, data from the EOD application is forwarded to the Commerce Business System (CBS). Using the forwarded data along with confirmation that the Census Bureau ID Badge has been issued, and data entered into the SEC800 [refer to ROAM 2007-73 (Revised), dated July 20, 2007], CBS will establish the JBID. This process may take up to 48 hours to complete; however, if after 48 hours the JBID has not been established, send an e-mail to the HRD Call Center.

EOD Application Procedures

The EOD Application is contained within the Census Human Resources Information System (CHRIS). CHRIS is web-based personal information tool providing personnel and payroll information on your desktop. It integrates the family of Census HR web applications into a single system with only one password.

To access CHRIS:

- Go to https://chris2.hrd.census.gov
- Enter your James Bond ID into the username blank

- Enter your Novell password into the password blank
- Click 'Login'

EOD Entry

- Click the 'EOD' link to enter into the EOD system. (This will be under 'My Applications/Link Library.') Make sure to fill out all the text fields accurately. The system validation will catch most mistakes.
- Click the 'New EOD Entry' to enter new information on an EOD. Fill in all the information about the entering employee including:

  a. Personal Information

  b. Position Information

  c. Employment Information

  d. Other

  e. Click 'Review' to review the information that you just entered.

  f. Check all the information that pulls up to make sure that you have entered all the data correctly.

  g. After you have verified that all information is correct, click 'Submit.'

  h. Make sure you get a confirmation page with the employee's social security number, name, and EOD date. Then you can go back to the main page by clicking the 'Back to Main page' button.

Employee Search

- Click on the 'Employee Search' link to search.
- To find an employee with an existing EOD record, enter either their social security number or last name into the search box and click 'Search.'

Search

- To edit or update the record, click the 'Edit/Update Record'

button.

- Edit the fields you desire, and then click 'Update.'
- The edit page will look similar to the New EOD Entry page.
- To track the employee's SF-85, click the 'Track SF 85 Status' button.
- This page will tell you all of the following information about the employee's SF 85:
  a. When the form was received.
  b. The date the form was sent by CHEC.
  c. The date returned, if returned by OPM.
  d. The date the form was resent to OPM.
  e. The date the investigation was closed by OPM.
  f. Any comments.
  g. The type of investigation that was done on the employee.
  h. If you need to update any of the SF-85 tracking information, enter the information and then click 'Submit.'
- To delete an EOD record, click the 'Delete Record' button.
- You would use the delete record button if a new employee declines the job offer.

Edit

Click the 'Employee Search' link to edit an employee's record.

The Edit feature allows users to change the employee data that was originally keyed into the EOD system, for example, a keying error or items that have changed after they were keyed.

EOD Status

Identifies the EOD actions for the organization to which they have access that were received in HRD in a particular pay period. The report identifies all EOD's received and processed in the pay period, including breakdown of the EOD's received and processed with effective dates in the pay period selected, EOD's received and processed with earlier effective dates and EOD's received with future effective dates. The user can also identify

the EOD's received with complete packages as well as those received with incomplete packages. The report identifies the date the complete EOD packages were received, allowing them to be processed. In addition, the user can identify the missing and/or incomplete documents that are needed in order for HRD to process the actions.

Reports

To access the Reports section:

- Click on the 'Reports' link to review reports.

The Final Notice of Employee Entry on Duty report is designed for users to review their area of access for all the employees that will be entering on duty for the time frame you have specified.

To view 'Final Notice of Employee Entry on Duty,' click on the text.

- Enter both the EOD start date and EOD end date for the report you would like to view.
- Click 'Run Report' to view the report.

The SF-85 Security Clearance Report for HSPD-12 Regulation is designed for the users to view ONLY their employee's security information. You will be able to see if paperwork was sent to OPM and see which employees that have not cleared. This report should be viewed monthly to ensure that employees are being cleared and the proper paperwork is being processed in a timely manner. Once you have reviewed the report and have questions in regards to the clearance, you can contact the CHEC staff.

To view SF-85 Security Clearance Report for HSPD-12 Regulations (All current employees):

- Click on the text.
- To search for a specific employee:
  a. Enter the employee's social security number (without dashes) or the employee's last name and first name into the provided blanks.
  b. Click 'Run Report' to view the information.
- To search for a list of employees in your region:
  a. Enter the 18-digit organization code in the blank provided, entitled 'Org. Code (18-digit),' or click on the code to search the Organizational Table

pop-up. The system should default to your RO Org. code.

b. Then click 'Run Report' to view the information for your region.

- Be sure to select from the 'Show' drop down list which of the following you would like to view:

  a. 'ALL' – shows closed and open cases.

  b. 'CLOSED' – shows closed cases that have security clearances completed.

  c. 'NOT CLOSED' – shows open cases that have security clearances completed.

  d. 'ER' – shows cases that are not closed and are in Employees Relations Branch for adjudication.

For Assistance

For assistance with the EOD application process, please contact the HRD Call Center at 301-763-4748 (HR4U) or 1-800-871-5816. The Call Center may also be reached at hrd.call.center@census.gov. A Competitive Service/Schedule A EOD Checklist and PowerPoint presentation with screen shots are provided in Appendix O of this manual for additional assistance.

Topic 7: Processing a National Agency Check and Inquiry (NACI) Security Request

Completing the SF-85 and SF-87A

All new employees (with appointments greater than 90 days) are required to complete an SF-85, Questionnaire for Non-Sensitive Positions and an SF-87A, Fingerprint Chart to clear the NACI/Security request. If it is at all possible, it is recommended that appointees complete the fingerprinting process prior to their first day of work and mail the fingerprint card back to the RCC.

If the new appointee has access to the Internet, a completed SF-85, Questionnaire for Non Sensitive Positions can be submitted electronically at least one week prior to their first day of employment. To complete this form they will need to access e-QIP, the Electronic Questionnaire for Investigations Processing system, by clicking on the following link: http://www.opm.gov/e-qip/. E-QIP is part of an e-government initiative sponsored by the Office of Personnel Management which allows applicants to electronically enter, update, and transmit their personal investigative data over a secure internet connection to their employing agency for review and approval.

The RCC staff must do the following:

- Complete the following blocks on the SF-85:

  Nature of Action code of accession action

  Effective date of accession action

  Duty Station Code

  Employee's Position Title

  '1798'

  'CM00'

  '13040001'

  '11-18-00-00-60-0751-258-1'

  RD's name, title, signature, telephone number and the date.

- Review the SF-85 against the application (SF-171, or OF-612 and OF-306, or resume and OF-306) to ensure that information documented on the SF-85 matches the information on the application.

- All RCC staff, LCO managers, and Administrative Assistants must have their fingerprints taken prior to appointment. Fingerprint the employee using the SF-87A. Complete the following blocks: Date, Signature of Official Taking Fingerprints, Title & Address, Position to Which Appointed, Department, Bureau, and Duty Station. Review the remainder of the SF-87A (completed by employee) to make sure the name, social security number, and date of birth are the same as on the application and SF-85.
- Ensure that all changes are initialed and dated by the employee.
- Prior to Wednesday before entry on duty, using Federal Express, send the OF-306, FP Card, SF-85 or complete E-quip, OF-612 or resume and PIV form along with photocopies of ID, and application to:

  U.S. Census Bureau
  Attn: CHEC Office
  4600 Suitland Road
  Room 3K031
  Suitland, MD 20746

OPM sends the pending and final security certifications to headquarters. The final security certification is filed in the employee's OPF.

Topic 8: Employee Separation Clearance

General

Clearance of employees is required to assure that any indebtedness to the federal government is adjusted and that all property, credentials, and classified materials for which an RCC employee is responsible are returned or accounted for prior to separation. The employee should not receive their last paycheck until all materials have been accounted for.

Note: These procedures also apply to the LCO manager, assistant managers, and Administrative Assistant.

Procedures

Procedures for Separation Clearance of all, RCC Employees:

1. Form CD-126, Separation Clearance Certificate (see Appendix H) must be completed when an RCC employee is separated or terminated. The administrative staff is responsible for the preparation of this form and should check the appropriate boxes for the employee to fill in and ensure that all sections are completed and signed by the following:

Section I – The immediate supervisor will sign the form indicating that all classified, sensitive, or other materials are accounted for and cleared.

Sections II and III – These sections will be completed by the employee's supervisor, or other designated official. After each item listed in Sections II and III are collected and cleared, the clearance official will sign next to the cleared item.

2. File completed CD-126 in the employee's payroll folder.

Give the employee Form D-287, Post Employment Restriction and SF 8, Notice to Federal Employee's about Unemployment Compensation.

Topic 9: Recordkeeping Requirements

General

The administrative staff in the 2010 Census is responsible for ensuring the Privacy Act Provisions of 1974 are implemented in regards to the safekeeping of all personnel documents.

All personnel documents for LCO DAPPS employees will be kept in the OPF, which is maintained in the RCC. Refer to Appendix D for guidelines governing the OPF for the LCO employees. The personnel documents for NFC employees will be kept in the OPF or payroll folder at Headquarters, HRD.

The OPFs for employees that have been separated for more than 3 months are to be sent to the National Personnel Records Center (NRPC). Instructions for rehiring records for the 2010 Census will be released in a separate memorandum.

LCO Working Personnel/Payroll Folder

The Assistant Manager for Administration in the LCO is responsible for establishing a WPPF for each employee. Documents from the appointment folder, completed at operation training, are to be removed and placed into the applicant folder so that all documents are now contained within the applicant folder. The applicant folder will now become the WPPF and the now-empty appointment folder can be re-used or discarded, making sure that no documents or personnel information is in or on the folder. File WPPFs alphabetically, by last name, in a locking file cabinet.

Use this folder created by the administrative staff to maintain all payroll copies of the SF-50, Notification of Personnel Action, and other personnel/payroll related documents such as, the D-308, Daily Pay and Work Record submitted daily by DAPPS employees, in chronological order. The LCO WPPF will serve as a reference folder when answering personnel/payroll related questions from the employee and their supervisor. This folder should be maintained in the LCO and should be safeguarded by keeping them in a locked file cabinet or room in or near the administrative area.

LCO Working Payroll/personnel Folder Filing Instructions Maintained in the LCO: (File documents in chronological order)

- CD-415, Record of Employee's Address and Emergency Information (white copy)

- SF-50, Notification of Personnel Action – Payroll Copy (attach copy of D-291)
- D-1199, Direct Deposit Authorization or D-260, Waiver of Electronic Funds Transfer
- W-4, Employee's Withholding Allowance Certificate (if applicable)
- W-5, Earned Income Credit Advance Payment Certificate (if applicable)
- D-155, Applicant Data Sheet
- D-308, Daily Pay and Work Record (for each day submitted)
- D-289, Notice of Withheld Pay Check (if applicable)
- D-291 DAPPS Update Form (attach to appropriate SF-50B)
- D-990, Overtime Policy Agreement for Field Operations Supervisors and Crew Leaders (if applicable)
- D-991, Overtime Policy Agreement for Recruiting Assistants and Enumerators (if applicable)
- D-992, Overtime Policy Agreement for Office Operations Supervisors and Clerks
- D-270.1, Supervisory Applicant Reference Sheet

Official Personnel Folder

All personnel documents for LCO Decennial Applicant, Personnel, and Payroll System (DAPPS) employees will be kept in the OPF, which is maintained in the Regional Census Center (RCC). The RCC administrative staff is responsible for ensuring the Privacy Act Provisions of 1974 are implemented and personnel records are secured against unauthorized access.

The personnel documents for National Finance Center (NFC) employees will be kept in the OPF at Headquarters, Human Resources Division (HRD).

Storage and Safe Keeping

Using an estimated 70,000 workforce per RCC, we determined that you will need approximately 72 five-drawer file cabinets to store the OPFs. If you put all of these file cabinets in one place, we estimate you will need appropriately 1152 square feet. However, if space is limited in your existing RCC location, you

can put some of these files cabinets in another location and set up an inactive file process, that is, once an employee separates and you receive notification from the LCO, the OPF file becomes inactive and gets sent to the other storage area for safekeeping until such time that the folder can be sent to the National Personnel Records Center for permanent storage. If you will need additional space (no space currently exists to keep any and/or all of these files in the RCC), notify the Modeling and Analysis Branch at Census Headquarters.

Access to OPFs must be strictly controlled. At a minimum, the administrative staff should establish a sign/sign out log that records the date, name of the employee, the name of the requester, the reason for the request, and the date the record is returned to the file. Only supervisors and other administrative staff should be authorized access on a need to know basis.

Creating the OPF

Prepare a label using the information provided. Upon completion, affix the label to the right side of the folder. Do not add any markings, notations, or tabs to the OPF or label. The label must have the following three items:

- **NAME:** Type the employee's name exactly as it is on the Standard Form 50, Notification of Personnel Action.
- **DATE OF BIRTH:** Type the date of birth in month, day, and year order in six numerals with dashes between day, month, and year. The date of birth should be typed several spaces to the right of the name.

  Example: March 22, 1951 is typed 03-22-51.

- **SOCIAL SECURITY NUMBER:** Type the employee's social security number (SSN) directly under the name.

  Example: Doe, Jane R.
  DOB: 03-22-51
  SSN: 999-99-9999

Filing Guidelines

Updated 02/2010

Use this guidance when creating and filing in the OPF and LCO WPPF. Records are filed in the OPF to document events in an individual's federal employment history that have long-term consequences for the employee and the government. File documents correctly to ensure that all personnel actions pertaining to an employee are documented in the personnel folder. The OPF documents are either long-term or temporary documents. Certain

documents must never be filed in the personnel folder.

- **Long-Term:** Long-term documents are records kept for the life of the folder, usually 115 years from the employee's date of birth. These documents are filed in chronological order by the effective date on the **right** side of the personnel folder. File the document with the more recent effective date on top of the document with the earlier effective date.

  However, when forms have no effective file them by completion date. Also, if more than one form has the same effective date, file them in any order by the effective date:

- **Temporary:** Temporary documents are documents that are **not** kept for the life of the personnel folder. These documents are filed on the **left** side of the folder. Other material may be filed on the left side as long as:

  - The document pertains to the individual. For example, employee's position description or SF-1152, Designation of Beneficiary for Unpaid Compensation.
  - The document is a personnel record. Travel, payroll, and financial disclosure records are not personnel records.
  - Prohibited documents are never placed in a personnel folder. The prohibition may come from law, such as the Privacy Act, or from regulation such as Title 29, Code of Federal Regulations. **For example, a D-168, New Employee Data, should never be filed in a personnel folder.**

Forms to be filed on the RIGHT (Permanent) side of the OPF: (File documents in chronological order)

Must be in every OPF

- BC-170D, Census Employment Inquiry (attach the D-270.1, Supervisory Applicant Reference Sheet to the BC-170D)
- D-270.1, Supervisory Applicant Reference Sheet
- BC61, Appointment Affidavits

- SF-50, Notification of Personal Action, OPF Copy
- Excepted Service Employment Agreement (D-186A through D-186I)
- OF-306, Declaration of Federal Employment

If applicable

- DD-214, Report of Transfer or Discharge
- SF-15, Claim for Veterans' Preference
- D-299, Selective Service Registration
- D-247, Federal Civilian and Military Annuitants Offset Waiver Request (If applicable)

Forms to be filed on the LEFT (Temporary) side of the OPF:

- SF-1152, Designation of Beneficiary
- CD-415, Record of Employee's Address and Emergency Information (pink copy)

Dissemination of other forms:

- I-9, Employment Eligibility Verification

  The I-9 is NOT to be filed in the OPF. They are filed in a separate folder in the office. Retain I-9s for three years after a person enters on duty (EOD) or one year after a person's employment is terminated whichever is later. Forms I-9 completed by an agency must be retained by that agency; they should not be transferred to the next employer.

- D-168, New Employee Data

  The D-168 is NOT filed in the OPF. It is to be destroyed after processing. (This form replaces SF-181, Race and National Original, SF-256, Self-Identification of Handicap, and the OPM-1635, Welfare to Work.)

Disposition of Records

If an employee transfers from one RCC to another RCC, forward the OPF via Federal Express to the gaining RCC. LCO administrative staff will use the Form 11-100, Transmittal, as a cover sheet to document the transferring of personnel forms (includes subsequent OPF copies of the SF-50), payroll, or other administrative forms or materials to the RCC.

Topic 10: Request for Records Under the Privacy Act of 1974

Privacy Act

The Privacy Act statute applies to any item, collection, or groupings of information about an individual that is maintained by an agency. This may include, but is not limited to, an individual's education, financial transactions, judicial history, criminal and employment history, Official Personnel Folder, Time and Attendance documents, performance evaluations, and so forth, that can be retrieved by name or other identifier, such as Social Security Number.

At the Census Bureau, Privacy Act records include documents relating to an individual's application for employment and subsequent records pertaining to hiring an individual, maintaining payroll and other documents on that employee. Any documents relating to not hiring an applicant or dismissing an employee for cause would also constitute records in a system of records covered by the Privacy Act.

Release of Privacy Act records can be made to an individual upon request, in person, as long as the individual can provide proper identification. Mail requests from former and current staff require a notarized authorization stating that the Census Bureau can release the requested records to the requester or a third party. Even Congressional correspondence forwarding a Privacy Act request to the Census Bureau will require an authorization before any documents can be released.

The Chief of the Privacy Office is the Privacy Act Officer for the Census Bureau and is responsible for responding to such inquiries. If you receive a request for information that is covered by the Privacy Act, follow the procedures below. It is important that Privacy Act requests and correspondence, including electronic mail, be sent to the Office of Analysis and Executive Support along with all the requested records as promptly as possible since the law provides a limited time for the Census Bureau to respond.

Note: Requests from federal, state or local government agencies for law enforcement or investigatory purposes (for example, information needed to order a garnishment) should be processed by the region following the guidelines contained in the section 'Information That Can Be Released.'

Privacy Act Requests

Send all requests marked 'Privacy Act Requests' to:

Chief, Policy Office
Census Bureau
Room 8H170
Washington, D. C. 20233-3700

Requests may also be sent by fax on (301) 763-6239 or by electronic mail to a member of the FOIA staff. The FOIA Web site is: http://cww.census.gov/po/foia/foiaweb.htm

Prepare an acknowledgment informing the requester that the letter has been sent to Headquarters for reply. Send a copy of the request, and a copy of the requested documents, along with a copy of the acknowledgment to the Chief, Policy Office, by the most rapid means available. This excludes requests by employees of the regions to see their own files. For these requests, follow procedures outlined in The Guide to Personnel Recordkeeping.

Topic 11: Request for Records Under the Freedom of Information Act (FOIA)

General

The Freedom of Information Act (FOIA) generally provides that any person has a right, enforceable in court, of access to federal agency records (or portions thereof), unless such records are protected from disclosure by one of nine exemptions or by one of three special law enforcement record exclusions. Generally, FOIA documents are those records created by the Census Bureau for internal use, such as memoranda, notes of telephone conversations, administrative directives and regulations, correspondence, notes of meetings, preliminary drafts, travel records, documents containing annotations or reviewer comments, schedules and calendars of employees' activities, employee logs, inventories, and the list goes on to include even the FOIA requests themselves. Examples of types of responsive documents to FOIA requests include materials that can be in any form including paper, electronic tape, diskettes, photographic documentation, transcriptions of events, and electronic mail sent and/or received.

It is important that FOIA correspondence, including electronic mail, be sent to the Census Bureau's FOIA Office along with all the requested records as promptly as possible since the law provides a limited time for the agency to respond.

Since FOIA documents can be in any form, it is important to note that although the Census Bureau may have the requested materials under the FOIA statute, there are exemptions that prohibit the release of certain information. FOIA staff in the Census Bureau's FOIA Office at headquarters will black out information that is prohibited from release under the FOIA and will release only those portions that are not exempt. Thus, the Census Bureau can withhold exempt materials in their entirety, release only those sections that are not exempted, or release the entire record if it is not specifically exempted. Since the requested records are released, redacted, or withheld, by the Census Bureau's FOIA Office, the Regional Census Centers and Local Census Offices will not be responsible for making these determinations.

One of the FOIA Exemptions covers all records relating to the censuses and surveys we conduct under Title 13, United States Code, which specifically prohibits the release of any information obtained by the Census Bureau such as the censuses and surveys

we conduct under that statute. We cannot divulge any information that would identify any individual, address, or company that is a respondent in our surveys and censuses. Thus, any computer records, such as address lists, survey responses and the like would be withheld in their entirety or appropriately redacted by the Policy Office.

There are many records that the Census Bureau creates or maintains that are not subject to the FOIA. Examples include census data, publications, and any other publications or information that are publicly available on the Internet or are for sale by the Census Bureau and the Government Printing Office. Also, documents or publications released by another governmental or private agency cannot be released by the Census Bureau.

A FOIA request must be in writing, state that the request is being made under the FOIA, and reasonably describe the information requested. On occasion, you may receive a request for information that you believe falls under the FOIA statute, but is not designated as such. Refer these letters to the Census Bureau's FOIA Office immediately along with the information requested.

Note: Requests from federal, state or local government agencies for law enforcement or investigatory purposes (for example, information needed to process a garnishment) should be processed by the region following the guidelines contained in the section, 'Information Which Can Be Released.'

Freedom of Information Act Requests

FOIA requests must be made in writing. When FOIA requests are received directly in the RCC, send the request by the most rapid means available (FAX or by mailing using Federal Express). Write 'Freedom of Information Act Request' clearly on the front of the envelope and address it to:

Mary C. Potter, FOIA Officer
U.S. Census Bureau, Room 8H027
4600 Silver Hill Road
Washington, D. C. 20233-3700
E-mail: Mary.Catherine.potter@census.gov
Toll free: 1-301-763-6239 (ATTN: FOIA Officer)
Fax: 1-888-206-6463

Prepare an acknowledgment informing the requester that the letter has been sent to Headquarters for reply. Send a copy of the

request, along with a copy of the acknowledgment, and a copy of the requested documents to the Census Bureau's FOIA Office by the most rapid means available.

Topic 12: Annual Reminder of Nondisclosure

General

All employees of the Census Bureau sign the following sworn affidavit of nondisclosure when entering on duty:

> "I will not disclose any information contained in the schedules, lists, or statements obtained for or prepared by the Census Bureau, to a person or persons either during or after employment. I know such disclosure through publication, or any other communication method, could result in a fine of up to $250,000 and/or imprisonment for up to 5 years."

Each RCC is responsible for sending annual reminders to each of its employees reminding them of their responsibility to keep Title 13 (Census Bureau) data, as well as other sensitive data, confidential.

Topic 13: Releasing Information on Employees

Employment Verifications

When an employee applies for credit, credit bureaus and lending firms often conduct credit checks. Typically, employment verifications are made to establish proof of employment and salary. All Census Bureau employment verifications (for mortgages, credit applications, for example), for employees paid through NFC, may be provided by a national employment and salary verification service, the TALX corporation. Their product is 'The Work Number for Everyone.' On the following page, are the procedures, issued by the Department of Commerce, for using TALX.

The HRD Call Center will also provide employment verifications as follows:

Telephone verifications will only verify the following information provided by the caller: Official Title, salary and length of service. Callers are required to provide the employees\'s name and social security number.

Written verifications received by the HRD Call Center must include the employee's social security number and a signed authorization of release from the employee.

Distributing Personally Identifiable Information (PII)

Send all materials containing social security numbers or PII via Federal Express. This will ensure accountability and traceability when sending these documents to applicants, employees, other Regional Census Centers, headquarters, and so on. All PII materials must be double-wrapped. ***"Note: The social security number and date of birth have been removed from the SF-50, Notification of Personnel Action. This form is not required to be sent by Federal Express."***

What is The Work Number for Everyone ? **It is an interactive voice system for employment and salary verification developed by the TALX Corporation of St. Louis, Missouri.**

How does The Work Number for Everyone work? **In lieu of submitting employment or salary verification requests to your servicing human resources office, you will access the system by calling 1(800) 367-2884, and then enter the Commerce Company Code of 10342, your social security number (SSN) and a personal identification number (PIN). The system will voice you an authorization code. You are responsible for giving the authorization code to your lender or creditor, plus the Commerce Code of 10342 and your SSN. In turn, your lender or creditor may immediately access the system and obtain your employment or salary information via the phone or fax.**

What is my PIN? **Your PIN is a 4-digit number denoting the month and day of your birth. For example, January 15 = 0115.**

When can I start using The Work Number for Everyone ? **The system is available on August 31, 1997.**

Are all employees required to use The Work Number for Everyone ? **Yes, with the exception of employees duty stationed overseas or those who are hearing-impaired.**

What hours will the The Work Number for Everyone be available? **The system is available 17 hours a day, seven days a week, per the following time zones:**

Eastern - 7:00 am to 12 midnight
Central - 6:00 am to 11:00 pm
Mountain - 5:00 am to 10:00 pm
Pacific - 4:00 am to 9:00 pm

How will my lender or creditor access The Work Number for Everyone ? **Lenders or creditors who are members of the service must access the system by calling 1 (800) toll-free number (made available only to members); non-members must access the system by calling 1 (900) 555-9675.**

What type of information does my lender or creditor receive? **Three levels of information will be released to your lender or creditor depending on the type of verification required.**

- ✔ **BASIC* provides employment information usually required for reference checks;**
- ✔ **BASIC PLUS provides employment and salary information usually required for small and short-term loans, and**
- ✔ **FULL provides employment and salary information (including the prior two years of salary information) necessary for major loans and mortgages.**

**To authorize release of BASIC information, you do not need to provide an authorization code.*

What if I have questions about The Work Number for Everyone? **Questions or additional information can be obtained from a TALX Customer Service Representative at 1 (800) 996-7566 or contact the Payroll, Processing & Systems Branch at (301) 763-2900.**

Providing Reference Checks to Other Firms or Agencies

If a prospective employer calls for a reference check, do not discuss or provide any derogatory information that goes beyond or contradicts anything that may have been in the employee's termination letter. For example, if a supervisor had a problem dealing with the employee being absent without leave but it is not part of the termination letter, do not bring it up. If you feel any discomfort at all when answering a question regarding a previous employee, just state that you would prefer not to give any kind of comment.

Information That Can Be Released

In accordance with 5 CFR 293.311, the following information on federal employees is considered public information and can be released to a third party without specific written consent of the employee:

(1) Name;
(2) Present and past position titles and occupational series;
(3) Present and past grades;
(4) Present and past annual salary rates (including performance awards or bonuses, incentive awards, merit pay amount, Meritorious or Distinguished Executive Ranks, and allowances and differentials);
(5) Present and past duty stations (includes room numbers, shop designations, or other identifying information regarding buildings or places of employment); and
(6) Position descriptions, identification of job elements, and those performance standards (but not actual performance appraisals) that release of which would not interfere with law enforcement program severely inhibit agency effectiveness. Performance elements and standards (or work expectations) may be withheld when they are so intertwined with performance appraisals that their disclosure would reveal an individual's performance appraisal.

Releasing Information to an Employee

An employee or former employee may be given copies of materials in their OPF upon receipt of a written, notarized request. NFC employees should submit a written request to HRD, Call Center that includes their name, Social Security number, address, and signature. DAPPS employees may request a copy of their SF-50 from the LCO office where they were employed. If the LCO has closed, the employee can request a copy from the RCC. If the RCC has closed, DAPPS employees should submit a written request to:

National Personnel Records Center
National Archives and Records Administration
111 Winnebago Street
St. Louis, MO 63118

Releasing Information to Another federal, State or Local Government Agency

Government agencies are to treat themselves as any other employer and provide responses to all questions asked. You should comply with the request while protecting the privacy of the individual as much as possible. For example, a circuit court requests preliminary information to prepare or issue a garnishment or child support order. The circuit court should already know the employee's social security number, home address, and home phone number. However, we would need to provide to them the employee's payroll information.

All requests for information, including the Census Bureau's response, must be made in writing. Garnishment inquiries should be sent to the Decennial Administrative Branch via facsimile at (301) 763-8107. All other court orders, subpoenas, and legal requests should be sent via overnight delivery to the Legal Office for response. Send such requests to the Legal Office, 4600 Silver Hill Road, Suitland, Maryland 20746-3710, or by facsimile at (301) 763-6238. The legal office will contact the appropriate staff for releasable information.

NOTE: Not all requests from other federal, state, or local agencies will require a court order.

Releasing Information to a Third Party and Information That Cannot Be Released

Information, except as specified above, cannot be released to a third party without an original, signed, notarized release from the person to whom the information pertains.

Anyone who makes a request in person must identify themselves and complete a Form D-316, "Privacy Act Information Request," or a "Request for Release of Medical Records," in accordance with Title 15, CFR, Part 4b. In accordance with these same regulations, all other requesters must provide a signed notarized Form D-316 or a certification of identity by a notary public or equivalent officer authorized to administer oaths in the following format:

City of_____

County of_____:

(Name of Individual) who affixed (his/her) signature below in my presence came before me a (title) in and for the aforesaid county and state this day of _____ _____, 19__, and established (his/her) identity to my satisfaction. My commission expires_____.

All written requests for Privacy Act information should be addressed to:

Mary C. Potter, FOIA Officer
U.S. Census Bureau, Room 8H027
4600 Silver Hill Road
Washington, D. C. 20233-3700
E-mail: Mary.Catherine.potter@census.gov
Toll free: 1-301-763-6239 (ATTN: FOIA Officer)
Fax: 1-888-206-6463

Topic 14: Social Security Benefits Information

General

Federal employees newly hired after 1983 are subject to Old Age, Survivors and Disability Insurance (OASDI) taxes required by the Internal Revenue Code. These taxes are also referred to as FICA taxes (Federal Insurance Compensation Act). They form the basis for Social Security benefits administered by the Social Security Administration. Whether subject to OASDI taxes or not, ALL federal employees are subject to Health Insurance Taxes (HITS), or Medicare. (For purposes of this manual, the terms Social Security, OASDI, and FICA are used interchangeably.)

Social Security Fact Sheets and brochures, as well as the request for a Personal Earnings and Benefits Estimate Statement (PEBES), Form SSA-7004, are available by calling the Benefits Office at Census headquarters at (800) 272-7186 or Social Security at (800) 772-1213. You can also get detailed information from Social Security's World Wide Web address at: http://www.ssa.gov/ or by visiting your local Social Security Office.

Topic 15: Accommodations for Employees with Disabilities

Accommodations for Employees with Disabilities

The Rehabilitation Act empowers individuals with disabilities to maximize employment, economic self-sufficiency, independence, and integration into society through, in part, the guarantee of equal opportunity and to ensure that the federal government plays a leadership role in promoting the employment of persons with a disability, especially those with severe disabilities. This Act requires the federal government to provide an accessible working environment and to reasonably accommodate applicants and employees. Accommodations allow a person with the necessary knowledge, skills, and abilities an opportunity to effectively perform a particular job.

Department Administrative Order 215-10 provides further guidance on the accommodation process. The Department shall provide accommodations for the known physical and/or mental limitations of qualified applicants and employees with disabilities, unless the Department can demonstrate that a particular accommodation would impose an undue hardship on the operation of its program. An accommodation may be an adjustment to the job requirements or to the work environment that assists an employee with a disability in performing the essential duties of his or her position. Undue hardship is an accommodation that, if provided, is extensive, expensive, and disruptive to the nature or operation of the Census Bureau.

Definition of Disability

According to 29 CFR 1630.2, disability means:

1. A physical or mental disability impairment that substantially limits one or more major life activities of such individual.
2. A record of such impairment; or
3. Being regarded as having an impairment.

Major life activities are functions which the person must perform, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning.

Case-by-Case Accommodation

Each accommodation request is to be considered on a case-by-case basis because the needs of a person with a disability are unique. An accommodation granted for one employee may not work as an accommodation for another. The individual's input must be sought and given proper and full consideration before the Census Bureau may grant an accommodation. The Census Bureau cannot anticipate the equipment needed before an employee or applicant requests an accommodation. However, in the case of an obvious or known disability, managers should initiate the interactive process. Only after the employee or applicant with a disability provides input can the Census Bureau determine the accommodation.

Recordkeeping

All documentation containing the request and outcome of an accommodation for an employee with a disability must be retained in a secure file not identifiable by employee name. Files for RCC employees are kept in the Employee Relations Branch, HRD. Files for LCO employees should be kept in a secure file in the RCC.

Topic 16: Special Sworn Status (SSS)

Definition

Individuals with SSS are defined as non-Census Bureau personnel who require access to census information or confidential data, and/or are working in Census Bureau space. Individuals with SSS are paid by a third party and are not considered Census Bureau employees for pay purposes. These individuals' salary and related job expenses are actually paid by the company that hired them and contracted them to perform a service in the RCC/LCO. These individuals with SSS could be researchers, private industry personnel and individuals from other government agencies working on special projects sponsored by the Census Bureau, or work performed by members of a formal Census Advisory Committee for the purpose of responding to a request for advice from the Census Bureau. This includes individuals serving on an Intergovernmental Personnel Act assignment. In addition, they could be janitors, building inspectors, building maintenance staff, construction workers, electricians, copy machine repair people, security guards employed by lessor, contractors and other service organizations with access to Census Bureau space.

To preserve the confidentiality of census data, no person may begin work, or be allowed access to sensitive data until the Contracting Officer's Technical Representative (COTR)/ Personal Identity Verification (PIV) Sponsor (Sponsor) has received notification of a favorable suitability determination by the Office of Secretary (OSY) Counter-Espionage Branch. And, if they have been appointed and administered the Affidavit of Nondisclosure using Form BC-1759 or **BC-1759(D),** Special Sworn Status. A notary is not required if the individual is administered the Oath of Office by a Census Bureau employee who has been delegated the authority to administer the oath (for example, Administrative Coordinators, LCOM, AMA, or OOS). While individuals with SSS are not considered Census Bureau employees, they are required to have favorably cleared the pre-employment suitability process.

Note: Use the BC-1759 for SSS individuals **not exempt** from the OSY, Counter-Espionage Branch clearance processing. Use the BC-1759(D) for SSS individuals who are **exempt** from the OSY, Counter-Espionage Branch clearance processing. These SSS individuals are usually the visitors or observers, GAO auditors,

Oversight Committee members, and so on.

COTR/Sponsor Responsibilities

Each RCC/LCO should designate an employee to serve as the COTR and Sponsor. The COTR must be someone from the administrative staff who has been delegated authority to administer the Oath of Office. The COTR is responsible for technical management of a contract, and ensures that required paperwork is accurately completed in a timely manner.

The Sponsor provides sponsorship to the applicant, and verifies the need for a PIV credential for issuance. Sponsors are usually the Administrative Coordinators or the Administrative Specialists at the RCCs, and Assistant Manager for Administration (AMA) at the LCO.

The COTR/Sponsor in the RCC/LCO also act as the Enrollment Official in the HSPD-12 PIV identity proofing process. The Enrollment Official(s) is/are required to complete the initial web-based Enrollment Official HSPD-12 website located at www.osec.doc.gov/osy/hspd12/EnrollmentOfficials.htm. Training for all other roles, that is, contractor, or SSS individual and sponsor, can be accessed at www.osec.doc.gov/osy/ and by clicking on the appropriate 'role training' in the left-hand boxes.

The COTR and the Sponsor must be appointed in writing prior to assuming the role of Enrollment Official. The RCC/LCO must appoint a primary and alternate(s) Enrollment Officials. The appointment letter along with a copy of the certificate for completion of Enrollment Official training must be filed accordingly. The Office of Security does not need to be informed of who was appointed as Enrollment Official(s) in the RCC/LCO as they can refer to the Enrollment Official ID Number for validation.

Note: Only appointed Enrollment Official(s) and who have completed the Enrollment Official training will perform identity proofing.

Appointment Procedures

The following HSPD-12 process must be followed to achieve the pre-employment suitability clearance:

The COTR/Sponsor directs the contractor or SSS individual to the following HSPD-12 website for required web-based PIV applicant training and on-line completion of forms; www.osec.doc.gov/osy/hspd12/applicants.htm and/or, provides

the following required forms in person or via mail:

a. BC-1759, Special Sworn Status
b. CD-591, PIV Request form
c. Form I-9, Employment Eligibility Verification
d. Contractor/Position Sensitivity Level Designation
e. Fair Credit Reporting Act form (only when the SF-85P is used)
f. FD-258, FBI Fingerprint Card (2 cards)
g. OF-306, Declaration for Federal Employment
h. Management (OPM), Electronic Questionnaire for Investigations Processing Questionnaire for Public Trust Positions (e-QIP) website at www.opm.gov/e-qip. (Contractor or SSS individual will be invited in to OPM's website (e-QIP) to complete the appropriate investigation form (SF-85 or SF-85P) by Office of Security personnel, upon receipt of initial investigation package.)

The contractor or SSS individual must submit their completed forms to the COTR/Sponsor **two weeks** prior to the expected start date in the RCC or LCO. They must also present two original identity documents as identified on the I-9 Form. (Non-U.S. citizens must provide INS documentation, such as passport, permanent resident card, alien registration card, or work VISA, and so on.) The FD-258, Fingerprint cards must also be turned in as part of the completed forms. Fingerprint cards may be made at local police station.

Note: Only use the FD-258, Fingerprint cards for contractors or SSS individual(s).

The COTR/Sponsor reviews the contractor or SSS individual's forms for accuracy and completeness, and conducts identity proof; completes Part A and B of the CD-591 and signs on the 'ID Proofer' section; completes section 2 of the Form I-9 and certifies it; completes the BC-1759; and completes the Position Sensitivity Level Designation form.

The COTR/Sponsor forwards the complete package (original copies), along with clear and legible copies of the contractor or SSS individual's two acceptable identity source documents to the OSY office, via FedEx at the following address:

Office of Security
Counter-Espionage Branch
U.S. Census Bureau
4600 Silver Hill Road, 2J440
Suitland, MD 20746

Note: The contractor or SSS individual must retain a signed copy of the BC-1759 with them while in the Census Bureau space, and/or while performing service with the Census Bureau.

The Registrar, OSY Counter-Espionage Branch, will review the package for completeness and will, concurrently, submit the fingerprint cards for initial clearance. (Incomplete package will be returned to the COTR/Sponsor and will create delay in the clearance processing.)

After completion of a fingerprint check and review of all required forms, the COTR/Sponsor will be notified via e-mail of any unfavorable suitability determinations, as well as favorable results with instruction for issuance of a badge.

At scheduled appointment time, the contractor or SSS individual appears to the COTR/Sponsor and presents identity source documents. The contractor or SSS individual is sworn to uphold Title 13, and is given Title 13, IT Security, No Fear Act, and Personal Identifiable Information training documents, as appropriate.

Important reminder: A contractor or SSS individual is not allowed to work in the RCC/LCO until the COTR/Sponsor has received notification of a favorable suitability determination from the OSY Counter-Espionage Branch.

For questions concerning security clearances of contractors and SSS individuals, contact the OSY Counter-Espionage Branch at (301) 763-2881 from 7:30 a.m. to 5:00 p.m. Eastern Standard Time.

Position Sensitivity Level Designation

The level is determined by the actual tasks the contractor or SSS individual is performing or will be performing, for example, a janitorial service would be a low risk whereas a computer support would be moderate risk-IT.

If the sensitivity level designation is moderate risk-IT or higher, then a Fair Credit Reporting Act form is required, and SF-85P is also completed instead of the SF-85. Since additional time is needed for the processing of suitability packages containing the SF-85P, request contractor or SSS individual's forms **three**

weeks prior to the expected start date in the RCC or LCO.

Request for JamesBond ID (IT access) and any special requirements must be indicated on the BC-1759 and approved by the COTR/Sponsor.

Instructions for Completing BC-1759, Special Sworn Status (SSS)

The contractor or SSS individual must complete Part A, Identification; Part B, Waiver of Compensation; top portion of Part C, Affidavit of Non-Disclosure; and Items 1 through 3 of Part D of the BC-1759, SSS.

Part B must be signed by the contractor or SSS individual in the presence of a witness; that is, designated census employee or a notary public. Witnesses must sign their name on the Witness *signature* line and enter the date in the space provided.

Part C, must be signed by the contractor or SSS individual in the presence of an employee authorized to administer the Affidavit of Non-Disclosure, or a notary public. The employee authorized to administer the affidavit or notary public must sign their name on the *Signature* line.

Note: A contractor or SSS individual who refuse to sign Part C will not be allowed to work for the Census Bureau.

The COTR signs item 4c of Part D of the BC-1759. The authorized signature indicates that the COTR is responsible for the actions of the contractor or SSS individual.

SSS Individual(s) Exempt from OSY Counter-Espionage Branch clearance process

The following individuals with SSS are **exempt** from the OSY Counter-Espionage Branch clearance processing because of the special nature of their contract with the Census Bureau:

- Tribal Liaisons
- Advisory Committee Members
- Volunteers assisting in questionnaire assistance centers
- Local Update of Census Addresses (LUCA) state and local officials
- Oversight Committee Members
- General Accounting Office (GAO) Auditors

The above individuals are exempt from completing the clearance processing, that is, Fingerprinting, completion of SF-85/SF-85P, and so forth; but they are required to complete the **BC-1759(D)**,

SSS and be sworn in before they are allowed access to protected data.

Issue the following temporary ID badges to SSS individuals exempt from the OSY Counter-Espionage Branch clearance processing;

D-211, Census Questionnaire Assistance Volunteer – issue this ID to all volunteers working in assistance centers. The not-to-exceed (NTE) date expires at the end of volunteer work date.

BC-1515, Temporary Visitor Pass – issue this ID to all other SSS personnel exempt from the clearance processing, excluding the questionnaire assistance center volunteers. The NTE expires at the end of a contract or service performed with the Census Bureau, and must not exceed six months.

SSS Renewal

The COTR completes and signs a Validation and Request for Contractor/SSS individual Renewal memorandum in lieu of the BC-1759, SSS, since the SSS individual's original BC-1759 is already on file.

The memorandum must be submitted to the OSY Counter-Espionage Branch in advance of the individual's SSS expiration date.

The renewed SSS and approved access will be granted upon verification of individual's record and provided investigation requirements are met. A new or updated investigation will be initiated at that time, if required.

SSS Termination

The COTR/Sponsor must immediately notify the OSY Counter-Espionage Branch when a contractor or SSS individual separates from the Census Bureau.

Contractors or SSS individuals with IT access must be entered into a Remedy Exit System for termination of all Census Bureau accounts within 24 hours from the date of separation.

When the contractor or SSS individual terminates their contract with the Census Bureau, the COTR/Sponsor must collect the contractor or SSS individual's ID badge, office key(s), and parking permit, if applicable on the day of separation.

The badge should be attached and the word 'Terminated' written in red on the BC-1759. This package should be filed in 'Inactive' SSS file.

Recordkeeping

Establish a separate folder for contractor or SSS individuals completed BC-1759 forms, and for SSS individuals exempt from the clearance processing. File forms alphabetically by last name in a locked cabinet.

Maintain copies of BC-1759, and file as follows:

- SSS Individuals **(Active)** – documents from contractors or SSS individuals that have been cleared by OSY Counter-Espionage Branch to work within census space. To include, actively working SSS Individual(s) exempt from the OSY Counter-Espionage Branch clearance processing.

- SSS Individuals **(Inactive)** – documents from contractors or SSS individuals identified as a security risk and those who have not been cleared by OSY Counter-Espionage Branch to work within census space. To include, SSS individual(s) exempt from the clearance processing when their service expired.

Topic 17: Restrictions on the Political Activity of Employees

Hatch Act

Under the 1939 Hatch Act, federal employees, among others, faced significant restrictions on their ability to participate in political activities. Congress amended the Hatch Act in 1993 to permit more political activity by federal employees. With the 1993 amendments, many federal employees are now permitted to take an active part in political management or in political campaigns. The Census Bureau, in part, is covered by the 1993 amendments; thereby enabling Census Bureau employees to participate more freely in political activities:

Federal Hatch Act Dos'

The following Dos' and Don'ts' provide a brief summary:

Census employees covered by the 1993 amendments may -

- be candidates for public office in nonpartisan (not affiliated with political parties) elections. However, if elected employees must resign their Census Bureau appointment or decline the elected position. (See the Chapter 3 section State, Local or Tribal Government Elected Officials and the section Appointments of Elected Officials in this chapter for additional information.),
- register and vote as they choose,
- assist in voter registration drives,
- express opinions about candidates and issues,
- contribute money to a political organization, candidate, or party,
- attend political fund-raising functions,
- attend and be active at political rallies and meetings,
- join and be an active member of a political party or club,
- sign nominating petitions,
- campaign for or against referendum questions, constitutional amendments, municipal ordinances,
- campaign for or against candidates in partisan elections,
- make campaign speeches for candidates in partisan elections,

- distribute campaign literature in partisan elections, and
- hold office in political clubs or parties.

Federal Hatch Act Don'ts'

Census employees covered by 1993 amendments may not -

- use official authority or influence to interfere with an election,
- solicit or discourage political activity of anyone with business before their agency,
- solicit or receive political contributions (You may solicit or accept political contributions if you are a member of a union and the solicitation is to another member of the union who is not a subordinate employee.),
- be candidates for public office in partisan elections,
- engage in political activity while -
  - on duty
  - in a government office
  - wearing an official uniform
  - using a government vehicle,
- wear political buttons on duty
- solicit or accept volunteer services from a subordinate.

Employment Recommendations from Elected Officials

The Office of General Counsel has issued revised Hatch Act guidance that states recommendations for excepted-service positions may be accepted from members of congress, congressional employees, and state, and elected representatives.

Employment Criteria

There will be no special treatment given to any candidate recommended for employment by an elected official. All recommended candidates must meet the same employment criteria as other non-recommended candidates.

Solicitation

Inform the offices of federal, state, local, or tribal officials that candidates are needed to staff upcoming operations for the 2010 Census, but do not actively pursue obtaining lists of candidates from these offices.

Individuals recommended by these officials may have the

interests of state, local, or tribal governments as a principal concern. Therefore, soliciting a list of candidates' names from elected officials is not recommended, although not illegal.

Appointments of Elected Officials

If an elected official is given a census appointment or a current census employee is elected into office **AFTER** the employee was appointed to their census position, the employee is required to either resign from their Census Bureau appointment or decline (or resign) from the elected position. Use the Sample Conflict of Interest Letter (See Appendix H) to notify employee. If the employee refuses to take action as a result of this notification, terminate their Census Bureau appointment immediately for violation of Bureau Ethic regulations. The servicing personnel specialist in HRD, Employee Relations Branch (ERB) will assist you in developing a termination letter, if necessary.

We recommend the RCC Administrative Coordinator control the issuance of all Conflict of Interest Ethic Letters. Send letters to the employee via certified mail, return receipt requested. Maintain a copy of each letter in a separate file within the RCC. Send a courtesy copy of each letter to HRD/ERB and Chief, Field Division, Attn: DAB.

Topic 18: Acceptance of Volunteer Service

The Census Bureau will be accepting volunteer service in the Questionnaire Assistance Centers only.

Topic 19: Reporting Employee's Deaths

Reporting Requirements

All Census Bureau employee deaths must be reported immediately to Chief, Field Division, Attn: DAB. The following information must be provided:

- Employee's name, age and address.
- Name and address of next of kin.
- Date and time of death.
- Cause of death (or circumstances), if known.
- Duty status and position title.

Headquarters will give the RCC further instructions as necessary depending on whether or not the employee died while on duty. Headquarters will notify the Benefits Office, HRD.

Topic 20: Religious Freedom in the Federal Workplace

According to the President's August 14, 1997, speech, employees are entitled to engage in religious expression in the workplace as long as such expression is consistent with workplace efficiency and requirements of law.

Religious Expression

Employees will not be restricted in free expression of personal religion unless the expression conflicts with the government's interests in the provision of public services or where the expression intrudes on the rights of other employees.

Types of Expression

The types of expression that employees are entitled to are the same for religious or non-religious expression. Examples are: private speeches, expression among fellow employees, and expression in private work areas.

Private Speeches

Employees are entitled to private speeches as long as it does not conflict with the government's interest in promoting the efficiency of the public services it performs. When exercising this authority, remember that Americans are used to expression of disagreement on controversial subjects, including religious ones.

Expression among fellow employees

Employees are entitled to express their religious views to other employees as long as the conversation is welcomed. If the employee being approached does not want to continue the conversation, then it must be terminated. Further pursuit of the conversation under these circumstances can warrant harassment.

Private Work Areas

Expression in a private work area is permitted. Such expression would be an employee having a Bible or Koran displayed on their desk. The employee can read this material on a break. Posters can be displayed, as long as the poster is facing the employee and not on common walls.

Additional Religious Expression

Other types of religious expression would be jewelry, clothing, personal bags, art and literature, and personal work area displays. Such types of expression are permitted for both religious and non-religious expression as long as the viewing public realizes that such expression is of a personal nature and not the view of the agency.

Where and When to Express Religious Freedom in the Workplace

Employees are entitled to express their religious views on their own time, not on paid government time. This would include before and after work hours, break and lunch time. Expression in areas accessible to the public must not create an impression that the government is sponsoring or endorsing the favoritism or dis-favoritism of a particular religion. Employees are entitled to express their views in common area as long as, the appearance of the expression is one of a personal nature and not of the federal agency.

Topic 21: Unemployment Compensation

General

All RCC employees must receive a Form SF-8, Notice To Federal Employee about Unemployment Compensation Insurance, (See Appendix H, Forms) upon termination, resignation, or transfer to another federal agency from the Census Bureau. All inquiries from state offices must be mailed to the address specified on the form. Information regarding Census Bureau employees or former employees will be handled by the TALX Company. Their address is: TALX Company, P.O. Box 66945, St. Louis, MO 63166.

Topic 22: Processing Details

Intergovernmental Personnel Act (IPA)

The delegation of authority to detail an individual under the IPA for Census 2010 has been granted on a case by case basis to individual Regional Directors. This act allows, in part, the temporary detail of personnel from State and Local governments or Indian Tribal governments to work in the federal government. These details are made primarily for the mutual concern and benefit to the federal agency and the participating non-federal agency for a sound public purpose. These assignments allow civilian employees from eligible, non-federal agencies to serve with the Census Bureau, on an intermittent, part-time, or full-time detail for a limited period, up to two years. A written agreement, OF-69, Assignment Agreement must be executed. The OF-69 documents the responsibilities and obligations of the candidate, the Census Bureau, and the organization from which that candidate is detailed. Each agreement must be carefully developed and examined to ensure that it is for sound public purposes and furthers the goals and objectives of the Census Bureau. A copy of the OF-69 can be found in Appendix H of this manual.

Candidate Exclusions

Benefits to the federal agency and the non-federal organization are the primary consideration for the IPA, not the desires or personal needs of an individual employee. The agreements should not be arranged as a recruitment mechanism to assist the candidate in securing permanent employment with the Census Bureau or a device to circumvent full-time equivalent (FTE) ceilings. The Census Bureau may not offer permanent appointments to the non-federal employee detailed to them. In addition, these agreements are not to be made for the sole purpose of training that candidate for future employment with the Census Bureau.

Positions within the Census Bureau field offices that have been designated as being excluded from participation in IPA are those that are paid through Decennial Applicant Personnel and Payroll System (DAPPS). These include Enumerator, Crew Leader, Crew Leader Assistant, Field Operations Supervisor, and clerk positions.

The RD or their designee, should verify that the proposed candidate **does not** meet any of these conditions:

- State, local or, or Tribal government employees serving under non-career, excepted service, non-competitive, time-limited, temporary, or term appointments;
- Elected federal, state, local, or Tribal government officials;
- Members of the uniformed military services, the Commissioned Corps of the Public Health Service and the National Oceanic Atmospheric Administration;
- Students employed in research, graduate, or teaching assistant and similar temporary positions;
- Employed by the co-sponsoring organization in a career position for less than 90 days;

Only the state, local, and Tribal governments may be targeted for IPA under this delegation. Any other organizations that meet the IPA requirements must be approved by HRD before negotiations or agreements will be enacted.

Forms

The Regional Director initiates the IPA. Management is responsible for controlling development of the proposed IPA. The region completes the OF-69 and negotiates the agreement with the co-sponsoring organization, using the candidate's Standard Form 171, Application for Federal Employment, OF-612, or resume. The candidate is not directly involved in these negotiations.

Duties of Assignment

The assignment must be explained in the OF-69. The OF-69 outlines the guidelines and the responsibilities between the co-sponsoring organizations and the detailed candidate. The candidate may fill an established, classified position or they may fill a set of ad hoc, unclassified duties, relevant only to a specific project. Most of the positions to be filled in the RCCs and LCOs will be to classified, already established positions. If the need arises to fill a set of ad hoc, unclassified duties, relevant only for a specific project, then refer this case to Headquarters for further review. Any significant changes in the detailed individual's

duties, responsibilities, salary, work assignment location, or supervisory relationships should be duly recorded as a modification to the original agreement. The OF-69 must always be accurate.

Salary

Salary will be set at the hourly rate (with respect to location) plus benefits. Their salary should be negotiated against those positions on the GG grade or AD pay rate. The GG salary for the candidate will be based upon the education and experience requirements for that position as listed in the Qualification Standards Handbook. The AD salary of the candidate will be based upon the predetermined and fixed wage rate. The actual share of costs to the Federal Government should be the same or less than the estimated share of salary and benefits. The Census Bureau's contribution may not exceed the amount that would otherwise be paid in salary and benefits to normally staff the position.

With all IPAs, the detailed candidate is not eligible for federal health benefits programs, group life insurance, or retirement system. The candidates are covered by the co-sponsoring organization's leave and benefit system.

Provide performance feedback to the employer upon completion of the census assignment. Most agreements will have a not-to-exceed date of two years or less; they may be extended an additional two years to the benefit of both organizations.

Conflict of Interest

The Regional Director must consider any conflict of interest or perceptions of conflicts of interest that may exist between the co-sponsoring organization from which the candidate was detailed and the Census Bureau. The Regional Director must be sensitive to the public perception of that role and the individual's responsibilities and interest to that role. For example, bringing a state's attorney or law enforcement official into a position as an Area Manager could raise serious concerns about confidentiality and would not be appropriate.

Non-federal employees are also subject to the Ethics in Government Act of 1978; 5 CFR part 735 which regulates employee responsibilities and conduct; Census Bureau standards of conduct regulations; and the provisions of 5 USC chapter 73, Suitability, Security, and Conduct, including restrictions on political activity, and any applicable non-federal prohibitions.

Completing the OF-69, Assignment Agreement

Use Illustration 4-4 for assistance in completing the OF-69 for positions that confer eligibility for full federal benefits (for example, health and life insurance, retirement, and annual and sick leave). Use Illustration 4-5 for assistance in completing Part 9, Block 26 of the OF-69 for an IPA involving positions which confer eligibility for leave accrual only (for example. LCO managerial positions). Illustration 4-5 applies ONLY to positions that are not eligible to receive federal health insurance, life insurance, or retirement. The candidate's cosponsoring organization will continue to receive reimbursements for approved use of annual and sick leave, in addition to being covered by FICA, worker's compensation, and unemployment insurance.

Approval of Assignment Agreement (OF-69)

Before approval, the Regional Director must certify and insure that sufficient funds are available for the term of agreement. In addition, they must certify the organization unit (sponsoring division code) and the project number chargeable.

Both co-sponsoring organizations and the detailed employee sign the OF-69. This occurs before the effective date of the detail. **Only the Regional Director may sign and approve the OF-69 for the Census Bureau.** However, approval is required by the Chief, FLD, The Associate Director, FLD; and the Chief, HRD, prior to the Regional Director signing the OF-69.

Distribution of OF-69

Send one **original** completed OF-69 to the co-partnering organization and another **original** OF-69 to Human Resources Division, Attn: Employment and Compensation Branch. Distribute copies as follows:

1. Field Division, Decennial Administrative Branch (DAB)
2. Budget Division, Funds Administrative Branch
3. Assignees

In addition to the OF-69, Standard Form (SF) 1759, Special Sworn Status (Finger Print card not required) MUST be completed. Fax the completed SF-1759 to Census Hiring and Employment Check (CHEC), Attn: Sandy Patterson, at (301) 763-4958, to begin the name check process.

Keep a copy of the OF-69 and the original SF-1759 in a file in the office where the IPA employee will work. Once the detail has

expired or is prematurely terminated, forward this file to the RCC where these records will then be maintained in an 'inactive special sworn status' file.

Payment

The co-sponsoring organization will still employ the detailed employee during the term of the agreement and, as such, they will be paid by that co-sponsoring organization. The federal agency may agree to pay all, some, or none of the costs associated with an assignment. Costs may include employee pay, supplemental pay, fringe benefits, and travel and relocation expenses. Therefore, the co-sponsoring organization should bill the Census Bureau on a monthly basis based upon the salary reimbursed agreed upon in the OF-69. The Regional Director must certify the bill and forward it to Finance Division for payment.

Oversight

Headquarters (Budget, Field, Finance and Human Resources Division) will exercise oversight through a post review of IPA cases. At their discretion, the process and delegation of authority for approving IPA's may be changed for one or more specific RCCs, or for all RCCs.

The Department of Commerce and the Office of Personnel Management (OPM) requires an annual report from the Census Bureau on all IPA activities. Therefore, it is imperative that the RCCs maintain complete and accurate records of all these agreements (including all correspondence with the cosponsoring organization and negotiation of wage and benefit paperwork). The OPM's Office of Merit Systems Oversight may conduct periodic, in-house reviews of the census administration of the IPA program

Terminating an IPA Prior to Expiration Date

The Office of Personnel Management may terminate an assignment or take corrective actions when an assignment has been found to violate the IPA regulations. The IPA must be terminated immediately whenever the assignee is no longer employed by their original employer.

Termination by candidate: The candidate must inform the Census Bureau in writing of their decision to terminate the IPA agreement. The candidate should provide the notice of termination at least 30 days prior to the effective date, when feasible. The termination letter shall include the effective date of termination; federal position title of the candidate; beginning and

ending dates of the original assignment; and signatures by the candidate, Regional Director, and an appropriate representative (usually a director) from the co-sponsoring organization. A reason for termination of the IPA agreement does not need to be included in this letter, but a reason should be obtained and included in the candidate's folder.

Termination by the Census Bureau: The Census Bureau must inform the candidate and the candidate's co-sponsoring organization of the decision to terminate the IPA agreement. The Census Bureau should provide the termination letter at least 3 days prior to the effective date, when feasible. The termination letter should include the effective date of termination; federal position title of the candidate; beginning and ending dates of the original term; and signatures by the candidate, Regional Director, and, an appropriate representative (usually a director) from the co-sponsoring organization. A reason for termination of the IPA agreement should be included in this termination letter.

Topic 23: Rights and Duties of Decennial Employees Arrested or Charged With Criminal Activity

Reporting

If an employee is arrested or charged with criminal activity **while in the conduct of performing census work**, they (or their representative) should immediately contact the LCOM (or RD for LCO leave-earning employees) through their immediate supervisor. In addition, the employee must complete and submit to the LCOM (or RD, as appropriate) form BC-1206, Security Incident Report.

The employee also must deliver to the LCOM (or RD, as appropriate) through their immediate supervisor all processes, pleadings, or other papers served on the employee. In addition, if the employee receives any processes, proceedings, or advance information regarding the start of a lawsuit, they must immediately advise the LCOM (or RD, as appropriate) by telephone, FAX or visit to the office.

The LCOM must forward the aforementioned documents to the RCC by the most expeditious means possible (FAX or by using Federal Express). The 2010 Census staff, in turn, will notify the DAB, Legal Office, and Security Office, at headquarters. Then, based on this information, the Legal Office will provide further advice, as appropriate.

Keep in mind the Census Bureau and Department of Justice cannot defend an employee who acts outside the scope of their employment. This can be a very difficult decision to make; therefore, you need to provide as much information as possible in order for them to make such a determination. If it is determined the employee was acting within the scope of their employment and not otherwise acting illegally, the Legal Office will seek defense assistance from the Department of Justice and the appropriate United States Attorney's Office.

Documents and related information should be sent via the most expeditious means possible (for example, FAX, using Federal Express, or e-mail, as appropriate). Addresses and FAX telephone numbers are provided below.

Contact Information

Decennial Administrative Branch

Bureau of the Census
Field Division, DAB, Room 5H038
Washington, DC 20233
FAX: 301-763-5081

Legal Office

Bureau of the Census
Legal Office, Room 8H048
Washington, DC 20233
FAX: 301-763-6238

Security Office

Bureau of the Census
Security Office, Room TBD
Washington, DC 20233
FAX: 301-457-1157

Illustration 4-1

ATTACHMENT FOR SELECTION CERTIFICATES

Instructions: A supervisor (grade 13 or above) must complete the following certification statement, and sign and date this form when filling a position by temporary appointment (not-to-exceed one year). Attach this certification to the selection certificate.

Position Certification Statement

"I certify that this position is appropriately filled as a temporary appointment since the employment need is truly temporary in support of _____ operation. This position has not been filled on a temporary basis for more than two years (24) months in the past three years as required by the regulation."

_____ _____
(Supervisor's Signature) (Date)

Illustration 4-2
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SAMPLE SUPERIOR QUALIFICATIONS REQUEST

Proposed Request: This is to request approval of Ms. Smith to the position of Computer Specialist, grade 12, step 04.

Brief Description of Position: The incumbent conducts feasibility studies and recommends course of action. Participates in most phases of projects from advising on specification requirements and limitations to helping project managers define the problem or need. Reviews requirements of projects to determine objectives of the program, concepts, nature of the unprocessed data, and processes required in support of the computer effort in order to organize work processes and problems for computer solution.

Position Description: The position description is attached.

Application: The application (SF-171, OF-612, or resume) for Ms. Smith is attached.

Appointing Authority: Ms. Smith was selected for an Excepted Service Schedule A appointment from certificate RCC-32-98-01 dated June 21, 2008.

Recruitment Effort: Internal recruitment efforts to staff the vacancy included a review of the applicant file for Computer Specialist, GS-0334-12. The applicant file is a formalized recruitment file in which applications of qualified Bureau employees, who previously applied for this position, are automatically considered. There were five internal candidates in the applicant file at the Grade 12 level. Two of the candidates declined the interview. The remaining three candidates did not demonstrate a working knowledge of Oracle, Clipper, or Unix programming sufficient to allow them to fill the requirements of this position within 6 months. Four outside status non-competitive candidates were considered but not selected. External recruitment efforts involved actively recruiting and interviewing external candidates for several months. Ms. Smith is the best candidate interviewed throughout the recruitment process.

Statement of Current Salary or Written Offer: Ms. Smith presently earns $48,400 per year. As a grade 12 step 4, she will earn $48,906. This salary meets the financial criteria of not exceeding the candidate's current income by more than the closest step to a 6% increase. Attached are current earnings statements or a copy of a written job offer.

Statement of Candidates Unique or Superior Qualifications to the Position: Ms. Smith has approximately eight years of experience with the Clipper programming language used in the section for which she will be hired. She has experience in Windows programming which this section will move to within the next couple of years and has six years of experience working with relational database design and structuring which could be valuable in another section of the Branch as well as in this section if future needs arise. Additionally, Ms. Smith has a range of general automation related experience that will be valuable in this Branch, for example,

Illustration 4-2
Page 2 of 2

conducting training, working with users to define application requirements, and providing users support, all of which are duties performed in this office.

Statement of Higher Salary Versus Recruitment Bonus: Salary above the minimum is being considered instead of a recruitment bonus or a combination of a bonus and an advance step because the Census Bureau wants to attract Ms. Smith by attempting to match her salary to the best of the agency's abilities. Since the recruitment bonus is a one time payment and will not match her current salary needs, the Census Bureau prefers to offer Ms. Smith an on-going income above the minimum rate.

Illustration 4-3
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TRANSFERRING RECORDS TO THE NATIONAL PERSONNEL RECORDS

Follow these steps to prepare the personnel and medical folders for transfer.

Preparing Folders

Step	Action
1	Check the personnel folder to make sure it contains all the long-term documents that should be in the folder and only the long-term documents authorized in Chapter 3. Make sure all documents are filed in chronological order.
2	Put the following documents and only these documents on the left side of the personnel folder: · Record of Leave Data (Standard Form 1150) or equivalent record of leave balances; · Documentation of indebtedness to the health benefits fund for pay periods that began before September 30, 1996; and · Performance records. For Senior Executive Service employees these are: ratings of record that are 5 years old or less and performance plans for each rating of record. For all other employees these are ratings of record that are 4 years old or less including the performance plan on which the most recent rating was based. Ratings of record include the evaluation of the employee's performance against the elements and standards plus the summary level, pattern, and ending date of the appraisal.
3	Put long-term occupational medical records in an Employee Medical Folder, Standard Form 66-D. Oversized x-rays that will not fit in the folder may be microfiched and put in an envelope in the folder or retained by the agency. If x-ray is retained the agency should put a note in the folder explaining how to obtain the x-ray.
4	Send the folders to the National Personnel Records Center at: National Personnel Records Center Civilian Personnel Records 111 Winnebago Street St. Louis, MO 63118.

Follow agency instructions for documents that are not transferred to the National Personnel Records Center.

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Retirement and death cases

When an employee retires or dies, there are special requirements for processing the separation. The Office of Personnel Management's Operating Manual, THE CSRS AND FERS HANDBOOK FOR PERSONNEL AND PAYROLL OFFICES contains the processing instructions for these actions. Follow these instructions and send the Official Personnel Folder copy of all required documents with the application for benefits as specified in the Manual.

Records erroneously left out

When long-term documents that should have been in the folder are discovered after the folders have been mailed, send them immediately to the National Personnel Records Center. Attach the documents to a cover letter that specifies whether the records should be part of the personnel or medical folder and identifies the employee by name, social security number, date of birth and date of separation. Reference the date the folder was originally sent. Clearly identify the name and address of the office submitting the records.

Notice to employees

It is good practice to tell separated employees how they can request copies of documents in their personnel and medical folders.

Illustration 4-3
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SENDING

Packaging	Personnel records should be securely packaged to be sure that they arrive in good condition. Transcripts or individual folders may be sent in an envelope. Folders require envelopes measuring 11 by 13 inches. The envelopes should be tightly sealed. Reinforced envelopes or those made from material similar to 'Ty-Vek' are recommended.
Carriers	Employees may not be authorized to carry their own records to the next employer. Under the Privacy Act, employees are entitled to copies of their records but the agency is responsible for transferring the employee's official records to the next employer. Records may be sent by regular mail. Certified mail or a commercial package shipping service is the preferred method since these methods allow agencies to verify that the records were delivered to the addressee.
National Personnel Records Center	When records are transferred to the National Personnel Records Center, they should be sent to: National Personnel Records Center Civilian Personnel Records 111 Winnebago Street St. Louis, MO 63118. A small number of folders may be sent in an envelope. Larger numbers of folders should be sent in a carton. Each carton should include a list of the enclosed folders, identifying each employee by name and social security number. Employee medical folders may be in the same envelope or carton as personnel folders. Medical folders should be placed after the personnel folders (Official Personnel Folders, Merged Records Personnel Folders, or Foreign Service Folders). Agencies are not required to notify the National Personnel Records Center before sending folders. The National Personnel Records Center will **not** issue a receipt for records sent by regular mail.

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OF-69 COMPLETION GUIDE

(Part 9, Block 26 of this guide is used ***only for positions that confer eligibility for full federal benefits*** *for example, health and life insurance, annual and sick leave, and retirement)*

Some of the items on the OF-69 are not self-explanatory. This guide will help you with completing those particular items.

Part 1 Block 1:	Always Check 'New Agreement'
Part 3 Block 7:	State or Local Government is the non-federal organization from which the candidate will be detailed and, hence, is the co-sponsoring organization of this agreement. These agreements are to be enacted between the Census Bureau and state, local governments, or Indian Tribal governments.
Part 3 Block 8:	No assignments for detail in field operations during the 2010 Census will be made through the faculty fellows program.
Part 4 Block 13:	Federal employees will not be used. We will not send our employees to other governments. This authority is being used to add resources for 2010 Census.
Part 5 Block 19:	All candidates in field for 2010 Census will be on detail to a federal agency.
Part 6 Block 21:	Use the data provided by the candidate to support the reasons for the detail and how this detail will benefit both co-sponsoring organizations. Most of the following key areas should be addressed: Offer developmental opportunity for assignee and co-sponsoring organization; Support the Census Bureau's mission; Intergovernmental relationships between the Census Bureau and the co-sponsoring organization; The temporary need for skilled personnel in which that assignee would fill their 'hard-to find' expertise and use of new ideas and technology; and Knowledge, skills, and abilities gained by the candidate during the detail.
Part 7 Block 22:	Since the candidate will be detailed to an established position, use the duties and responsibilities listed from that position description to complete this section.

Illustration 4-4
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Part 8 Block 23: Enter the per annum federal salary.

Part 8 Block 25: Since the candidate is detailed from the co-sponsoring organization and is still an employee of that organization, the candidate is obligated to that organization's annual and sick leave system. That candidate shall *earn* leave based upon that organization's leave system.

The candidate may observe state or local holidays of the non-federal organization in addition to federal holidays.

Part 9 Block 26: Several scenarios are possible. Fiscal obligations to the candidate and the co-sponsoring organization are based upon: federal salary, federal benefits, non-federal salary, and non-federal benefits. The percentage of reimbursement will be based upon the differences in these numbers. You are not authorized to enact an IPA agreement where the candidate exceeds the cost to fill that position through normal staffing. In other words, the IPA candidate's salary plus benefits must not surpass the cost of a normally staffed individual's federal salary and federal benefits for the same position.

To calculate the costs of the employee, the Regional Director's designee needs the following information from the co-sponsoring organization:

a. The annual salary of the candidate at the co-sponsoring organization.

b. The co-sponsoring organization's share of annual benefit costs which are allowable by the federal government (the overhead). This includes: FICA, health coverage, retirement plan, life insurance, disability insurance, workers compensation and unemployment compensation. Unusual contributions such as tuition for family, cost of house, car allowances, and so forth are not allowed.

c. Relocation expenses to and from an assignment (a rare occurrence, that must be approved by the Chief, HRD before an agreement is signed).

The following scenarios calculate the cost of the candidate based on salary, benefits, and/or supplemental pay. The RD's designee will need to calculate these costs to determine the percentage of reimbursements and/or adjustments needed thereof. These calculations also will provide information regarding the overall cost of that candidate, as well as provide information as to whether or not they exceed the cost to normally staff that position.

The scenarios below calculate salaries on the GG scale. Steps may need to be adjusted to match a higher state salary (only if the candidate is qualified). AD wage rates are fixed and cannot be adjusted to match higher state salaries.

Note: The monies listed below do not necessary reflect accurate costs in Denver.

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Scenario 1 *(Lower non-federal salary; Lower non-federal benefits)* Bernard's federal salary at GG-12 step 1 $47,066.00 is more than the co-sponsoring organization's salary at $39,200.00. [**Note**: *Since the state salary is lower than the federal salary, Bernard is matched with Step 1, only*].

Co-sponsoring organization's cost for Bernard's benefits, per annum:

Health insurance:	$106.77 x 26 =	$2776.02
Life Insurance:		$253.00
Retirement costs:	$28,000.00 x .08 =	$2240.00
	$11,200.00 x .10 =	$1120.00
FICA:	$39,200.00 x .0765 =	$2998.80
Unemployment:	$8,000.00 x .018 =	$144.00
Workers' Comp.:	$39,200.00 x .0045 =	$176.40
Total Cost of Benefits		**$9,708.22**

The obligation of the State of Colorado to Bernard is **$48,908.00** ($39,200.00+$9,708.00).

The Census Bureau's cost for a normally staffed individual's benefits, per annum (excluding moving expenses) is as follows:

Federal salary is $47,066.00. Divide the salary of $47,066.00 by 1.205, equaling $39,058.92. Then, calculate the total cost by multiplying $39,058.92 by 1.51, equaling **$58,979.00**. From this, find the cost of the normally staffed individual's benefits to the Bureau by subtracting $47,066.00 from $58,979.00, equaling **$11,913.00**.

Since the state benefit number is *less than* the federal benefit number (compare $11,913.00 to $9,708.00), the State of Colorado will be reimbursed for the lower number of $9,708.00.

Remember, Bernard is eligible for supplemental pay, because his federal salary will be more than his state salary. Hence, the State of Colorado will be reimbursed $39,200.00 of Bernard's normal state salary plus supplemental pay to push his salary to $47,066.00.

Check the total IPA cost by adding the lower benefit number to the federal salary for a cost of **$56,774.00** ($47,066.00 + $9,708.00). This is less than the Census Bureau's cost of **$58,979.00** to normally staff that position. Based on the cost analysis, this agreement may proceed.

Completing block 26: Bernard will be on detail for six months. His rate of salary and benefits should be adjusted for this six month period, or 50% of this salary

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and benefits: $39,200.00 (non-federal pay) x 50%= $19,600.00; $9,708.00 (non-federal benefits) x 50%= $4,854.00. Calculate the amount of supplemental pay to be reimbursed to the state as well: $47,066.00 — 39,200.00 = $7,866.00 x 50%= $3,933.00. These are the amount of monies to be reimbursed to the State of Colorado. Enter as follows:

'The Census Bureau will reimburse to the State of Colorado 100 percent of salary, plus supplemental pay, and 100 percent of the costs of fringe benefits during the term of this agreement.'

Salary	$19,600.00
Benefits	$4,854.00
Supplemental	$3,933.00
Total	$28,387.00

Scenario 1a *(Lower non-federal salary, Higher non-federal benefits)*— Colorado's higher cost of benefits plus his lower salary push the obligations for Bernard above the Census Bureau's total cost of salary and benefits.

For example: The cost of *benefits* to the State of Colorado for Bernard is $21,000.00 per annum (as opposed to the $9,708.00 listed above). This non-federal benefit number is now higher than the federal benefit number. Accordingly, the total cost of Bernard to the state is $21,000.00, plus his salary of $39,200.00, equaling **$60,200.00.** This is more than the federal cost of **$58,979.00,** per annum. Bernard's non-federal salary is still less then his proposed federal salary. The Census Bureau is still obligated to pay Bernard at the higher federal rate.

Adjust the non-federal benefit number to match the federal benefit number. Remember, Bernard's federal salary of $47,066.00 ($7,866.00 + 39,200.00) cannot be adjusted. When the non-federal benefit numbers are *higher than* the federal benefit numbers, the Census Bureau will only pay to that non-federal organization the lower benefit number. In this case, the lower benefit number is $11,913.00 (federal). The Census Bureau will only reimburse to the state 56.7% of the state's cost for Bernard's benefits ($11,913.00 divided by $21,000.00). The cost of Bernard to the Census Bureau is $47,066.00 + 11,913.00, equaling $58,979.00. This, of course, equals the normal cost to staff that position.

Completing block 26: Bernard will be on detail for six months. His rate of salary and benefits should be adjusted for this six month period, or 50% of his salary and benefits: $39,200.00 (non-federal pay) x 50%= $19,600.00; $21,000.00 (non-federal benefits) x 50%= $10,500.00 x 56.7%= $5,953.50. Calculate the amount

Illustration 4-4
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of supplemental pay to be reimbursed to the state, as well: $47,066.00 — 39,200.00 = $7,866.00 x 50%= $3933.00. These are the amount of monies to be reimbursed to the State of Colorado. Enter as follows:

'The Census Bureau will reimburse to the State of Colorado 100 percent of salary, plus supplemental pay, and 56.7 percent of the costs of fringe benefits during the term of this agreement.'

Salary	$19,600.00
Benefits	$5,953.50
Supplemental	$3,933.00
Total	$29,486.50

Scenario 2 *(Higher non-federal salary, Lower non-federal salary benefits)*— Bernard's federal salary negotiated to GG-12 step 10, $61,190.00 is less than the co-sponsoring organization's salary at $81,000.00. [Note: Bernard's federal salary was negotiated to a step 10, because of (a) the higher state salary and (b) Bernard's superior qualifications for the position].

Co-sponsoring organization's cost for Bernard's benefits, per annum:

Health insurance:	$106.77 x 26 =	$2776.02
Life Insurance:		$253.00
Retirement costs:	$28,000.00 x .08 =	$2240.00
	$53,000.00 x .09 =	$4770.00
FICA:	$55,000.00 x .0765 =	$4207.50
	$26,000.00 x .0145 =	$377.00
Unemployment:	$8,000.00 x .018 =	$144.60
Workers' Comp.:	$81,000.00 x .0045 =	$364.50
Total Cost of Benefits		**$15,132.02**

The obligation of the State of Colorado to Bernard is **$96,132.00** ($81,000.00 + $15,132.00).

The Census Bureau's cost for a normally staffed individual's benefits, per annum (excluding moving expenses) is as follows:

> Federal salary is $61,190.00. Divide the salary of $61,190.00 by 1.205, equaling $50,780.08. Then, calculate the total cost by multiplying $50,780.08 by 1.51 equaling **$76,677.80**. From this, find the cost of the normally staffed individual's benefits to the Census Bureau by subtracting $61,190.00 from $76,678.00, equaling **$15,488.00**.

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$61,190.00 is 75.5% of his state salary of $81,000.00 ($61,190.00 divided by $81,000.00). The cost of his benefits is less for the State of Colorado (compare federal cost of $15,488.00 to state cost of $15,132.00). Since the non-federal benefits are *less than* the cost to the federal government, use this lower cost in the calculation of the federal obligations. The total cost of the IPA, per annum, for Bernard will be the federal salary of $61,190.00 plus the lower non-federal benefit number of $15,132.00, equaling $76,322.00. This is less than the $76,678.00 normally allocated for that position.

Completing number 26: Bernard will be on detail for six months. His rate of salary and benefits should adjusted for this six month period, or 50% of his basic pay and benefits: $61,190.00 (federal pay) x 50%= $30,595.00; $15,133.00 (non-federal benefits) x 50%= $7,567.00. This will be the amount of monies to be reimbursed to the State of Colorado. Enter as follows:

'The Census Bureau will reimburse to the State of Colorado 75.5 percent of salary and 100 percent of the costs of fringe benefits during the term of this agreement'

Salary	$30,595.00
Benefits	$7,567.00
Total	$38,162.00

Scenario 2a *(Higher non-federal salary, Higher non-federal benefits)* State salary is higher than federal salary and the state benefit numbers are higher than the federal numbers.

If this occurs, calculate the percentage difference between the two salaries, similar to scenario 2. In addition, calculate the percentage difference between the two benefit numbers. For example:

The state's cost for Bernard's benefits is $24,000.00 (as opposed the $15,662.00 listed above). Divide the federal cost of $15,488.00 by the state number of $24,000.00. The difference is 64.5% in cost. Remember, the Census Bureau will only reimburse to the state the lower benefit cost, which in this case is the federal number of $15,488.00. Also, remember that Bernard is not eligible for supplemental pay. The total cost of this IPA will be the federal salary of $61,190.00 plus the lower benefit number of $15,488.00, equaling $76,678.00. This, of course, equals the normal cost to staff that position.

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'The Census Bureau will reimburse to the State of Colorado 75.5 percent of salary and 64.5 percent of the costs of fringe benefits during the term of this agreement.'

Salary	$30,595.00
Benefits	$ 7,744.00
Total	$38,339.00

Note: If calculating the adjusted reimbursement numbers given in these various scenarios fails to reduce the IPA cost to a level below or equal to the normal cost to staff that position, then refer these cases to headquarters for further action.

Part 9 Block 27:

For candidates *with* supplemental pay: 'The *name of co-sponsoring organization* will make all salary payments, including supplemental pay, to the employee and such other payments as are necessary to ensure retention of fringe benefits, such as, Retirement, FICA, Social Security, and Unemployment, and will bill the Census Bureau on a monthly basis.'

For candidates *without* supplemental pay: 'The *name of co-sponsoring organization* will make all salary payments to the employee and such other payments as are necessary to ensure retention of fringe benefits, such as, Retirement, FICA, Social Security, and Unemployment, and will bill the Census Bureau on a monthly basis.'

Part 10 Blk 28 &29: Inform the candidate of the following: Chapter 73 of Title 5, USC and Title 18 of USC, sections 203, 205, 208, 209, 602, 603, 606, 643, 654, 1905, and 1913; Executive Order 11222, Prescribing Standards of Ethical Conduct for Government Officers and Employees, the Ethics in Government Act of 1978; 5 CFR Part 735 which regulates employee responsibilities and conduct; as well as the Census Bureau's standards of conduct regulations.

Part 11 Block 30: Always Enter 'N/A 'for A, B, and C.

Part 11 Block 31: Always Enter 'FICA, Retirement, Social Security, and Unemployment'

Part 12 Block 33: Relocation expenses to and from a detail would rarely, if ever, be appropriate for a detail under this authority. If this does occur, the Chief of Human Resources Division must approve this expense.

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	Travel required by the Census Bureau will be reimbursed from Census Bureau funds. All other travel expenses will be paid by the co-sponsoring organization.
Part 13:	Inform candidate and check appropriate box.
Part 15 Block 39:	Signature of appropriate official from co-sponsoring organization.
Part 15 Block 40:	The RD signs Form OF-69. IPA delegation authority to the RD may be used for work directly related to the 2010 Census. Before signing, the RD needs to ensure that the total cost of the detailed employee does not exceed the cost to fill that position through normal staffing.

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OF-69 COMPLETION GUIDE

This attachment applies only to positions that ***do not confer eligibility for full federal benefits*** *(that is. only entitlements that are to annual and sick leave accrual, FICA, worker's compensation, and unemployment compensation). Such positions could be LCOM, or other temporary RCC positions with a not-to-exceed date of one year.*

Part 9 Block 26: Several scenarios are possible. Fiscal obligations to the candidate and the co-sponsoring organization are based upon: federal salary and benefits, non-federal salary and benefits. The percentage of reimbursement will be based upon the differences in these numbers. You are not authorized to enact an IPA agreement where the candidate exceeds the cost to fill that position through normal staffing. In other words, the IPA candidate's salary plus benefits (FICA, worker's compensation, and unemployment insurance) must not surpass the cost of a normally staffed individual's federal salary and benefits (FICA, worker's compensation, and unemployment insurance) for the same position.

Since the candidate will be filling a classified position, the candidate must receive the complete AD salary listed for that position. This AD rate cannot be reduced or increased based upon the co-sponsoring organization pay rate.

To calculate the costs of the employee, the Regional Director's designee needs the following information from the co-sponsoring organization:

1. The annual salary of the candidate at the co-sponsoring organization.
2. The co-sponsoring organization's share of annual benefit costs which are allowable by the Census Bureau for the LCO positions (the overhead). For these positions, this will include: FICA, workers compensation, and unemployment compensation.
3. Relocation expenses to and from an assignment (a rare occurrence, must be approved by the Chief, HRD before an agreement is signed)

The following scenarios calculate the cost of the candidate based on salary, benefits, and/or supplemental salary. The RD's designee will need to calculate these costs to determine the percentage of reimbursements and/or adjustments needed thereof. These calculations will also provide information regarding the overall cost of that candidate and whether or not they exceed the cost to normally staff that position.

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The scenarios below calculate salaries on the AD scale. AD wage rates are fixed and cannot be adjusted to match higher non-federal salaries.

Scenario 1 *(Lower non-federal salary; Lower non-federal benefits)* Employee's Census AD rate at $23.00 per hour is more than the co-sponsoring organization's salary at $21.00 per hour.

Calculate yearly salary rates from each organization:

Federal: $23.00 per hour X 40 hours per week X 52 weeks= $47,840.00
Non-federal: $21.00 per hour X 40 hours per week X 52 weeks= $43,680.00

Calculate the co-sponsoring organization's reimbursable cost for employee's benefits, per annum (the percentages used for FICA, and other deductions, may change between co-sponsoring organizations). Request these percentages from the co-sponsoring:

FICA:	$43,680.00 x .0765 =	$3,341.52
Unemployment:	$8,000.00 x .018 =	$144.60
Workers' Comp.:	$43,680.00 x .0045 =	$196.60
Total Cost of Reimbursable Benefits		**$3,682.72**

The total reimbursable costs for the co-sponsoring organization for the employee are **$47,362.72** ($43,680.00+$3,682.00).

Calculate the Census Bureau's cost for a normally staffed individual's benefits, per annum (excluding moving expenses) as follows. The 10% listed below is a typical benefit cost to be used in all these limited benefit scenarios.

Federal salary is $47,840.00 X 0.10=**$4,784.00**

The total cost for the Census Bureau to normally staff this position is **$52,624.00** ($47,840.00+$4,784.00).

Since the non-federal benefit number is *less than* the federal benefit number (compare $4,784.00 to $3,682.12), the non-federal organization will be reimbursed for the lower number of **$3,682.12**.

Remember, the employee is eligible for supplemental salary, because his federal salary will be more than his non-federal salary. Hence, the non-federal organization will be reimbursed $43,680.00 of employee's normal salary plus supplemental salary (the difference between the federal and non-federal salary) to push the employee's total salary to $47,840.00 (this is the federal salary for that position).

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Check the total IPA cost by adding the lower benefit number to the federal salary for a cost of **$51,522.00** ($47,840.00 +$3,682.12). This is less than the Census Bureau's cost of **$52,624.00** to normally staff that position. Based on the cost analysis, this agreement may proceed.

Completing number 26: The employee will be on detail for six months. The employee's rate of salary and reimbursable benefits should be adjusted for this six month period, or 50% of the salary and reimbursable benefits: $43,680.00 (non-federal pay) x 50%= $21,840.00; $3,682.00 (non-federal benefits) x 50%= $1,841.00. Calculate the amount of supplemental salary to be reimbursed to the non-federal organization as well: $47,840.00 — 43,680.00 = $4,160.00 x 50%= $2,080.00. These are the amount of monies to be reimbursed to the non-federal organization. Enter as follows:

> 'The Census Bureau will reimburse to the *[name of the non-federal organization]* 100 percent of salary, plus supplemental salary, and 100 percent of the costs of reimbursable benefits during the term of this agreement.'

Salary	$21,840.00
Benefits	$1,841.00
Supplemental	$2,080.00
Total	$25,761.00

Scenario 1a *(Lower non-federal salary, Higher non-federal benefits)*— Non-federal organization's cost of reimbursable benefits are higher than the Census Bureau's reimbursable benefits.

For example: The cost of reimbursable *benefits* to the non-federal organization for the employee is $5,513.00 per annum (as opposed to the $3,682.00 list above). This non-federal benefit number is now higher than the federal benefit number. Accordingly, the total cost of the employee to the non-federal organization is $5,513.00, plus the employee's non-federal salary of $43,680.00, equaling **$49,193.00.**

The employee's non-federal salary is still less then his proposed federal salary. The Bureau is still obligated to pay the employee at that higher, federal rate (which is $47,840.00).

The Census Bureau will only pay to that non-federal organization the lower benefit number between the two organizations. In this case, the lower benefit number is **$4,784.00** (federal rate). The Census Bureau will only reimburse to the non-federal organization 86.7% of the co-sponsoring organization's cost for the employee's reimbursable benefits ($4,784.00 divided by $5,513.00).

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Check the total IPA cost by adding, $47,840.00 + 4,784.00, equaling $52,624.00. This, of course, equals the normal cost to staff that position.

Completing number 26: The employee will be on detail for six months. The employee's rate of salary and reimbursable benefits should be adjusted for this six month period, or 50% of this salary and reimbursable benefits:$43,680.00 (non-federal pay) x 50%= $21,840.00; $5,513.00 (non-federal reimbursable benefits) x 50%= $2,765.50 x 86.7%= $2,392.00. Calculate the amount of supplemental salary to be reimbursed to the non-federal organization as well: $47,840.00 — 43,680.00 = $4,160.00 x 50%= $2,080.00. These are the amount of monies to be reimbursed to the non-federal organization. Enter as follows:

> 'The Census Bureau will reimburse to the *[name of the non-federal organization]* 100 percent of salary, plus supplemental salary, and 86.7 percent of the costs of reimbursable benefits during the term of this agreement.'

Salary	$21,840.00
Benefits	$ 2,392.00
Supplemental	$ 2,080.00
Total	$26,312.00

Scenario 2 *(Higher non-federal salary, Lower non-federal salary benefits)*— Employee's federal salary at $23.00 per hour is less than the co-sponsoring organization's salary at $30.00 per hour. [Note: The employee's federal AD salary cannot be negotiated to meet the non-federal salary rate].

Calculate yearly salary rates from each organization:

Federal:	$23.00 per hour X 40 hours per week X 52 weeks= $47,840.00
Non-federal:	$30.00 per hour X 40 hours per week X 52 weeks= $62,400.00

Calculate the co-sponsoring organization's reimbursable cost for employee's benefits, per annum. Request these percentages from the co-sponsoring:

FICA:	$55,000.00 x .0765 =	$4207.50
	$7,400.00 x .0145 =	$107.30
Unemployment:	$8,000.00 x .018 =	$144.60
Workers' Comp.:	$62,400.00 x .0045 =	$280.80
Total Cost of Benefits		**$4,740.20**

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The total reimbursable costs for the co-sponsoring organization for the employee are **$67,140.00** ($62,400.00 + $4,740.00).

Calculate the Census Bureau's cost for a normally staffed individual's benefits, per annum (excluding moving expenses) as follows. The 10% listed below is a typical benefit cost to be used in all these limited benefit scenarios.

Federal salary is $47,840.00 X 0.10=**$4,784.00**

The total cost for the Census Bureau to normally staff this position is **$52,624.00** ($47,840.00+$4,784.00).

The employee will not be eligible for supplemental salary because the employee's non-federal salary will be higher than the federal salary. The AD pay rate is set and cannot be adjusted to meet the higher non-federal rate. The employee's non-federal organization will be reimbursed at the lower pay rate. The IPA would only be applicable if the co-sponsoring organization paid the difference between the candidate's non-federal salary and federal salary. The employee's proposed federal salary of $47,840.00 will be 76.6% off the non-federal salary of $62,400.00 ($47,840.00 divided by $62,400.00). The cost of the employee's reimbursable benefits is less for the non-federal organization (compare federal cost of **$4,784.00** to non-federal cost of **$4,740.20**). Since the non-federal reimbursable benefits are *less than* the cost to the federal government, use this lower cost in the calculation of the federal obligations. The total cost of the IPA per annum for the employee will be the federal salary of $47,840.00 plus the lower non-federal reimbursable benefit number of $4,740.00, equaling $52,580.00. This is less than the $52,624.00 normally allocated for that position.

Completing number 26: The employee will be on detail for six months. The employee's rate of salary and reimbursable benefits should be adjusted for this six month period, or 50% of his basic pay and reimbursable benefits: $47,840.00 (federal pay) x 50%= $23,920.00; $4,740.20 (non-federal benefits) x 50%= $2,370.10. This will be the amount of monies to be reimbursed to the non-federal organization. Enter as follows:

'The Census Bureau will reimburse to the *[name of the non-federal organization]* 76.6 percent of salary and 100 percent of the costs of reimbursable benefits during the term of this agreement.'

Salary	$23,920.00
Benefits	$ 2,370.10
Total	$26,290.10

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Scenario 2a *(Higher non-federal salary, Higher non-federal benefits)* Non-federal salary is higher than federal salary and the non-federal benefit costs are higher than the federal costs.

If this occurs, calculate the percentage difference between the two salaries, similar to scenario 2. In addition, calculate the percentage difference between the two benefit numbers. For example:

The non-federal cost for the employee's benefits is $7,413.00 (as opposed to the $4,740.20 listed above). Divide the federal cost of $4,784.00 by the non-federal number of $7,413.00. The difference is 64.5% in cost. Remember, the Census Bureau will only reimburse to the state the lower benefit cost, which in this case is the federal number of $4,784.00. Also, remember that the employee is not eligible for supplemental salary. The total cost of this IPA will be the federal salary of $47,840.00 plus the lower benefit number of $4,784.00, equaling $52,624.00. This, of course, equals the normal cost to staff that position.

'The Census Bureau will reimburse to the *[name of the non-federal organization]* 76.6 percent of salary and 64.5 percent of the costs of reimbursable benefits during the term of this agreement.'

Salary	$23,920.00
Benefits	$ 2,392.00
Total	$26,312.00

Note: If calculating the adjusted reimbursement numbers given in these various scenarios fails to reduce the IPA cost to a level below or equal to the normal cost to staff that position, then refer these cases to headquarters for further action.

Part 9 Block 27: For candidates *with* supplemental salary: 'The *name of co-sponsoring organization* will make all salary payments, including supplemental salary, to the employee and such other payments as are necessary to ensure retention of fringe benefits, such as, Retirement, FICA, Social Security, and Unemployment. The *name of co-sponsoring organization* will bill the Census Bureau on a monthly basis based upon the calculations in part 9, Block 26. As part of this agreement, the reimbursable fringe benefits from the Census Bureau to the *name of co-sponsoring organization* are FICA, unemployment and worker's compensation.'

For candidates *without* supplemental salary: 'The *name of co-sponsoring organization* will make all salary payments to the employee and such

Illustration 4-5
Page 7 of 7

other payments as are necessary to ensure retention of fringe benefits, such as, Retirement, FICA, Social Security, and

Unemployment: The *name of co-sponsoring organization* will bill the Census Bureau on a monthly basis based upon the calculations in part 9, Block 26. As part of this agreement, the reimbursable fringe benefits from the Census Bureau to the *name of co-sponsoring organization* are FICA, unemployment and worker's compensation.'

Illustration 4-6
Page 1 of 3

MEMORANDUM OF UNDERSTANDING BETWEEN THE BUREAU OF THE CENSUS, U.S. DEPARTMENT OF COMMERCE AND {name of servicing agency}

TEMPLATE

I. PARTIES:

This document constitutes an agreement between the Bureau of the Census, U.S. Department of Commerce, and {name of servicing agency}, which is a {describe the nature of the partner, that is, it must be a department, agency, or instrumentality of the United States Government}.

II. PURPOSE:

The purpose of this agreement is {provide a brief explanation of the objective and purpose of the agreement}.

III. LEGAL AUTHORITY:

The Census Bureau has authority to utilize services from the {name of servicing agency} to assist the Census Bureau in performing work under: (1) 31 U.S.C. Section 1535, The Economy Act, which provides that the Census Bureau may place an order for goods or services with another agency; and (2) 13 U.S.C. Section 23 (c), the Census Bureau statute.

IV. ECONOMY ACT FINDINGS:

1 The Bureau of the Census has determined that funds are available.
2 The Bureau of the Census has determined that the order is in the best interests of the United States Government.
3 The {name of servicing agency} is able to provide the ordered goods or services.
4 The Bureau of the Census has decided that the ordered goods or services cannot be provided as conveniently or cheaply at a commercial enterprise. {The Census Bureau should be able to substantiate this decision.}

V. DESCRIPTION OF SERVICES/PURPOSE:

{Enter the description of services required. These must be services that would further the mission of the Census Bureau.} {Name of Candidate} will fill the {position title, grade and series of job to be filled} in the {Name of } Regional Census Center/Local Census Office. {Name of candidate} has met all of the qualification requirements for the above-mentioned classified position.

Illustration 4-6
Page 2 of 3

VI. PERIOD OF AGREEMENT AND MODIFICATION:

This agreement is effective {date} (effective date will be at the beginning of the pay period following signed approval by all parties). This agreement will terminate on {date} (this date shall be one year minus one day). This period shall be extended if agreed upon by all parties.

VII. PRINCIPAL CONTACT:

{Enter the names and telephone numbers of principal contacts at each organization that are responsible for this agreement and time and attendance reporting.}

VIII. PAYMENT:

The {name of servicing agency} agrees to forward monthly invoices to the Bureau of the Census for payment in the amount of $ for services rendered.

Required Financial Information:

a. Census Bureau's Agency Locator Number - 13040001
b. Enter the following for the Regional Census Center:
   1 Project/Task Code:_ _ _ _ _ _ _-_ _ _ (minimum 7 digits needed)
   2 Organization Code:_ _-_ _-_ _ _ _-_ _-_ _-_ _(minimum 8 digits needed)
   3 Object Class Code:_ _-_ _-_ _-_ _ (all 8 digits required)
c. Enter the Unique Interagency Agreement Number (for example, 57-26-99-MOU-01)
   57 = Division Code (57 = Field)
   26 = Regional Census Center code (26 = Kansas City)
   99 = Fiscal Year
   MOU = Type of obligation agreement
   01 = Sequential Number

Illustration 4-6
Page 3 of 3

IX. TERMINATION PROVISION:

This agreement may be terminated by either party with 30 days advance written notice. The Census Bureau will pay {servicing agency} only for obligations incurred through the termination date.

Should disagreement arise of the interpretation of the provisions of this agreement, or amendments and/or revisions thereto, that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If agreement on interpretation is not reached within 30 days, the parties shall forward the written presentation of the disagreement to their respective higher officials for appropriate resolution.

{Authorizing Official Name} {Title} {Name of Servicing Agency}	{Authorizing Official (RD) Name} Regional Director, {Name of} Regional Census Center Bureau of the Census	Tyra Dent Smith Chief, Human Resources Division Bureau of the Census
Date	Date	Date

Illustration 4-7

SAMPLE COVER LETTER TO EMPLOYEE
INSTRUCTIONS FOR BC-61

COVER LETTER DIRECTED TO NEW EMPLOYEE

Dear <Employee Name>

As part of the Census Bureau's appointment process, you are required to complete a variety of entrance-on-duty forms before you begin work. Of particular importance is Form BC-61, Appointment Affidavits (copy enclosed). The BC-61 contains an *oath of office* and *appointment affidavits*. The oath and affidavits must be executed before you start work.

United States citizens must swear or affirm the Oath of Office, and the affidavits contained on Form BC-61. Your signature and the signature of a witness are required. The witness must be a delegated officer of the Census Bureau or a notary public. Logistically, it is not possible to arrange a meeting between you and a Bureau official prior to the date you are scheduled for training. Therefore, you should take this form, the attached cover letter, and a picture ID (e.g., driver's license, passport) to your local notary public. If there is a fee, request a receipt and submit it for reimbursement along with your first payroll.

DO NOT SIGN THE BC-61 UNTIL YOU ARE IN FRONT OF THE NOTARY PUBLIC

You may look for a notary public in your local yellow pages or check to see if one is available at your local bank, library, or courthouse.

Timely completion of this form is a critical step in the appointment process. Once the form is completed, immediately return it to the regional office, Attention: Administrative Supervisor, in the envelope provided.

If you have any questions, please call <Enter Name> at <Enter Telephone Number>.

Sincerely,

<Enter Name>
Regional Director
<Enter RO Name>

Enclosures

Illustration 4-8

SAMPLE COVER LETTER TO NOTARY PUBLIC
INSTRUCTIONS FOR BC-61

COVER LETTER DIRECTED TO NOTARY PUBLIC

To Whom It May Concern:

<Employee Name> has been offered a job with the Census Bureau. The attached Form BC-61, Appointment Affidavits, must be completed before she/he can begin work. The BC-61 contains an *oath of office* and appointment *affidavits*.

A delegated officer of the Census Bureau or a notary public must witness her/his signature on this form. Logistically, it is not possible to arrange a meeting with a Bureau official prior to the date that the employee is scheduled for training. Therefore, the employee was directed to visit a notary public.

Please request a proper photo ID of this individual (e.g., driver's license, passport) to verify identify, witness his/her signing of the BC-61, and complete the lower portion of the form, including the date of expiration of your commission. If there is a fee, please provide a receipt.

Thank You.

Sincerely,

<Enter Name>
Regional Director
<Enter RO Name>

Attachment

Chapter 5: Payroll Administration

Topic 1: Payroll Overview

General

This chapter describes the general procedures for employees managed by the National Finance Center (NFC) and the Decennial Administrative Personnel and Payroll System (DAPPS). Regardless of the system used, payroll action affects all employees in much the same manner. Full-time employees are paid biweekly and payroll is processed through NFC. Those employees include all Regional Census Center (RCC) and full-time Local Census Office (LCO) employees. LCO full-time employees include the Local Census Office Manager, the Administrative Assistant, and the Assistant Managers for Recruiting, Field Operations, Quality Assurance, Technology and Administration. Employees accrue annual and sick leave and are paid biweekly.

Field and office intermittent employees include Enumerators, Crew Leaders, Crew Leader Assistants, Field Operations Supervisors, Office Operations Supervisors, Recruiting Assistants, and Clerks. These employees do not accrue annual or sick leave and are paid weekly through DAPPS. For guidance on processing payroll forms for intermittent employees, refer to the D-581, *DAPPS Operating Guide*.

Topic 2: Agency Processing Responsibilities

NFC Processing Responsibilities

WebTA is the system the RCC and LCO will use to enter the data from the BC-27, Time and Attendance Cost Report and BC-27A, Field Employee Travel Expenses. Timekeepers are responsible for keying the time and attendance records for employees into WebTA. The timekeeper for the LCO will be the Administrative Assistant (AA). The LCO Manager (LCOM) will approve the certified summary for the assistant managers and AA. The Area Manager (AM) will approve the certified summary for the LCOM. If the AA is not available, a timekeeper at the RCC will enter the LCO staff's BC-27s and BC-27As. If the LCOM is not available, the AM will certify the BC-27s and BC-27As for the assistant managers and AA.

After the BC-27s and BC-27As have been entered, the timekeeper will provide each employee with a summary report to verify the data from the BC-27 and BC-27A. The employee will either make changes or initial everything is correct and return the form to the timekeeper. These summaries are attached to the BC-27 and filed.

After the time, attendance and travel expenses has been verified the timekeeper lets the supervisor know that payroll is ready for certification. Supervisors must ensure the hours and reimbursements entered on the certified summary are true and correct before they certify each copy. If a change is required, the supervisor must notify the timekeeper to make the change. Supervisors cannot make any corrections to the data.

Regional Directors or designees are ultimately responsible for the security, accuracy and timeliness of the activities described above.

For detailed instructions on the WebTA system, refer to the LCO and RCC Timekeeper Training Manual.

NFC processing schedule

Timekeepers should begin collecting BC-27s and entering the time and attendance on Wednesday of the 2nd week.
The LCO must have all timesheets certified no later than 7 pm (EST) on the 1st Tuesday. The RCC must have all timesheets certified before 9 pm EST on the 1st Monday.

The system automatically performs daily sweeps on Monday, Tuesday and Wednesday of the 1st week to send the data for processing

DAPPS Processing Responsibilities

Payroll clerks at the LCO will key D-308s daily when received from the field. For the electronic operations (Address Canvassing), the clerks will submit batches and correct any errors.

The Office Operations Supervisor (OOS) or Assistant Manager of Administration (AMA) will verify all payroll has been received for the week and follow the closeout procedures for the LCO. When they are finished processing for the week, they will notify the RCC.

The administrative staff at the RCC has the responsibility of ensuring that all payroll processing is completed accurately and in a timely manner once the data from the Local Census Offices (LCO) has been captured and the grand totals have been reconciled.

All LCO's payroll processes for the week in the region should be closed every Tuesday, COB, local time.

DAPPS Processing Schedule

Weekly payroll needs to be sent to the U.S. Dept of Treasury no later than 3:00 pm EST each Thursday. Refer to page 5-61 for the LCO/RCC weekly payroll processing schedule.

Topic 3: Payroll Personnel

Designated Agents

Revised 09/02/2009

Select a designated agent and an alternate designated agent from the administrative area of the RCC office. If there is a shortage of eligible personnel, consider designating someone within another area. A designated agent may not perform the duties of a certifying officer, timekeeper or assist in preparing the biweekly payrolls or voucher schedules.

Responsibilities include accepting and distributing miscellaneous checks upon receipt or as instructed. Only the designated agent should handle checks, including personal checks, tax payments or money orders, covering overpayments and benefit repayments. A log should be kept of all checks received and when they are sent out or picked up by the intended person.

Agents will complete a Form FMS 210D, Designation for Agent to Receive & Deliver Checks/Bonds, and send via FedEx to Decennial Administrative Branch (DAB).

Note: To cancel a designated agent, complete the Form FMS 210D, check Section V, and send the form via FedEx to DAB.

FedEx mailing address for DAB:

U.S. Census Bureau
ATTN: Lori McDonald
Room 5H032E
4600 Silver Hill Road
Suitland, Maryland 20746

Certifying Officers

Revised 09/02/2009

Each RCC office should have at least four certifying officers (CO) to make certain there is one available at all times. They can include the Administrative Coordinator, Administrative Specialists, or other management professionals. **Agents will complete a Form FMS 210, Designation for Certifying Officer and Fiscal Service PKI Certification. Send to DAB, attention Lori McDonald.**

Note: To revoke a certifying officer, complete the FMS-210, check Section V and send to DAB. Use the FedEx address above. If revoking, please ensure you submit another FMS-210 form to request a replacement CO.

Certifying Officers
continued

The CO's responsibilities include certifying (via signature) manual payroll vouchers (1166's) and other miscellaneous vouchers. One who certifies payroll vouchers cannot be directly associated with computing the individual amounts or maintaining the individual earnings records. However, they may verify computations or the facts underlying the voucher, and have access to all payroll records.

COs are accountable for the existence and correctness of the voucher, for the legality of the proposed payment under the fund involved, and for the correctness of the computations. Officers are also held accountable for and required to make good to the United States the amount of any illegal payments resulting from false documentation made by them, as well as for payments prohibited by law or having no legal obligation under the fund involved.

COs are protected against the certification of vouchers for payments that may prove to be illegal. They have the right to submit the voucher and request a decision by the Comptroller General on any question of law involved in a payment or any vouchers presented to them for certification. Certifying officers are mentioned again later in this chapter under the Secure Payment System (SPS).

Data Entry Officers

Revised 09/02/2009

Data Entry Operator (DEO) – This position will create, edit, and/or delete a payment schedule(s). It is especially important that you have an alternate Data Entry Operator (DEO) in the event of the primary's absence. The DEO is the only position permitted to enter pay data.

Agents will complete a Form FMS 210, Designation for Data Entry Officer and Fiscal Service PKI Certificate Action Request form and send to DAB, attention Lori McDonald.

Note: To revoke a data entry officer, complete the FMS-210, check Section V, Fiscal Service PKI Certificate Action Request form, check and fill out Revoke PKI Certificate section, and send to DAB. If revoking, please ensure you submit another FMS-210 form to request a replacement CO.

Trusted Registered Agents

Revised 09/02/2009

Trusted Registration Agent (TRA) – This position will activate or reactive the I-Key/Token for each account. The TRA will also help process the password set up for your SPS account. Each RCC should have one primary Trusted Registration Agent (TRA) and one back up TRA to finalize processing each DEO/CO account.

Agents will complete a Fiscal Service PKI Certificate Action Request form and a Fiscal Service PKI Support Nomination form, and send to DAB, attention Lori McDonald.

Note: To revoke a trusted registered agent, complete the Fiscal Service PKI Certificate Action Request, check and fill out. Revoke PKI Certificate section, and send to DAB. If revoking, please ensure you submit another FMS-210 form to request a replacement TRA.

SF-1166 Signing Authority

The Regional Director will be the designee for signing the SF-1166. Please designate the Deputy regional Direct (DRD) and/or ARCMs to serve as an additional authorizing signature for the SF-1166, Voucher & Schedule of Payment. The DRD or ARCM will serve as a backup when the Regional Director is unable to sign the SF-1166, Voucher & Schedule of Payments. There should be ***at least*** three (3) SF-1166 Signature Authority in the RCC on file at all times.

Signing Authorities will fill out the mandatory FMS Form 210, Designation For Certifying Officer, only check Manual SF-1166 Voucher and Schedule of Payments.

Note: To revoke a Signing Authority fill out the FMS Form 210, Designation For Certifying Officer, check Section V, and send to DAB. If revoking, please ensure you submit another FMS-210 form to request a replacement Signing Authority.

Payroll Section Employees

Payroll section employees performing functions such as auditing timesheets, computing salary and reimbursements, preparing vouchers and check listings and the like should not perform related personnel functions, record or report timesheets, or certify payrolls.

Responsibilities

Payroll processing responsibilities include collecting time sheets, auditing the various entries of hours and expenses, collecting the data and verifying the contents, relaying the data to Headquarters for computation for the issuance of paychecks. Headquarters returns reports of biweekly and year-to-date earnings and reimbursements, and applicable leave balance for employees who earn leave.

Laws and Regulations

Payroll operations are governed by laws and regulations on policies and procedures for processing pay as prescribed by the external entities mentioned in the opening statement.

The Census Bureau's regulations and accounting instructions provide overall planning and direction to coordinate the payroll function with personnel, accounting, and operating functions. Payroll supervisory personnel must keep informed of all current regulations and train all subordinates in the day-to-day payroll operations.

Separation of Duties

Administrative staff who perform payroll processing duties are prohibited from:

- Performing personnel processing duties
- Receiving, recording, and distributing incoming checks from employees--one employee may be assigned to receive a check, another to record, and another to distribute
- Certifying payroll vouchers
- Distributing paychecks

Topic 4: Pay Periods

General

Full-time NFC employees will be paid bi-weekly for any hours worked or leave taken during the work hours starting 12:01 am on Sunday of the first week and ending two weeks later at midnight on the Saturday of the second week. Earnings statements should arrive on the scheduled payday or within 1-2 days before or after the payday.

NFC employees are encouraged to use the Employee Personal Page (EPP) to access their Earnings and Leave Statement (ELS). It is also encouraged that NFC employees consider using the electronic ELS and cancel receipt of the paper copy.

Figures 5-1 thru 5-3 display the full-time bi-weekly pay periods for 2009, 2010 and 2011.

Intermittent DAPPS employees will be paid weekly for any hours worked starting 12:01 am on Sunday and ending at midnight on the following Saturday. Earnings statements should arrive on the scheduled payday or within 1-2 days after the payday. Earnings statements are printed and mailed from Jeffersonville, IN but can be reprinted in DAPPS.

The official pay date for intermittent employees is Wednesday. An employee's first paycheck will be received approximately 11 days after the end of the first week of work. After that the employee will receive a check each Wednesday for each week they have submitted hours and expenses.

Figures 5-4 thru 5-6 display the intermittent weekly pay periods for 2009, 2010 and 2011.

Direct Deposit

Federal law requires that ALL Federal payments be made via Electronic Funds Transfer (EFT), including Federal wages and salaries. Employees should complete the required D-1199, Direct Deposit Authorization. Paychecks will be directly deposited into an account at a financial institution designated by the employee. The financial institution should complete the bottom portion of the form for validity purposes. Return any form which does not contain the proper entries and required signatures to the employee for completion.

If an NFC employee closes their bank account they will need to go to the Employee Personal Page and submit new information.

Paper Check

If a DAPPS employee is unable to comply with this law, they must complete a D-260, Waiver of Electronic Salary Payment and have it certified by the AMA. Upon approval, file the form in the employee's working personnel/payroll folder for the length of their appointment. The paper check will be mailed to the address established in DAPPS. Address changes should be submitted on a D-291, DAPPS Update Form, or D-149, Correction Request.

NFC employees must complete a WAV-01, Waiver for Electronic Salary Payment, if they are unable to comply with the law. Their paper check will be mailed to the address within the NFC database. If a NFC employee has a change of address, they must complete a CD-525 and submit it to the payroll processing area.

Figure 5-1: Biweekly Pay Periods for Full-Time Employees (Calendar Year 2009)

Pay Period	Starting Date	Ending Date	Pay Date	Pay Period	Starting Date	Ending Date	Pay Date
1	Jan 4, 2009	Jan 17, 2009	Jan 29, 2009	14	July 5, 2009	July 18, 2009	July 30, 2009
2	Jan 18, 2009	Jan 31, 2009	Feb 12, 2009	15	July 19, 2009	Aug 1, 2009	Aug 13, 2009
3	Feb 1, 2009	Feb 14, 2009	Feb 26, 2009	16	Aug 2, 2009	Aug 15, 2009	Aug 27, 2009
4	Feb 15, 2009	Feb 28, 2009	Mar 12, 2009	17	Aug 16, 2009	Aug 29, 2009	Sept 10, 2009
5	Mar 1, 2009	Mar 14, 2009	Mar 26, 2009	18	Aug 30, 2009	Sept 12, 2009	Sept 24, 2009
6	Mar 15, 2009	Mar 28, 2009	Apr 9, 2009	19	Sept 13, 2009	Sept 26, 2009	Oct 8, 2009
7	Mar 29, 2009	Apr 11, 2009	Apr 23, 2009	20	Sept 27, 2009	Oct 10, 2009	Oct 22, 2009
8	Apr 12, 2009	Apr 25, 2009	May 7, 2009	21	Oct 11, 2009	Oct 24, 2009	Nov 5, 2009
9	Apr 26, 2009	May 9, 2009	May 21, 2009	22	Oct 25, 2009	Nov 7, 2009	Nov 19, 2009
10	May 10, 2009	May 23, 2009	Jun 4, 2009	23	Nov 8, 2009	Nov 21, 2009	Dec 3, 2009
11	May 24, 2009	Jun 6, 2009	Jun 18, 2009	24	Nov 22, 2009	Dec 5, 2009	Dec 17, 2009
12	Jun 7, 2009	Jun 20, 2009	July 2, 2009	25	Dec 6, 2009	Dec 19, 2009	Dec 31, 2009
13	Jun 21, 2009	July 4, 2009	July 16, 2009	26	Dec 20, 2009	Jan 2, 2010	Jan 14, 2010

Figure 5-2: Biweekly Pay Periods for Full-Time Employees (Calendar Year 2010)

Pay Period	Starting Date	Ending Date	Pay Date	Pay Period	Starting Date	Ending Date	Pay Date
1	Jan 3, 2010	Jan 16, 2010	Jan 28, 2010	14	July 4, 2010	July 17, 2010	July 29, 2010
2	Jan 17, 2010	Jan 30, 2010	Feb 11, 2010	15	July 18, 2010	July 31, 2010	Aug 12, 2010
3	Jan 31, 2010	Feb 13, 2010	Feb 25, 2010	16	Aug 1, 2010	Aug 14, 2010	Aug 26, 2010
4	Feb 14, 2010	Feb 27, 2010	Mar 11, 2010	17	Aug 15, 2010	Aug 28, 2010	Sept 9, 2010
5	Feb 28, 2010	Mar 13, 2010	Mar 25, 2010	18	Aug 29, 2010	Sept 11, 2010	Sept 23, 2010
6	Mar 14, 2010	Mar 27, 2010	Apr 8, 2010	19	Sept 12, 2010	Sept 25, 2010	Oct 7, 2010
7	Mar 28, 2010	Apr 10, 2010	Apr 22, 2010	20	Sept 26, 2010	Oct 9, 2010	Oct 21, 2010
8	Apr 11, 2009	Apr 24, 2010	May 6, 2010	21	Oct 10, 2010	Oct 23, 2010	Nov 4, 2010
9	Apr 25, 2010	May 8, 2010	May 20, 2010	22	Oct 24, 2010	Nov 6, 2010	Nov 18, 2010
10	May 9, 2010	May 22, 2010	Jun 3, 2010	23	Nov 7, 2010	Nov 20, 2010	Dec 2, 2010
11	May 23, 2010	Jun 5, 2010	Jun 17, 2010	24	Nov 21, 2010	Dec 4, 2010	Dec 16, 2010
12	Jun 6, 2010	Jun 19, 2010	July 1, 2010	25	Dec 5, 2010	Dec 18, 2010	Dec 30, 2010
13	Jun 20, 2010	July 3, 2010	July 15, 2010	26	Dec 19,2009	Jan 1, 2011	Jan 13, 2011

Figure 5-3: Biweekly Pay Periods for Full-Time Employees (Calendar Year 2011)

PAY PERIOD	STARTING DATE	ENDING DATE	PAY DATE	PAY PERIOD	STARTING DATE	ENDING DATE	PAY DATE
1	Jan 2, 2011	Jan 15, 2011	Jan 27, 2011	14	July 3, 2011	July 16, 2011	July 28, 2011
2	Jan 16, 2011	Jan 29, 2011	Feb 10, 2011	15	July 17, 2011	July 30, 2011	Aug 11, 2011
3	Jan 30, 2011	Feb 12, 2011	Feb 24, 2011	16	July 31, 2011	Aug 13, 2011	Aug 25, 2011
4	Feb 13, 2011	Feb 26, 2011	Mar 10, 2011	17	Aug 14, 2011	Aug 27, 2011	Sept 8, 2011
5	Feb 27, 2011	Mar 12, 2011	Mar 24, 2011	18	Aug 28, 2011	Sept 10, 2011	Sept 22, 2011
6	Mar 13, 2011	Mar 26, 2011	Apr 7, 2011	19	Sept 11, 2011	Sept 24, 2011	Oct 6, 2011
7	Mar 27, 2011	Apr 9, 2011	Apr 21, 2011	20	Sept 25, 2011	Oct 8, 2011	Oct 20, 2011
8	Apr 10, 2011	Apr 23, 2011	May 5, 2011	21	Oct 9, 2011	Oct 22, 2011	Nov 3, 2011
9	Apr 24, 2011	May 7, 2011	May 19, 2011	22	Oct 23, 2011	Nov 5, 2011	Nov 17, 2011
10	May 8, 2011	May 21, 2011	Jun 2, 2011	23	Nov 6, 2011	Nov 19, 2011	Dec 1, 2011
11	May 22, 2011	Jun 4, 2011	Jun 16, 2011	24	Nov 20, 2011	Dec 3, 2011	Dec 15, 2011
12	Jun 5, 2011	Jun 18, 2010	Jun 30, 2011	25	Dec 4, 2011	Dec 17, 2011	Dec 29, 2011
13	Jun 19, 2011	July 2, 2011	July 14, 2011	26	Dec 18,2011	Dec 31, 2011	Jan 12, 2012

Figure 5-4: Weekly Pay Periods for Intermittent Employees (Calendar Year 2009)

Pay Period	Starting Date	Ending Date	Pay Date	Pay Period	Starting Date	Ending Date	Pay Date
1	Dec 28, 2008	Jan 3, 2009	Jan 14, 2009	27	Jun 28, 2009	July 4, 2009	July 15, 2009
2	Jan 4, 2009	Jan 10, 2009	Jan 21, 2009	28	July 5, 2009	July 11, 2009	July 22, 2009
3	Jan 11, 2009	Jan 17, 2009	Jan 28, 2009	29	July 12, 2009	July 18, 2009	July 29, 2009
4	Jan 18, 2009	Jan 24, 2009	Feb 4, 2009	30	July 19, 2009	July 25, 2009	Aug 5, 2009
5	Jan 25, 2009	Jan 31, 2009	Feb 11, 2009	31	July 26, 2009	Aug 1, 2009	Aug 12, 2009
6	Feb 1, 2009	Feb 7, 2009	Feb 18, 2009	32	Aug 2, 2009	Aug 8, 2009	Aug 19, 2009
7	Feb 8, 2009	Feb 14, 2009	Feb 25, 2009	33	Aug 9, 2009	Aug 15, 2009	Aug 26, 2009
8	Feb 15, 2009	Feb 21, 2009	Mar 4, 2009	34	Aug 16, 2009	Aug 22, 2009	Sept 2, 2009
9	Feb 22, 2009	Feb 28, 2009	Mar 11, 2009	35	Aug 23, 2009	Aug 29, 2009	Sept 9, 2009
10	Mar 1, 2009	Mar 7, 2009	Mar 18, 2009	36	Aug 30, 2009	Sept 5, 2009	Sept 16, 2009
11	Mar 8, 2009	Mar 14, 2009	Mar 25, 2009	37	Sept 6, 2009	Sept 12, 2009	Sept 23, 2009
12	Mar 15, 2009	Mar 21, 2009	Apr 1, 2009	38	Sept 13, 2009	Sept 19, 2009	Sept 30, 2009
13	Mar 22, 2009	Mar 28, 2009	Apr 8, 2009	39	Sept 20, 2009	Sept 26, 2009	Oct 7, 2009
14	Mar 29, 2009	Apr 4, 2009	Apr 15, 2009	40	Sept 27, 2009	Oct 3, 2009	Oct 14, 2009
15	Apr 5, 2009	Apr 11, 2009	Apr 22, 2009	41	Oct 4, 2009	Oct 10, 2009	Oct 21, 2009
16	Apr 12, 2009	Apr 18, 2009	Apr 29, 2009	42	Oct 11, 2009	Oct 17, 2009	Oct 28, 2009
17	Apr 19, 2009	Apr 25, 2009	May 6, 2009	43	Oct 18, 2009	Oct 24, 2009	Nov 4, 2009
18	Apr 26, 2009	May 2, 2009	May 13, 2009	44	Oct 25, 2009	Oct 31, 2009	Nov 11, 2009
19	May 3, 2009	May 9, 2009	May 20, 2009	45	Nov 1, 2009	Nov 7, 2009	Nov 18, 2009
20	May 10, 2009	May 16, 2009	May 27, 2009	46	Nov 8, 2009	Nov 14, 2009	Nov 25, 2009
21	May 17, 2009	May 23, 2009	Jun 3, 2009	47	Nov 15, 2009	Nov 21, 2009	Dec 2, 2009
22	May 24, 2009	May 30, 2009	Jun 10, 2009	48	Nov 22, 2009	Nov 28, 2009	Dec 9, 2009
23	May 31, 2009	Jun 6, 2009	Jun 17, 2009	49	Nov 29, 2009	Dec 5, 2009	Dec 16, 2009
24	Jun 7, 2009	Jun 13, 2009	Jun 24, 2009	50	Dec 6, 2009	Dec 12, 2009	Dec 23, 2009
25	Jun 14, 2009	Jun 20, 2009	July 1, 2009	51	Dec 13, 2009	Dec 19, 2009	Dec 30, 2009
26	Jun 21, 2009	Jun 27, 2009	July 8, 2009	52	Dec 20, 2009	Dec 26, 2009	Jan 6, 2010

Figure 5-5: Weekly Pay Periods for Intermittent Employees (Calendar Year 2010)

PAY PERIOD	STARTING DATE	ENDING DATE	PAY DATE	PAY PERIOD	STARTING DATE	ENDING DATE	PAY DATE
1	Dec 27, 2009	Jan 2, 2010	Jan 13, 2010	27	Jun 27, 2010	July 3, 2010	July 14, 2010
2	Jan 3, 2010	Jan 9, 2010	Jan 20, 2010	28	July 4, 2010	July 10, 2010	July 21, 2010
3	Jan 10, 2010	Jan 16, 2010	Jan 27, 2010	29	July 11, 2010	July 17, 2010	July 28, 2010
4	Jan 17, 2010	Jan 23, 2010	Feb 3, 2010	30	July 18, 2010	July 24, 2010	Aug 4, 2010
5	Jan 24, 2010	Jan 30, 2010	Feb 10, 2010	31	July 25, 2010	July 31, 2010	Aug 11, 2010
6	Jan 31, 2010	Feb 6, 2010	Feb 17, 2010	32	Aug 1, 2010	Aug 7, 2010	Aug 18, 2010
7	Feb 7, 2010	Feb 13, 2010	Feb 24, 2010	33	Aug 8, 2010	Aug 14, 2010	Aug 25, 2010
8	Feb 14, 2010	Feb 20, 2010	Mar 3, 2010	34	Aug 15, 2010	Aug 21, 2010	Sept 1, 2010
9	Feb 21, 2010	Feb 27, 2010	Mar 10, 2010	35	Aug 22, 2010	Aug 28, 2010	Sept 8, 2010
10	Feb 28, 2010	Mar 6, 2010	Mar 17, 2010	36	Aug 29, 2010	Sept 4, 2010	Sept 15, 2010
11	Mar 7, 2010	Mar 13, 2010	Mar 24, 2010	37	Sept 5, 2010	Sept 11, 2010	Sept 22, 2010
12	Mar 14, 2010	Mar 20, 2010	Mar 31, 2010	38	Sept 12, 2010	Sept 18, 2010	Sept 29, 2010
13	Mar 21, 2010	Mar 27, 2010	Apr 7, 2010	39	Sept 19, 2010	Sept 25, 2010	Oct 6, 2010
14	Mar 28, 2010	Apr 3, 2010	Apr 14, 2010	40	Sept 26, 2010	Oct 2, 2010	Oct 13, 2010
15	Apr 4, 2010	Apr 10, 2010	Apr 21, 2010	41	Oct 3, 2010	Oct 9, 2010	Oct 20, 2010
16	Apr 11, 2010	Apr 17, 2010	Apr 28, 2010	42	Oct 10, 2010	Oct 16, 2010	Oct 27, 2010
17	Apr 18, 2010	Apr 24, 2010	May 5, 2010	43	Oct 17, 2010	Oct 23, 2010	Nov 3, 2010
18	Apr 25, 2010	May 1, 2010	May 12, 2010	44	Oct 24, 2010	Oct 30, 2010	Nov 10, 2010
19	May 2, 2010	May 8, 2010	May 19, 2010	45	Oct 31, 2010	Nov 6, 2010	Nov 17, 2010
20	May 9, 2010	May 15, 2010	May 26, 2010	46	Nov 7, 2010	Nov 13, 2010	Nov 24, 2010
21	May 16, 2010	May 22, 2010	Jun 2, 2010	47	Nov 14, 2010	Nov 20, 2010	Dec 1, 2010
22	May 23, 2010	May 29, 2010	Jun 9, 2010	48	Nov 21, 2010	Nov 27, 2010	Dec 8, 2010
23	May 30, 2010	Jun 5, 2010	Jun 16, 2010	49	Nov 28, 2010	Dec 4, 2010	Dec 15, 2010
24	Jun 6, 2010	Jun 12, 2010	Jun 23, 2010	50	Dec 5, 2010	Dec 11, 2010	Dec 22, 2010
25	Jun 13, 2010	Jun 19, 2010	Jun 30, 2010	51	Dec 12, 2010	Dec 18, 2010	Dec 29, 2010
26	Jun 20, 2010	Jun 26, 2010	July 7, 2010	52	Dec 19, 2010	Dec 25, 2010	Jan 5, 2011

Figure 5-6: Weekly Pay Periods for Intermittent Employees (Calendar Year 2011)

Pay Period	Starting Date	Ending Date	Pay Date	Pay Period	Starting Date	Ending Date	Pay Date
1	Dec 26, 2010	Jan 1, 2011	Jan 12, 2011	27	Jun 26, 2011	July 2, 2011	July 13, 2011
2	Jan 2, 2011	Jan 8, 2011	Jan 19, 2011	28	July 3, 2011	July 9, 2011	July 20, 2011
3	Jan 9, 2011	Jan 15, 2011	Jan 26, 2011	29	July 10, 2011	July 16, 2011	July 27, 2011
4	Jan 16, 2011	Jan 22, 2011	Feb 2, 2011	30	July 17, 2011	July 23, 2011	Aug 3, 2011
5	Jan 23, 2011	Jan 29, 2011	Feb 9, 2011	31	July 24, 2011	July 30, 2011	Aug 10, 2011
6	Jan 30, 2011	Feb 5, 2011	Feb 16, 2011	32	July 31, 2011	Aug 6, 2011	Aug 17, 2011
7	Feb 6, 2011	Feb 12, 2011	Feb 23, 2011	33	Aug 7, 2011	Aug 13, 2011	Aug 24, 2011
8	Feb 13, 2011	Feb 19, 2011	Mar 2, 2011	34	Aug 14, 2011	Aug 20, 2011	Aug 31, 2011
9	Feb 20, 2011	Feb 26, 2011	Mar 9, 2011	35	Aug 21, 2011	Aug 27, 2011	Sept 7, 2011
10	Feb 27, 2011	Mar 5, 2011	Mar 16, 2011	36	Aug 28, 2011	Sept 3, 2011	Sept 14, 2011
11	Mar 6, 2011	Mar 12, 2011	Mar 23, 2011	37	Sept 4, 2011	Sept 10, 2011	Sept 21, 2011
12	Mar 13, 2011	Mar 19, 2011	Mar 30, 2011	38	Sept 11, 2011	Sept 17, 2011	Sept 28, 2011
13	Mar 20, 2011	Mar 26, 2011	Apr 6, 2011	39	Sept 18, 2011	Sept 24, 2011	Oct 5, 2011
14	Mar 27, 2011	Apr 2, 2011	Apr 13, 2011	40	Sept 25, 2011	Oct 1, 2011	Oct 12, 2011
15	Apr 3, 2011	Apr 9, 2011	Apr 20, 2011	41	Oct 2, 2011	Oct 8, 2011	Oct 19, 2011
16	Apr 10, 2011	Apr 16, 2011	Apr 27, 2011	42	Oct 9, 2011	Oct 15, 2011	Oct 26, 2011
17	Apr 17, 2011	Apr 23, 2011	May 4, 2011	43	Oct 16, 2011	Oct 22, 2011	Nov 2, 2011
18	Apr 24, 2011	Apr 30, 2011	May 11, 2011	44	Oct 23, 2011	Oct 29, 2011	Nov 9, 2011
19	May 1, 2011	May 7, 2011	May 18, 2011	45	Oct 30, 2011	Nov 5, 2011	Nov 16, 2011
20	May 8, 2011	May 14, 2011	May 25, 2011	46	Nov 6, 2011	Nov 12, 2011	Nov 23, 2011
21	May 15, 2011	May 21, 2011	Jun 1, 2011	47	Nov 13, 2011	Nov 19, 2011	Nov 30, 2011
22	May 22, 2011	May 28, 2011	Jun 8, 2011	48	Nov 20, 2011	Nov 26, 2011	Dec 7, 2011
23	May 29, 2011	Jun 4, 2011	Jun 15, 2011	49	Nov 27, 2011	Dec 3, 2011	Dec 14, 2011
24	Jun 5, 2011	Jun 11, 2011	Jun 22, 2011	50	Dec 4, 2011	Dec 10, 2011	Dec 21, 2011
25	Jun 12, 2011	Jun 18, 2011	Jun 29, 2011	51	Dec 11, 2011	Dec 17, 2011	Dec 28, 2011
26	Jun 19, 2011	Jun 25, 2011	July 6, 2011	52	Dec 18, 2011	Dec 24, 2011	Jan 4, 2012

Topic 5: Payroll Forms

General

Capturing hours and expense data are accomplished using forms designed specifically for that purpose. Payroll forms not illustrated or listed in this chapter are shown as exhibits in the appendix at the end of this manual.

Form BC-27, Time and Attendance Cost Report

Employees who are paid through NFC will record their own hours and leave on the BC-27, Time and Attendance Cost Report and submit it to their timekeeper. Any leave or documenting of time other than regular time, must be approved and accompanied by proper forms and contain authorized signatures.

Form BC-27A, Field Employee Travel Expenses

Expenses for official mileage, per diem, communication, and other reimbursable items, will be claimed on the BC-27A, Field Employee's Travel Expense. This form must accompany the BC-27 and be reviewed by the Administrative Coordinator and approved by the ARCM. Reimbursement payments will be made through WebTA. For detailed information travel reimbursements, refer to Chapter 7, Travel.

Form OPM Form 71, Application for Leave

Full-time employees use OPM Form SF-71 when requesting annual, sick leave, family and medical leave act (FMLA), leave without pay, compensatory leave (not comp time for travel), or other types of leave for which they are eligible. Supervisors can approve or disapprove (with reason) any request for leave. An approved SF-71 must be attached to the BC-27 that records the leave. The Regional Director may set their own policy on signing for leave. Whatever the policy, all other rules governing the request and use of leave still apply. For example, all leave must be requested and approved by an authorized supervisor before it is taken. Any sick leave totaling more than three consecutive workdays requires a medical certificate.

Request for Compensatory Time for Travel Form

This form is required to document when compensatory time for travel is earned or used. It must be attached to the BC-27 that records the compensatory time for travel earned or used.

Form D-308, Daily Pay and Work Record

Some intermittent employees will record their claims for hours worked and reimbursement for official expenses including mileage on D-308. Claims for a single authorized expense totaling $5 or more must be accompanied by a receipt.

E-308 Electronic Pay and Work Record	Some intermittent employees will enter their hours worked and reimbursement for official expenses on the hand-held computer during the address canvassing operation. Those hours and expenses will be transmitted to the supervisor for approval and into DAPPS.
D-308A, Per Diem Expense Record	This form is used to record intermittent employee's travel expenses. All trips must be authorized in advance by LCO managers. This form must be filled out for each approved trip. Do not combine two individual trips on one form. If there is a one day break or more in travel, complete a separate form. This form must accompany a D-308 for one of the days on travel.
Form D-292, Batch Transmittal	D-308's are grouped into batches totaling not more than 25. Enter the total number of hours worked and the other categories for all the D-308s in the batch on this transmittal form.
Form D-301, Batch Control Log	This log is used to enter the totals for all hours and expenses in a batch in DAPPS. Each batch transmittal form must contain a batch number obtained from the batch control log. Refer to the D-581, *DAPPS Operating Guide,* for further instruction. This log contains totals for all electronic and paper batches.
Form D-302, Paysheet Adjustments Control Log	Adjustments to pay are recorded on this form. Use it in conjunction with the Control of Hours and Expenses report to reconcile with the Payroll Register. Refer to the D-581, *DAPPS Operating Guide*, Chapter 17, Topic 7, for information on adjustments to paysheets.
Form CD-81, Authorization for Paid Overtime and/or Holiday Work, and Compensatory Overtime	The CD-81 documents the approval of pay for overtime or compensatory hours. Entries must have prior written approval from an assistant manager or designee and accompany the BC-27 or D-308 for all employees. Read more about overtime and its use in Topic 7, Premium Pay, of this chapter.
Form CD-29, Travel Order	This is the official documentation authorizing travel for Census employees while on official government business outside a 50 mile radius of the employee's workplace or place of residence. This should be in the possession of the traveler while in travel status. Refer to Chapter 7, Travel, for more information.

Topic 6: Reimbursements

Reimbursements

All employees are entitled to reimbursement for expenses which managers authorize them to purchase. The various types of expenses are listed below by employee type.

Field Employees

Revised 09/02/2009

- Mileage to, from, within assignment area including training sites
- Road, bridge, tunnel tolls *(toll receipts must be attached to your payroll document)*
- Ferry fares
- Bus and subway fares, parking fees when free parking is not available
- Maps
- Interpreter fees
- Overnight travel, expenses
- Telephone calls, including cellular telephone calls in excess of basic service charges
- Transportation to and from common carriers when associated with official travel

Office Employees

- Mileage to and from temporary work premises excluding mileage from home to office and return
- All tolls, parking fees, public transportation fees encountered while traveling to and from temporary work premises excluding those usually encountered from home to office and return
- Overnight travel expenses
- Official purchases authorized by a manager
- Transportation to and from common carriers when associated with official travel

Deductions

There are mandatory deductions and employee authorized (voluntary) deductions withheld from paychecks each pay period. They include:

Mandatory Deductions

- Retirement Deductions
- FICA Deductions
- Federal Income Tax Deductions (Additional Amount)
- State Tax (if applicable)
- City/County Tax Deductions (if applicable)
- Deductions for repayment of indebtedness to the United States (travel agreement, advance pay, overpayment, and salary offsets)
- Deductions for court ordered garnishments for alimony and child support payments.
- Deductions for court ordered Bankruptcy payment under Chapter 13
- Commercial Garnishments
- IRS Tax Levy Deductions

Voluntary Deductions

- TSP Contributions
- Financial Allotments
- Bonds
- Charitable Contributions
- Flexible Spending
- FEGLI (excluding optional) Insurance
- Optional Life Insurance Premium Deduction
- FEHBA Health Insurance

Topic 7: Premium Pay

General

Premium pay is additional pay authorized for overtime, night, holiday, or Sunday work. This section describes information on premium pay situations that often occur.

Field Intermittent DAPPS Employees

Field Intermittent DAPPS employees include the following positions:

- Field Operations Supervisor (FOS)
- Recruiting Assistant (RA)
- Crew Leader
- Enumerator/Crew Leader Assistant

Field DAPPS employees are paid on a weekly basis. Their pay periods begin at 12:01 a.m., Sunday and end midnight on the following Saturday.

Field DAPPS employees do not have a regularly scheduled tour of duty and do not earn annual or sick leave.

Field DAPPS employees use either the D-308, *Daily Pay and Work Record*, or E-308, Electronic Pay and Work Record to record their hours, mileage, telephone, and miscellaneous expenses. Payrolls for intermittent employees are either keyed or transmitted daily in the LCO. Once keyed or transmitted, the payroll information is then processed by the RCC. Official overnight travel must be documented on a D-308A, *Per Diem Expense Record.* All approved expenses are paid in the same paycheck along with the hours for the pay period. The D-308 and D-308A are exhibited in Appendix A in the D-501, LCO Administrative Manual.

Office Intermittent DAPPS Employees

Office Intermittent DAPPS employees include the following positions:

- Office Operations Supervisor (OOS)
- Clerk

Office DAPPS employees are paid on a weekly basis. Their pay periods begin at 12:01 a.m., Sunday and end midnight on the following Saturday.

Office DAPPS employees will be assigned a work schedule by

Office Intermittent DAPPS Employees – continued

Updated 06/10

their supervisor. They are expected to work those hours. This schedule will be no more than 8 hours in a day. DAPPS office employees are not allowed to work more than 8 hours in a day. If overtime is necessary, the appropriate assistant manager will approve the overtime hours before they begin working. If the office DAPPS employee works overtime without supervisory approval, they will be subject to termination.

If an office DAPPS employee works in excess of 5 consecutive hours in any day, it is recommended that they take an unpaid meal period of 30 minutes, however, it is not mandatory.

Office DAPPS employees use the D-308, *Daily Pay and Work Record* to record their hours, mileage, telephone, and miscellaneous expenses. Payrolls for intermittent DAPPS office employees are either keyed daily in the LCO. Once keyed, the payroll information is then processed by the RCC. Official overnight travel must be documented on a D-308A, *Per Diem Expense Record.* All approved expenses are paid in the same paycheck along with the hours for the pay period. The D-308 and D-308A are exhibited in Appendix A of the D-501,

The Overtime Policy for Field Employees

The following paragraphs are the overtime policy provided to each employee in their D-590 or D-591, Census Employee Handbook. It does not apply to intermittent office employees.

In order to be effective and get assignments completed on time, field employees are expected to work most days in the weekly pay period. However, they **must not** work more than 40 hours in any weekly pay period, unless they are specifically authorized to do so in advance. Employees are expected to complete their assignments without having to work overtime. If employees feel they have more work than they can complete in a 40-hour week, they are instructed to contact their supervisor to discuss the situation.

Working overtime of more than 40 hours in a week is not permitted without written approval from their supervisor. If the supervisor deems it necessary that overtime hours should be authorized and there is no other viable solution but to work overtime, then the supervisor will seek authorization from the appropriate assistant manager or designee and let the employee know if the overtime hours can be worked.

They may, if they choose, work more than 8 hours in one day so long as they do not work more than 40 hours in a week. However, if their supervisor has not ordered them to work more than eight hours in a day and the additional time has not been

approved in writing, they will be paid at their regular rate of pay for those hours. This should be recorded on their D-308 or E-308 as regular time. They could be instructed to work more than 8 hours in a day, in a situation such as training or the closeout of an operation, where the overtime approval has been received in writing.

The Overtime Policy for Field Employees ***continued***

If they work more than 40 hours in a week without supervisory approval, they will be subject to termination unless the overtime was caused by "unavoidable circumstances." "Unavoidable circumstances" are defined as unforeseeable circumstances beyond the employee's control. Included but not limited to, weather-related problems such as a blizzard, flood, hurricane, etc. Traffic is not considered an "unavoidable circumstance" unless an employee is involved in an accident or delayed by an accident.

Employees are not allowed to accumulate hours. This means they must not work, for example, 42 hours in one week and record only 40 hours on the payroll forms for that week, and then record the remaining two hours on a payroll form during a subsequent week when they have worked fewer than 40 hours. This is a manipulation of hours and is grounds for termination of employment. If the Census Bureau finds that a supervisor approves or instructs an employee to accumulate hours, then the supervisor may be terminated. Accumulating hours will not be tolerated. If employees become aware of other employees accumulating hours or any supervisor giving instructions to crews to accumulate hours or to work overtime without compensation, employees are instructed to report the incident immediately to their supervisor, Assistant Manager, or the LCO Manager

All employees signed a Temporary Excepted Service Agreement and/or an Overtime Policy Agreement at the time of hiring which they agreed to abide by these regulations.

Supervisors must approve unauthorized overtime hours for payment and then document the offense. Refer to Chapter 16, Topic 5 of this manual for proper documenting procedures.

Pool of Hours

After the training is completed and field operational work begins, the FOS or CL must determine his or her schedule based upon their staff and their supervisor's availability. The FOS or CL is expected to meet with both their supervisor and staff daily or 5 days out of a 7-day week.
The FOS or CL is expected to spread his or her work hours out over the week to avoid having to go into overtime by the end of

Pool of Hours continued

the week. If the FOS or CL work more than eight (8) hours in a day, but fewer than 40 in a week, and the hours over eight (8) have not been approved as overtime in writing in advance, then any hours over 8 will be paid at the regular hourly rate.
A "Pool of Hours" has been pre-approved for the FOS and CL to use during the operational period following training. The operational period is defined as the dates of the operation as established by the 2010 Census baseline schedule. The FOS or CL will be given five (5) hours of pre-approved overtime per pay period, to be used after the 40 hours has been worked, for use in emergency situations for receiving calls, picking up dropped assignments, etc. These hours will be monitored by the

AMFO or AMQA. In addition, if the FOS or CL does not use the pre-approved five (5) hours, the unused time does not carry over to the following pay period.

The overtime hours are only for emergency situations, which means the FOS or CL may use some, none or all of the pre-approved hours each week. The number of staff the FOS and CL oversee will play a factor in determining if the overtime is needed. The FOS/CL can only claim the hours (OT or Non-OT) that they actually work.

Figure 5-7: CD-81 Attachment

CD-81 Overtime Authorization Attachment

Name	Title	Overtime Rate	Maximum Hrs to be Worked	Estimated Cost
Test Person 1	FOS	$21.00	10	$210
Test Person 2	CL	18.00	12	216
Test Person 3	Enumerator	15.00	5	75
Test Person 4	Enumerator	15.00	5	75
Test Person 5	Enumerator	15.00	5	75
Test Person 6	Enumerator	15.00	5	75
			TOTAL	$726

Procedures for Documenting Approval of Overtime

Supervisors requesting overtime must justify, in writing, the need for the overtime. However, due to the nature of field work, field supervisors may obtain verbal approval from their

Hours

supervisors with follow-up written approval from the appropriate assistant manager on a CD-81.

Note: When the authorizers' dates at the bottom of the CD-81 are later than the date the overtime request was verbally approved, place a notation in Item 11 noting the actual date the verbal approval was given.

You may prepare a list of employee names by Crew Leader District (CLD) and attach it to the CD-81. Complete the CD-81 and route the documents for signature to the appropriate manager. Any list of employee names attached to the CD-81 must contain the following for each employee:

- Name
- Title
- Pay rate
- Total number of hours worked
- Estimated cost

Complete the hours and estimated cost fields at the time the CD-81 is prepared for that workweek. For each week that overtime is worked, prepare a CD-81, attach the list of employees with required information, and route for appropriate signatures. Provide a signed copy of the CD-81 to the payroll section so the clerks can use it when auditing the timesheets. Retain the original CD-81 in a permanent file marked CD-81, Authorization for Paid Overtime and/or Holiday Work, And For Compensatory Overtime.

All supporting documentation for overtime must be kept with timesheets, which are retained for six years. Entries made for overtime on the timesheets will be disallowed if a certified copy of a CD-81 is not available.

Holiday Pay and Premium Holiday Pay for NFC employees only

To be entitled to holiday pay, an employee must be regularly scheduled (full or part-time), i.e., to work hours that are scheduled in advance of the week in which they are worked. Intermittent employees are not entitled to a holiday pay or holiday worked premium pay.

Full or part-time employees, who are scheduled to work on a holiday, are entitled to their basic rate for the number of hours worked up to eight. They are entitled to the overtime rate for any hours in excess of eight. Part time employees who are not scheduled to work on the holiday are not entitled to holiday pay or holiday worked premium pay.

Holiday Pay and Premium Holiday Pay

for NFC employees only - continued

While in a Paid Leave Status or a Leave Without Pay (LWOP) Status, hours of paid leave during the basic workweek count as hours of work for all employees. This includes, but is not limited to, holidays, annual leave, periods of administrative leave, and time on continuation of pay. On the other hand, time in a leave without pay status must be made up on an hour for hour or day for day basis in the same day or week before any hours can be considered in excess of 8 in a day or 40 in a week.

Night Differential

Work that is regularly scheduled between the hours of 6:00 p.m. and 6:00 a.m. local time, including overtime hours. "Regularly scheduled" means the work is scheduled in advance of the administrative workweek in which it is performed. Night Differential (ND) is paid at the rate of basic pay plus 10 percent.

Intermittent employees working in the field are not eligible for night differential. By law, intermittent employees are not eligible for ND pay because they do not have a regularly scheduled tour of duty.

Full-time or part-time employees are entitled to night shift differential if they are normally scheduled for night work or if they are assigned on a temporary basis to a position for which night shift differential is payable. The latter situation is distinguished from one in which irregular or occasional night work is assigned to the employee in his or her own job and for which no differential would be payable.

Sunday Premium Pay NFC employees only

Only full-time employees are entitled to premium pay for Sunday work when it is part of the regularly scheduled tour-of-duty. The employee is compensated by their basic rate of pay plus 25 percent of that rate for each hour worked which is not overtime or in excess of 8 hours.

Cost of Living Allowance (COLA)

Updated 07/27/09

Employees who have a duty station of Hawaii, Alaska, and Puerto Rico and whose pay is set by statute are entitled to Cost of Living Adjustment (COLA). Employees whose pay is set by statute are those with General Schedule (GS) and General Grade (GG) positions, who are all paid through NFC. There are special codes that need to be entered on the T & A for the COLA to begin and end. This is only for General Grade (GG) and General Schedule (GS) positions.

Administratively-determined (AD) pay rates are not set by statute. However, a COLA has already been included in the determinations of the pay rates for Hawaii, Alaska, and Puerto

Rico, and is not in addition to the current pay rates. The positions covered by AD pay rates include all DAPPS employees and LCO management staff.

The percentage allowances are as follows:

Alaska

All of Alaska (25 percent).

Hawaii

City and County of Honolulu (25 percent).

County of Hawaii (16.5 percent).

County of Kauai (23.25 percent).

County of Maui and County of Kalawao (23.75 percent).

Commonwealth of Puerto Rico

All of Puerto Rico (11.5 percent).

Compensatory Time in lieu of Overtime for NFC employees only

Compensatory Time in Lieu of Overtime is compensation of time in lieu of overtime pay for irregular or occasional overtime work, **or** when permitted under agency flexible work schedule programs, time off with pay in lieu of overtime pay for regularly scheduled or irregular or occasional overtime work.

Due to a change in OPM regulations, effective October 2007, compensatory time in lieu of overtime will expire 26 pay periods after the pay period in which it was earned. For non-exempt employees, compensatory time not used after 26 pay periods will be paid at the overtime rate in effect at the time in which the hours were worked.

For employees using the BC-27 to record work time and leave, compensatory time will be documented in the blank space under the AL/SL block. Compensatory time earned will be entered as Comp Time Earned and Comp Time Used when taken. For further information on timekeeping procedures refer to the RCC Timekeeper Training Manual.

Travel Compensatory Time

Effective January 28, 2005, specific categories of federal employees are able to earn compensatory time off for travel during non-work hours for which they are not compensated.

(Employees who receive any form of compensation for hours of official travel will not be entitled to earn compensatory time off for the same time period). Travel compensatory time expires 26 pay period after the pay period in which it was earned.

Employee's entitlement

If the scheduling of the event is not sponsored by the Census Bureau, then the employee will be paid overtime for time spent traveling outside of their regular duty hours. This overtime is subject to limits on premium compensation, which can lead to the forfeiture of some or all Overtime hours.

If the scheduling of the event is sponsored by the Census Bureau, then the employee will receive compensatory time for travel. This time is NOT subject to limits on premium compensation.

Analyze the Travel and Determine What Time is Compensable?

The following is **compensable** time:

- Actual time on common carrier.
- Usual waiting time at the transportation terminal (for air travel, 2 hours for domestic flights and up to 4 hours for international flights).
- Time spent waiting for connecting flights.
- Travel from the transportation terminal to the temporary duty station
- Travel from home to a transportation terminal or travel from a transportation terminal to home when the transportation terminal is outside of the normal commuting radius (50 miles) of the official duty station.

(Compensable time is offset by the employee's normal commuting time from home to official duty station.)

The following is **non-compensable** time:

- Bona fide meal periods.
- Extended delays during which the employee is free to eat, sleep, shop or otherwise use the time for his or her own purposes.
- Travel during regularly scheduled work hours. (The employee is already receiving her or his regular pay for this time.)
- Travel from home to a transportation terminal or travel from a transportation terminal to home when the transportation terminal is within the normal commuting radius (50 miles) of the official duty station.
- Specifically for compensatory time off for travel: Travel

during regularly scheduled duty hours on a Federal Holiday. (The employee is already receiving holiday leave for that day.)

- Travel during any time that would otherwise be compensable (i.e., regular time, overtime, etc.).

Receiving credit

To receive credit for overtime while on travel an employee must:

- Have written supervisory approval to earn overtime for travel.
- Provide to supervisor a completed "CD-81" form.
- Provide to supervisor a chronological record of specific travel information.
- Code timesheet as Transaction Code: Over 40 Overtime, and charged to the work Project and Task Code.

To receive credit for compensatory time for travel the employee must:

- Provide to supervisor a "Request for Compensatory Time for Travel" form within 10 calendar days of termination of the travel.
- Provide to supervisor a chronological record of specific travel information.
- Code timesheet as Transaction Code: Comp Time/Travel Earned, and charged to the work Project and Task Code.

Note: For more information on Compensatory time off for Travel go to HRD's intranet website:

http://cww.hrd.census.gov/hrd/Pay_Leave/travelcomp.htm

Fair Labor Standards Act (FLSA)

Consider the employee's FLSA status when scheduling overtime work since it impacts his/her entitlement for premium pay and may have budgetary implications.

- The Fair Labor Standards Act (FLSA) is a law which establishes a minimum standard of wages and overtime compensation for Federal employees.
- Employees not Covered by FLSA - An FLSA exempt employee is not covered by the FLSA. Generally, bona fide executive, professional and administrative employees are exempt. Exempt employees normally are those above the GS-9.

Fair Labor Standards Act (FLSA) ***continued***

- Employees Covered by FLSA - An FLSA nonexempt employee is covered by the overtime provisions of the FLSA. Generally, the Schedule A, clerical, and sub-

professional employees are non-exempt.

- Mandatory Overtime Payment - When exempt and non-exempt employees work regularly scheduled overtime (ordered and approved ahead of the administrative workweek), they must be paid.
- Mandatory Compensatory Time Off - When the overtime is irregular or occasional, FLSA exempt employees, whose rate of pay exceeds the GS-10, step 10, are entitled to compensatory time off only.

Election of Overtime Pay or Compensatory Time Off - FLSA exempt employees, with a rate of pay up to and including the GS-10, step 10, and FLSA non-exempt employees, however, may elect overtime pay or compensatory time off when working:

- Irregular or occasional overtime hours. If an employee chooses compensatory time off, he/she should indicate this by signing CD-81 in the appropriate block.
- Overtime Rate of Pay - For employees whose basic pay is at a rate which does not exceed the GS-10, step 1 rate, the overtime hourly rate of pay is an amount equal to one and one-half times the regular hourly rate of basic pay of the employee.
- For employees whose basic pay is at a rate of GS-10, step 2 and above, the overtime hourly rate of pay is an amount equal to one and one-half times the regular hourly rate of basic pay of a GS-10, step 1.
- The maximum overtime rate for all employees is equal to one and one-half times the regular hourly rate of basic pay of a GS-10, step 1.
- Pay Limitations - The amount of premium pay AND compensatory time combined with basic pay that an employee may receive in a biweekly pay period is limited to the locality pay of a GS-15, step 10.

The FLSA non-exempt employee does not have a limitation on the amount of overtime pay he/she may receive during a workweek.

Topic 8: Continuation of Pay Entitlement

General

Employees who file claims for lost wages for on-the-job injuries are entitled to up to 45 calendar days of regular pay. Continuation of pay (COP) is given whether the employee is totally or partially disabled. Before claims for COP can be authorized, the employee (or representative) must submit a completed CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, within 30 days of the injury, and submit medical documentation stating that he/she is disabled from work for the period claimed. Once forms have been approved by the Department of Commerce, a memo is prepared to show hours/days claimed. For intermittent employees, the RCC will forward a copy of the memo to the LCO for processing the COP in DAPPS. Workers' compensation and COP are discussed further in Chapter 11.

Commencing the 45-Day Period

COP starts the next day after the injury occurs whether that day falls on a normal workday, a holiday, or weekend. On the day of the injury, full time employees should receive a full 8 hours of pay. Charge the 8 hours to the employee's regular project for that day. If an employee stops work for only a portion of a day on any day other than the day the injury occurred, that day counts as one calendar day. If the employee is not immediately disabled as a result of the injury, the 45 days of COP begins on the first full day when disability begins. However, COP must commence within 90 days of the injury.

When to Discontinue COP Benefits

- When medical documentation is received stating that the employee is no longer disabled from regular work
- Upon notification from the Workman's Compensation Board that pay should be terminated
- If the 45 days of COP is not used within the 90-day limited period
- At the expiration or 45 days; or
- If the employee fails to continue to submit medical documentation stating he/she is unable to work during that pay period.

Topic 9: Issuing Back Payments and Applied Interest Amounts

General

Under Office of Personnel Management's regulations in 5 CFR Part 550, Subpart H, back pay, with interest, is payable whenever it has been determined that an employee has been affected by an "unjustified or unwarranted personnel action" resulting in the withdrawal, reduction, or denial of all or part of the pay, allowances, and differentials otherwise due the employee. The term "unjustified or unwarranted personnel action" means an act of commission or an act of omission (i.e., failure to take an action or give a benefit) that an appropriate authority subsequently determines, on the basis of substantive or procedural defects, to have been unjustified or unwarranted under applicable law, Executive order, rule, regulation, or mandatory personnel policy established by an agency or through a collective bargaining agreement. Such actions include personnel actions and pay actions (alone or in combination). Back pay cases that result from administrative errors, corrections to salary, class action suits, or retroactive pay increases must be calculated along with interest earnings.

Back Pay Computations

When an employee is entitled to back pay, the agency shall compute wages and any reimbursements for the period covered by the corrective action for the pay the employee would have received if the unjustified or unwarranted personnel action had not occurred.

No employee will be granted more pay than they would have been entitled to receive if the unjustified or unwarranted personnel action had not occurred. This back pay may include reimbursements for items such as mileage.

All back pay computations must have Federal, Social Security and Medicare taxes taken out of the gross amount for hours worked. Any applicable state and local taxes should be deducted from the gross amount. Back pay for reimbursements are not taxed. You will also need to verify any garnishments or payroll deductions that normally come out of the person's check are deducted from the back pay computation as well.

EEO Settlements

Back pay involving EEO cases for DAPPS employees will be given to the RCC for payment upon a final decision of the case if the award amount is equal to or less than $1,000.00. Otherwise, the case will be forwarded to the Assistant Comptroller, Finance, for payment. Federal, state, city/county taxes and FICA will be withheld from the employee *unless* the settlement agreement prohibits this type of withholding. All earnings and deductions shall be reported on the W-2.

EEO Settlements - continued

If an EEO payment is for other than back pay and the person was a former employee paid through DAPPS, the entire settlement amount will be paid outside the DAPPS system using a SF-1166 schedule initiated by the RCC. Deductions will NOT be made for federal, state, city/county, or FICA. Finance Division will be report this type of payment to the Internal Revenue Service on Form 1099, Miscellaneous Income, if the amount is equal to or greater than $600.

If an EEO payment is for other than back pay and the employee is active, payment will be made through the DAPPS system by adding the amount due to the person's paysheet.

All cases for NFC employees will be forwarded to HRD for processing. Interest on back pay for EEO settlements or orders is applicable only if the interest is negotiated as part of the settlement or mandated by the order.

Applying Interest to Back Payments

Interest begins to accrue on the date or dates (usually one or more pay dates) on which the employee would have received the pay if the unjustified or unwarranted personnel action had not occurred.

If a back payment is issued within 30 days of the unjustified or unwarranted personnel action, interest will not apply. Only back payments issued after 30 days are subject to interest payments. This includes personnel actions affecting promotions, pay rate increases, and the like which are retroactively processed 30 days after the effective date of the action.

For help on calculating the interest earnings for back payments, contact DAB.

The payment for interest is to be made for a current employee by adjusting their paysheet; or by adding a paysheet for an employee who does not have current payroll. When entering the data on the paysheet the Earnings Code to use is INT. For detailed instructions on making adjustments to paysheets refer to the D-581, *DAPPS Operating Guide*, Chapter 17, Topic 7.

Note: For more information on Back Pay Computations go to OPM's website:

http://www.opm.gov/oca/pay/backpay/BackPayReg.htm

Topic 10: Travelers Check Program

General

The 2010 American Express Travelers Check Program is established to provide supplemental funds to decennial field employees to cover transportation expenses that they will incur during the first weeks of employment. The first paycheck is received approximately 11 days after the close of the pay period in which the employee is hired.

As with all financial instruments, the travelers checks must be kept secure in a fireproof safe at all times to prevent theft or misplacement of the items. As part of security and internal control requirements, the RCC will also be required to conduct a monthly reconciliation of Checks. Both Finance and Field Divisions review the results of the reconciliation.

Receiving and Securing Travelers Checks

Assignment of Responsibility – Each RCC will assign a Program Coordinator and two Safe Controllers to manage the travelers checks. The Administrative Coordinator will be the ***Travelers Check Program Coordinator***.

Safe Controllers

This position is responsible for opening and closing the fireproof safe. Safe Controllers will retain keys to the safe on his/her person. Although Safe Controllers may open/close the safe, they may **NOT** have direct contact with the contents of the safe. Only the Program Coordinator may touch the contents of the safe.

The Safe Controllers are also responsible for:

- Recording Each Time the Safe is Accessed
- Completing Form D-922, Daily Safe Control Log
- Reporting Missing Items
- Distributing Security Bags for Use

Safe Controllers Responsibilities –

Recording Each Time the Safe is Accessed

Record a transaction any time an item is removed from the safe or returned to the safe by the Program Coordinator. This is recorded by completing the Form D-933, *Safe Inventory Log* (see page 5-39). Form D-933, Safe Inventory Log must be completed for all items that are placed inside the safe and all items that are permanently removed from the safe. Complete all six columns on the log for each item put in the safe or permanently removed from the safe. Make a copy of this log and keep in a file outside the safe and secure the original log inside the safe for security purposes.

Safe Controllers Responsibilities – Completing the D-922, *Daily Safe Control Log*

This form is required to be utilized each time the safe is opened. When items are requested and/or placed inside the safe, the safe controller will record each occurrence and purpose for the transaction onto Form D-922 (see page 5-40). The safe controller will record the date, time, name of employee requesting entry into the safe, a description of the item requested, name of employee requesting entry, signature of employee requesting entry, the description of items returned to the safe and the date returned. Review Form D-922 at the end of the day to ensure all items taken from the safe are returned to the safe. Make a copy of this log and keep in a file outside the safe and secure the original log inside the safe for security purposes.

Safe Controllers Responsibilities – Reporting Missing Items

When it is noticed that items are missing from the safe and there is no entry for the items on Form D-922 or Form D-933, immediately notify the Program Coordinator who is responsible for that item. Each Program Coordinator has instructions on what to do when items pertaining to their program are stolen and/or missing.

Safe Controllers Responsibilities – Distributing Security Bags for Use

Each RCC will receive security bags that shall be used to secure items of special programs prior to placement inside the safe. The safe controllers will issue a security bag to each program coordinator upon request. The coordinator of the Travelers Check Program may need more than one bag to secure all the travelers checks and another to secure travelers checks taken from the safe to be distributed. The program coordinator and their designees are the only authorized persons who can request items from the safe and who are responsible for ensuring that the security bag is locked prior to providing to the safe controllers for placement inside the safe. The program coordinator and/or designee will keep keys to the security bags.

Safe Controllers Responsibilities – Observing the Program Coordinator

Observing the Program Coordinator as he/she performs the Monthly Reconciliation of Travelers Checks Inventory.

Note: The Daily Safe Control Log and the Safe Inventory Log must be kept accurately and made available to officials who are conducting audits of special programs.

Administrative Coordinator

The Administrative Coordinator is responsible for:

- Receiving the Travelers Checks
- Signing the UPS Mail Receipt
- Counting the checks
- Completing Form D-954, *Travelers Check Control* (see page 5- 41)
- Securing the travelers checks and retaining the keys to the security bags
- Completing Form D-931, *Travelers Check Register and Receipt Log (see page 5-43)*
- Assigning checks to the local census office
- Completing the Monthly Reconciliation of Travelers Checks Inventory using Form D-932, *Monthly Inventory Reconciliation Sheet*

Administrative Coordinator Responsibilities - Sign the UPS Mail Receipt Package from American Express

Upon receipt of the Travelers Checks package, the Travelers Check Program Coordinator should count the Checks acknowledging the amount received after signing the UPS certification. Make a copy of the UPS certification and place in a permanent file marked '2010 Travelers Check Program'.

Administrative Coordinator Responsibilities - Complete the Travelers Check Control Log

The Program Coordinator shall record the serial number, the count or number of checks, the denomination, total amount per line item, and the date the checks are received for each Travelers Check on the Form D-954, Travelers Check Control Log. Confirm that checks are not missing in the block sequence. When completed, place this Log in a file marked '2010 Travelers Check Program'.

Administrative Coordinator Responsibilities - Secure the Travelers Checks

After the Log is completed, the Program Coordinator shall place the Checks in a locking security bag and place the locked bags into a fireproof safe. (You may need more than one locking security bag to accommodate multiple Checks.) Only the Safe Controller may access the safe.

Administrative Coordinator Responsibilities - Access to the Travelers Checks

The key to the security bags shall remain with the Travelers Check Program Coordinator. The key or combination to the safe shall remain with the Safe Controllers. Only the Program Coordinator may request access to the safe for the purpose of travelers checks. No other RCC staff may do this.

Administrative Coordinator Responsibilities - Completing the Travelers Check Register and Receipt Log

At the time of selection, the RCC management can direct the LCO administrative staff to ask applicants if they have money to cover transportation costs to attend required training sessions and/or their initial work assignment. The LCO staff will provide a Form D-930, *Travelers Check Request Log*, (see page 5-42) which will contain a list of names of those trainees requesting a travel advance, to the RCC Administrative Coordinator. The Administrative Coordinator will need to prepare two Form D-931's. The first Form D-931 will be for the $50 available at the end of the first day of training. The second Form D-931 will be for the remaining $75 available. The Administrative Coordinator prepares the Form D-931, Travelers Check Register and Receipt Log, by entering the check serial number, amount of the check and the date the check was issued. DO NOT EXCEED $50 TOTAL for one employee for the first day of training on the first Form D-931. The remaining eligible amount can be distributed, if needed, on the last day of the training and there should be a second Form D-931 completed for this purpose. The Administrative Coordinator will make a copy of the log and give the original log and checks to the Area Manager to give to the AMFO or AMQA to disperse to trainers for the trainees. The checks for the 1st day and the checks for the 2nd day should be sent separately.

Administrative Coordinator Responsibilities - Conduct Monthly Reconciliation of Travelers Check Inventory

The Program Coordinator along with the Safe Controller shall conduct a monthly inventory of the stock of Travelers Checks in the safe to ensure theft has not occurred or checks were not issued without proper recordkeeping. A blank Form D-932, Monthly Inventory Reconciliation Sheet, use*d* to record the results of the inventory is shown on page

The Program Coordinator will conduct the actual inventory while the Safe Controller observes the Program Coordinator's actions. It is suggested that the inventory be conducted on the first business day of the month. Each denomination of checks, either $50 or $25, must be reconciled separately. Follow the steps below.

1. For each denomination of Travelers Checks, record the dollar amount and the physical number of checks in the safe at the beginning of the month in item 1. (Tip: This should be the same as the number of checks remaining in the safe from the previous month.)
2. Record the dollar amount of the physical number of NEW checks received in the month and record that result in item 2. Also, record the date that the checks were received. If there is more than one date, record

each one separately using available white space in item 2.

3. Count the number of checks that were 'voided or mutilated'. Record the result in item 3. Voided or Mutilated checks will be kept in the safe and will be reconciled at the end of the census.

Administrative Coordinator Responsibilities - Conduct Monthly Reconciliation of Travelers Check Inventory - continued

4. If you issued any checks this month, record the count in item 4.
5. Determine the value and number of checks remaining in the safe at the time of inventory. Add items 1 and 2 and obtain a result. From that result, subtract items 3 and 4. Record the result in item 5.
6. Now physically count the checks in the safe. Remember, only the Program Coordinator may handle the contents of the safe. Spot-check the Travelers Checks to verify that they are consecutively numbered. (Tip: Use the Travelers Check Control Log to view a list of serial numbers and where breaks have occurred.) Record the result in item 6.
7. Compare the result in item 5 to that in item 6. The counts should match. Record any differences in item 7 and provide a detailed explanation in the Comments section.
8. Lastly, the Program Coordinator and Safe Controller shall certify and date the Monthly Inventory Reconciliation Sheet.
9. The Program Coordinator will submit a completed Form D-932 no later than the 5th of the following month to Finance and Field Divisions. Fax the form to Finance Division, Financial Reporting Staff attn: Maria Stanfield c/o travelers checks at 301-763-4747; and to Decennial Administrative Branch attn: Sharon Garcia at 301-763-5081. Provide a copy to the Safe Controller and place the original in the '2010 Travelers Check Program' file.
10. Return the checks to the security bag(s) and place them in the safe. The Safe Controller will lock the safe.

Eligibility to Receive a Travelers Check

All intermittent field employees such as Enumerators, Crew Leaders, Crew Leader Assistants and Field Office Supervisors are eligible to

receive an advance during the first week of training. The total amount issued shall not exceed $125. Employees must work a full day BEFORE receiving a payment of $50 at the end of the first day. At the end of the last day of the first week of training the employee can receive the remainder of the $125 ($75), if needed. The purpose for this is to ensure the Census Bureau only advances a certain dollar amount, which can be fully collected from the first paycheck.

Distributing Checks to New Trainees

At the end of the first day of training:

1. The trainer will distribute the checks after having the employee complete the Form D-931. Trainers should instruct the employees to safeguard the checks as if they were carrying cash.
2. Employees will fill out their employee ID number, name and sign and date Form D-931, *Travelers Check Register and Receipt Log*. By signing the Register and Receipt log, each employee acknowledges receipt and that the full amount of the advance will be deducted from their first paycheck.
3. If there are any undistributed checks, the Trainer will make the notation "Check Not Distributed" in the comments column for the corresponding check serial number. Also, the Trainer can issue any available undistributed checks to other employees at the training site, who are now requesting an advance. The same procedure for issuing the travelers checks will apply for these employees. If any check(s) becomes mutilated or signed in error, write the word "Void" across the front and return it to the LCO with the log.
4. The Trainer will hand deliver or send by overnight delivery the log and any undistributed checks to the LCO AMA. The AMA will forward the checks to the Administrative Coordinator at the RCC. Payroll clerks at the RCC will use the Form D-931 to establish a deduction in DAPPS for each employee who received an advance.

Accountability

At the end of the pay period, the Administrative Coordinator will generate a Deduction Register and reconcile it against the Form D-931 to ensure a collection for the advances were made from the employees' salary.

After payroll has been closed out, fax a copy of the Deduction Register and Form D-931 to Finance Division, Financial Reporting Staff attn: Maria Stanfield c/o travelers checks at 301-763-4747; and to Decennial Administrative Branch attn: Sharon Garcia at 301-763-5081.

Note: In the event an employee separates before full collection of the travel advance is made, the RCC will issue indebtedness letters in

Accountability *continued*

30-day increments. Guidance on issuing letters is contained in the D-520, RCC Administrative Manual, Chapter 5 Topic 11. At the end of 120 days and if the employee has not responded, the RCC will notify Finance Division for further collection action.

Undistributed checks are returned to the safe. Voided and mutilated checks are also kept in the safe and will be reconciled at the end of the census.

If you have any questions, please contact Sharon Garcia or Rich Liquorie at 301-763-4899.

Monthly Inventory of Checks

At the end of each month, the program coordinator is responsible for conducting an inventory of the travelers' checks. A D-932, Monthly Reconciliation Sheet, will be filled out, scanned and e-mailed to FIN and DAB. Contact DAB for the specific individuals in FIN to send it to.

Security

Both the Administrative Coordinator and the Safe Controller are responsible for ensuring that the travelers checks are secured at all times. Secure all checks in a fire-proof locked safe. Keys or combinations to the safe should be held by the Administrative Coordinator or designee only. Do not allow the key/combination to be held by other employees for any reason.

D-933, Safe Inventory Log

FORM D-933
(2-2-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SAFE INVENTORY LOG
2010 Census

Instructions: Record all items placed inside the safe and all items permanently removed from the safe.

Column (1) – *The safe controller will enter his/her initials.*

Column (2) – *Enter the description of the item to be secured in the safe. (Note: For Convenience Checks and Traveler Checks only record the beginning and ending numbers.)*

Column (3) – *Enter the date the item is placed inside the safe.*

Column (4) – *Enter the name of the responsible person who requested the item to be secured in the safe.*

Column (5) – *Enter the disposition of the item permanently removed from the safe.*

Column (6) – *Enter the date item is removed from the safe.*

Safe controller initials (1)	Description of item (2)	Date received (3)	Name of responsible person (4)	Disposition of the item permanently removed from the safe (5)	Date item removed (6)

U S C E N S U S B U R E A U

D-922, Daily Safe Control Log

FORM D-922
(4-11-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DAILY SAFE CONTROL LOG
2010 Census

Name of safe controller (1)	Date (2)	Time (3)	Description of item requested (4)	Name of employee requesting entry (5)	Signature of employee requesting entry (6)	Description of item(s) returned to the safe (7)	Date item returned to safe *(if applicable)* (8)

U S C E N S U S B U R E A U

D-954, Travelers Check Control

FORM D-954
(7-28-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRAVELERS CHECK CONTROL LOG
2010 Census

NOTE Use to document information on travelers checks coming into the office. Refer to this Control Log when making reports of lost or stolen checks.

CHECK IDENTIFICATION INFORMATION

SERIAL NUMBER (a)	NUMBER OF CHECKS (b)	CHECK DENOMINATION (c)	TOTAL AMOUNT (d)	DATE RECEIVED (e)

U S C E N S U S B U R E A U

D-930, Travelers Check Request Log

FORM D-930
(10-09-07)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRAVELERS CHECK REQUEST LOG
(FOR OFFICE USE ONLY)
2010 Census

A. RCC	
B. LCO	
C. Administrative Clerk	

INSTRUCTIONS Use this form to identify employees who have requested a travel advance and document their actual date and location of scheduled training. Once approval is received by Area Manager, fax a copy to the Administrative Supervisor (or designee).

DATE REQUESTED (a)	EMPLOYEE NAME (b)	SOCIAL SECURITY NUMBER (c)	DATE OF TRAINING (d)	TRAINING SITE (e)

AREA MANAGER APPROVAL

Signature	Date approved

U S C E N S U S B U R E A U

D-931, Travelers Check Register and Receipt Log

FORM D-931
(8-22-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRAVELERS CHECK REGISTER AND RECEIPT LOG
2010 Census

1. RCC
2. LCO
3. Trainer name
4. Approval Date
5. Area Manager Signature

Check serial number (a)	Amount of check (b)	Date check issued (c)	Employee ID number (d)	Employee name (e)	Employee signature *(I agree to have the full amount deducted from my first check.)* (f)	Date check received (g)	Comments (h)

Copy distribution: **Before training** ▶ **WHITE/YELLOW** – Trainer **PINK** – Area Manager **GOLDENROD** – Admin. Officer
After training ▶ **WHITE** – Admin. Officer **YELLOW** – Area Manager

U S C E N S U S B U R E A U

D-932, Monthly Inventory Reconciliation Sheet

FORM D-932
(9-7-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

MONTHLY INVENTORY RECONCILIATION SHEET
2010 Census

A. REGIONAL CENSUS CENTER	B. MONTH/YEAR	C. PROGRAM	D. DENOMINATION *(If applicable)*

RECONCILIATION

				AMOUNT	NUMBER
1. Checks in safe at beginning of month					
2. Checks received this month	New checks received Month	Day	Year	(+)	
3. Voided/Mutilated checks this month				(-)	
4. Checks issued this month				(-)	
5. **Checks remaining this month** *Add items 1 and 2, then subtract items 3 and 4*					
6. Actual physical count of checks remaining in safe					
7. Difference between items 5 and 6 – *If greater than 0, explain in Comments below.*					

Comments

CERTIFICATION

Program Coordinator – *Signature*	Date
Safe Controller – *Signature*	Date

ACTION

FAX this completed form to Finance and Field Division at Headquarters to arrive no later than the 5th of each month.

- Finance Division, Financial Reporting Staff on (301) 763–4504
- Field Division, Decennial Administrative Branch on (301) 763–8107

U S C E N S U S B U R E A U

Note: The fax number to the Financial Reporting Staff on this form is in the process of being updated. The new number is 301-763-4747.

Topic 11: Check Claims, Cancellations and Repayments

Overpayments for NFC Employees

Salary overpayments are usually the result of the submission of a corrected T&A, a corrected or late personnel action or an internal adjustment.

For full-time employees, HRD receives a Notice of Intent to begin salary offset and the amount to be deducted each pay period. Salary overpayment letters are system generated and mailed to the employee's home address. Occasionally an employee will request a waiver. The Administrative Coordinator will forward the written request to HRD for review. If approved, HRD will contact NFC to process the waiver and notify the employee.

Overpayments for Intermittent Employees

The RCC is responsible for notifying intermittent employees when an overpayment occurs. For employees actively working, the gross amount due is collected from the current earnings. The taxes will be adjusted automatically. For inactive or separated employees, determine all applicable taxes and deduct from the gross overpayment. All deductions must not exceed 15% of disposable earnings unless there is written consent provided by the employee per 5 U.S.C. Sec. 5514 (a) (1).

The "amount deducted for any pay period may not exceed 15 percent of disposable pay, except that a greater percentage may be deducted upon the written consent of the individual involved. If the individual retires or resigns, or if his employment or period of active duty otherwise ends, before collection of the amount of the indebtedness is completed, deduction shall be made from subsequent payments of any nature due the individual from the agency concerned."

Prepare the overpayment letter for the net amount.

There are five types of form letters used in notifying employees of an overpayment. All overpayment letters have a bill number, which is the person's Employee ID number. Only letters 1 and 2 have a control number, which consists of the 4-digit local census office code and the sequential billing number. For example, control number 2411-001 and is assigned to one employee for the duration of the billing process. The next control number would be 2411-002 and is assigned to another employee. Do not use the same sequential number for other employees. Refer to Appendix F for samples of the overpayment letters.

Letter 1 is used to notify separated or non-pay status employees

Overpayments for Intermittent Employees *continued*

(updated 11/12/09)

of an overpayment.

Letter 2 is used to notify active employees of an overpayment.

Letters 3 and 4 are used as follow-up notices. They are mailed every 30 days up to 60 days to remind the employee an indebtedness is still outstanding and if not paid, their case will be forwarded to the Finance Debt Management Office (DMO). Interest and/or penalties are assessed on the unpaid balance.

Letter 5 is used to notify the debtor that the debt was referred to the DMO.

After letter 4 is sent and the debt is not repaid within 30 days, forward the case to Finance Division, along with a Debt Cover Letter (see Appendix F), copies of all letters, an Earnings Record displaying all payments to the employee and any other supporting documents. Finance will assess the case then begin procedures through Department of Treasury's Debt Management Services. Send documentation to:

Finance Division
Reimbursable and Receipts Management Staff
Attn: DMO
Room 2K112
4600 Silver Hill Road
Suitland, MD 20746

Use the following chart for easy reference:

DAY	STEP
Day 1	Send letter 1 or 2 (depending on the employment/pay status) to the debtor immediately upon determination that a debt exists.
Day 30	Send letter 3 to the debtor thirty days from the date of letter 1 as a follow up notice if debt is not paid.
Day 60	Send letter 4 to the debtor thirty days from the date of letter 3 as a follow up notice if debt is not paid.
Day 90	Send letter 5 to the debtor thirty days from the date of Letter 4. This notifies the debtor that their debt has been forwarded to the Finance Debt Management Office.
Day 90	Send copies of all documents to Finance DMO

Delegated Authority for Overpayments

The Regional Director (RD) has the delegated authority to approve or deny requests for waivers of overpayment in the amount of $500 or less for Schedule A employees processed in DAPPS. This authority may be extended to the Deputy Regional Director (DRD) or Assistant Regional Census Managers (ARCM).

Note: For RCC Schedule A employees processed in NFC, the RD or their designee are only authorized to waive overpayments in amounts up to, but not exceeding $100.

Below are the primary procedures for exercising this delegation in the RCC.

- Verify the circumstances meet the criteria for considering a waiver.
  - In order for an erroneous payment to be waived, there must be no indication of fraud, misrepresentation, lack of good faith or technical fault on the part of the employee or other interested party. Technical fault is indicated if one or more of the following conditions exists.
  - Duplicate salary payments were not reported by the employee. If a reasonable person would have made an inquiry as to the correctness of payment, but the employee did not, then technical fault is indicated and overpayment may not be waived.
  - When an employee has necessary records, e.g., earnings and leave statements which, if reviewed, would indicate overpayment, and the employee fails to review such documents for accuracy, he or she is not without fault and waiver should be denied.
  - Further, an employee has responsibility for bringing to the attention of a responsible official any unexplained increase in pay. It is not enough to simply inquire what proper payment should be.
- Consideration is not warranted if collection of the dollar amount would be against equity or good conscience and not in the best interests of the United States.
- Insure a notice of overpayment has been issued.
- Individual waiver request. An individual may not request a waiver for an overpayment until the government has made its claim. An employee who discovers an erroneous payment or who is told to expect a bill must be billed before asking for a waiver.

Delegated Authority for Overpayments *continued*

- Group waiver authority. Absent a conflict of interest, the Regional Director may waive collection of a group overpayment when the individual amounts are not substantial, the cost of recovery would exceed the amount of collection, and the overpayments would be eligible for waiver on an individual basis. In this instance, the waiver would not require the individuals' being billed. However, waiver authorization would presume full and written justification and freedom from technical fault on the part of the Regional Director.

Investigate and compile the necessary documentation.

Overpayments of $100 or less

No report of investigation is required for overpayments of $100 or less to RCC Schedule A employees. Consider for immediate waiver overpayments where there is no sign of fraud, misrepresentation, fault or lack of good faith on the part of the employee or any other interested party.

Overpayments of $101 - $500

A waiver of overpayment for an amount exceeding $100 but less than $500 may not be considered without a report of investigation. The report of investigation is comprised of information necessary to determine if the overpayment is a direct result of an administrative error or if a reasonable person should have made an inquiry concerning the significant increase in pay or allowance. The report of investigation should be completed by someone other than the deciding official and must include:

- A written request from the employee for waiver of the gross overpayment.
- A computation of the overpayment which reflects what the employee was actually paid versus what he or she should have been paid or actual deduction versus correct deduction, etc., by pay period. The deciding official waives the gross overpayment, not the net.
- A statement of the circumstances under which the overpayment occurred, the duration, the date it was discovered and by whom, the action taken by the employee to get the situation corrected, and whether or not the payment is the subject of an "exception." (If a payment is the subject of an "exception," this means the propriety of the payment was questioned in an audit of agency accounts).
- Copies of all other documents (i.e., earnings and leave statements, SF-50's, travel orders, etc.) would indicate the employee's knowledge of the overpayment.

Overpayments of $101 - $500 ***continued***

- A statement from the employee that there is no indication of fraud, misrepresentation, fault, or lack of good faith on his/her part.
- A statement from the employee that they had no way of knowing the overpayment occurred.
- A statement of the action taken to ensure against the error occurring again.
- Any other information that would assist in determining whether collection would be against equity and good conscience. The report of investigation should not recommend for or against a waiver. It is a statement of fact only.

Notify the employee by memorandum of the decision to grant or deny the request for waiver of overpayment. The notice of decision should include the amount of the overpayment, the cause of the error, and the reason for the decision. The notice should also inform the employee of their right to appeal the decision to the Chief, Human Resources Division.

Maintain a written record on each claim considered. The record on each claim should include:

- Any corrective actions taken to avoid future similar overpayments
- An account of the waiver action taken and the reasons for the action
- Copies of written notifications to the employee about the overpayment
- Specifications on the payroll action(s) to take for the correction or collection of overpayment
- Other pertinent information

Record each waiver requested on a register. Each register should contain:

- The total amount waived by the RCC.
- The number and dollar amount of waiver applications granted in full.
- The number of waiver applications granted in part and denied in part and the dollar amount of each.
- The number and dollar amount of waiver applications denied in their entirety.
- The number of waiver applications appealed to the Chief, Human Resources Division for action.

Overpayments of $101 - $500 *continued*

- The dollar amount refunded as a result of waiver action by the agency or department.

Retain this register for review by the Government Accountability Office. Fax a copy of each waiver request and related determination to DAB at 301-763-5081.

Appeals

Waiver requests that are denied at the deciding official level may be appealed to the Chief, Human Resources Division. The appeal should detail the errors of fact in the original case as presented, pertinent case law, and other relevant information.

Canceling and Reissuing Paychecks

NFC Employees

When full-time employees paid through the NFC report a lost or missing paycheck, contact the RCC immediately to report the occurrence. Submit a signed/dated memo from the employee to the RCC indicating they have not received their paycheck and include the following information: name, social security number, number of hours worked and the pay period covered. The RCC will forward the letter to HRD. HRD will arrange to have the check reissued within 7-10 workdays.

Field and Office Intermittent Employees

When an employee reports a lost or missing paycheck, check the payroll records to see if salary was actually computed and issued for the pay period. This can be done by reviewing the paycheck data in the DAPPS system. If records show that a paycheck was never issued and should have been, process the employee's D-308s in the next pay cycle.

If a salary was issued and the employee has direct deposit, contact the financial institution to verify that the money was not deposited into the employee's account or that it might have been deposited in a wrong account. It is possible the financial institution will hold the money until the actual pay date arrives. If the financial institution does not show the direct deposit, verify in TCIS (Treasury Check Information System) that the funds have been returned.

After the funds have been returned to the agency, create a voucher to re-issue the direct deposit. Information on reissuing a check can be found in Administrative Memorandum Series for Decennial No. 08-100.

If the employee receives a paper check, then do the following:

- Allow three workdays to pass from the date the paycheck is normally received. Advise the employee that this time should be allowed before taking action because the check

Field and Office Intermittent Employees *continued*

may be delayed in the mail.

- Have the employee prepare a signed/dated memo indicating they did not receive their paycheck and include the following information: name, social security number, number of hours worked, and the pay period covered.
- Verify the funds have been returned to the agency in TCIS. This may take 3-5 business days. If after this the time the funds still have not been returned, it may be necessary to stop payment on the check in TCIS. You should always use a Stop Code A when stopping a payment. Refer to the TCIS manual for further instructions. Once the funds are returned to the agency, create a voucher to reissue the funds. **A check cannot be reissued until the funds have been returned to the agency.** See Figures 15 and 16 for examples of SF-1166s for reissued funds.

Note: If an employee receives the original check after the office has stopped payment, advise the employee NOT to cash the check. This is important because the Treasury Department automatically stops payment on checks when they are reported "missing".

If Treasury finds the check was negotiated before or after a stop payment was requested, you will receive Forms FMS 3858 and FMS 1133. This form must be sent to the employee to verify they cashed the check. If the employee was the one who cashed the check, they will disregard the form.

If someone cashed the check without the employee's permission, the employee will complete Form 1133 and send it back to the RCC who in turn submits it to Treasury. A copy of the cashed check will accompany the forms. See Figure 5- 9 for a copy of the FMS 3858 and Figure 5-10 for the FMS 1133.

Returned Checks or EFTs for DAPPS Employees – Overview

Updated on 10/22/09

DAB will be notified from Finance Division when funds are received back at Treasury. DAB will send an email to the Administrative Coordinator with the employee's name, dollar amount and check date. The administrative area will be responsible for making sure the funds have not already been reissued **before reissuing the funds.** Follow the steps below when reissuing a salary payment.

Research the Payment

Added on 10/22/09

Using the **Payee Query** from the Treasury Check Information System (TCIS), verify the status of the check(s) in question by entering the employee's PayeeID (Social Security Number) as well as the date range to verify that payments were returned.

Research the Payment (Con't)
Added on 10/22/09

Print this report to use as supporting documentation for the Voucher and Schedule of Payments, SF-1166.

Create a SF-1166
Added on 10/22/09

Attached you will find a copy of the Voucher and Schedule of Payments, SF-1166, to be used when reissuing salary checks. Please review the form for accuracy before processing. The following are fields that are most commonly incorrect:

- Ensure the correct Account Symbol, **1300450(04),** is displayed in the Appropriation Summary Box. This symbol represents the account from which the re-certified funds will be disbursed.
- Enter the Schedule in the following format: The first 2 digits are your region number. Example: 21 = Boston, 22 = New York, etc. The third digit is the Fiscal Year, which is **0**. The last three digits are a Sequential number beginning with 001. For example, the first reissuance the Dallas Regional Census Center processes would be **300001**. The second reissuance would be **300002**.
- Provide the employee's Social Security number along with the name in the Payee column.
- Provide the complete address or direct deposit information (Account and Routing Numbers, type of account (Saving, Checking)) in the Address column.
- Provide the amount of the reissued check without a decimal in the Amount column.

Printout the Paycheck Data Screen
Added on 10/22/09

The second form of supporting documentation is a print out of the Paycheck Earnings page from DAPPS. From the main menu screen in DAPPS, go to BOC North American Payroll > Payroll Processing> Run Payroll > Review Paycheck. (If the TCIS report is unavailable, contact the DAB branch, who will research the case and forward the requested information.)

Have the SF-1166 Approved
Added on 10/22/09

Once the schedule is completed, attach supporting documentation and have the Authorized Certifying Officer sign the Voucher of Schedule Payments

Process Payment in the Secure Payment System
Added on 10/22/09

Once signed, have the Data Entry Operator enter the information into the Secure Payment System (SPS) and have the Certifying Officer certify the reimbursement.

Forward Documentation
Added on 10/22/09

Once the payment has been certified in SPS, scan your documentation; attach the files to an e-mail message and forward to the FLD Decennial Administrative mailbox account. If your office does not have the capability to scan, fax your documentation to (301) 763-5081. Call DAB staff to inform them you are in the process of faxing the vouchers and supporting documentation.

Checks Received in the RCC

Updated 04/06/10

All checks received in the RCC (except for Health Benefit checks) must be sent to the Lock Box in Atlanta, GA. Notify DAB of any checks received in amounts of $10,000 or greater.

When a check are received in the RCC, ensure that the check is made payable to the "U.S. Census Bureau". The Lock Box will accept "Uncashed" checks as well. Upon receiving the check, complete Form 11-820(ef), Cash Receipt. See Appendix H, Page H-223 for a sample of Form 11-820(ef). Write on the check, the Lock Box number 277943), the Account Classification Code Structure (ACCS) and attach any supporting documentation.

The ACCS must be properly documented on Form 11-820(ef), the check and the supporting documentation. Documenting the ACCS properly will ensure that the RCC is credited back the funds. ACCS consist of the project number, task code, organization code and the object class code. The ACCS should be documented as follows:

Project Number and Task Code: XXXXXXX-XXX
Organization Code: 11-15-0057-20-**XX**-99-00

Where "XX" = RCC Code number (ex: Boston = 21, New York = 22, etc)

Object Class Code: 11-05-00-00

Use the following address to mail checks to the Lock Box through regular mail:

Department of Commerce
U.S. Census Bureau
P.O. Box 277943
Atlanta, GA 30384-7943

When Federal Expressing a check to the Lock Box, ensure that the Lock Box number (277943) is included on the FedEx package. FedEx the package to the following address:

Department of Commerce
U.S. Census Bureau – 277943
6000 Feldwood Road
College Park, GA 30349

Checks for health benefits must be sent to the National Finance Center in Chicago, IL. Attach a note to the check containing the employee's name, social security number, date of birth and the name of the insurance company. Mail the check and the note to:

National Finance Center
Administrative Collections
P.O. Box 70792
Chicago, IL 60673

Figure 5-9: FMS 3858, Claim Form (page 1 of 2)

CC USE ONLY	
REPORT(S)	06/06/2006
ATTACHMENT	
DISTRIBUTION	

CLAIMS DOCUMENT
CHECK CLAIMS Hyattsville, MD. 20788
AGENCY REF.

INSTRUCTIONS TO PAYEE

1. Complete and return the FMS 1133 immediately to ensure timely processing of your claim.
2. See Page 3 for specific instructions for completing both pages of FMS 1133 Claim Form (Pages 4 and 5).
3. Keep Page 3 for your records.

PAYEE ADDRESS

STOP REASON: A: ENTITLEMENT (AGENCY RECERTIFIED) ☐ PAYMENT RECERTIFIED

STATUS: 65: PAYMENT OVER CANCELLATION-REVERSAL OF PREVIOUS AGENCY CREDIT ON 06/02/2006 BY SF-215 NO. 100003, PHOTOCOPY AND CLAIM ATTACHED.

SYMBOL	SERIAL NO.			
CHECK DATE	CHECK AMOUNT	PAYEE NAME		
PAYEE ID NO.	AGENCY P	AGENCY LOCATION CODE 13040001	AMOUNT TO BE RECLAIMED	DATE OF DEATH
LOCATOR NUMBER(S): 1. 2. 3. 4. 5.		CC REMARKS		
DECEDENT				

RECEIVED FINANCE DIVISION 2006 JUN 28 P 4 28

AGENCY: SEE PAGE 2 FOR INSTRUCTIONS. KEEP PAGE 1 FOR YOUR RECORDS.

BUREAU OF THE CENSUS
FINANCE DIVISION
ROOM 3587-3
4700 SILVER HILL ROAD
WASHINGTON, DC 20233-4400

AGENCY ADDRESS

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

EDITION OF 7-89 IS OBSOLETE

PAGE 1

FMS FORM 3858

Figure 5-9: FMS 3858, Claims Document (page 2 of 2)

CLAIMS DOCUMENT

CHECK CLAIMS Hyattsville, MD. 20788
AGENCY REF.

INSTRUCTIONS TO AGENCY

1. Send instructions and FMS 1133 (Pages 3 - 5) to payee. (If window envelope is used, ensure only payee's name and address are visible to comply with Privacy Act requirements.)
2. Keep Page 1 for your records.
3. Return completed Claim Form, check photocopy and page 2 to Check Claims (CC).
4. Check Claims address is preprinted below for mailing in a window envelope.
5. The completed claim must be received in Check Claims by 15 months from the check payment date in order for reclamation to be instituted against the bank for your benefit.

PAYEE ADDRESS

STOP REASON: A: ENTITLEMENT (AGENCY RECERTIFIED) ☐ PAYMENT RECERTIFIED

STATUS: 65: PAYMENT OVER CANCELLATION-REVERSAL OF PREVIOUS AGENCY CREDIT ON 06/02/2006 BY SF-215 NO. 100003, PHOTOCOPY AND CLAIM ATTACHED.

SYMBOL	SERIAL NO.	ABA NUMBER	REASON CODE	MISCELLANEOUS REASON	☐ CLAIM ATTACHED ☐ TO BE FURNISHED
3091			A		

CHECK DATE	CHECK AMOUNT	PAYEE NAME

PAYEE ID NO.	AGENCY	AGENCY LOCATION CODE	AMOUNT TO BE RECLAIMED	DATE OF DEATH
	P	13040001		

LOCATOR NUMBER(S):	CC REMARKS
1. 2.	
3. 4.	
5.	
DECEDENT	

AGENCY:
RETURN TO CHECK CLAIMS
WITH COMPLETED CLAIM

United States Treasury Department
Financial Management Service
Post Office Box 515
Philadelphia, Pa 19105

This form can be folded so the address appears thru the window envelope.

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

EDITION OF 7-89 IS OBSOLETE

FMS FORM 3858

PAGE 2

Figure 5-10: FMS 1133, Claims document (page 1of 2)

PART 1

CLAIM AGAINST THE UNITED STATES FOR THE PROCEEDS OF A GOVERNMENT CHECK

OMB No. 1510-0019
Exp. 7/31/94

Your social security number and the other information requested will allow the Department of the Treasury to process your claim for the proceeds of a government check. This collection of information is made pursuant to the Department of the Treasury's authority to consider your claim, which is found at Title 31 of the United States Code, Sections 321, 3331 and 3343, and Title 31 of the Code of Federal Regulations, Parts 235, 245, and 248. This information may be disclosed to the endorsers on the government check that is the subject of your claim, including the bank that presented the check for payment. This information may also be disclosed to a court, magistrate, congressional office, or a Federal, state, or local government agency, as authorized or required by Federal law. Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number will be used to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other claimants. Furnishing your social security number and the other requested information is voluntary. However, failure to provide any part of the requested information may delay the processing of your claim.

WARNING: Title 18, Sec. 287, U.S. Code: "Whoever makes or presents to any person or officer in the civil, military, or naval service, of the United States, or to any department or agency thereof, any claim upon or against the United States, or to any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be fined not more than $10,000 or imprisoned not more than five years, or both."

1. Did you receive this check?	
2. Did you sign your name on this check?	
3. Did you cash this check?	
4. Did you deposit this check in a bank, credit union other financial organization? Did someone else deposit this check to an account that you could use?	
5. Was this check cashed with your permission?	
6. Did you receive any money or benefit in any way from this check (e.g. household expenses, child support, etc.)? If so, explain, (include amount if known.)	
7. If your present name is different from that on the face of the check, explain why.	
8. If you are making claim for this check and it is not made out to you, state your relationship to the payee. Explain why the payee cannot sign.	

THIS CLAIM IS MADE FOR THE PROCEEDS OF THE ABOVE CHECK. IF YOU CASH BOTH ORIGINAL AND ANY SETTLEMENT CHECKS, THE OVERPAYMENT MUST BE PROMPTLY REFUNDED. FAILURE TO DO SO COULD RESULT IN LEGAL ACTION. BE SURE TO INCLUDE THE ABOVE CHECK AND SYMBOL NUMBERS WITH YOUR REFUND.

SIGN HERE	*Payee's Signature*	2nd Payee's Signature *(if check drawn to two payees)*
	Your assigned I.D. No. *(SSA, VA, IRS, Etc.)*	2nd Payees's assigned I.D. No. *(SSA, VA, IRS, Etc.)*
	Signature of Witness *(ONLY if Payee(s) Signed by Mark)*	

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

EDITION OF 7-89 IS OBSOLETE

FORM

Figure 5-10: FMS 1133, Claims document (page 2 of 2)

PART 2

9. Did you ever live or receive mail at the address on the front of this check?	
10. What was your mailing address on the date this check was issued? If you moved, did you advise the Post Office and agency which authorized payment.	Address _____ Apt. _____ _____ Zip _____ ☐ Yes ☐ No
11. Did anyone other than yourself have the opportunity to receive your mail? If so, who?	
12. Did you lose any identification which might have been used by someone else to cash your check? Explain.	
13. Do you have information concerning the cashing of the check? If so, explain. (Please use additional paper if necessary.)	
14. Where did you usually cash or deposit your check at the time this check was cashed?	
15. Clearly print your current mailing address.	Address _____ Apt. _____ _____ Zip _____
16. If you are employed, give the name, address, and telephone number of your current employer.	Name Address _____ Telephone No. ( )
I certify that all the above questions have been answered truthfully to the best of my knowledge.	
SIGN HERE Payee's Signature	2nd Payee's Signature *(if check drawn to two payees)*
Date	Date
Give your home address, telephone number and/or a number where you can be reached.	Address _____ Zip _____ Telephone No. ( ) _____ Other No. ( ) _____

To expedite the settlement of your claim, sign your name three (3) times below for handwriting comparison.

Payee's Signature	2nd Payee's Signature
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Be sure to detach and retain the payee instruction page for your records. If you move before your claim is settled, send your new address along with the check and symbol numbers to the agency given on the instruction page, and advise the Post Office of your forwarding address. **COMPLETE BOTH PAGES OF THIS CLAIM FORM.** **You must return the check copy or we will be unable to process your claim.**

LOST OR STOLEN CHECKS CAN BE AVOIDED!!

"ASK YOUR LOCAL FINANCIAL ORGANIZATION ABOUT THE DIRECT DEPOSIT PROGRAM"

Topic 12: Payroll Processing Schedule

NFC Processing

Figure 5-11 outlines the tasks involved and the suggested day the activity should be completed to assure prompt payment to NFC employees. Whenever a holiday occurs, the processing schedule should be accelerated by at least 1-2 days.

To ensure the most accurate accounting of monthly costs possible, the End of the Month (EOM) data are keyed into webTA. For more information, refer to the RCC Timekeeper Training Manual.

DAPPS Processing

The LCO/RCC Weekly Payroll Processing Schedule outlines the scheduled day that tasks should be completed for prompt payment to be issued to intermittent employees. Whenever a holiday occurs, the processing schedule should be accelerated by at least 1-2 days. (See Figure 5-12 for the weekly payroll schedule)

Preparation of Weekly Payrolls for Payment

Each LCO will submit their intermittent payroll data to the RCC through DAPPS. Review the Control of Hours and Expenses Report to confirm data capture activities are complete at the LCO. This report indicates the totals for the time and expense data and confirms completion by documenting the date the supervisor initials the Time and Expense Summary panel at the LCO.

This summary of hours and expenses is compared to the Batch Control Log. If they do not match, determine the errors and resolve all issues before moving on in the payroll process.

Access paysheet pages to process changes to hours and expenses data the LCO recorded or where new data can be added. Changes or additions to paysheets are recorded on the D-302, Paysheet Adjustments Control Log. A copy of this form is in Appendix H.

Performing a preliminary pay calculation lets the user know the net pay for employees. This routine can be run as many times as it takes to come into agreement with totals on the preliminary Payroll Register. The sum of the Control of Hours and Expenses Report with the Paysheet Adjustment Control log must agree with the amount on the payroll register.

Note: Manual entries of checks must be completed prior to running the Pay Calculation.

Final Pay Calculation is run after reconciliation shows no differences. After final calculation is run, users can view the results. Also, review the error messages. If there are error messages, make corrections and rerun the Pay Calculation routine. All errors must be corrected before Pay Confirmation

Preparation of Weekly Payrolls for Payment ***continued***

can begin. Pay Confirmation lets the system know that processes are approved and paychecks can be produced. Final reports can be generated, if needed, including earnings statements. Check totals and payroll balances can also be viewed.

An electronic file of pay data is forwarded to the U.S. Treasury Department. This file is used to produce paychecks for employees. The data is compiled in a facsimile by the system, one for checks and the other for EFT. Compare the totals from each schedule to the final Pay Register and final Direct Deposit Register. The numbers should match. Files can now be sent to U.S. Treasury. Access your control numbers through your email.

(Special note to Administrative Coordinator: If not receiving acknowledgments through email, contact DAB.)

Obtain the signature of the certifying officer at the top of the voucher (SF-1166). The signature must be an authorized one that is registered at the U.S. Treasury Department.

The information from the vouchers is then entered into the SPS system by the appropriate staff.

System generated vouchers for employees receiving checks in the mail and EFT are shown in Figures 5-13 and 5-14. Schedules prepared for payments made outside the automated system (reissuances) are shown in Figures 5-15 and 5-16.

Figure 5-11: Timesheet Processing NFC

Week 1	Week 2	Timesheet Processing Action For Keying Directly into webTA at the LCO and RCC
	Thursday	▪ Collect BC-27s and BC-27As from employees. ▪ Begin keying the information into webTA.
	Friday	▪ Print validated summaries for employees' to initial, verifying data. ▪ Make corrections where necessary.
Monday		▪ Supervisor certifies. ▪ Any changes are given back to the timekeeper to make. ▪ Timekeeper reprints validated summary for employee to initial and lets supervisor know T & A is ready for certification. ▪ Data are automatically sent to NFC processing center.

Figure 5-12: LCO/RCC Weekly Payroll Processing Schedule

The first and subsequent payments are issued 11 calendar days after the close of the pay period. The official payday is every Wednesday.

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Pay period begins	**Local Census Office** First day of training for applicants Trainees review applications, make changes where needed Trainees sworn in as new employees Employees fill first pay form D-308 Or Employees complete first E-308 and transmits	**Local Census Office** Office receives applicant folders from training sessions, updates tax status and other employee change requests Process new hire appt forms Print SF-50s, Notice of Personnel Action Key prior day's D-308 Reconcile totals for D-308s keyed up to date	**Local Census Office** Key prior day's D-308 Reconcile totals for D-308s keyed up to date Begin processing E-308 batches daily	**Local Census Office** Key prior day's D-308 Reconcile totals for D-308s keyed and E-308s received up to date	**Local Census Office** Key prior day's D-308 Reconcile totals for D-308s keyed and E-308s received up to date	Pay period ends
2	Pay period begins	**Local Census Office** Key last D-308s for Fri and Sat Reconcile totals for D-308s keyed up to date and E-308s received	**Local Census Office** Key last D-308s for prior days ***Cut-off data capture activities and auto-batching of E-308s <u>no later than 12pm</u>*** Reconcile totals for D-308s/E-308s for entire pay period ***Sign-off on HE Summary Page indicating approval of all hours and expenses <u>no later than close of business.</u>***	**Local Census Office** Key prior day's D-308 **Regional Census Center** Begin payroll processing ***Send pay data to US Treasury no later than 5pm EST each Wednesday*** ***Transmission of payroll schedules to Treasury via SPS should be completed <u>immediately</u> after receiving Treasury acknowledgement e-mail.***	**Regional Census Center** ***E-mail DAB that SPS is certified for your region and include the scanned SF-1166(s.) no later than 12pm.*** ***Process your Fed Tax payment and scan a copy of the authorization page to DAB no later than 12pm.***		Pay period ends
3	Pay period begins	**US Treasury** Processes paper checks and sends funds electronically to Financial Institutions Receive pay data to post to employee accounts **US Postal Service** Picks up checks from US Treasury and delivers checks to employees National Processing Center prints and mails earnings statements to employees		 **OFFICIAL PAY DAY**	**Payroll Support Contacts** Local Census Office staff must contact the Regional Census Center Office staff for technical and functional assistance. **Contact for Regional Census Center Staff Only** Decennial Administrative Branch, FLD (301) 763-4899		Pay period ends

Figure 5-13: SF-1166, Voucher and Schedule of Payments (Check)

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT COMMERCE | D.O. VOU. NO. (TRANSF)

BUREAU OR OFFICE CENSUS

LOCATION OF TRANSMITTING OFFICE Dallas, TX 752473936

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

09/06/06

DATE AUTHORIZED CERTIFYING OFFICER

PAID BY

APPROPRIATION SUMMARY

1360480(04)

POST	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.O. USE ONLY
			13 04 0001	13035	MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
395559	0

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, LINES 1,3,5, AND 7	OTHER IDENTIFICATION LINES 2,4,6, AND 9	AMOUNT	NO CHECK	VOUCHER NO.

NET PAY TO EMPLOYEES FOR PAY PERIOD 09/03/06 - 09/09/06 395559

CHECKS TO BE DATED 09/20/06

NUMBER OF ITEMS 16

TREASURY CONTROL NO.

D.O. CHECK	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

Figure 5-14: SF-1166, Voucher and Schedule of Payments (EFT)

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: COMMERCE

D.O. VOU. NO. (TRANSF)

BUREAU OR OFFICE: CENSUS

LOCATION OF TRANSMITTING OFFICE: Dallas, TX 752473836

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

09/06/06

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

APPROPRIATION SUMMARY

1360450(04)

PART	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.O. USE ONLY
			13 04 0001	23035	

GRAND TOTAL	NO-CHECK TOTAL
102604	102604

MEMORANDUM

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1,3,5, AND 7	LINES 2,4,6, AND 8	AMOUNT	NO CHECK	VOUCHER NO.
ELECTRONIC FUNDS TRANSFER		0		
SALARY PAYMENT FOR PAY PERIOD 09/03/06 - 09/09/06				
OFFICIAL PAY DATE 09/20/06				
TREASURER OF THE UNITED STATES		102604	NO CHECK	
1366275(04)	0			
1360450(04)	0			
1360450(04) A/R				
FEDERAL RESERVE	102604			
TREASURY CONTROL NO.				
NUMBER OF ITEMS	0			

D.O. CHECK	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

Figure 5-15: SF-1166, Voucher and Schedule of Payments

(Used for direct deposit payments made outside the automated payroll system)

VOUCHER AND SCHEDULE OF PAYMENTS			CC 323456
DEPARTMENT OR ESTABLISHMENT	COMMERCE		
BUREAU OR OFFICE	REGIONAL OFFICE NAME		
LOCATION OF TRANSMITTING OFFICE	ADDRESS		
X_____ Date	X_____ Authorized Certifying Officer	PAID BY	
APPROPRIATION SUMMARY 1300450(04)----------	_____NOTE THIS CODE IS REQUIRED ON ALL VOUCHERS. IT REPRESENTS THE ACCOUNT IN WHICH DECENNIAL MONIES WILL BE CHARGED.		
AGENCY STATION NO. 13 04 0001	SCHEDULE NUMBER 300002	FOR D.O. USE ONLY	
GRAND TOTAL 156.66	NO- CHECK TOTAL	□ □ □ □□ □□□□□□□□□	
PAYEE	ADDRESS	AMOUNT	NO CHECK
Tester, Test1 000-00-0000	RTN 000000000 ACCT 000000 TYPE Checking	156.66	

Figure 5-16: Form SF-1166, Voucher and Schedule of Payments

(Used for mailed check payments made outside the automated payroll system)

VOUCHER AND SCHEDULE OF PAYMENTS

CC 323456

DEPARTMENT OR ESTABLISHMENT	COMMERCE
BUREAU OR OFFICE	REGIONAL OFFICE NAME
LOCATION OF TRANSMITTING OFFICE	ADDRESS

X_____ Date	X_____ Authorized Certifying Officer	PAID BY
APPROPRIATION SUMMARY 1300450(04)----------	_____NOTE THIS CODE IS REQUIRED ON ALL VOUCHERS. IT REPRESENTS THE ACCOUNT IN WHICH DECENNIAL MONIES WILL BE CHARGED.	
AGENCY STATION NO. 13 04 0001	SCHEDULE NUMBER 300002	FOR D.O. USE ONLY
GRAND TOTAL 156.66	NO- CHECK TOTAL	□ □ □ □□ □□□□□□□□□

PAYEE	ADDRESS	AMOUNT	NO CHECK
Tester, Test1 000-00-0000	123 Anywhere Street Anywhere, MO 00000	156.66	

Topic 13: Electronic Federal Tax Payment Program

General

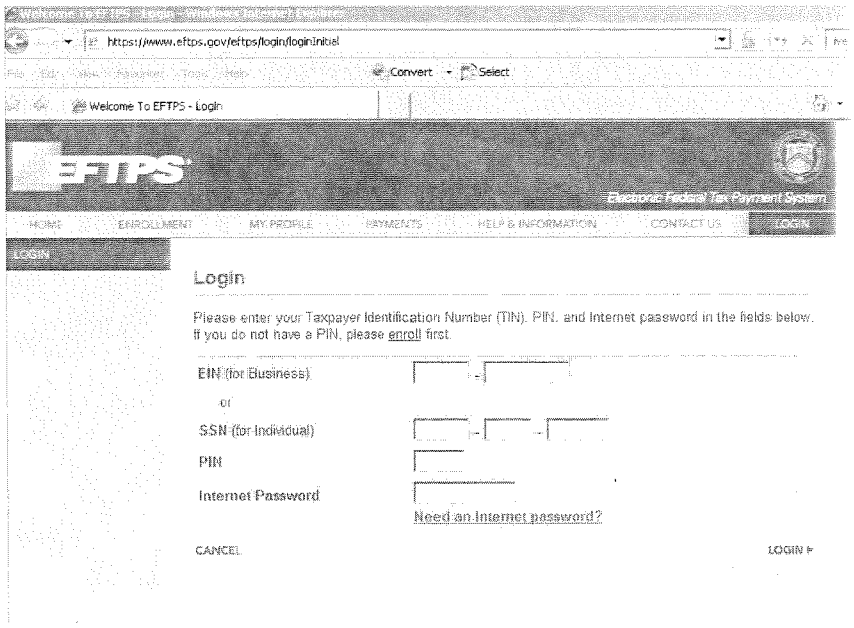
Revised 4/28/20

Federal tax withholding payments, FICA and Medicare tax withholding from employees including the employer share will be made through the Electronic Federal Tax Payment System (EFTPS).

Using the EFTPS Program

Revised 4/28/20

The EFTPS program is accessible through the Internet. Each RCC user will be provided with EFTPS log on instructions. The EFTPS instructions provide you with an enrollment trace number and personal identification pin number for logging on via the internet. To log on via the internet an internet password is needed. To receive your EFTPS internet password please call 1-800-982-3526 and have the taxpayer identification number, personal identification number and the last eight digits of the enrollment trace number provided to you on hand. The website address is EFTPS.gov. The RCC Administrative Coordinator or designee will be responsible for training additional staff.



(Screen shot of the EFTPS.gov login screen)

Using the EFTPS Program *continued*

Revised 4/28/20

Each RCC is identified by a unique Federal Employer Identification Number (FEIN) however, all RCC's share the same Agency Location Code (ALC) of 13-04-0001. You will be required to provide your RCC FEIN number when logging into the system. Please verify your RCC number, address, FEIN and ALC numbers before finalizing your weekly tax payments. Report any errors immediately to EFTPS customer support for federal agencies at 1-877-333-8292.

Each RCC must ensure there are at least two people registered to use the EFTPS system. One primary person for each weekly payment and one back-up person. Please remember you do not need to re-enroll for new or additional PINs. To receive additional PINs call EFTPS customer service. In addition to the above mentioned responsibilities, the other task performed within EFTPS is preparing and submitting the quarterly Federal tax return information to the IRS electronically. Each RCC currently has the necessary electronic signature PIN number provided by the IRS. Please contact Sharon Garcia or Steve Nichols at 301-763-4899 for help with EFTPS.

Topic 14: Secure Payment System (SPS)

General

The Secure Payment System (SPS) is a browser-based application accessible via the Internet. This automated program permits data entry, electronic certification and transmission of schedules by using a personal computer with on-line communication to a host mainframe computer at a Regional Finance Center (RFC).

SPS Overview and Personnel

SPS has two major components, the host at the RFC and the system at each regional site.

The Client Support Office (CSO) at HQ will install the program remotely.

The Trusted Registration Agent (TRA) is a position held by a person in each Regional Census Center (RCC) as well as headquarters. The TRA creates the Certifying Officer (CO) and Data Entry Operator (DEO) tokens and performs the proofing processing for each CO and DEO.

The DEO can create new schedules by entering payment data into pre-formatted screens. The DEO can also edit, delete, and view and print details of a single schedule. The DEO is the only position with the ability to delete invalid or unwanted schedules.

The CO can review schedules in the various queues, certify schedules, or reject schedules back to an editable state for revision or deletion, verify the status of transmitted schedulers, and print copies of schedules.

The signed original SF-1166 will be required to enter the data into SPS. The CO will date and sign the SF-1166 after certifying the voucher in SPS.

The host RFC processes the schedule for payment once they verify it.

Please refer to each User Guide to assist you through the payment process. For assistance, please contact the Customer Service Assistance Staff at 816-414-2340.

Documentation

After SF-1166s have been entered into SPS, the documents should be scanned and made into a word file. That file is emailed to DAB. These are the same procedures for reissuances.

SPS Contingency Plan for Weekly Payroll Failure

In the event that payroll cannot be processed through the primary RFC, all other RFCs are designated as site disbursing offices. DAB will notify each office as to their back-up RFC. The choice is available in a menu option on one of the user screens for SPS data entry.

DAB will be available in emergency situations when payroll cannot be processed at the RCC and will function as a backup to this process.

Topic 15: Paysheets for Field Intermittent Employees

Understanding Pay sheets

The DAPPS payroll application requires a 'Payline" for each employee to be paid. Paylines show the net pay for each employee and standard pay information such as the amount of regular pay, number of regular hours, and job data.

Making Changes to Pay sheets

Make corrections to paysheets containing errors. This function should be restricted to RCC administrative supervisors and a few designated clerks. Some scenarios might include:

- Adding to or subtracting from an employees hours and reimbursements
- Temporarily overriding, refunding or suspending an existing garnishment, tax or deduction for a single pay period
- Adjustments to avoid over or under payments
- Employee is entitled to a retroactive type payment.

This should be done as a last resort. Changes to the hours and expenses data can be done at the RCC. Refer to the D-581, Chapter 17, Topic 6.

One-Time Deductions and Taxes

Paysheet pages in DAPPS can be used to adjust one-time deduction and taxes. The entries on this panel correspond to the specific pay earnings for the employee. Use the one-time deduction panel to enter an amount to be deducted only in the current pay period. Use the one-time garnishment panel to override or suspend an existing garnishment. Use the one-time taxes panel to override, increase or refund a tax amount, one time.

Reconciling Pay sheets

The importance of reconciling paysheet data is to ascertain that adjustments, earnings and expenses for the net pay of employees is correct. Pay calculations can be run in preliminary and final modes. Preliminaries can be run as many times as it takes until the total hours and expenses including adjustments are in agreement. Upon agreement, the 'final' pay calculation is run and a final Payroll Register is printed.

Adjustments

Adjustments to pay are recorded on a D-302, Paysheet Adjustments Control Log. Use this in conjunction with the Control of Hours and Expenses Report to reconcile with the Payroll Register. A copy of this form is in Appendix H.

Topic 16: Payroll and Administrative Complaints

Toll Free Number

A nationwide toll free number 1-877-223-4776 has been established in the RCC's to assist decennial intermittent employees having payroll problems, or need assistance with any administrative issues. When an employee dials the toll free number, the call is routed to the appropriate RCC based on the area code from which the call is being made.

NFC employees should be referred to the HRD Call Center on 301-763-4748 or toll-free 800-871-5816.

Recording calls

When calls are received on the toll free number, a hotline response ticket should be filled out. This form documents the employee information, complaint and resolution. See Figure 5-17.

This information is then transferred to the D- 434, Employment Issues Log. At the end of each month, a copy of the D-434 is faxed to DAB at 301-763-5081. A copy of this form is in Appendix H.

An electronic version of the D-434 is available. Contact DAB at 301-763-4899 for a copy to be sent to you.

Contacting the Employee with the Resolution and Documenting the Resolution

For complaints resolved at the RCC, the RCC is responsible for contacting the employee with the resolution and documenting the D-434.

If a ticket is forwarded to the LCO for resolution, the LCO is responsible for contacting the employee with the resolution. The LCO must then notify the RCC that the complaint was resolved. The RCC will document the resolution.

Hotline Issues Report

Each month DAB will provide each RCC with a Monthly Complaint Status Report. The report will include the totals of all complaints received at the RCC on the toll free number with a breakdown of complaint types.

Figure 5-17: Personnel & Payroll Hotline Response Ticket

Date Reported: _____

Employee ID/Social Security Number:

_____

Employee Name:

_____

Previous call on same issue: ☐ Yes ☐ No

Address:

_____

Phone Number:

_____

Office/ Location:

_____

Call Received By:

_____

Type of Complaint:

☐ RI – Recruiting Inquiries
☐ DD – Direct Deposit
☐ TI – Tax Inquiries
☐ PR – Pay Rate
☐ OI – Other Inquiries
☐ ES – Earning Statement (missing or reprint)
☐ PP – Partial or Missing Pay (hours or days)
☐ IN – Incorrect SSN or Name
☐ SF – Understanding the SF-50B
☐ VI – Verification of Employment
☐ OT – Overtime Issues
☐ NP – No Pay
☐ AC – Address Corrections
☐ AI – Accident/Injury
☐ WI – Work Related Issues

Complaint/Concern:

_____

_____

_____

_____

_____

Resolution:

_____

_____

_____

_____

Date Resolved: _____

Topic 17: Withholding Intermittent Employees Paychecks

General

When it is known that an employee was terminated prior to repaying an advance received through the issuance of a travelers check or is liable for materials or equipment not returned to the Census Bureau, withhold any salaries due to the employee until the debt is paid. The LCO must complete a D-289, Notice of Withheld Pay Check, when an indebtedness is owed to the government by an employee. A copy of this form is in Appendix H. The D-289 serves as notification to the employee they will not receive a paycheck due to an advance received or other liability while employed with the government.

The LCO is instructed to remove the final payroll from DAPPS until property is recovered. Instructions are located in the D-501, LCO Administrative Manual, Chapter 9, Payroll Administration.

If there is a balance due, the RCC shall send the employee a letter of indebtedness. Refer to Overpayments in Topic 11 , starting on page 5-45.

For further guidance on the return or non return of HHC's and Census materials see Appendix Q.

Once the employee has repaid their indebtedness to the Census Bureau or returned all census materials and equipment, the final paycheck can be released. The RCC shall notify the LCO when this occurs.

Topic 18: Detecting Fraud in Payroll

General

Although there are existing edits in the DAPPS to prevent fraud, a few cases of illegal payments have been reported. The payroll program was manipulated to process bogus salary payments and send the payments via electronic file transfer (EFT) to personal bank accounts. In an effort to prevent acts of fraud, the following reports have been created to detect possible fraud with direct deposit accounts. Refer to the D-581, *DAPPS Operating Guide*, Chapter 21 on Payroll Reports for details on how to generate these reports. If cases of fraud are found, contact DAB immediately.

Direct Deposit Audit

This report displays employees who have had a change to the direct deposit panel during the pay period end date entered as a parameter. This report should be run on a weekly basis to monitor any changes. Use the report to compare the original Direct Deposit Sign-Up form (SF-1199) to ensure the change is accurate and legitimate. If there is no documentation to support the change, make the account inactive and allow a check to be sent to the employee's home or mailing address. This report lists the employee ID, account and routing numbers, type of account, effective date of change, action code, operator ID, date record was changed, office code and employee's name.

Multiple Deposit Listing

This report provides a listing of employees who actually had salary payments deposited into the same account for the specified pay period. Use this report to research the legitimacy of the accounts, ensuring that a current SF-1199 form is present in the employee's WPPF. This report is run as part of the weekly closeout process. It provides the account and routing number, amount of payment, office number, employee ID and employee's name.

Multiple Account Listing

This report displays all employees who share the same account number. It is possible for two employees to have the same account number, for example, a husband and wife. This report is a cumulative so any new additions will be added to existing entries. You may review this report periodically. Research any questionable entries. Determine if the entries are legitimate or fraudulent. This report includes the account number, transit number, effective date, office number, employee id, and the employee's name.

Suspected Fraud

If an employee paid in DAPPS is the subject of investigation, the RCC management staff will document the facts and recommend criminal charges be pursued by the Office of the General Counsel (OGC). The OGC will determine the appropriate action to be taken including referral to the Department of Commerce, Office of Inspector General once it has reviewed all facts. This could include reviewing the report the staff used to complete an investigation. In addition, once the region completes the appropriate investigation, a BC-1206, Security Incident Report, would also be completed and submitted to the Office of Security, for follow up.

Topic 19: The Convenience Check Program

Program Objective

The purpose of the JP Morgan Chase Convenience Check Program is to provide emergency replacement salary payments to decennial DAPPS employees who are experiencing problems in receiving their salary check.

Program Overview

All intermittent DAPPS employees including office clerks, enumerators, recruiting assistants, crew leaders and field operation supervisors are eligible to receive a convenience check as an emergency replacement salary payment.

A convenience check shall only be issued as an emergency replacement salary payment if it has been verified that the employee receiving the check has worked the hours and is owed the specific dollar amount; and one of the following conditions exists.

- An employee who is not issued a check on the scheduled payday due to an administrative error, or a delay in processing appointment or payroll documents will experience a serious financial hardship; or,
- A new employee is awaiting issuance of his/her initial salary payment and because of the normal processing time, will encounter a personal financial hardship or,
- An employee reports that his/her salary check is lost or stolen and the check has been identified by U.S. Treasury as having been canceled and returned to the Bureau's account. Do not issue a replacement check until notification is received from U.S. Treasury indicating that the original check has been canceled.

Government Purchase Card Convenience Check Program

The use of convenience checks is a component of the Department of Commerce Government Purchase Card (DOC GPC) program, which is administered under contract with JP Morgan Chase, referred to as the service provider. As part of this program, certain designated purchase cardholders will be approved to write convenience checks for emergency salary payments (ESP) only. The Head of the Contracting Office (HCO) at Headquarters will delegate the authority to write convenience checks to selected purchase

cardholders nominated by regional office management. Through Acquisition Division at Headquarters, the HCO administers the convenience check and purchase card program and issues policies and procedures for their use. JP Morgan Chase will provide purchase cards and blank convenience checks directly to cardholders for use of ESP.

Government Purchase Card Convenience Check Program

The HCO issues government purchase cards to designated employees primarily to purchase mission-related goods and services. Additionally, some selected RCC cardholders (a minimum of two in each RCC) receive authorization to use their convenience checks to make emergency salary payments to LCO intermittent employees only. **These cardholders, also referred to as "check-writers," must follow special payroll procedures to prevent duplicate compensation to employees.**

Check-writers who make emergency salary payments have accounts with special default accounting codes. However, since their checks have the same physical appearance as convenience checks used to purchase goods and services, they must always keep them separate and under their control. ESP check-writers must also reconcile their payments in the Commerce Business Systems Commerce Purchase Card System (CBS CPCS).

Each check-writer authorized to make emergency salary payments is assigned to an approving official, who must review and certify the cardholder's transactions for each monthly cycle. The service provider (JP Morgan Chase) imposes a 2% fee (paid by the government) on the face value of each convenience check. All convenience checks are subject to 100% audit requirements.

Purchase Limits for Emergency Salary Payments

An ESP convenience check-writer cannot write checks totaling more than $5,000 in a monthly cycle. This $5,000 limit includes the 2% fee assessed on each check transaction by the service provider. Field Division policy strictly prohibits convenience check-writers authorized to make emergency salary payments from purchasing goods and services. Specific instructions on Convenience Checks for goods and services are contained in the Modeling and Analysis Branch Memorandum 08-25.

How to Obtain Emergency Salary Payment (ESP's) Checks

To be designated a convenience check cardholder for emergency salary payments; an RCC employee must first receive a government purchase card (GPC) account. The Assistant Regional Census Manager (ARCM) must nominate the RCC employee and request convenience check cardholder privileges for ESPs by following the steps below:

Convenience Check Cardholders/ Approvers Must Be Nominated and Approved

1. The ARCM must fully complete an RCC Employee Government Purchase Cardholder Nomination Form on page 5-95.
2. The ARCM must attach a brief memorandum presenting a justification for these privileges (see page 5-97) for sample wording.
3. The nominee must complete the following mandatory trainings for Cardholders and Approvers and provide copies of his or her certificates of completion:
   a. General Services Administration web based training class and certification
   b. Section 508 for Micropurchases Training and Web Page
   c. CLM 003 Ethics Training for Acquisition or equivalent Government Ethics Training

   These trainings can be accessed through: http://cww2.census.gov/acq/pc-info.html
4. The complete nomination package (nomination form, justification memo, and training certificates) with original signature copies must be sent via FedEx to:

   Census Bureau, FLD Division
   Attn: Decennial Administrative Branch, Room 5H038
   4600 Silver Hill Road
   Suitland, MD 20746

   The Decennial Administrative Branch will forward each nomination package to Headquarters Acquisition (HQ ACQ) for approval by the Head of the Contracting Office (HCO).
5. HQ ACQ will send a memorandum and additional instructions to the RCC, to the attention of the requester, after the nomination is approved and the account created. After receiving ACQ's approval, the cardholder must then complete and submit Part 2 of the nomination form on page 5-96.

6. The convenience check cardholder/check-approver will receive his/her checks from the service provider approximately 10 business days after the account is created.

Approving Officials Must Be Nominated

The process for nominating an approving official is similar to that just described above for the convenience check cardholder, except the ARCM must complete the Government Purchase Card Approving Official Nomination Form on page 5-98, 5-99.

Refer to http://cww.census.gov/acq/pc-info.html for additional guidance on training, the nomination process, and copies of nomination forms.

Internal Controls

Oversight

The Commerce Bankcard Center (CBC), the DOC Office of the Inspector General (OIG), Office of Acquisition Management and Financial Assistance (OAMFA), and the Government Accountability Office (GAO) exercise oversight over the purchase card/convenience check process for the Department of Commerce.

The Head of the Contracting Office at HQ ACQ provides operational oversight for the Census Bureau purchase card program, including convenience checks. The HCO enforces government and program-wide regulations and policies and implements agency-specific policies to better meet program responsibilities. The HCO is responsible for auditing every convenience check, although he/she may delegate this and other administrative and audit functions to staff.

Official Responsibilities

Payroll Clerks

The payroll clerks are responsible for:

a. Obtaining written approval from the ARCM or other Manager to issue a convenience check based on one of the criteria (or similar) outlined previously.
b. The check-writer or the RCC payroll staff determines the amount to be paid. This amount can be based on the portion of the money owed (advance) or can be the full net amount to be replaced if the original check issued through the Decennial Application, Personnel and Payroll System (DAPPS) was determine by U.S. Treasury as lost or stolen or was misrouted to an incorrect bank or account and the original check/payment has been canceled. The amount to be paid is subject to the maximum amounts discussed in Section IIIA above.

c. Providing the check-writer with an appropriately-signed memorandum authorizing a emergency salary replacement payment for a specified amount.
d. Set-up the collection in the employees' payroll record. (Reference the D-581, DAPPS Operating Guide, Chapter 12, Topic 4.)
e. Ensures that adjustments are made to the employee payroll records.
f. Maintains complete records.
g. Returns copies of receipts and other documentation to the cardholder/check-writer for inclusion in records and provision to Headquarters for audit.

Cardholders/Check-Writers

In the RCCs, convenience check cardholders/check-writers have personal and legal responsibility for the proper use of convenience checks issued in their names. Their responsibilities include:

a. Preparing and signing checks based on information received from the payroll unit and completing all required documentation. Completing a Form D-910, Receipt for Check (see page 5-103), and attaches it to the check before returning it to payroll.
b. At the end of the month, receive a monthly statement from JP Morgan Chase and reconcile transactions.
c. Certify the monthly statement by signing and dating the bottom of the paper copy of the statement. The signature acknowledges that the statement is correct.
d. Forward the approved statement to the approving official for concurrence and signature.
e. Check-writers have personal and legal responsibility for certifying their emergency salary payments and ensuring that they perform these tasks completely, correctly, and timely.

Approving Officials

a. The Approving Officials are responsible for reviewing and certifying the cardholder's transactions for each monthly cycle.
b. The Approving Officials have personal and legal responsibility for certifying their check-writers' emergency salary payments and ensuring that check-writers perform these tasks completely, correctly, and timely. Provides audit data to Headquarters (HQ) as necessary.

Key Check-Writer and Approving Official Requirements Include:

a. **Maintaining Security** – It is the check-writers' responsibility to safeguard their convenience checks at all times by conforming to procedures described in Section VII below.

b. **Record Keeping** – Check-writers must retain all transaction records for 6.3 years following the conclusion of the fiscal year in which the transaction took place. If a check-writer becomes inactive or leaves the Census Bureau, the approving official must retain these records.

c. **Compliance with Payment Limits** – Check-writers for emergency salary payments must not exceed their monthly $5,000 limit.

d. **Training** – The GPC training regulations in Commerce Acquisition Manual Chapter 13.301 require that check-writers and approving officials complete the GSA Online Purchase Card Training at: http://www.fss.gsa.gov/webtraining/trainingdocs/smartpaytraining/index.cfm every year. Individual cardholders and approving officials are responsible for ensuring that their personal training is current and their training records up-to-date at all times. Approving officials must ensure that their cardholders' training is up-to-date. In addition, the RD, ARCM, or Administrative Coordinator must monitor compliance with these requirements.

Key Check-Writer and Approving Official Requirements Include:

e. Each cardholder and approving official should periodically review the date on his/her training certificate(s) to determine when he/she must complete refresher training. Upon completing refresher training, the cardholder and approving official must transmit via fax (301 763-5081 or scanned image a copy of the training completion certificate(s) to:

Decennial Administrative Branch
Attn: Geraldine Carter/Richard Liquorie

f. The cardholder and approving official must retain copies of these certificates in their files.

For comprehensive information on the Census Bureau Purchase Card program and refresher training requirements, please see: http://cww.census.gov/acq/pc-info.html.

Reporting Suspected Waste, Fraud, and Abuse

Purchase cardholders and approving officials must report suspected waste, fraud, or abuse to the proper authorities. Questions about proper purchase card procedures may be referred to HQ ACQ. Suspected waste, fraud, or abuse, including wrongdoing by Department of Commerce employees, contractors, grantees, recipients of financial assistance, vendors, and others involved in the Department's programs and operations must be referred to the Office of the Inspector General at:

http://www.oig.doc.gov/oig/archives/hotline.

Obtaining Convenience Checks for Emergency Salary Payments

Initial Order

1. Each Convenience Check cardholder/check-writer will receive an initial allotment of six pads of convenience checks. The face of each check is imprinted with the following information:

   "United States Government, Bureau of the Census"
   Convenience Check Cardholder's name and account number
   "For Official Use Only"
   "U.S. Government Tax Exempt"
   "Not Valid For Amount Over $1000"

Obtaining Convenience Checks for Emergency Salary Payments

Initial Order

2. Immediately after receiving the initial allotment of convenience checks, the check-writer must follow the steps below:

   a. Verify that the correct number of check pads was received.
   b. Verify that all imprinted information on the check face is correct.
   c. Stamp each check in the pad that begins with the lowest-numbered check: "For Emergency Salary Payment Only."
   d. Record the number of the lowest-numbered check in the upper right corner of the D-911, Convenience Check Control Log on page 5-100. For audit purposes, it is very important that the check-writer issue checks in numerical sequence beginning with the lowest number.
   e. Give the checks to the safe controller for placement in a lockbox or fireproof safe.

3. If the Cardholder did not receive the correct number of checks or needs imprinted information corrected, the approving official must contact Gerri Carter of the DAB

at (301) 763-4899.

How to Order Additional Checks or Accounts

To order additional checks, cancel an account, or set up a new account, the approving official must send a written request through the Decennial Administrative Branch mailbox and copy Gerri Carter.

Convenience Check Storage and Inventory Control Procedures

Follow these security and internal controls to minimize the potential for theft or abuse of convenience checks.

Assign Safe Controllers

Designate three reliable and trustworthy employees to act as safe controllers to oversee access to convenience checks and other valuables stored in the safe. The safe controllers should be the only staff with access to the safe. Safe Controllers must not have responsibilities for payroll activities or purchasing vehicles, such as travelers and convenience checks or purchase, **IMPAC,** or Corporate cards.

The safe controller shall open and lock the safe only when authorized by program staff associated with the contents of the safe or by RCC managers. The safe controller must fully record each situation that requires opening the safe in the Daily Safe Control Log, Form D-922 (see page 5-101). This Log must be available to any official who is conducting an audit of programs and procedures. It can be kept inside the safe for security purposes.

Secure Checks At All Times

Checks must not be left vulnerable to theft at any time. All checks, including blank checks, prepared checks, and checks sealed in an envelope and awaiting mailing or pickup, should be placed in the safe until distribution is made. The safe controller must never leave the safe open and unattended.

Keep An Accurate Inventory of Un-issued Convenience Checks

On the 15th of each month, the convenience check-writer and approving official must conduct an inventory to ensure that no checks have been stolen or issued without proper record. This inventory can also be used to determine when to reorder additional checks. The cardholder and approving official will follow these procedures to complete this mandatory inventory:

1. Inspect the pads of un-issued checks to verify that check numbers within each pad are consecutive.
2. Verify that all pads are accounted for and that none are missing.
3. Using the Convenience Check Control Log, identify the numbers of all checks that have been issued to employees. Ensure that the checks recorded on the Control Log were issued in numerical sequence.
4. Ensure that all voided or "pending-pickup" checks are present in the safe.
5. Compare the number of the last check issued in the Control Log to the number on the lowest numbered un-issued check. These numbers should be in ascending sequence with no gap.
6. If a check is not accounted for, investigate immediately. If the legitimate use of a convenience check was not recorded, the approving official must ensure that the check-writer updates the Control Log retroactively.
7. If the missing check still cannot be accounted for, the check-writer and approving official must
    i. Contact the service provider immediately to request a stop payment and
    ii. Notify Field Division, DAB, Gerri Carter/Richard Liquorie at (301) 763-4899.
8. Complete and certify Form D-932, Monthly Inventory Reconciliation Sheet (see page 5-102). As instructed on the form, fax it to FLD DAB, attn: Gerri Carter/Richard Liquorie at (301) 763-5081 and Finance Divisions, at (301) 763-4747. The original copy of this form is to be retained by the approving official. A photocopy is retained by the check-writer.

Keep An Accurate Inventory of Un-issued Convenience Checks

The Assistant Regional Census Manager is responsible for ensuring that inventories are conducted accurately, on schedule, and with required documentation.

Properly Discard Unused Convenience Checks

When a cardholder/check-writer ceases to have check-writing authorization, the Regional Director or ARCM must verify that all unused convenience checks in the cardholder's name are destroyed in a secure manner. This verification must be provided to the DAB, attn: Gerri Carter. Ensure that records concerning convenience check transactions are retained for the required 6.3 years after the end of the fiscal year in which the transaction occurred.

When to Issue Convenience Checks for ESPs

When it becomes evident that an employee has worked and will not receive his/her paycheck, an emergency salary payment can be made.

A. To start this process, the employee can verbally request an ESP, but must follow up with a written request.
B. The ARCM must then determine that at least one of the following criteria is met.

1. The employee requesting the check has worked the hours and is owed a specific dollar amount. If the ESP is for a lost salary check, the payroll staff will have the paperwork documenting the amount. If the pay has not been processed in DAPPS, staff will need to estimate the employee's pay [(hours x pay rate) and subtract the estimated taxes that would be withheld].
2. The employee was not issued a check on the scheduled payday due to an administrative error or delay in processing appointment or payroll documents and is experiencing serious financial hardship.
3. A new employee is awaiting his/her initial salary payment and, because of the normal processing time, is experiencing personal financial hardship.
4. An employee's direct deposit salary was deposited in an account not belonging to the employee. RCC payroll staff must take corrective action to retrieve the funds from the wrong account.
5. An employee has reported that his/her salary check was lost or stolen and the U.S. Treasury Department reports that the check was canceled and the funds returned to the Census Bureau's account.

The ARCM must also determine that there will be a benefit to the employee who will receive the convenience check. If the employee will not receive the convenience check significantly before a payment made through normal automated processes, do not issue the convenience check unless the employee insists upon receiving an immediate payment.

After determining that an employee should be issued an emergency salary payment and a written request is received from the employee, the ARCM or Regional Director will instruct the payroll unit to issue the ESP by written memorandum or e-mail. This

memorandum must include the following information: employee's name and employee ID number, the amount of the salary payment, and the reason for the ESP (misrouted EFT payment, check lost/stolen, or administrative error).

Preparing and Issuing the Checks

The RCC payroll staff must:

1. Obtain the written approval from the ARCM, DRD, RD to issue the specific emergency salary payment.
2. Establish the deduction in the employee's payroll records before the check is issued for the employee. Deductions from pay should occur in the same pay period the check is issued, or in the next pay period. See Chapter 12 of the D-581, DAPPS Operating Guide for steps for processing the deduction in DAPPS.
3. After setting up the deduction take a screen shot of the DAPPS screen that documents that the deduction has been created. **Send a copy of the written authorization to the check-writer.**

The cardholder/check-writer must ensure that correct procedures were followed and that he or she has received a copy of the signed memorandum before issuing a check. The check-writer must use the following steps to issue the check:

1. Prepare the convenience check for the exact amount authorized.
2. Photocopy the face of the completed check for records.
3. Complete the appropriate entries in the Convenience Check Control Log, Form D-911 on page 5-100.
4. Prepare a Receipt for Check, Form D-910 on page 5-103.
5. Return the completed check to the payroll unit.
6. There may be some instances when a "stop payment" must be placed on a convenience check. In these cases the check-writer must immediately contact JP Morgan Chase so it can take appropriate action. Documentation must be sent to HQ ACQ through DAB.
7. Void all checks that are not picked up, are returned to the office without being negotiated, or are written erroneously. Write "VOID" across the face of the check and record the check number and a comment in the Convenience Check Control Log that briefly explains the reason for voiding the check. Retain all voided checks in the safe.

The RCC payroll staff will:

Updated 5/26/2010

1. Prepare the check for distribution to the employee. **Also follow additional instructions on page 5-93.**
    a. If the check is being mailed (USPS) or expedited (FedEx) to the employee, request to receive a delivery receipt from the carrier. This receipt is required in the event that someone other than the employee receives the package.
    b. In addition, include a Receipt for Check in the envelope with a self-addressed envelope. The employee must sign and return this form to document that the employee has been notified that the emergency salary payment may be deducted from a future salary payment.
2. If the convenience check is to be picked up at the RCC, the employee and/or the employee's supervisor are the only staff authorized to sign for the check. After the check is signed by the check-approver, place it and the Receipt for Check in an envelope and seal it.
3. Prior to giving the envelope containing the check to the employee or his/her supervisor, ensure that they sign and date the Convenience Check Control Log and the Receipt for Check. Checks not picked up should be put back into the safe.
4. At the end of the pay period following the issuance of the convenience check, print the Deduction Register from DAPPS to ensure that the ESP amount was deducted from the employee's salary payment. Attach the Deduction Register to the check-writer's records for verification. A copy of the Deduction Register will be sent with the reconciliation report at the end of each month.
5. Provide the check-writer with full copies of all documentation.
6. After the end of the month, provide copies of the following documents to DAB for audit through ACQ-HQ:
    a. Signed authorization to issue the check.
    b. Photocopy of the completed check(s).
    c. Completed Receipt for Check.
    d. Completed Convenience Check Control Log.
    e. DAPPS payroll deduction entry screen, if applicable. (This will only not be applicable if a lost check or mis-directed direct deposit is being replaced.)
    f. DAPPS Deduction Register documentation, if applicable. This will only not be applicable if a lost check or mis-directed direct deposit is being replaced.

The approving official must ensure that all records concerning convenience check transactions are retained in the check- writer's convenience check files.

Convenience Check Reconciliation Procedures

The check-writer and approving official are responsible for reconciling all convenience check transactions recorded in the Convenience Check Control Log with the monthly Statement of Account in the CBS Commerce Purchase Card System (CBS CPCS). This should be completed before the end of the monthly purchasing cycle during which the check was posted. Ideally, every check transaction will be reconciled within one week of being posted.

When a check is presented to the service provider for payment, it is posted as a transaction to the check-writer's Statement of Account. Because the 2% convenience check fee posts as a separate transaction, the check-writer receives email messages advising her or him that two transactions are awaiting reconciliation.

Reconciliation requires the check-writer to compare each transaction in CBS CPCS to his or her Convenience Check Control Log and other records, and to electronically certify that it represents a valid payment. If an error appears in the statement, the check-writer must follow appropriate dispute procedures defined by JP Morgan Chase, the service provider.

Upon certification by the cardholder/check-writer, the transaction is electronically transmitted to the approving official who must also verify the transaction by referring to the cardholder's records before certifying it in CBS CPCS.

Procedures for performing reconciliation are included in the initial CBS training that each check-writer receives.

Reporting Compromised Purchase Cards

As check-writers perform this monthly reconciliation, they must be alert for signs of checks they did not write or amounts different than those written on the checks. In such cases, the check-writer must immediately:

1. Contact the service provider and close the account. The service provider will forward replacement checks with a new account number.
2. Arrange for the secure destruction of all un-issued checks for that account. The Approving Official is responsible for verifying that all un-issued checks are destroyed.
3. Via email, notify DAB, HQ ACQ (to the attention of karen.m.daniels@census.gov and douglas.p.sefton@census.gov). HQ ACQ will notify the

Security Office and appropriate law enforcement organizations.

4. Begin the dispute process as appropriate for any unauthorized charges.

Monthly Reporting

At the end of each month, the Monthly Statement of Account must be reconciled with the Deduction Registers and the Convenience Check Control Log.

1. Using a copy of the Monthly Statement of Account, the check-writer must initial by each charge to verify that the entry is on the Convenience Check Log. A copy of the Convenience Check Log that contains the entry must be attached.
2. If there are charges not on the Convenience Check Log, the check-writer and check-approver must research the entry and document why the entry is not on the Monthly Statement of Charges. This documentation must accompany the monthly report.
3. Verify that each convenience check amount was deducted from the employee's salary in DAPPS. A copy of the appropriate Deduction Register must be attached. If the convenience check was a replacement for a direct deposit or a lost check, a copy of the appropriate documentation must be attached with the monthly report.
4. After the reconciliation process, fax a copy of the Monthly Statement of Account, a copy of the convenience check itself, the Convenience Check Control Log, the appropriate Deduction Report(s), and any other documentation to FLD DAB, Attn: Gerri Carter/Richard Liquorie, at (301 763-5081 and Finance Division, at (301) 763-4747.
5. The convenience check copy and supporting document will be forwarded from DAB to Acquisition Division for the required audit of 100% of all convenience check transactions. Failure to comply with all government-wide, departmental, and Census Bureau requirements may lead to termination of check-writing authorization.

Additional Instructions For Emergency Salary Convenience Checks

Added 5/26/2010

The following guidance is to assist employees in cashing the emergency salary convenience checks.

1. Each time a convenience check is issued to an employee provide the letter contained in the attachment along with the check. The letter is written to the attention of financial institution managers informing them about the purpose of the check. The contact information should be to the RCC Administrative area. The letter should be issued on letterhead. (See Example on next page)

2. IF the employee is unable to cash the check at their financial institution, refer the employee to a JP Morgan Chase Bank. If you have written a convenience check to an employee who does not have a personal bank account, or has encountered other difficulty with cashing the check, he or she may find it easiest to cash the check at a JP Morgan-Chase or Chase branch. Many banks will not cash checks for non-account holders or charge them a very high fee. JPMC will cash the checks for employees even if they do not have a JPMC account. JPMC branches will charge non-account holders a $5.00 fee, but should cash the check with proper ID. The employee should present 2 forms of ID, one of which should be a government-issued photo ID (such as a driver's license), and the other the employee's census credential.

   Occasionally JPMC tellers have declined to cash checks because they are not using the proper method for looking up a **commercial credit card convenience check.** In that case, the employee should ask the teller to:

   "Please go to Banker Support Line, Option 8 for instructions. The Chase Priority Services Advisor will determine that you (the teller) is calling about a commercial credit card convenience check and should then transfer you to the Program Coordinator 24x7 line: 866-725-1184".

   JPMC has issued guidance to all branches about cashing the convenience checks. Please let DAB staff know if an employee has trouble cashing a check.

   The employee needs to understand that this process works only at a JPMC or Chase branch!

Letter to Bank Manager or Other Financial Institution Professional

(Insert Date)

Dear Bank Manager or Other Financial Institution Professional:

Under a government-wide contract, JP Morgan-Chase provides convenience-checking services to the United States Census Bureau. Under some circumstances, the Census Bureau makes payments to individual employees as well as vendors using JP Morgan-Chase commercial credit card convenience checks. These checks are official United States Government payments.

Beginning in April 2010, thousands of United States Census Bureau enumerators will be going door-to-door to interview households. This and other 2010 field operations will continue throughout the summer and early fall of this year. We anticipate that these activities will result in a higher volume of convenience checks written to individual Census Bureau employees and presented by those employees for payment.

Convenience checks issued by the Census Bureau are imprinted with our logo, as well as the legends "For Official Use Only/US Government Tax Exempt" and "Not Valid For Amount Over $1,000". We have instructed our employees to present at minimum both a government-issued photo id and their Census Bureau (non-photo) credential when cashing a convenience check. Should there be any question in your mind about accepting such a check, please use the information below to contact the Regional Census Center for verification.

Thank you for you cooperation in supporting the 2010 Census. If we can provide any additional assistance, please do not hesitate to contact our office at_____.

Sincerely,

(Name of Regional Director)
(Insert Region) Regional Census Center

For Verification, _____ (RCC Contact Name)

_____ (RCC location)

_____ (Contact number)

RCC Cardholder Nomination Form, Part I

DATE:

MEMORANDUM FOR: Michael L. Palensky
Chief, Acquisition Division
Head of the Contracting Office

From: (Fill in Appropriate Assistant Regional Census Manager)

Subject: Regional Census Center Employee Government Purchase Cardholder Nomination Form

I am nominating the RCC employee named below to become a Government Purchase Cardholder for the express purpose of making emergency salary payments. Copies of all applicable training certificates are attached. The employee has retained a copy of this nomination form to complete the follow-up information in Part 2.

Part 1. **CARDHOLDER INFORMATION**

Cardholder's Full Name_____ Permanent Employee (Y__N__)
Social Security Number (last four digits only) ____ ____ ____ ____

Mother's Maiden Name _____

RCC Name _____ Room No._____
Phone Number _____ Fax Number _____
Email address _____ Default accounting code_____

If the cardholder is to have convenience check-writing authorization, attach justification memorandum and mark here ( ).

If the cardholder is to write emergency salary payment checks, mark here ( ).

Designated Approving Official Name_____
___ Completion Certificate for GSA Online Purchase Card Training attached (required)
___ Completion Certificate for Section 508 and Micro-purchases class attached (required)

Cardholder Nominee Signature_____ Date_____

ARCM Signature _____Date_____

I ____authorize ____ do not authorize the issuance of a Government Purchase Card with the payment limits of $5000 per month as restricted per OMB Circular A-123, Appendix B.

Michael L. Palensky, Head of Contracting Office _____Date_____

RCC Cardholder Nomination Form, Part 2

Part 2. Verification of Post-Approval Requirements Completion

After the Head of the Contracting Office approves the nomination by signing Part 1, the cardholder must then complete two additional steps before using his or her purchase card convenience checks. Please indicate below that you have completed these requirements by checking the appropriate box, entering your signature and date, obtaining your approving official's signature, and returning a copy of this form to:

Census Bureau, Acquisition Division
Attn: APC, Room HQ-3J448B
4600 Silver Hill Road
Washington, DC 20233

You cannot use your purchase card convenience checks until Acquisition Division receives this completed form and you have completed the required training.

For further information, see the Acquisition Division Census Bureau Intranet Homepage at http://cww.census.gov/acq.

I have:

- ❑ Read the Commerce Acquisition Manual Chapter 1313.301 (http://oamweb.osec.doc.gov/CAPPS_cam.html)
- ❑ Arranged to attend the CBS purchase card training administered by Administrative Management and Services Division (AMSD)

Cardholder Signature_____ Date _____

Approving Official Signature _____ Date _____

Sample Convenience Check Privilege Justification Memorandum

Date: _____

To: Michael L. Palensky
Head of the Contracting Office

From: _____
Assistant Regional Census Manager

Subject: Request for Convenience Check-Writing Privileges for Emergency Salary Payments

We request that the government purchase cardholder or cardholder nominee _____ receive convenience check-writing privileges with his or her government purchase card. _____ requires these privileges to perform a mission-critical function: the issuance of emergency salary payments to intermittent local census office employees. The Census Bureau has received permission from the Department of Commerce to use convenience checks for this function. In addition to the training required of all purchase cardholders, _____ will receive on-the-job training in the procedures and internal controls mandated by Field, Acquisition, and Finance Divisions for this function.

Government Purchase Card Approving Official Nomination Form, Part 1

DATE:

MEMORANDUM FOR Michael L. Palensky
Chief, Acquisition Division
Head of the Contracting Office

From: (Fill in appropriate Assistant Regional Census Manager)

Subject: Government Purchase Card Approving Official Nomination Form

I am nominating the employee named below to become a Government Purchase Card Approving Official (AO). Copies of all applicable training certificates are attached. The employee has retained a copy of this nomination form to complete the follow-up information in Part 2.

Part 1. **APPROVING OFFICIAL (AO) INFORMATION**

AO Full Name_____ Permanent Employee (Y__N__)
Social Security Number (last four digits only) _____

Mother's Maiden Name _____

RCC Name _____ Room No._____
Phone Number _____ Fax Number _____
Email address _____

Name(s) of Cardholder(s) to Review: _____

Highest Payment Limits Reviewed: Single _____ Monthly _____

___ Completion Certificate for GSA Online Purchase Card Training attached (required)
___ Completion Certificate for Section 508 and Micro-purchases class attached (required).

AO Nominee Signature _____ Date _____
ARCM Signature _____ Date _____

I ___ authorize ___ do not authorize the employee named above to serve as approving official as specified above.

Michael L. Palensky, Head of Contracting Office _____ Date _____

Government Purchase Card Approving Official Nomination Form, Part 2

Part 2. Verification of Post-Approval Requirements Completion

After the Head of the Contracting Office approves the nomination by signing Part 1, the Approving Official must then complete two additional steps before reviewing and certifying cardholder transactions. Please indicate below that you have completed these requirements by checking the appropriate box, entering your signature and date, obtaining the signature of your office's designated official, and returning a copy of this form to:

Census Bureau, Acquisition Division
Attn: APC, Room HQ-3J448B
4600 Silver Hill Road
Washington, DC 20233

For further information, see the Acquisition Division Census Bureau Intranet Homepage at http://cww.census.gov/acq/.

I have:

❑ Read the Commerce Acquisition Manual Chapter 1313.301 (http://oamweb.osec.doc.gov/CAPPS_cam.html)

❑ Attended the CBS purchase card training administered by Administrative Management and Services Division (AMSD)

Assistant Regional Census Manager Signature _____ Date ____

Regional Director Signature _____ Date _____

D-911, Convenience Check Control Log

FORM D-911
(4-23-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

CONVENIENCE CHECK CONTROL LOG
2010 Census

Regional Census Center Name/Code: _____

Date check prepared (1)	Check approver initials (2)	Check writer initials (3)	Check number (4)	Amount of check (5)	Employee name and ID (6)	Date check mailed and/or date check is picked up (7)	Reason code (8)	Cancellation schedule number from SF-1098 or TFS-145 (for reason codes 01 and 02 only) (9)	Collection set-up in the PIA for pay period ending (Give pay period ending date) (10)	Signature of person picking up the check (11)	Date receipt for check is returned (12)
TOTAL			$								

Reason Code: 01 - Misrouted EFT payment
02 - Original check lost/stolen
03 - Advance salary
04 - Administrative error (delay in processing appointment or payroll forms)

D-922, Daily Safe Control Log

FORM D-922
(4-11-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DAILY SAFE CONTROL LOG
2010 Census

Name of safe controller (1)	Date (2)	Time (3)	Description of item requested (4)	Name of employee requesting entry (5)	Signature of employee requesting entry (6)	Description of item(s) returned to the safe (7)	Date item returned to safe *(if applicable)* (8)

U S C E N S U S B U R E A U

D-932, Monthly Inventory Reconciliation Sheet

FORM D-932
(8-7-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

MONTHLY INVENTORY RECONCILIATION SHEET
2010 Census

A. REGIONAL CENSUS CENTER	B. MONTH/YEAR	C. PROGRAM	D. DENOMINATION (If applicable)

RECONCILIATION

				AMOUNT	NUMBER
1. Checks in safe at beginning of month					
2. Checks received this month	New checks received: Month	Day	Year	(+)	
3. Voided/Mutilated checks this month				(-)	
4. Checks issued this month				(-)	
5. **Checks remaining this month** *Add items 1 and 2, then subtract items 3 and 4*					
6. Actual physical count of checks remaining in safe					
7. Difference between items 5 and 6 – *If greater than 0, explain in Comments below.*					

Comments

CERTIFICATION

Program Coordinator – *Signature*	Date
Safe Controller – *Signature*	Date

ACTION

FAX this completed form to Finance and Field Division at Headquarters to arrive no later than the 5th of each month.

- Finance Division, Financial Reporting Staff on (301) 763-4504
- Field Division, Decennial Administrative Branch on (301) 763-8107

U S C E N S U S B U R E A U

D-910, Receipt for Check

FORM D-910
(7-9-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

RECEIPT FOR CHECK
2010 Census

This receipt serves as acknowledgment that I have received a Travelers/ Convenience check in the amount of

_____ (Dollars) and _____ (Cents) ($ _____) for

the following reason:

- ☐ Advance salary check
- ☐ Replacement salary check
- ☐ Replacement salary payment (original salary check is lost or stolen)
- ☐ Advance travel expenses
- ☐ Other – *Explain*

_____

_____

By signing this form, I acknowledge that I have received a check for the above indicated amount. I also acknowledge that any advance salary or travel expenses may be collected from my next available salary check in the full amount.

Signature of Employee *Date*

_____ _____

Copy distribution: WHITE – Employee YELLOW – Regional Census Center

Topic 20: Cultural Facilitators

Procuring the Service of Cultural Facilitators

(Updated 4/6/10)

Each Census Bureau employee who requires the services of a cultural facilitator must discuss the need with his or her supervisor prior to entering any agreement with any cultural facilitator. The supervisor and the employee must agree on:

- The use of a cultural facilitator is a necessity, and
- The length of time for which the cultural facilitator will be used.

After the employee's supervisor has approved the use of a cultural facilitator, the employee may secure the services of an individual by completing the following actions:

- Have the proposed cultural facilitator complete an Employment Eligibility Verification Form, Form I-9, if the cultural facilitator services will exceed more than a single occurrence or will be paid by convenience check.

The Form I-9, Employment Eligibility Verification (Appendix H, Page H-154), must be completed for each individual being considered to provide facilitative services before any such services are rendered. This is to comply with INS requirements that no organization knowingly enter into any agreement that will utilize the services of individuals not legally entitled to work in the United States. The I-9 must be completed using the same procedures as those for Census Bureau employees. For individuals who use a translator or other assistance to complete the I-9, ensure that the person providing the assistance also completes and signs the proper Preparer/Translator certification box in Section 1. Cultural facilitative services will not be obtained from individuals who do not provide the information required to successfully complete the I-9.

Completing Form D-477, Contract for Interpreter Services

Complete Form D-477, Contract for Interpreter Services (Appendix H, Page H-149). Form D-477, is required to be completed by each individual whose service is procured as a cultural facilitator. Prospective cultural facilitators must sign the form and provide an address <u>and</u> a Social Security Number (SSN). If the person is unable to provide an SSN, he/she cannot be paid as a facilitator. Provide a copy of the Cultural Facilitator memorandum and sample D-477 to all crew leaders and field operations supervisors participating in this program.

The total remuneration for facilitative services will be equal to the total number of hours to be worked multiplied by the hourly rate of pay for an enumerator working in that area. Individuals providing facilitative services are NOT entitled to any other form of compensation (e.g., overtime pay, night differential) and will not be granted privileges reserved for Census Bureau employees.

The section "To Be Completed by Enumerator" will only be used when the enumerator or other Census Bureau employee pays the cultural facilitator with cash and is claiming this transaction as a reimbursement on the D-308. The supervising Field Operations Supervisor (FOS) must certify the D-477 by signing on the Assistant Manager for Field Operations (AMFO) signature line.

Weekly Summary of Hours Worked Spreadsheet

If the cultural facilitator is hired for more than one day, the employee should complete the Weekly Summary of Hours Worked Form in Attachment 3. A new Form D-477 must be completed weekly (**or less often depending on the number of days the services are rendered**) before any facilitative services are rendered. It will be the responsibility of the enumerator or crew leader to provide the D-477 each week to the facilitator and to ensure its accuracy and completeness. The enumerator or crew leader will forward the completed forms to his/her supervising FOS, who will certify and forward them to the AMFO or Assistant Manager for Quality Assurance (AMQA) in the Local Census Office for review. Upon approval, the AMFO/AMQA must initial the Weekly Summary of Hours Worked and the D-477 forms and give both forms to the AMA. The AMA should check for all required signatures and initials and then forward to the Regional Census Center (RCC) for processing.

Sending the D-477 and the Weekly Summary of Hours Worked to the RCC

Under normal situations, the total remuneration for the services to be rendered is to be determined at the time when the D-477 is finalized. However, given unique operational circumstances, it may be impossible to accurately determine the actual payment due until the end of the week. The enumerator/crew leader must therefore track the actual number of hours that the facilitator provides services and update the D-477 accordingly. The Weekly Summary of Hours Worked Spreadsheet must be copied and distribute to the field staff with the D-477, as appropriate. Transcribe the total hours onto the D-477 and attach the Summary sheet to the D-477. Both the enumerator/crew leader and the facilitator should initial the D-477 indicating that they acknowledge the revised remuneration amount. Reference page 5-106.

Both the D-477 and the Weekly Summary of Hour Worked Form are required to be sent to the RCC. The LCO Assistant Manager for Administration should send the documents to the RCC Administrative Coordinator. The RCC administrative staff will review both documents and prepare the payment, if required. (If the Census Bureau employee paid the cultural facilitator in cash, the RCC administrative staff will utilize the data for record keeping, but will not be required to issue payment.) This will ensure that the RCC has correct data for payment. This form will also help the RCC track total expenditures for facilitative services. (See RCC Administrative Record Keeping section below.)

Paying Cultural Facilitators

Cultural Facilitators may be paid in cash by the Census Bureau employee or with convenience checks. If an employee is able to pay the cultural facilitator with cash, the employee will only need to complete the D-477 for each cultural facilitator. The completed forms will be attached to the D-308 to provide documentation of payment for reimbursement purposes. The AMA should forward a copy of each D-477 to the Administrative Coordinator at the RCC for record keeping purposes.

Convenience Check Payment

Payment for cultural facilitative services may also be made by issuing convenience checks, for the amount on the Form D-477. All payments made by convenience checks must have the Form D-477 and the I-9 attached as documentation of payee information. It is the RCC Administrative Coordinator or other designated employee's responsibility to ensure payment is issued to the facilitator if convenience checks are the method of payment. The convenience checks for this program must be issued, recorded, and maintained according to current procedures for the Convenience Check Program. This program is limited to the monthly amounts established for the check approvers. This limit allows each check approver to authorize up to $5,000 per month in convenience checks. If a region would like to increase this amount, send an email with the name of the Convenience Check Writer and the amount of the increase requested to Richard Liquorie, and a copy to Viola Lewis Willis. The Decennial Administrative Branch staff will work with the Administrative and Customer Service Division to secure the increase.

Each region is responsible for maintaining a supply of checks. Contact Geraldine Carter, Decennial Administrative Branch, (301) 763-4899, if more checks are needed.

Weekly Summary of Hours Worked From ___/___/___ to ___/___/___
(Sunday) (Saturday)

Instructions: Fill this form for each day that the facilitator works if the facilitator works for the agency more than one time. At the completion of the week (or shorter work period), ensure that all the appropriate signatures are completed in the spaces provided. Attach this document to the D-477 and forward to your supervisor.

Day	Date	Number of Hours Worked
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total		

_____ _____
(Facilitators Signature) (Date)

_____ _____
(Supervisors Signature) (Date)

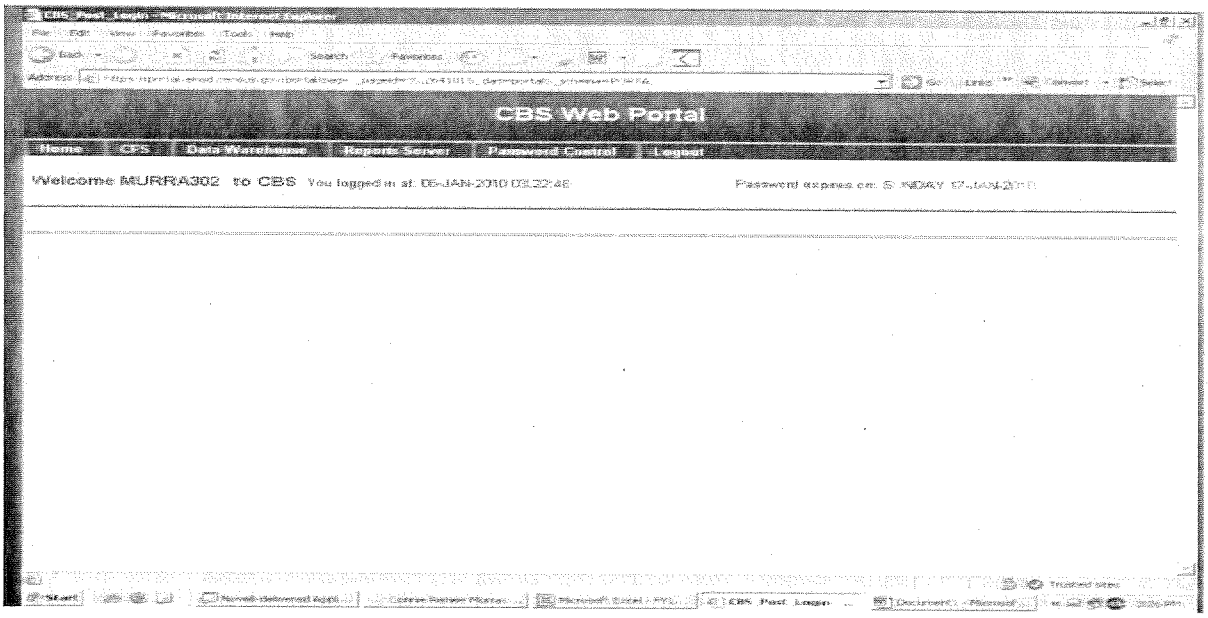
Record of Cultural Facilitator Payments

Name	SSN	Week 1 Earnings 03/28/10* to 04/03/10	Week 2 Earnings 04/04/10* to 04/10/10	Week 3 Earnings 04/11/10* to 04/17/10	Week 4 Earnings 04/18/10* to 04/24/10	Week 5 Earnings 04/25/10* to 05/01/10	Week 6 Earnings 05/02/10* to 05/08/10	Week 7 Earnings 05/09/10* to 05/15/10	Week 8 Earnings 05/16/10* to 05/22/10	Total Earnings

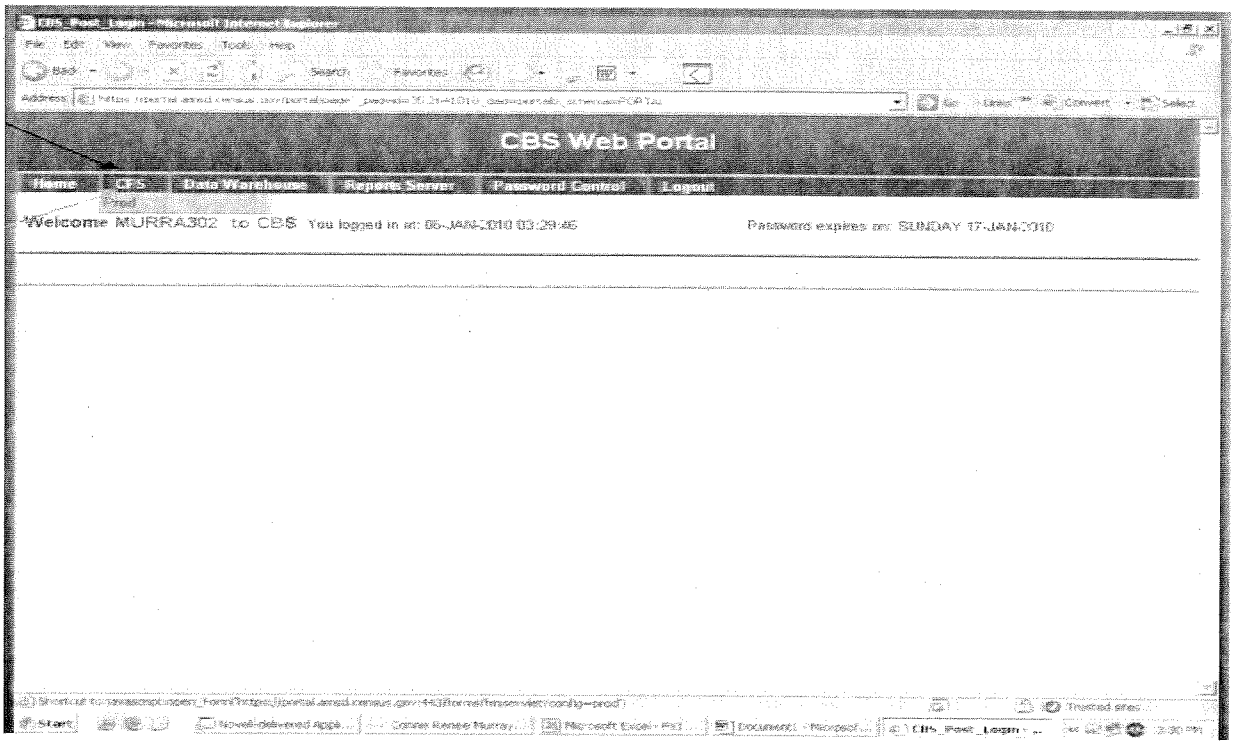
*Change Dates as necessary.

STEPS IN RECONCILING CONVENIENCE CHECKS FOR CULTURAL FACILITATORS

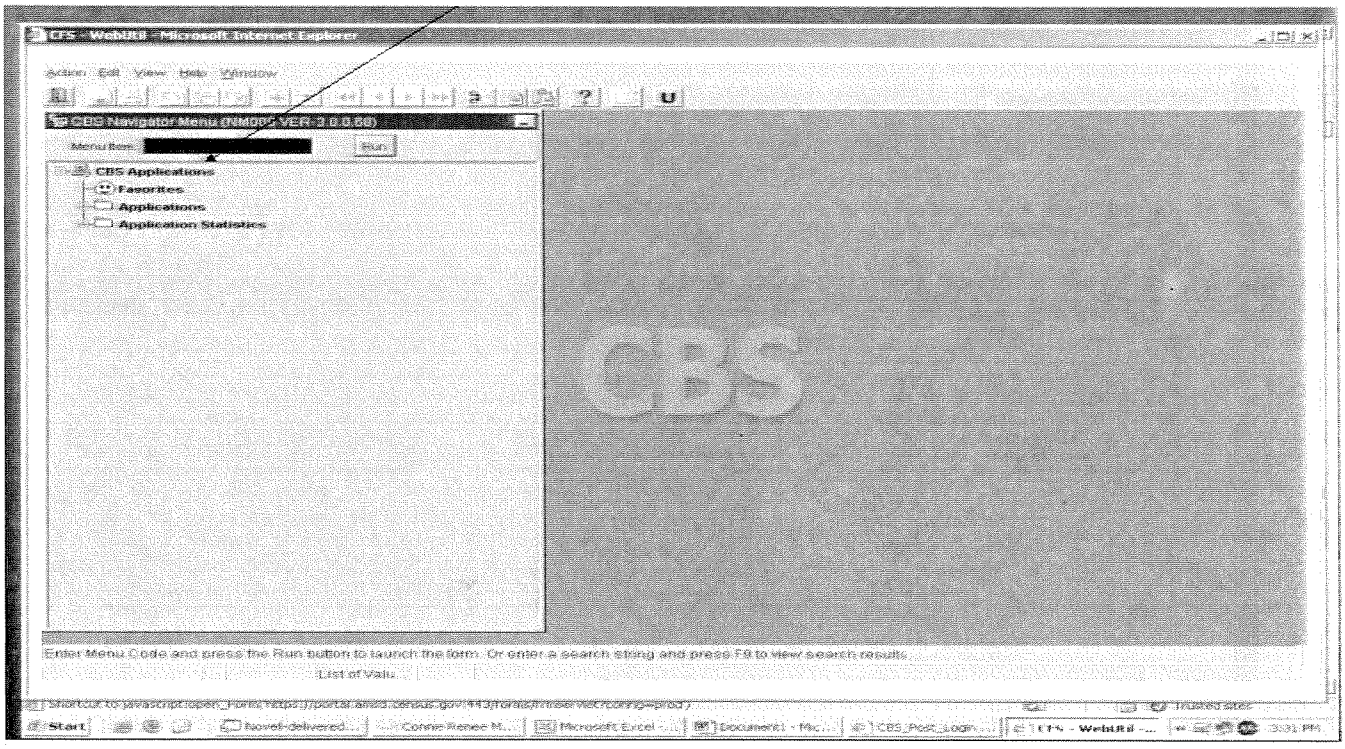
1. Log into the Web Portal



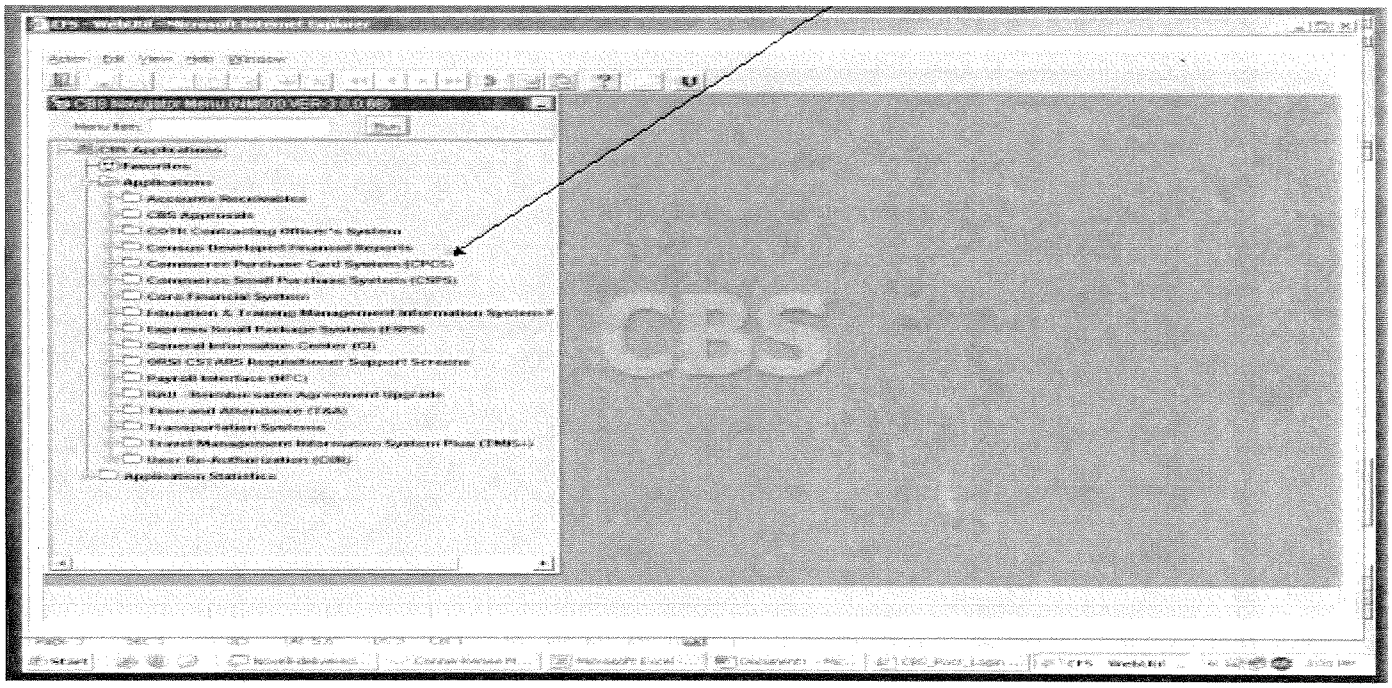
2. Click on CFS and then Prod



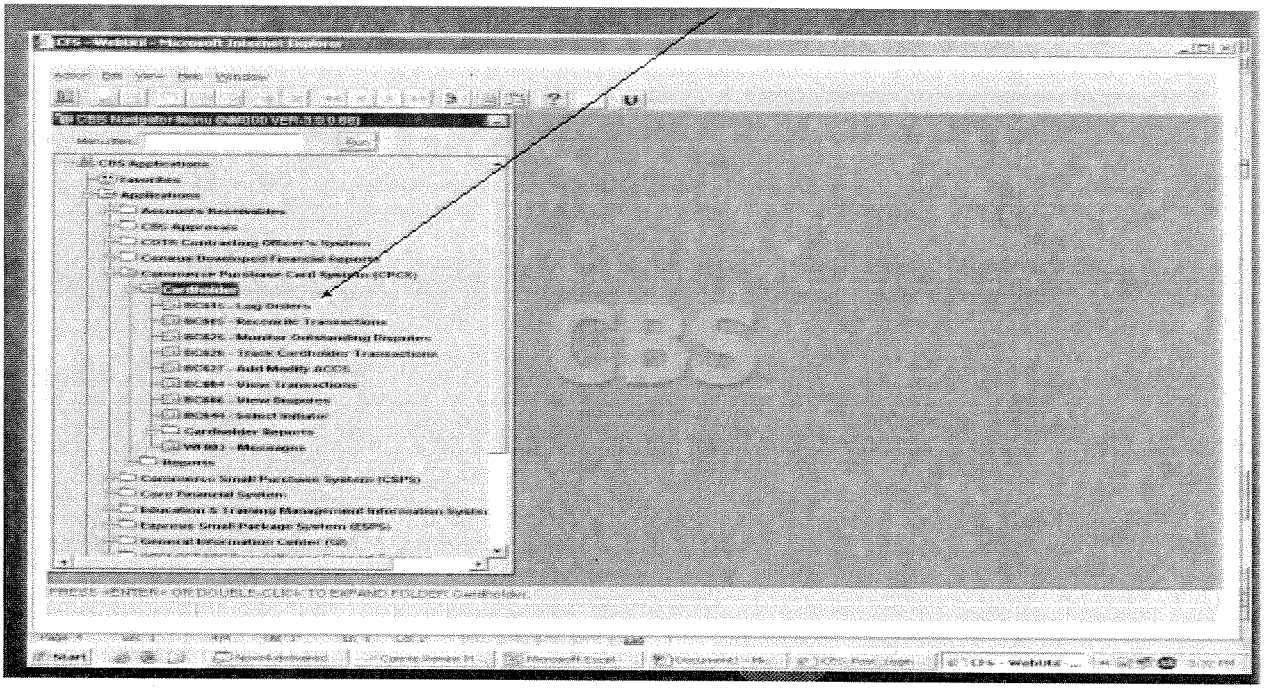
3. Double Click on "CBS Applications



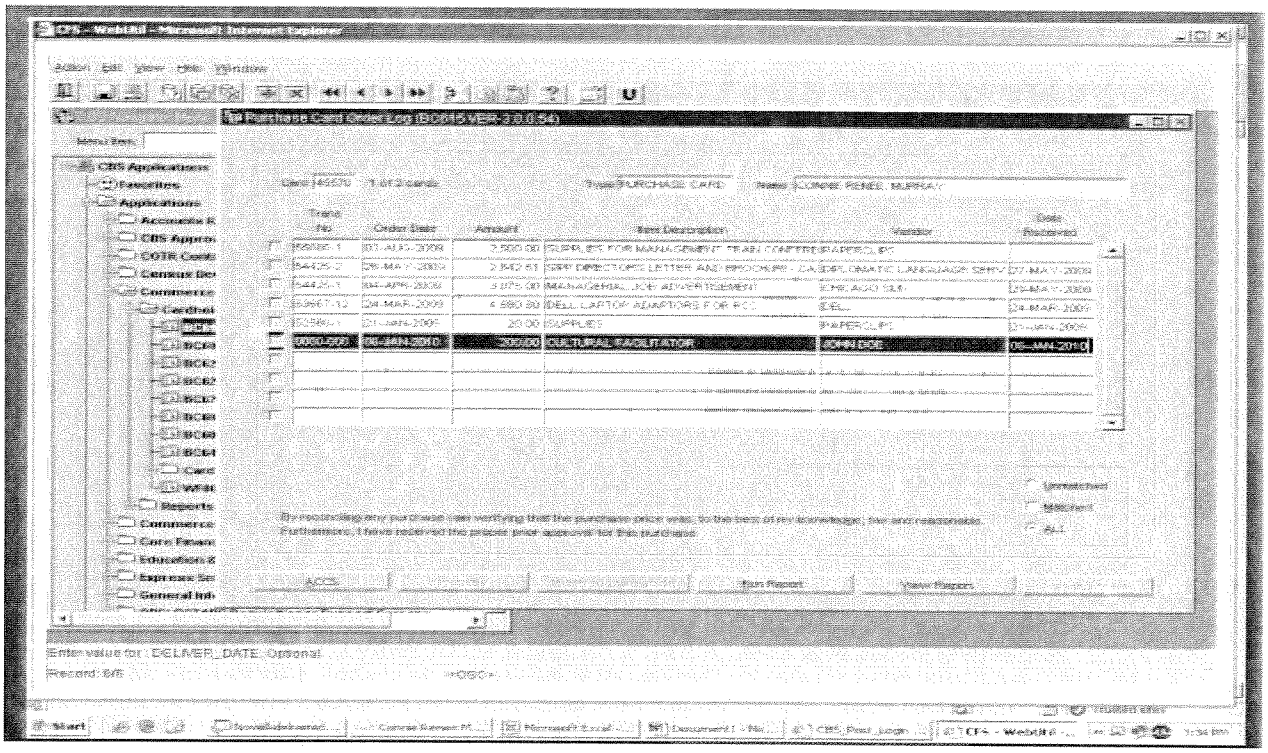
4. Double Click on "Commerce Purchase Card System



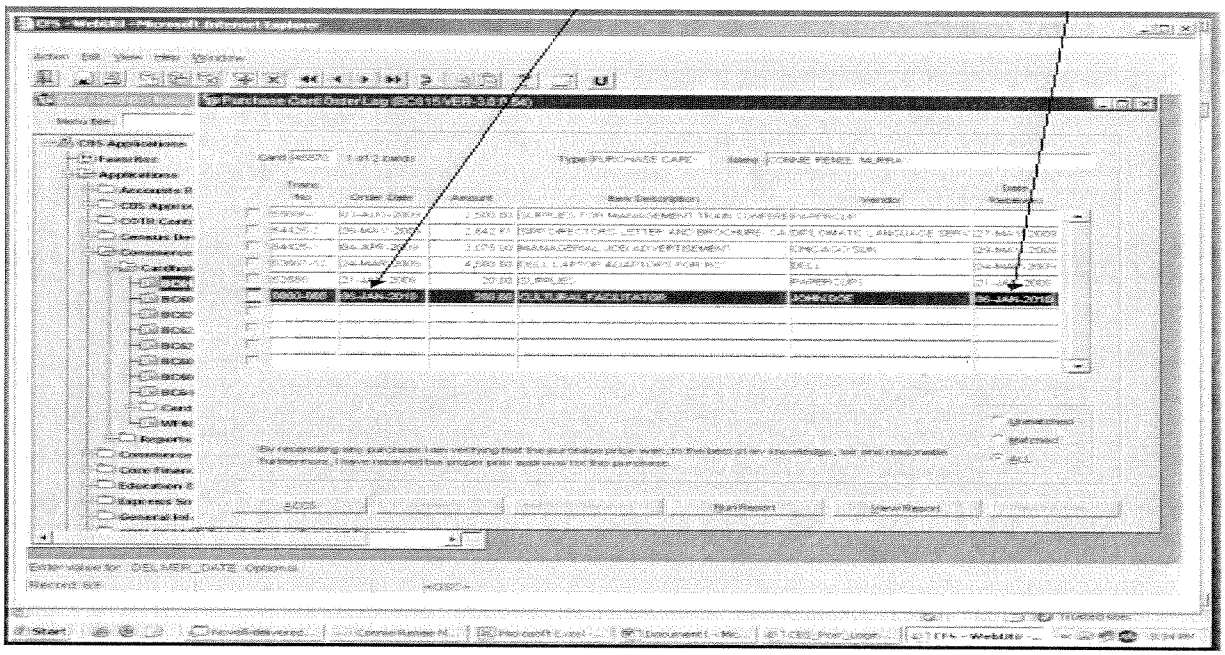
5. Double Click on "Log Orders"



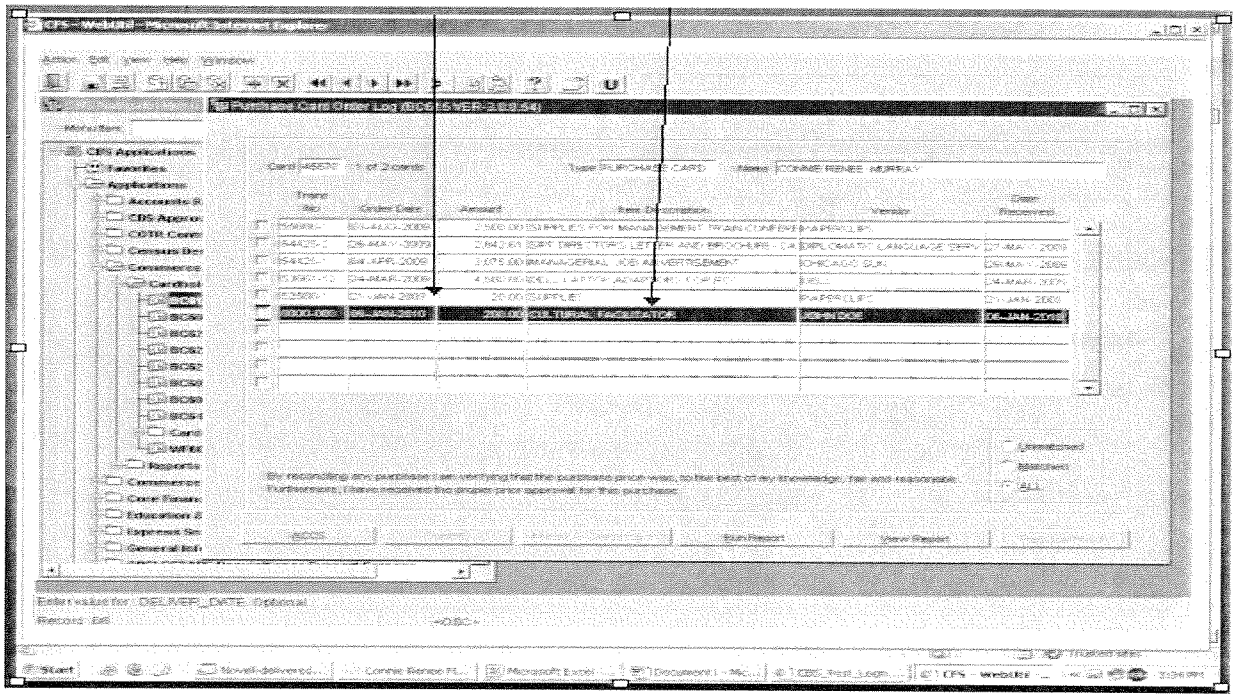
6. Double Click on "Log Orders" and the Purchase Card Log Order appears



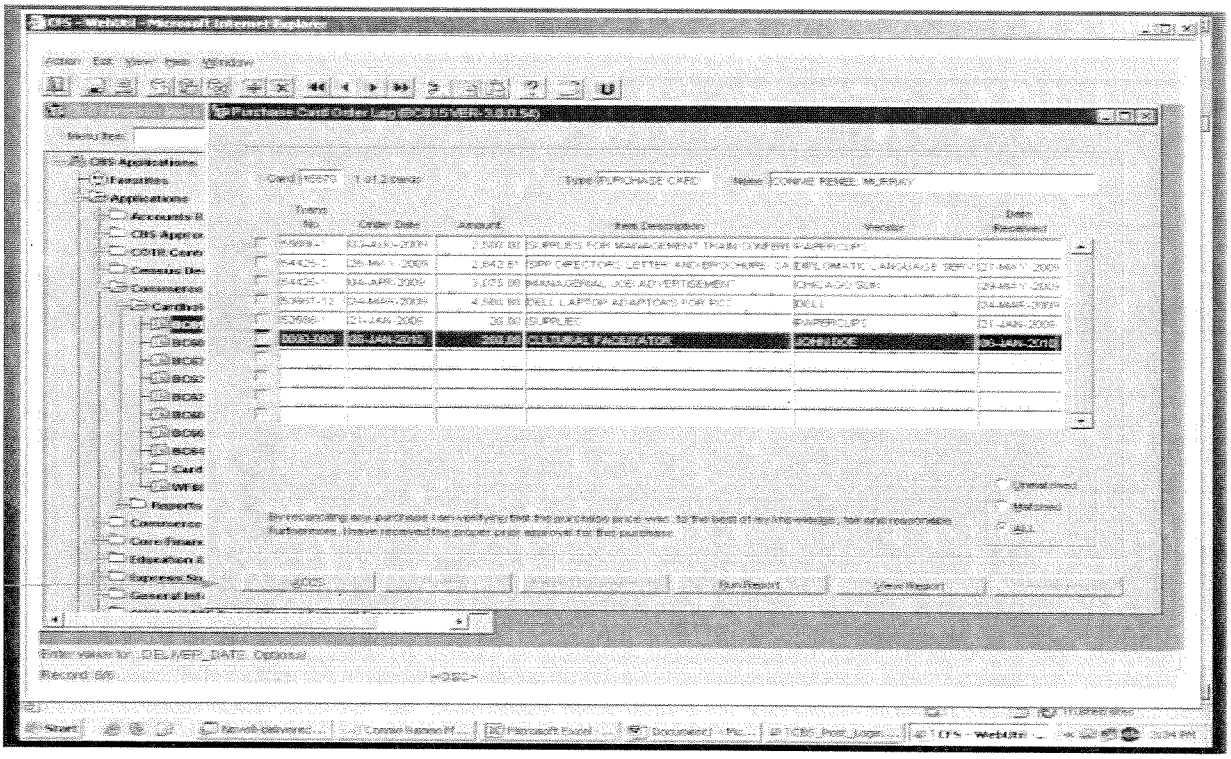
7. You need to enter your information on a row. Key items are Order Date and Date Received is the date the Convenience Check was written.



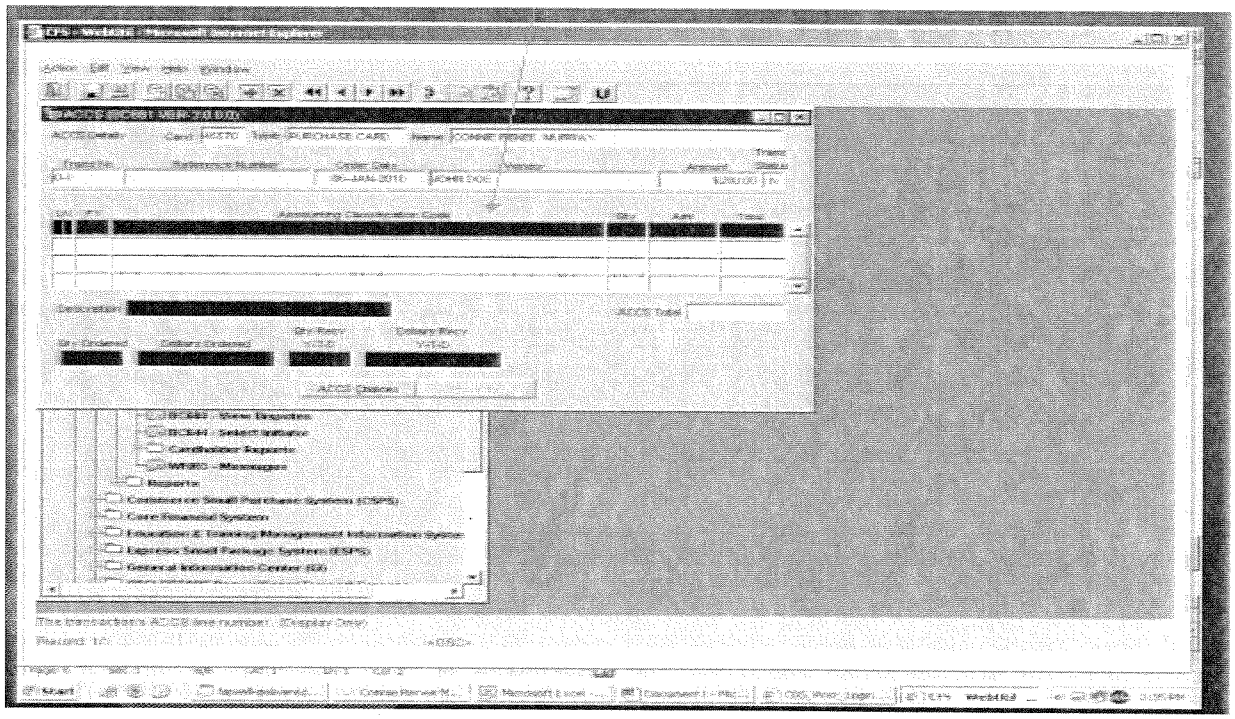
8. Amount equals the amount of the payment on the Convenience Check. Item Description is "Cultural Facilitator".



9. Click on the "ACCS" (Account Classification Code) button.



10. Enter the Project Number, Task Code and Object Class Code associated with the Operation for payment of Cultural Facilitator.



Chapter 6: Leave

Topic 1: Policy

General Policy

Employees should exercise their leave rights, benefits and privileges with reason and in accordance with the operating requirements of their organization.

For certain appointments, annual leave credits are earned as a matter of legal right. It is a matter of administrative discretion, however, as to when an employee is approved to use such leave.

Sick leave is a benefit which accrues to an employee and shall be authorized only for the purpose outlined in the Department of Commerce Leave Administration Handbook.

Employees may be granted other types of leave based on the merits of the justification submitted with the request and if granting the request will not interfere with the operating requirements of the employee's organization.

All references to the DOC Leave Administration Handbook can be viewed on the following website:

http://ohrm.os.doc.gov/Leave/idex.html

Employees Authorized to Earn Leave

All employees, appointed to a full-time or part-time mixed-tour of duty, are eligible to earn annual and sick leave. Employees who work a full-time schedule (80 hours per pay period) earn annual leave at the rate of 4, 6, or 8 hours per pay period (every 2 weeks) depending on the length of the employee's Federal service. The table on page 6-6 shows how full-time employees accrue annual leave.

Employees Not Authorized to Earn Leave

Because intermittent employees do not have a regular work schedule (hours and days fluctuate based on work requirements), they do not earn annual or sick leave.

Topic 2: Military Leave

Military Leave

Military leave is an approved absence from official duty, with pay, for an employee who is a member of the National Guard or a reserve component of the Armed Forces. Military leave is authorized for days which the employee is ordered to active duty or inactive duty training, or is engaged in field or coast defense training under 32 U.S.C. 502-505 and 5 U.S.C. 6323.

Military duty is any period of active duty for training or for service in the Armed Forces of the United States, or inactive duty training in the Armed Forces of the United States. Military duty also covers full-time training or other full-time duty performed by a member of the National Guard under 32 U.S.C. 316, 503, 504, and 505, and inactive duty training performed by a member of the National Guard under 32 U.S.C. 502 or 37 U.S.C 206 or 1202.

Leave of absence for military duty means military leave, annual leave, accrued compensatory time, leave without pay, or any combination of these, depending on the circumstances and nature of the military duty.

Reservists and members of the National Guards are entitled to leave without pay if necessary, to perform military training duties.

Due to the current war, military leave keeps evolving. To ensure correct usage of military leave please contact HR regarding any military leave decisions.

Eligibility for Military Leave

Any full-time and part-time employee meeting the following requirements is entitled to military leave:

a. is a member of a Reserve component of the Armed Forces or the National Guard;
b. is serving in a permanent, temporary indefinite, temporary pending establishment of a register (TAPER), or term appointment; and
c. if part-time, has a scheduled tour of duty between 16 and 32 hours per week (as defined in 5 U.S.C. 3401(2)).

Employees with temporary appointments of less than one year, with temporary appointments not to exceed one year, or with intermittent work schedules are not entitled to military leave.

An employee's eligibility for military leave is not dependent on return to duty in his/her civilian position (37 Comp. Gen. 608).

Topic 3: Court Leave

Court Leave Definitions

Court leave is an approved absence from official duties, without loss of or reduction in pay or leave, and is provided to an employee who is summoned, in connection with a judicial proceeding, to:

a. Perform jury duty in a federal, state, or municipal court; or
b. Serve as a witness, in a judicial proceeding, in a nonofficial capacity, in which the United States, the District of Columbia, or a state or local government is a party.

A witness is a person who appears before a court or other public body to testify or to produce evidence.

Summoned does not connote any necessity for a subpoena, but does intend that the summons be an official request, invitation, or call, evidenced by an official writing from the court or authority responsible for the conduct of the judicial proceeding, thus ruling out strictly voluntary appearances from court leave coverage.

Judicial proceeding means any action, suit, or other proceeding of a judicial nature, including any condemnation, preliminary, informational, or other such proceeding, but does not include an administrative proceeding.

Eligibility for Court Leave

Both permanent and temporary employees, and both full-time and part-time employees with a regular tour of duty, are entitled to court leave.

Substitute, part-time or intermittent employees without a regular tour of duty are not entitled to court leave. However, an employee appointed on a part-time or intermittent basis, who has a regularly scheduled tour of duty, may be granted court leave for jury duty or witness service performed during his or her tour of duty, where the employment covers a protracted period under a continuing, established work schedule.

Employees such as substitute, part-time or intermittent employees without a regular work schedule, may be granted any annual leave to which they are otherwise entitled, or may be granted leave without pay, for any absence from duty for jury duty or witness

service.

If an employee's absence is properly chargeable to court leave, he or she may not elect at the time, or at a later date, to have the absence charged to annual leave.

Jury Duty Fees

An employee whose compensation and leave are protected by law from reduction on account of jury duty, is prohibited from receiving compensation for such service in any court of the United States for any period of jury duty for which the employee would have been in a pay status in his or her Federal position.

Witness Service Fees.

An employee who testifies on behalf of the United States or the government of the District of Columbia is not paid witness fees, except that an employee on leave without pay for the entire period of witness service on behalf of the Federal government may accept and retain witness fees (10 Comp. Gen. 329).

Topic 4: Annual Leave

Purpose

Annual leave is a period of approved absence with pay from official duties, typically vacation or other personal reasons.

An employee may receive donations of annual leave from fellow employees and employees of other agencies, and may donate annual leave to employees of this and other agencies through the leave transfer program.

An employee may receive donations of annual leave from pooled donations from fellow employees and employees of other agencies if adversely affected by a major disaster or emergency, as declared by the President, that causes severe hardship to the employee or family member to such a degree that the employee's absence from work is required.

Responsibilities

Annual leave is an employee benefit and accrues automatically. All employees are expected to use their annual leave judiciously. Supervisors have the discretion to decide when and in what amount annual leave may be approved. This decision should weigh the needs of the workplace with the desires of the employee.

Employees may be required to request leave several days to several weeks in advance of the time they wish to take it so that work can be scheduled and the leave plans of other employees coordinated. Unless overtaken by events, an employee is responsible for "calling in" to their supervisor and reporting an emergency that will require unplanned absence.

If the supervisor determines that the needs of the work unit preclude a grant of leave, or if the reasons expressed by the employee for absence are not acceptable, the supervisor may order the employee to report to duty. In such instances, the supervisor at his or her discretion may grant sufficient time on approved leave to reach the worksite or charge all or part of the absence to AWOL.

Applying for Leave & Application for Leave

Except for the Office of Personnel Management's Forms 1637 and 1638 (Application to Become a Leave Recipient Under the Emergency Leave Transfer Program and Request to Donate

Annual Leave Under the Emergency Leave Transfer Program, respectively), the OPM-71, Request For Leave or Approved Absence is the only form authorized by the Department for requesting and approving leave. An employee MUST submit an OPM-71 when any sick or annual leave has been taken. The employee's initials and the supervisor's certification on the Time and Attendance Report will be sufficient to indicate approved leave taken. Note that the OPM-71 must be used to invoke entitlement to Family and Medical Leave and OPM forms 1637 and 1638 (Application to Become a Leave Recipient Under the Emergency Leave Transfer Program and Request to Donate Annual Leave Under the Emergency Leave Transfer Program, respectively). And, it must be used to apply for and receive annual leave donations under the Emergency Leave Transfer Program.

Accrual of Annual Leave

Full-time employees on a common tour of duty. All full-time employees assigned to an 80-hour tour of duty shall earn and be credited with annual leave for each full biweekly pay period in accordance with 5 U.S.C. 6303 as follows:

YEARS OF SERVICE	ALL OTHER PAY PERIODS	LAST PAY PERIOD OF THE CALENDAR YEAR
Up to 3	4 hours	4 hours
3 to 15	6 hours	10 hours
15/over	8 hours	8 hours

Part-time employees. Part-time employees for whom there has been established in advance a regular tour of duty on one or more days during each administrative workweek shall earn and be credited with annual leave in proportion to the hours worked for each full biweekly pay period as follows:

YEARS OF SERVICE	ALL OTHER PAY PERIODS	LAST PAY PERIOD OF THE CALENDAR YEAR
Up to 3	20 hours	1 hour
3 to 15	13 hours	1 hour
15/over	10 hours	1 hour

Maximum Accumulation of Annual Leave

Except as provided in this paragraph, the maximum amount of annual leave which a full-time or part-time employee may accumulate and carry forward to a succeeding year may not exceed 30 days (240 hours) at the beginning of the first complete biweekly pay period occurring in any year.

Scheduling and Granting Annual Leave

Supervisors should consult with employees about their vacation plans not later than March 1 of each year in order to make up a vacation schedule which accommodates the employees' preferences and the needs of the organization. Form CD-425, Leave Analysis Chart, or a comparable schedule may be used to record approved vacations and other anticipated periods of absence such as absence for military training. When an employee does not take leave as scheduled, it should be rescheduled promptly in order to avoid the risk of leave forfeiture.

As a matter of Federal regulation (5 CFR 630.308), annual leave which is not scheduled and approved, specifically and in writing, before the start of the third biweekly pay period which precedes the end of the leave year may not be restored regardless of illness or work-load which precluded its being used. No later than October 1 of each year, operating units should call to the attention of their employees the statutory leave forfeiture requirements. Excess leave which is not timely scheduled may be approved for use late in the leave year as the work situation may permit; but if forfeited, there can be no consideration of restoring such leave. An employee's failure to request the use of excess annual leave, or voluntary failure to use any excess annual leave that was approved, will be considered to be by the employee's choice and the leave will not be restored.

Special Leave Procedures

When an employee appears to be misusing the procedures for request and approval of leave (for example, by chronic requests for unplanned emergency leave under dubious circumstances), the employee may be required to comply with special leave procedures more stringent than those applied to other employees. For example, the employee may be required to notify the leave-approving official personally of an unanticipated absence, or to document with evidence any unscheduled, emergency absences. An employee who is placed on special leave procedures must be notified in writing, in advance, of the procedures and their duration, and the possible results of non-compliance. A supervisor considering leave restrictions is encouraged to consult

with their servicing HRO before taking such action.

Lump-Sum Payment for Annual Leave

Employees who separate from the agency will be paid compensation of any unused annual and restored annual leave.

Topic 5: Sick Leave

Purpose

Sick leave is authorized when an employee:

- is incapacitated for duty as a result of physical or mental illness; injury, pregnancy or childbirth;
- receives medical, dental, or optical examinations or treatment;
- would endanger the rest of the workforce by being present on the job after exposure to a contagious disease as determined by a health care provider or public health authorities;
- makes arrangements necessitated by the death of a family member or arranges for the funeral of a family member, including ceremonies up to one year after the death;
- provides care for a family member (1) who is incapacitated as a result of mental or physical conditions, including pregnancy, childbirth and before/after care of the mother; (2) who requires assistance to medical, optical, dental examinations or treatments; or (3) with a serious health condition.
- adopts a child;
- participates in a drug or alcohol counseling program, or other counseling program which is under the auspices of a licensed practitioner and which has been prescribed as treatment by a licensed practitioner; or
- requires time to replace or repair a prosthetic device, or train in the use of an aid, e.g., a seeing eye dog.

General Family Care or Bereavement

Basic entitlement

A full-time employee may use up to 104 hours (or 13 days) of sick leave in any leave year for the general care of a family member or for bereavement. A part-time employee or an employee with an uncommon tour may use leave in an amount equal to number of hours of sick leave he/she normally accrues during a leave year.

Advanced leave

A supervisor may advance a maximum of 30 days of sick leave to a full-time employee at the beginning of a leave year, or at any time thereafter, when required by the exigencies of the situation for a serious disability or ailment of the employee or a family member or for purposes relating to the adoption of a child. A maximum of 13 days of sick leave per leave year may be advanced to a full-time employee for general family care or bereavement purposes. A part-time employee or an employee on an uncommon tour of duty may be advanced sick leave prorated based on the number of hours in the employee's regularly scheduled administrative workweek.

Family member

A family member includes the employee's: 1) spouse, parents, and spouse's parents; 2) children, including stepchildren and adopted children, and their spouses; 3) brothers and sisters, and their spouses; and 4) anyone related by blood or affinity whose close relationship with the employee is the equivalent of a family relationship.

Expanded Family Care for a Serious Health Condition

Basic entitlement

A full-time employee may use up to 12 weeks (or 480 hours) of sick leave in any leave year for care of a family member with a serious health condition, if the employee maintains an 80-hour sick leave balance. A part-time employee or an employee with an uncommon tour may use sick leave in an amount equal to 12 times the average number of hours of work in the employee's scheduled tour of duty each week. Part time employees or those with an uncommon tour of duty must maintain a sick leave balance equal to twice the average number of hours in the scheduled tour of duty each week. Any portion of the 13-day maximum limit of sick leave used for general family care or bereavement in a leave year must be deducted from the 12-week entitlement for expanded family care.

Serious health condition

A serious health condition has the same meaning used under the Family and Medical Leave Act (FMLA) of 1993. This includes conditions such as cancer, heart attacks, heart bypass or valve

operations, strokes, severe injuries, kidney dialysis, Alzheimer's disease, clinical depression, mental conditions that require impatient care or continuing treatments, pregnancy and childbirth. Sick leave may not be used under this heading for bonding or to care for a healthy newborn and is only granted for the period of the mother's incapacitation. Serious health conditions do not cover short-term conditions for which treatment and recovery are very brief nor conditions such as the flu, common cold, earaches, routine dental or orthodontia problems, etc., unless complications arise.

No accumulation

The amount of accrued sick leave which can be authorized for general family care and bereavement or for expanded family care is the same in any leave year. Sick leave which is not used for these purposes in one leave year does not increase the amount available for the same purposes in the following leave year.

Sick leave and FMLA

An employee may substitute sick leave for a period of unpaid leave under the FMLA for the purposes and in the amounts that it would otherwise be available under this heading. When sick leave is substituted under FMLA, it does not extend the employee's leave entitlement or change any management or employee right or responsibility regarding documentation of leave, medical certification, notice and approval for use of leave, etc. An employee may use up to 12 weeks of accrued sick leave for care of a family member with a serious health condition and then also invoke entitlement to 12 weeks of unpaid absence (LWOP) under the FMLA to care for a spouse, son or daughter, or parent with a serious health condition.

Sick leave and the Leave Transfer Program

Before being credited with donated annual leave, employees who have requested leave donations to cover personal illness must use all their own annual and sick leave and have unpaid absence of at least 24 hours. By comparison, effective June 20, 2000, full-time employees who request leave donations to care for a family member with a serious health condition must first exhaust sick leave equal to their "basic entitlement" (i.e., 12 weeks for a full time employee or their available sick leave up to 12 weeks) before receiving donated annual leave. Furthermore, they must use all annual leave to their credit and have unpaid absence of at least 24 hours before receiving donated leave.

Contagious Diseases

"Contagious disease" means a disease requiring isolation, quarantine, or restriction of movement of the patient for a specified period as prescribed or certified by a physician or local health regulations.

Entitlement

Sick leave may be granted consistent with the quarantine or isolation period required by the attending physician or local health authorities without regard to the employee-care giver's "basic entitlement" or maximum limitation under this Section when:

a. an employee is required to care for family member who is afflicted with a contagious disease; or
b. an employee would jeopardize the health of others by his or her presence at the workplace because of exposure to a contagious disease.

A residence does not actually have to be quarantined before sick leave may be granted to an employee who is taking care of a family member afflicted with a contagious disease. Rather, if the health regulations or authorities or a physician recognizes a limitation of freedom of the patient, then the disease is to be regarded as contagious and quarantinable. If the health authorities do not specify how long a patient should be isolated or movement restricted, then a certificate from a physician as to the period of isolation or restriction of movement will be sufficient to support a grant of sick leave to an employee. The determination as to whether a disease is considered contagious may not be made by a day care giver.

Requesting Sick Leave

Except in an emergency situation, sick leave should be requested and approved in advance using an OPM-71, Request for Leave or Approved Absence.

Requesting sick leave for general family care, bereavement or expanded family care

In order for the agency to comply with Office of Personnel Management reporting requirements, employees must request sick leave for general family care or bereavement or expanded family care using an OPM-71. The OPM-71 should be marked to indicate sick leave or advanced sick leave. The purpose of the leave, e.g., "general care/mother," "bereavement/mother," "expanded care/sister " should be shown in the "Remarks"

section. An employee who wishes to use sick leave for a period of unpaid leave invoked under FMLA to care for a family member must use the OPM-71.

Evidence of Entitlement

A supervisor may grant sick leave only when supported by evidence administratively acceptable. Regardless of the duration of the absence, a supervisor may consider an employee's certification as to the reason for his or her absence as evidence administratively acceptable. However, for an absence in excess of 3 workdays, or for a lesser period when determined necessary by a supervisor, the supervisor may also require a medical certificate or other administratively acceptable evidence as to the reason for an absence.

In all cases of sick leave used for family care, the supervisor may require medical certification (in addition to the OPM-71) about the family member's need for personal care and/or psychological comfort. In these instances, the heath care provider must certify that: (1) the family member requires physical and/or psychological care; (2) the family member would benefit from the employee's care or presence; and (3) the period of incapacitation the employee is needed to care for the family member. Unless otherwise indicated by a local collective bargaining or partnership agreement, the employee must provide the medical certification within 15 calendar days after the date the supervisor requests such certification. If it is not practicable under the particular circumstances to provide the requested evidence or medical certification within 15 calendar days after the date requested despite the employee's diligent, good faith efforts, the employee must provide the evidence or medical certification within a reasonable period of time, but no later than 30 calendar days after the date of the request. An employee who does not provide the required evidence or medical certification within the specified time period is not entitled to sick leave.

In all instances, it is incumbent upon leave-approving officials to determine that the circumstances of the absence justify a grant of sick leave.

Accrual and Accumulation of Sick Leave

Sick leave accruals are credited at the beginning of each pay period. Sick leave which is not used during the year in which it accrues shall accumulate without limitation and be available for use in succeeding years.

Full-time employees on a common tour of duty. All full-time employees assigned to an 80 hour tour of duty shall earn sick leave at the rate of one-half day (4 hours) for each full biweekly pay period for a total of 13 days (104 hours) per leave year.

Part-time employees. Part-time employees earn sick leave at the rate of one hour for each 20 hours in a pay status.

The formula to calculate a part-time employee's leave accruals considers the current pay period base time hours and overtime hours, as well as unapplied hours from the previous pay period. However, any hours in a pay status during a pay period in excess of the Department's basic work requirement (80 hours) or in excess of 40 hours in a workweek shall be excluded in the computation of earned leave.

Topic 6: Family Leave Policies

General

The Department of Commerce is committed to providing family friendly leave programs that strive to improve the quality of life by helping employees balance their indisputably linked work and family lives. The Department's goal to ensure a family friendly workplace begins by acknowledging our diverse, talented, and productive workforce, and by creating a work environment that recognizes the importance of employer involvement in maintaining strong, healthy families. To this end, the following Family Friendly benefits are available:

General Family Care or Bereavement

Basic entitlement. A full-time employee may use up to 104 hours sick leave in any leave year for the general care of a family member or for bereavement. A part-time employee or an employee with an uncommon tour may use leave in an amount equal to the average number of hours of work in the employee's scheduled tour of duty each week.

Family member. A family member includes the employee's: 1) spouse, parents, and spouse's parents; 2) children, including stepchildren and adopted children, and their spouses; 3) brothers and sisters, and their spouses; and 4) anyone related by blood or affinity whose close relationship with the employee is the equivalent of a family relationship.

Limitation on advanced leave

A supervisor may advance an employee sick leave equal to his or her basic entitlement (i.e., 104 hours for full-time employees) under this paragraph.

Expanded Family Care for a Serious Health Condition

Basic entitlement

A full-time employee may use up to 12 weeks (or 480 hours) of sick leave in any leave year for care of a family member with a serious health condition. A part-time employee or an employee

with an uncommon tour may use sick leave in an amount equal to 12 times the average number of hours of work in the employee's scheduled tour of duty each week. Any portion of the 13-day maximum limit of sick leave used for general family care or bereavement in a leave year must be deducted from the 12-week entitlement for expanded family care.

Serious health condition

A serious health condition has the same meaning used under the Family and Medical Leave Act (FMLA) of 1993. This includes conditions such as cancer, heart attacks, heart bypass or valve operations, strokes, severe injuries, kidney dialysis, Alzheimer's disease, clinical depression, mental conditions that require impatient care or continuing treatments, pregnancy and childbirth. Sick leave may not be used under this heading for bonding or to care for a healthy newborn and is only granted for the period of the mother's incapacitation. Serious health conditions do not cover short-term conditions for which treatment and recovery are very brief nor conditions such as the flu, common cold, earaches, routine dental or orthodontia problems, etc., unless complications arise.

Limitation on Advanced Leave

A supervisor may advance an employee sick leave for expanded family care purposes equal to his or her basic entitlement for sick leave for General Family Care or Bereavement (i.e., 104 hours for a full-time employee).

No accumulation

The amount of accrued sick leave which can be authorized for general family care and bereavement or for expanded family care is the same in any leave year. Sick leave which is not used for these purposes in one leave year does not increase the amount available for the same purposes in the following leave year.

Sick Leave and FMLA

An employee may substitute sick leave for a period of unpaid leave under the FMLA for the purposes and in the amounts that it would otherwise be available under this heading. When sick leave is substituted under FMLA, it does not extend the employee's leave entitlement or change any management or employee right or responsibility regarding documentation of leave, medical certification, notice and approval for use of leave, etc. An employee may use up to 12 weeks of accrued sick leave

for care of a family member with a serious health condition and then also invoke entitlement to 12 weeks of unpaid absence (LWOP) under the FMLA to care for a spouse, son or daughter, or parent with a serious health condition.

Sick Leave and the Leave Transfer Program

Before being credited with donated annual leave, employees who have requested leave donations to cover personal illness must use all their own annual and sick leave and have unpaid absence of at least 24 hours. By comparison, effective June 20, 2000, full-time employees who request leave donations to care for a family member with a serious health condition must first exhaust sick leave equal to their "basic entitlement" (i.e., 12 weeks for a full time employee or their available sick leave up to 12 weeks) before receiving donated annual leave. Furthermore, they must use all annual leave to their credit and have unpaid absence of at least 24 hours before receiving donated leave.

Unpaid Leave under the Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) of 1993, Public Law 103-3 ("the Act") is intended to promote the interests of the workplace and the family by providing unpaid leave with job protection to employees in certain specified instances. So, that they may address their own health needs or the needs of children or seriously ill or injured family members who require emotional, medical, and other types of support. FMLA leave differs from LWOP in that an employee who establishes eligibility may not be denied FMLA leave. It is a positive entitlement.

Leave Transfer Program

The Federal Employees Leave Sharing Act of 1988 (Public Law 100-566), the Federal Employees Leave Sharing Amendments Act of 1993 (Public law 103-103) (5 U.S.C. 6331-6340 and 6373), and Office of Personnel Management (OPM) regulations provide for a leave transfer program in which Department employees may voluntarily donate annual leave to other employees to cover periods of absence caused by medical emergencies.

Topic 7: Absence Without Pay

Definitions

Leave without pay (LWOP) is an approved temporary absence from duty in a non-pay status requested by an employee. The term does not cover a suspension, furlough, an absence for which leave has not been approved, or non-pay status during hours or days for which an employee would be compensated on an overtime basis.

Extended LWOP is a period of LWOP exceeding 30 calendar days.

Absence without official leave (AWOL) is a period of absence without pay for which the employee did not obtain approval or for which a request for leave is denied. AWOL is based on the supervisor's determination that no form of leave (annual, sick, LWOP, etc.) has been or should be approved for the absence based on existing evidence. AWOL can be converted to appropriate leave when a supervisor receives and is satisfied with documentation justifying the absence. AWOL is not disciplinary in nature, but may be the basis for disciplinary action.

Basic Premises

The authorization of LWOP is a matter of administrative discretion and may not be demanded by an employee, except that:

- Disabled veterans are entitled to LWOP, if requested, for medical treatment;
- Members of the armed forces reserves and National Guard are entitled to LWOP, if requested, when ordered to military training duties if the absence is not covered by military leave; and
- Employees are entitled to12 administrative workweeks of LWOP under the Family Medical Leave Act (FMLA), if supported by administratively acceptable evidence.

LWOP must be charged in increments of an hour unless an operating unit has a policy which permits leave to be charged in 15 minute increments.

LWOP will not ordinarily be granted to enable an employee to engage in other employment. However, employees may be granted LWOP in the unusual circumstance where there is a temporarily reduced need for their services and it is expected that

they will return to duty. An employee requesting LWOP to engage in outside employment must comply with applicable restrictions related to employee conduct and should be encouraged to seek advice from his or her agency ethics official.

Applications For LWOP

Request LWOP for 30 calendar days or less by an OPM-71. The employee's time and attendance reports will show the exact dates of LWOP.

For LWOP in excess of 30 calendar days or requests for extension of LWOP, which in total would exceed 30 calendar days, the supervisor must provide HR with a PARS action. If the LWOP request is made for health reasons, the employee may be requested to furnish a statement from the physician or other licensed health care practitioner indicating the need for the absence and the prognosis of the employee's ability to return to work at the end of the period of LWOP.

An employee's absence on extended LWOP and subsequent return to duty must be recorded in the Official Personnel Folder. The employing office must process a personnel action for each instance of extended LWOP.

Unpaid Leave For Family Friendly Purposes

Unpaid leave for family friendly purposes is LWOP which may be granted to an employee to help balance the demands of family and work. An employee may schedule and be granted up to 24 hours of LWOP in a leave year to:

- Attend school and early childhood educational activities that are directly related to the educational advancement of a child. This includes, but is not limited to, parent-teacher conferences, meetings with child-care providers, interviews for a new school or child-care facility, participation in volunteer activities which support a child's educational advancement, or school-sponsored activities. Employees who do not have children may request LWOP under this heading for participation in school activities deemed important to the educational advancement of a child, such as tutoring or attendance at school board meetings. "School" refers to elementary and secondary schools, Head Start programs, or child-care facilities;
- Accompany children to routine medical or dental appointments, such as annual checkups or vaccinations.

LWOP for these purposes is in addition to an employee's entitlement to sick leave for general family care; and

- Accompany elderly relatives to routine medical or dental appointments or other professional services that are directly related to the care of the elderly relative. This includes, but is not limited to, making arrangements for housing, meals, phone services, banking services, and other such activities. "Elderly relatives" refers to an individual related by blood or marriage to the employee. LWOP for these purposes is in addition to an employee's entitlement to sick leave for general family care and LWOP under the FMLA.

LWOP for general family care purposes differs from LWOP under the FMLA in that it is not a positive employee entitlement and may not be demanded by an employee. In addition, there is no employee right to substitute paid leave for unpaid leave used.

Absence Without Official Leave (AWOL)

When a supervisor determines that an employee's absence from duty has not been authorized and should not be charged as approved leave or excused absence, the employee's forfeiture of pay for the period of absence is not a disciplinary action, because the decision to be absent was made by the employee rather than by the supervisor. However, such periods of absence may be the basis for disciplinary action. A supervisor must consult with their HRO when proposing disciplinary action.

Topic 8: Restoration of Forfeited Leave

General

Heads of operating units may authorize restoration of annual leave (to eligible leave earning employees, including SES members), which is in excess of an individual employee's maximum accumulation for carryover into a new leave year when the forfeiture of leave is caused by illness, administrative error, an exigency (or extended exigency) of the public business. This authority may be redelegated subject to the following considerations:

a. In the case of forfeiture due to administrative error, the approving official must be one level higher in authority than the organization responsible for the error or its correction.
b. When an approving official has a personal interest in the decision either as a member of the immediate working unit affected or as a person who might benefit from the decision, that official shall dismiss himself or herself, and the decision shall be made by a higher level official.

Illness

Annual leave which was properly scheduled (or rescheduled) and approved for use before the end of the leave year and which must be forfeited solely because of an employee's illness occurring or lasting so late in the leave year that the leave could not be used shall be restored in the amount the employee was prevented from using.

Annual leave restored for this reason must be credited to a separate leave account and must be scheduled and used no later than the end of the leave year which ends two years after the date the employee is determined to be recovered and able to return to duty; otherwise it is again forfeited without the possibility of restoration.

For example, annual leave restored in February 2007 would have to be used before the end of the 2009 leave year.

An approving official shall not restore leave forfeited because of illness when:

a. the employee could have reasonably foreseen the absence which would preclude the use of excess annual leave as in planned surgery or therapy or normal maternity cases;
b. the employee neglects to reschedule annual leave not used because of illness;
c. an employee recovers soon enough to use excess annual leave; or
d. the illness was that of a family members and not the employees.

An employee retains the option to have an absence recorded as annual leave rather than sick leave but not retroactively. Where appropriate, a supervisor should remind a sick employee of this option when it appears that the employee may end the leave year with excess annual leave. The employee should be made aware of the value of saving the sick leave and the difficulty of having to use restored annual leave along with regular accrued leave in the year ahead. However, a decision to use sick leave which results in a forfeiture of annual leave will not preclude the employee from requesting restoration.

Administrative error

When by correction of an administrative error an employee's adjusted leave credits exceed the amount that could have been carried forward from past leave years, a statement of the circumstances must be prepared for the appropriate approving official. When that official is satisfied that restoration of excess leave is proper under the terms of this paragraph, the employee must be notified that all such excess leave is being credited to a leave account separate from his or her regular annual leave account. Annual leave restored for this reason must be scheduled and used no later than the end of the leave year which ends two years after the date the leave is restored, or it is forfeited without possibility of restoration. For example, annual leave restored in June 2007 by correction of administrative error would have to be used before the end of the 2009 leave year.

Administrative error encompasses such correctable matters as an incorrect determination as to previous service creditable for leave purposes; an inaccurate date for movement from one leave earning category to another; failure to maintain a proper leave ceiling for an overseas employee; a mistaken separation during

reduction in force; or a failure by a supervisor to act upon an employee's timely request for leave, which results in a forfeiture.

In the case of a former employee who would benefit from correction of an administrative error in his or her leave record, annual leave in excess of the individual's leave ceiling may be liquidated by a final lump sum payment under the following conditions:

a. The individual's last entitlement to a lump sum payment was as an employee of the Department, and the payment is based on the salary rate at that time. (If the individual was employed thereafter by another Federal agency under a leave system, correction responsibility falls to that agency); and
b. The individual (or someone acting in his or her behalf) must file claim for the lump sum payment within three years of discovery or notification of the error. (When the individual is unaware of this benefit, notice of entitlement to a lump sum payment and instructions as to how to claim it must be sent to the employee or survivor after the decision by the appropriate approving official.)

When it is clear that an administrative error occurred and that an adjustment of the leave should be made in favor of the employee or former employee, but official records are not available to determine the precise amount of annual leave to be restored, an approving official may make a reasonable estimate of such leave. Approving official must include in the record such official corroboration for the estimate as may be available.

Exigency of the public business

When leave scheduled and approved specifically and in writing before the start of the third biweekly pay period which precedes the end of the leave year is canceled because of an exigency of the public business without the opportunity of its being rescheduled before the end of the leave year shall be restored to a separate leave account in the amount that was forfeited. An approving official must determine that a true exigency of the service existed, that the cancellation of leave was necessary, and that the restoration of leave accords with procedural and regulatory guidance contained in this Section.

Annual leave restored for this reason must be scheduled and used no later than the end of the leave year which ends two years after

the date of termination of the exigency.

For example, if leave is forfeited at the end of 2006 because of an exigency which does not end until April 2007, the restored leave must be used by the end of the 2009 leave year.

An exigency of the public business may be considered to exist when the necessity requiring forfeiture of excess annual leave arises from circumstances which are beyond the control of the employees affected, which could not reasonably have been anticipated and which make it impracticable to substitute employees to get the work done, or not in the public interest to grant affected employees the use of excess leave. An exigency of the public business may not be deemed to exist solely because of the pressure of normal workloads, seasonal variations in work, or other situations which careful scheduling might obviate.

An obvious exigency may arise in connection with a natural disaster or other public emergency; it may arise, too, when a particular program encounters sudden public attention or importance, or when a specific project runs beyond its expected completion or is at some crucial phase at the end of the leave year. For an individual employee, an exigency may arise because of some unforeseen public business occurring toward the end of the leave year and preventing the planned use of the annual leave, e.g., a sudden call to jury duty, or a call to military duty to preserve public order.

Particular scrutiny should be given to proposals to restore leave to employees who have forfeited leave in recent years or who are still using leave restored after a previous forfeiture. Such proposals are not to be approved unless there is evidence that the employee made reasonable efforts to schedule and use annual leave throughout the year.

Requesting restoration of leave

Requests for restoration of annual leave must be made by CD-479, Request for Restoration of Annual Leave, or memorandum to the approving official. The CD-479 or memo must provide the following information:

- the reason leave was forfeited or could not be used (illness, exigency or extended exigency of the service) together with a concise explanation of the facts. In the case of correction of an administrative error, the memo or CD-479 shall provide a description of the error and the reasons it occurred, and a summary reconstruction of the employee's leave record;

- the dates and amounts of leave that were scheduled in the past leave year including the documents (or copies) on which the leave was requested and approved;
- the inclusive dates of the forfeited leave;
- the number of hours to be restored; and
- a schedule for use of the restored leave (along with regular annual leave).

The schedule should be specific enough to satisfy the approving official that repeated forfeitures will be unlikely.

A memo request for leave restoration must be endorsed by the employee's supervisor and contain signature blocks for the approving official's approval or disapproval of the request.

Approving Official Responsibilities

The approving official is responsible for ensuring that the documentation supporting the employee's request is proper and that it fully supports the approval or disapproval determination in accordance with provisions of law and regulation as outlined in this Section.

If the request for leave restoration is disapproved, the approving official shall put in writing his or her reason(s) for the determination. A copy of the CD-479 or memorandum and disapproval statement shall be returned to the employee via the employee's supervisor.

The Human Resources Office must be sent a copy of the CD-479 or memo approving restoration of leave so that the restored hours can be entered in the employee's automated leave record.

The files supporting requests for leave restoration are the responsibility of the approving official or a designee and will be maintained in accordance with the Privacy Act and General Services recordkeeping regulations.

Timeframes

Requests for leave restoration must be made as soon as administratively feasible, but not later than one year after the forfeiture of the annual leave. If the ending date of the exigency or illness is not known at the beginning of the new leave year, the approving official may approve restoration of the forfeited leave provisionally. If restoration of forfeited leave is approved during a continuing exigency, the employee may use restored leave before the exigency has officially ended.

Leave restored for more than one reason may be treated as a single block of restored leave except when the periods of such leave terminate in different leave years.

Forfeiture of Restored Annual Leave

Any restored annual leave unused at the expiration of the established time limits is forfeited and there is no further right to restoration. Administrative error may not be a basis to extend the time limit for the use of restored annual leave. This is true even if the error results in the failure to establish a separate leave account, set the date for expiration of the time limit or properly advise the employee of leave restoration rules.

Topic 9: Leave Transfer Program

Definitions

Available Paid Leave means accrued, accumulated, reaccredited and restored annual or sick leave. Available leave does not include annual or sick leave advanced to the employee or any annual or sick leave accrued while on donated leave that has not been transferred to the employee's regular leave accounts.

Leave Donor means an employee whose voluntary written request to transfer annual leave to the annual leave account of an approved leave recipient has been certified by his or her HRO. Leave donors must be employees of the Department unless one of the conditions later in this Section are met. Note that Presidential Appointees who have "frozen leave balances" may donate annual leave within stated parameters and limitations.

Leave Recipient means a current employee whose application to receive annual leave from the accounts of one or more donors has been authorized by the agency.

Medical Emergency means a medical condition of an employee or family member, including normal pregnancy and the period of confinement and recuperation associated with it, which is likely to require an employee's absence from duty for a prolonged period of time and substantial loss of income to the employee because of the unavailability of paid leave. Note that the period of absence for pregnancy is usually 6 weeks for a normal delivery and recovery or 8 weeks for a Cesarean section and recovery.

Substantial loss of income is defined as 24 hours of unpaid absence (or the anticipation of), or, in the case of part-time employees or those working an uncommon tour, at least 30 percent of the average number of hours worked in the employee's biweekly scheduled tour. Advanced leave is not to be regarded as available paid leave for purposes of making the substantial loss of income determination.

Eligibility

An employee's unpaid absence as a result of the medical emergency must meet the definitions as specified in the DOC's Handbook on Hours of Duty and Leave Administration, Section 17, Leave Transfer Program.

A potential leave recipient must:

- Complete Form CD-504 LF, Recipient's Leave Transfer Application indicating the hours to be donated. This may include an amount to liquidate an indebtedness for advanced annual or sick leave or retroactively substitute for periods of leave without pay which were directly related to the medical emergency;
- Provide a brief description, not to exceed 100 words, of the nature and severity of the medical emergency;
- Attach documentation of the medical emergency stating the medical condition, the prognosis, anticipated duration of the condition, and if it is a recurring one, the approximate frequency of the medical emergency.
- If the application is made on behalf of an incapacitated employee, the CD-504 must include a statement signed by the incapacitated employee or a member of his or her immediate family or other appropriate person (such as an individual with power of attorney), expressly authorizing the personal representative to make such application. The statement must indicate the relationship of the signer to the recipient.
- If the employee is caring for another person, the CD-504 must include a certificate from one of more health care providers specifying the medical condition of that person, the prognosis, anticipated duration of the condition, and if it is a recurring one, the approximate frequency of the medical emergency.
- For an application to be considered for approval, an employee or a personal representative must submit the application within 30 calendar days of the termination of a medical emergency. This means, the RCC Supervisors will need to receive the completed application prior to the 30 day deadline.

Disposition of Application to be a Recipient

RCC Supervisory Responsibilities. RCC supervisors must approve program participation for all LCO leave earning employees. Consistent with responsibility for leave approval, supervisors are responsible for reviewing a potential recipient's application to ensure that:

- medical emergency exists,
- the substantial loss of income criterion of eligibility has

been met or will be met by the time donated leave might be available,

- the medical certification is attached and that the application is otherwise complete,
- the amount of time which the employee wishes covered by leave donations is consistent with the absence which the health care provider says is required,
- completed forms are forwarded to:

Bureau of the Census
HRD Call Center
Pay, Benefits and Services Branch, 2J432
ATTN: Shynika Butler
4600 Silver Hill Road
Suitland, Maryland 20746

Within 10 working days of receipt of a complete application package, HRD will notify the applicant and the applicant's leave-approving official in writing whether the application satisfies all program requirements. Reasons are provided when an application is deemed not to satisfy requirements.

Notices will inform eligible applicants of the right and responsibility to seek leave donors.

Application to be a Donor

Employees, who wish to donate a specific number of hours of annual leave to the leave account of a named recipient, must complete a CD-505 LF, Donor's Leave Transfer Application, and submit it to the recipient's RCC Supervisor. Donation of annual leave must be made in whole hour increments.

Disposition of Application to be a Donor

The prospective donor's RCC Supervisor must review the donor's application to determine that the:

- donor's application is complete, signed and dated,
- donor has sufficient leave, including restored annual leave to make the donation,
- completed forms are forwarded to:

Bureau of the Census
HRD, HR Call Center
Pay, Benefits and Services Branch, 2J432
4600 Silver Hill Road
Suitland, Maryland 20746

The donor must be notified of the decision on the application within 15 work days of its submission. Notices denying the donation must state the reasons for the denial.

Leave Recipient Status Reports

Leave recipients must notify their leave-approving officials on the status of their medical emergencies at 3-month intervals. If required by the leave-approving official, the recipient must provide certification by a physician of the expected duration of the continuing medical emergency. The status reports must be forwarded by the leave-approving official to HRD for inclusion in the leave transfer file. If a leave recipient is incapacitated and cannot submit the report, his or her personal representative may do so.

Restoration of Unused Leave

If, at the end of a medical emergency, unused transferred leave remains in the recipient's donated leave account, HRD must arrange to have the leave returned to the donor's accounts.

Accruals of Annual and Sick Leave While on Donated Leave

A leave recipient accrues annual and sick leave while on donated leave just as any employee does who is in a pay status and subject to the Leave Act. By law, these leave accruals must be set aside until a maximum of 40 hours each has accumulated or, in the case of a part-time employee or employee on an uncommon tour, until the average number of hours in the employee's weekly tour of duty have accumulated. Leave in an employee's set aside accounts must be maintained separate from donated leave, regular leave or restored leave. In the case of an employee caring for a family member, set aside sick leave must be separate from any sick leave the employee was not required to use for care of the family member. There is no exception to the regulation which requires set aside of leave accruals while an employee is on donated leave.

Under law, set aside leave must be transferred to the employee's regular annual and sick leave accounts when the medical emergency ends or when the employee has temporarily exhausted donated leave, whichever event occurs first. Leave which is released to the employee's use from a set aside account may be used for any purpose for which available leave might be used normally including for a personal day of leave or to make up

Time in Pay status under an Unscheduled Leave Policy.

Employees may use their set aside leave, even if they have not reached the 40-hour maximum, when they have temporarily exhausted donated leave. These employees will continue to accrue the set aside leave up to the 40-hour maximum. However, once an employee's maximum set aside accounts are emptied, leave accruals may not be set aside in any amount for the same emergency again.

Termination of Personal Emergency

Leave recipient status ends:

- on the date set forth on the application for donated leave;
- at the end of the pay period in which the leave recipient or his or her personal representative notifies the supervisor and the HRO that his or her medical emergency is over;
- when the leave recipient's Federal employment is terminated (resignation, retirement, or death);
- at the end of the biweekly pay period in which the Department is notified of OPM's approval of the leave recipient's application for disability retirement; or
- at the end of the pay period in which the leave recipient's HRO determines, after written notice to the employee and opportunity for the employee or the employee's representative to respond orally or in writing, that the leave recipient is no longer affected by a medical emergency.

Disposition of Leave Accruals

Any annual or sick leave accrued by a leave recipient while using donated leave which has not been exhausted when the medical emergency ends will be transferred from the employee's set aside accounts to the employee's regular leave accounts. This transfer will be effective the first pay period beginning after the medical emergency ends.

When a medical emergency ends due to termination of the leave recipient's employment as a result of resignation, retirement, death, any annual or sick leave accrued by a leave recipient while using donated leave which has not been exhausted and which remains in the employee's set aside accounts shall not be credited to the employee for any purpose.

Restoration of Donated Annual Leave

Any donated annual leave, including donated restored annual leave, remaining to the credit of a leave recipient when the medical emergency ends must be restored to the annual leave accounts of all leave donors unless specified below. If the number of donors eligible for restoration exceeds the number of hours of annual leave to be restored, no donated leave is restored.

The amount of unused donated annual leave to be restored to each donor must be determined as follows:

- divide the number of hours of unused transferred annual leave by the total number of hours of annual leave transferred to the recipient from all donors who are not excluded from consideration.
- multiply the result by the number of hours of annual leave transferred by each donor not excluded from consideration.
- round-down the result to two places after the decimal period and restore the leave to the nearest quarter hour to those donors not excluded below.

Owner: bryne002.AMSD.ADNET.HQ.CENSUS
Job Name: Microsoft Word - Chapter 7 Travel.doc
Submitted: 8-20-10 11:48:55 am
www.novell.com/iPrint

Chapter 7: Travel

Topic 1: Travel for RCC and LCO Employees

General

All RCC and LCO employees who will travel either local or on temporary duty are **required** to perform travel within the guidelines of the Federal Travel Regulations (FTR). Expenses, incurred while on official Government business, must be kept to a minimum. Claims for purchases of items are reimbursable only after approval by the supervisor. Travel, either locally or out of town, by U.S. Census Bureau employees is limited to travel for official government business. The traveler is responsible for performing travel in the most efficient and economical manner and to be familiar with the travel regulations covering any expenses for which a claim will be filed. The traveler is also responsible for submitting claims for expenditures after the completion of travel with his/her current time sheet.

Travel Orders

Updated 01/2010

The CD-29, Travel Order, is the official documentation that authorizes travel for Census employees on official government business. Travel orders cover either a specific itinerary (Single Trip) or unspecified points within a given area (Blanket Travel Order).

Official Government travel is authorized on the CD-29, Travel Order. The Assistant Regional Census Manager (ARCM) is the approving official and the Regional Director (RD) is the authorizing officer on the CD-29.

Blanket Travel Order

The Blanket Travel Order is prepared outside of TMIS+. The blanket travel order is prepared by fiscal year, (October 1 through September 30) and will authorize official government travel. (See Illustration 7-2, for a sample of the Blanket Travel Order.)

The criteria for establishing a Blanket Travel Order are:

- The traveler has predictable patterns of travel costs which can be estimated monthly with a reasonable degree of accuracy, or

- The traveler must travel two or more times per month and/or on short notice.
- Travelers on the Blanket Travel Order may not begin a trip without obtaining prior approval from the ARCM.
- Expenses incurred for employees paid through the National Finance Center (NFC) are recorded on the BC-27A, Field Employee's Reimbursements Expenses and processed using WebTA. Reimbursements will be included in the employee's biweekly paycheck.

Expenses incurred for LCO intermittent employees are paid through the Decennial Applicant Personnel and Payroll System (DAPPS). Reimbursement will be included in the employee's weekly paycheck. (Refer to the D-501 for more information.)

Preparing Single Trip Travel Orders

A separate travel order must be prepared for any employee who is not included on the blanket travel order or who are infrequent travelers. This type of travel order is called a single trip travel order. A copy of the single trip travel order should be maintained in the administrative files. (See Illustration 7-1 for an example of a single trip travel order.)

Preparing Blanket Travel Orders

The Administrative Coordinator in the RCC is responsible for preparing the blanket travel order. The blanket travel order must be typed, dated, approved and authorized before the employee leaves on travel. A copy of the blanket travel order should be maintained in the administrative files.

Note: There should be a blanket travel order for each individual employee working in the RCC. Do not combine with the Regional Office.

Assigning Travel Order Numbers

Updated 01/2010

The Administrative Coordinator will assign a travel order number to each travel order after the travel orders are authorized. The travel order number consists of eight digits. The first two digits represent the regional census center (ex: **29** for Atlanta), the next two digits represent the fiscal year (ex: **10**) and the last four digits are sequentially numbered, always beginning with 0001. For example, the Atlanta RCC, the blanket travel order number for John Doe in FY 2010 would be 29100001. The travel order for the next employee in FY2010 would be 29100002, and so on.

Note: Keep a log of the name of the employees, date and the travel order number assigned to each individual.

Amendment to Blanket Travel Orders

There may be times when a blanket travel order was created with one project number and you find out that a project code needs to be added to the CD-29. Follow the following steps:

- Create a new CD-29
- In Block #2, use the same travel order number and add "Amendment #1"
- In block #10, in the Project-Task section, input "See Attached"
- Attach the Multiple Project Numbers Listing form to the CD-29. The Multiple Project Listing form (See Illustration 7-4) should contain all the project-task codes that need to accompany the blanket travel order.
- Fax or Fed-Ex to ADTRAV
- In the future if you need to add another project code for this same person, follow the above steps and in Block #2 change to "Amendment #2"
- In Block #5, add "Amendment #1 is to add project # to original order"

Illustration 7-1

CD- 29, SINGLE TRIP TRAVEL ORDER

Updated 09/2009

FORM CD-29 (Rev. 6-06) U.S. DEPARTMENT OF COMMERCE
TRAVEL ORDER

1. TYPE OF AUTHORIZATION
☑ TEMPORARY DUTY ☐ RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.

2. TRAVEL ORDER NO. 22100001

3A. BUREAU NAME/ORGANIZATIONAL UNIT: U.S. Census Bureau/New York Regional Census Center

3B. PRESENT OFFICIAL STATION: Boston, MA

4A. TRAVELER'S NAME: Last Name, First Name, Middle Initial

4B. TRAVELER'S TITLE: Area Manager

4C. SOCIAL SECURITY NO. (Last 4 digits Only)

5. PURPOSE AND JUSTIFICATION STATEMENT
To attend manager training.

6A. TYPE OF TRAVEL CODE: 1

6B. PURPOSE OF TRIP CODE: 00

6C. BUREAU CODE NO.: 04

7. ITINERARY
From Boston, MA to Suitland, MD and return.

8. PERIOD OF TRAVEL
8A. BEGIN ON OR ABOUT: 10/01/2009
8B. END ON OR ABOUT: 10/05/2009

9. REQUISITION NUMBER

10. ACCOUNTING CLASSIFICATION CODE

FCF (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)
2010	5712920-777	11-15-0057-20-21-99-00	21-11-00-00

11. MODE OF TRANSPORTATION
☑ COMMON CARRIER
☐ BUS ☐ RAIL ☐ EXTRA FARE *(Justify in Item 15)*
☑ AIR-COACH ☐ AIR-EXTRA FARE *(Attach CD-334)*
☐ PRIVATELY-OWNED VEHICLE
☐ AUTO ☐ PLANE ☐ RATE PER MILE 55 CENTS *(See FTR 301-10.303 OR 302-4.300)*
☐ DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT
☐ FOR CONVENIENCE OF TRAVELER *(See FTR 301-10.309 AND 301-10.310)*
☐ RENTED MOTOR VEHICLE *(See FTR 301-10.450)* ☐ OTHER MEANS *(Specify)*

12. ESTIMATED COST

A. TRANSPORTATION *(Billed directly to Government)*	$ Blank
B. OTHER TRANSPORTATION INCLUDING POV MILEAGE	$ Blank
SUBSISTENCE EXPENSE *(Per Diem/Actual)*	$ Blank
OTHER EXPENSES *(Item 14)*	$ Blank
TEMPORARY QUARTERS SUBSISTENCE EXPENSE	$ Blank
RELOCATION EXPENSES *(Other than listed above)*	$ Blank
SUB-TOTAL B	$ Blank
TOTAL A & B	$ Blank

COMMON CARRIER REFUNDS
When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.

ACCOUNTING OFFICE ADDRESS:

TRAVELER'S POTENTIAL LIABILITY NOTICE — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for.

13. SUBSISTENCE EXPENSE
In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.

RATES AUTHORIZED
Boston, MA Lodging $256 + M&IE $64 = $320

14. OTHER EXPENSES AUTHORIZED
☐ MEETING REGISTRATION FEES
☐ HIRE OF TAXIS BETWEEN LODGING AND/ OR PLACE(S) OF BUSINESS
☐ EXCESS BAGGAGE *(Justify in Item 15)* *(Sies FTR 301-12.2)*
☐ OTHER *(Specify and Justify in Item 15)*

15. SPECIAL PROVISIONS/REMARKS

15A. INTERNATIONAL CLEARANCE *(To be completed for all International travel authorized by this travel order)*
☐ Laptop *(provided)* ☐ Blackberry *(AutoBerry Pre-travel Scan)* ☐ OSY Briefing
CIO (signature) CIO (signature) DATE (completed)

Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.

16. PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL — TITLE: (Optional) — DATE

17. PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER — TITLE: (RD or Designee's Title) — DATE

PRIVACY ACT NOTIFICATION
The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300–304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.

CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER
You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.

Illustration 7-2

CD-29, BLANKET TRAVEL ORDER – SINGLE PROJECT NUMBER

Updated 09/2009

FORM CD-29 (Rev. 6-09) U.S. DEPARTMENT OF COMMERCE
TRAVEL ORDER

1. TYPE OF AUTHORIZATION
☑ TEMPORARY DUTY ☐ RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.

2. TRAVEL ORDER NO.
22100001

3A. BUREAU NAME/ORGANIZATIONAL UNIT
U.S. Census Bureau/New York Regional Census Center

3B. PRESENT OFFICIAL STATION
Boston, MA

4A. TRAVELER'S NAME
Last Name, First Name, Middle Initial

4B. TRAVELER'S TITLE
Area Manager

4C. SOCIAL SECURITY NO. (Last 4 digits Only)

5. PURPOSE AND JUSTIFICATION STATEMENT
To perform official duties in connection with the Decennial Census. Travel may be on short notice with two or more trips per month.

6A. TYPE OF TRAVEL CODE
1

6B. PURPOSE OF TRIP CODE
00

6C. BUREAU CODE NO.
04

7. ITINERARY
Official duty station to points throughout the U.S. and return, as often as necessary, to perform official travel throughout the region as assigned. Travel across regional boundaries into adjacent regions is authorized when necessary.

8. PERIOD OF TRAVEL
8A. BEGIN ON OR ABOUT 10/01/2009
8B. END ON OR ABOUT 09/30/2010

9. REQUISITION NUMBER

10. ACCOUNTING CLASSIFICATION CODE

FCFY (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)
2010	5712920-777	11-15-0057-20-21-99-00	21-11-00-00

11. MODE OF TRANSPORTATION
☑ COMMON CARRIER
☑ BUS ☑ RAIL ☐ EXTRA FARE *(Justify in Item 15)*
☑ AIR-COACH ☐ AIR-EXTRA FARE *(Attach CD-334)*
☑ PRIVATELY-OWNED VEHICLE
☑ AUTO ☑ PLANE ☑ RATE PER MILE 55 CENTS *(See FTR 301-10.303 OR 302-4.300)*
☑ DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT
☐ FOR CONVENIENCE OF TRAVELER *(See FTR 301-10.309 AND 301-10.310)*
☑ RENTED MOTOR VEHICLE *(See FTR 301-10.450)* ☐ OTHER MEANS *(Specify)*

12. ESTIMATED COST

A. TRANSPORTATION *(Billed directly to Government)*	$ Blank
B. OTHER TRANSPORTATION INCLUDING POV MILEAGE	$ Blank
SUBSISTENCE EXPENSE *(Per Diem/Actual)*	$ Blank
OTHER EXPENSES *(Item 14)*	$ Blank
TEMPORARY QUARTERS SUBSISTENCE EXPENSE	$ Blank
RELOCATION EXPENSES *(Other than listed above)*	$ Blank
SUB-TOTAL B	$ Blank
TOTAL A & B	$ Blank

COMMON CARRIER REFUNDS
When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.

ACCOUNTING OFFICE ADDRESS:

TRAVELER'S POTENTIAL LIABILITY NOTICE — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for.

13. SUBSISTENCE EXPENSE
In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.

RATES AUTHORIZED
Leave Blank

14. OTHER EXPENSES AUTHORIZED
☑ MEETING REGISTRATION FEES
☑ HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS
☑ EXCESS BAGGAGE *(Justify in Item 15)* *(See FTR 301-12.2)*
☑ OTHER *(Specify and Justify in Item 15)*

15. SPECIAL PROVISIONS/REMARKS
Add any special comments.

15A. INTERNATIONAL CLEARANCE *(To be completed for all International travel authorized by this travel order)*
☐ Laptop *(provided)* ☐ Blackberry *(AutoBerry Pre-travel Scan)* ☐ OSY Briefing
CIO (signature) CIO (signature) DATE (completed)

Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.

16. PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL
TITLE (Optional)
DATE

17. PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER
TITLE (RD or Designee's Title)
DATE

PRIVACY ACT NOTIFICATION
The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300–304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.

CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER
You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.

Illustration 7-2 (continued)

CD-29, TRAVEL ORDER - ITEM 15

Item 15 - Special Provision/Remarks

Meeting registration fees, conference fees, booth fees, meeting or conference essential to program requirements.

Hiring of taxis between lodging and/or place(s) or business - local transportation unavailable.
Excess baggage official materials only.

Other - Taxi fares in excess of $75 plus tip authorized between residence and common carrier terminals and place of business due to distance involved.
Reimbursement for miscellaneous ATM Charges.
Official telephone calls authorized.
Personal telephone calls authorized not-to-exceed $5.00 per day.
Bridge, road, tunnel and ferry tolls authorized.
Supplies.

Illustration 7-3

CD-29, BLANKET TRAVEL ORDER - MULTIPLE PROJECT NUMBERS

Updated 09/2009

FORM CD-29 (Rev. 6-06) U.S. DEPARTMENT OF COMMERCE

TRAVEL ORDER

1. TYPE OF AUTHORIZATION
☑ TEMPORARY DUTY ☐ RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.

2. TRAVEL ORDER NO. 22100001

3A. BUREAU NAME/ORGANIZATIONAL UNIT: U.S. Census Bureau/New York Regional Census Center

3B. PRESENT OFFICIAL STATION: Boston, MA

4A. TRAVELER'S NAME: Last Name, First Name, Middle Initial

4B. TRAVELER'S TITLE: Area Manager

4C. SOCIAL SECURITY NO. (Last 4 digits Only)

5. PURPOSE AND JUSTIFICATION STATEMENT
To perform official duties in connection with the Decennial Census. Travel may be on short notice with two or more trips per month.

6A. TYPE OF TRAVEL CODE: 1

6B. PURPOSE OF TRIP CODE: 00

6C. BUREAU CODE NO.: 04

7. ITINERARY
Official duty station to points throughout the U.S. and return, as often as necessary, to perform official travel throughout the region as assigned. Travel across regional boundaries into adjacent regions is authorized when necessary.

8. PERIOD OF TRAVEL — 8A. BEGIN ON OR ABOUT: 10/01/2009 — 8B. END ON OR ABOUT: 09/30/2010

9. REQUISITION NUMBER

10. ACCOUNTING CLASSIFICATION CODE

FCFY (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)
2010	See Attached	11-15-0057-20-21-99-00	21-11-00-00

11. MODE OF TRANSPORTATION
☑ COMMON CARRIER
☑ BUS ☑ RAIL ☐ EXTRA FARE *(Justify in Item 15)*
☑ AIR-COACH ☐ AIR-EXTRA FARE *(Attach CD-334)*
☑ PRIVATELY-OWNED VEHICLE
☑ AUTO ☑ PLANE ☑ RATE PER MILE .55 CENTS *(See FTR 301-10.303 OR 302-4.300)*
☑ DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT
☐ FOR CONVENIENCE OF TRAVELER *(See FTR 301-10.309 AND 301-10.310)*
☑ RENTED MOTOR VEHICLE *(See FTR 301-10.450)* ☐ OTHER MEANS *(Specify)*

12. ESTIMATED COST

A. TRANSPORTATION *(Billed directly to Government)*	$ Blank
B. OTHER TRANSPORTATION INCLUDING POV MILEAGE	$ Blank
SUBSISTENCE EXPENSE *(Per Diem/Actual)*	$ Blank
OTHER EXPENSES *(Item 14)*	$ Blank
TEMPORARY QUARTERS SUBSISTENCE EXPENSE	$ Blank
RELOCATION EXPENSES *(Other than listed above)*	$ Blank
SUB-TOTAL B	$ Blank
TOTAL A & B	$ Blank

COMMON CARRIER REFUNDS
When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.

ACCOUNTING OFFICE ADDRESS:

TRAVELER'S POTENTIAL LIABILITY NOTICE — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for.

13. SUBSISTENCE EXPENSE
In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.

RATES AUTHORIZED: Leave Blank

14. OTHER EXPENSES AUTHORIZED
☑ MEETING REGISTRATION FEES
☑ HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS
☑ EXCESS BAGGAGE *(Justify in Item 15)* *(See FTR 301-12.2)*
☑ OTHER *(Specify and Justify in Item 15)*

15. SPECIAL PROVISIONS/REMARKS
Add any special comments.

15A. INTERNATIONAL CLEARANCE *(To be completed for all International travel authorized by this travel order)*
☐ Laptop *(provided)* ☐ Blackberry *(AutoBerry Pre-travel Scan)* ☐ OSY Briefing
CIO (signature) CIO (signature) DATE (completed)

Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.

16. PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL — TITLE: (Optional) — DATE

17. PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER — TITLE: (RD or Designee's Title) — DATE

PRIVACY ACT NOTIFICATION
The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300–304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.

CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER
You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.

Illustration 7-4

MULTIPLE PROJECT NUMBERS LISTINGS
Updated 09/2009

BLANKET TRAVEL ORDER INFORMATION

Traveler's Name **Last Name, First Name, Middle Initial**

Regional Office Name _____
Or
Regional Census Center Name **Boston RCC**

Travel Order Number **21100001**

PROJECT NUMBER AND TASK CODE

PROJECT NUMBER	TASK CODE
5712920	777
5712930	777

Routing, Approval and Distribution of Travel Orders

After the travel order is prepared, the Administrative Coordinator will forward the travel order to the ARCM for approval and then to the RD for authorization. After approval and authorization, the travel order is returned to the Administrative Coordinator who will distribute the travel order as follows:

- Submit a copy to the RCC Administrative Coordinator, who will forward it to the Adventure Travel Office (ADTRAV). See Administrative Memorandum Series For Decennial No. 08-70 (Rev) for address.
- Provide a copy to the employee(s).
- File the original travel orders in the RCC administrative files in a folder labeled travel orders.
- Provide DAB a **fiscal year** listing of all RCC employees that will be under blanket travel orders. The memorandum for blanket travel orders will give you the specific date to provide list.
- The yearly listing should include the employee's name (last name, first name) and travel order number. **DO NOT** include project numbers, travel locations, and/or other information regarding travel.

Cancellation of a Blanket Travel Order

When an employee on a blanket travel order leaves the Census Bureau, a CD-29, canceling the original order must be prepared and submitted to DAB and ADTRAV. See illustration 7-5 for an example of a cancellation CD-29.

Illustration 7-5: CD- 29, CANCELLED TRAVEL ORDER

Updated 09/2009

FORM CD-29 (Rev. 6-08) U.S. DEPARTMENT OF COMMERCE

TRAVEL ORDER

1. TYPE OF AUTHORIZATION: ☑ TEMPORARY DUTY ☐ RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.

2. TRAVEL ORDER NO.: 22100001

3A. BUREAU NAME/ORGANIZATIONAL UNIT: U.S. Census Bureau/New York Regional Census Center

3B. PRESENT OFFICIAL STATION: Boston, MA

4A. TRAVELER'S NAME: Last Name, First Name, Middle Initial

4B. TRAVELER'S TITLE: Area Manager

4C. SOCIAL SECURITY NO. (Last 4 digits Only):

5. PURPOSE AND JUSTIFICATION STATEMENT: Cancel travel order number 22100001 effective 11/27/09.

6A. TYPE OF TRAVEL CODE: 1

6B. PURPOSE OF TRIP CODE: 00

6C. BUREAU CODE NO.: 04

7. ITINERARY

8. PERIOD OF TRAVEL — 8A. BEGIN ON OR ABOUT: 10/01/2009 — 8B. END ON OR ABOUT: 09/30/2010

9. REQUISITION NUMBER:

10. ACCOUNTING CLASSIFICATION CODE

FCFY (XXXX)	PROJECT-TASK (XXXXXXX-XXX)	ORGANIZATION (XX-XX-XXXX-XX-XX-XX-XX)	OBJECT CLASS (XX-XX-XX-XX)
2010	5712920-777	11-15-0057-20-21-99-00	21-11-00-00

11. MODE OF TRANSPORTATION
- ☐ COMMON CARRIER
  - ☐ BUS ☐ RAIL ☐ EXTRA FARE *(Justify in Item 15)*
  - ☐ AIR-COACH ☐ AIR-EXTRA FARE *(Attach CD-334)*
- ☐ PRIVATELY-OWNED VEHICLE
  - ☐ AUTO ☐ PLANE ☐ RATE PER MILE .55 CENTS *(See FTR 301-10.303 OR 302-4.300)*
  - ☐ DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT
  - ☐ FOR CONVENIENCE OF TRAVELER *(See FTR 301-10.309 AND 301-10.310)*
- ☐ RENTED MOTOR VEHICLE *(See FTR 301-10.450)* ☐ OTHER MEANS *(Specify)*

12. ESTIMATED COST

A. TRANSPORTATION *(Billed directly to Government)*	$ Blank
B. OTHER TRANSPORTATION INCLUDING POV MILEAGE	$ Blank
SUBSISTENCE EXPENSE *(Per Diem/Actual)*	$ Blank
OTHER EXPENSES *(Item 14)*	$ Blank
TEMPORARY QUARTERS SUBSISTENCE EXPENSE	$ Blank
RELOCATION EXPENSES *(Other than listed above)*	$ Blank
SUB-TOTAL B	$ Blank
TOTAL A & B	$ Blank

COMMON CARRIER REFUNDS: When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.

ACCOUNTING OFFICE ADDRESS:

TRAVELER'S POTENTIAL LIABILITY NOTICE — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for.

13. SUBSISTENCE EXPENSE: In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.

RATES AUTHORIZED

14. OTHER EXPENSES AUTHORIZED
- ☐ MEETING REGISTRATION FEES
- ☐ HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS
- ☐ EXCESS BAGGAGE *(Justify in Item 15)* *(See FTR 301-12.2)*
- ☐ OTHER *(Specify and Justify in Item 15)*

15. SPECIAL PROVISIONS/REMARKS

15A. INTERNATIONAL CLEARANCE *(To be completed for all International travel authorized by this travel order)*
☐ Laptop *(provided)* ☐ Blackberry *(AutoBerry Pre-travel Scan)* ☐ OSY Briefing

CIO (signature) CIO (signature) DATE (completed)

Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.

16. PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL — TITLE: (Optional) — DATE:

17. PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER — TITLE: (RD or Designee's Title) — DATE:

PRIVACY ACT NOTIFICATION

The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300–304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.

CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER

You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.

Instructions for Completing the CD-29, Travel Order

Updated 09/2009

The travel order must indicate the following codes: bureau, travel, purpose, accounting classification, estimated expenses to be incurred and the allowable modes of transportation to be used. Prepare the travel order within 5 days prior to the travel in order to allow the approval process and distribution of the travel order in a timely manner.

The items below correspond with the numbers on the CD-29, Travel Order.

ITEM	ENTRY
1	**Type of Authorization** - Check Temporary Duty
2	**Travel Order Number** - Enter the 8-digit travel order number, once the travel order is authorized. (See page 7-3 for instructions on assigning travel order numbers.)
3a	**Bureau Name/Organizational Unit** - U.S. Census Bureau/Regional Census Center Name
3b	**Present Official Station** - Duty Station City and State.
4a	**Travelers Name** - Employee's Last Name, First Name, Middle Initial
4b	**Traveler's Title** - Employee's Title
4c	**Social Security Number** - Leave Blank.
5	**Purpose and Justification Statement** - Enter a clear description for the purpose of the trip. For example, "to observe training, to attend training" etc. For blanket travel orders enter, "To perform official duties in connection with the Decennial Census. Travel may be on short notice with two or more trips per month."
6a	**Type of travel code** – 1
6b	**Purpose of Trip Code – 00 (always)**
6c	**Bureau Code Number** - Enter **04 (always)**.
7	**Itinerary** - Enter the itinerary from duty station to destination and return to duty station. For example, From Suitland, MD to Boston, MA and return. For blanket travel orders enter, "From official duty station to points throughout the United States and return, as often as necessary, to perform official travel throughout the region as assigned. Travel across regional boundaries into adjacent regions is authorized when necessary."
8a	**Date of Travel Begin On or About** - Enter the date of departure. For blanket travel orders, enter the beginning date of the fiscal year or the beginning date of travel. Note: Travel orders cannot be back dated.

ITEM	ENTRY
8b	**Date of Travel End On or About** - Enter the date of return. For blanket travel orders, enter the ending date of the fiscal year.
9	**Requisition Number** – Leave blank
10	**Accounting Classification Code** - Enter the accounting classification code. FCFY (Fund Code Fiscal Year): 200**10** Project/Task: Project Number – 777 **(always)** Organization: 11-15-0057-20-Region#(2 Digits)-RCC or LCO Number (2 digits)-**10** (For example Seattle RCC is 11-15-0057-20-27-99-00 while Stockton LCO is 11-15-0057-20-27-08-**10**) Object Class: 21-11-00-00 For blanket travel orders with multiple projects: FCFY (Fund Code Fiscal Year): 200**10** Project/Task: See Attached Organization: 11-15-0057-20-Region#(2 Digits)-RCC or LCO Number (2 digits)-**10** (For example Seattle RCC is 11-15-0057-20-27-99-00 while Stockton LCO is 11-15-0057-20-27-08-**10**) Object Class: 21-11-00-00 Refer to the Field Budget Memorandum Series for the appropriate project-task code.
11	**Mode of Transportation** - Common carrier: Place an "X" in the appropriate box. For blanket travel orders, select all common carriers such as air-coach, bus and rail. **Privately-Owned Vehicle (POV)**- Place an "X" for common carrier, privately-owned vehicle, auto, then enter the mileage rate. Current mileage rates can be found under Travel Resources at the following web site: http://www.gsa.gov/mileage **Rented Motor Vehicle or Other Means of Transportation** - Place an "X" in the Rented Motor Vehicle box.
12	**Estimated Cost** – Leave blank
13	**Rates Authorized** – Leave blank
14	**Other Expenses Authorized** - Mark accordingly and explain in Item 15.

ITEM	ENTRY
15	**Special Provisions/Remarks** - Enter justifications for other expenses and/or special requirements of travel (travel advance requested dates of personal travel, etc.) The most common remark's include: o Reimbursement for ATM charges. o Authorized personal telephone calls NTE $5.00 per day. o Authorized official telephone calls. o Rental car requested. o Tolls and Fees
15A	**International Clearance** – Leave blank
16	**Signature and Title of the Requesting/Approving Official** - Optional
17	**Signature and Title of Authorizing Officer** - Enter title of the RD or Designee and have him/her sign and date.

Topic 2: Memorandum on Overnight Travel

General

The Federal Travel Regulation (FTR) requires that employees travel by the most economical means and is advantageous to the government. The most common modes of transportation for official government travel include airlines, buses, railroads, government furnished and contract rental vehicles (car rental agencies under government contract whenever possible), helicopter service, ships, streetcars, subways, taxicabs and privately-owned vehicles.

The mode of transportation used should be the one most advantageous to the government considering energy conservation, per diem allowances, overtime, lost work time, and actual transportation costs. Travel plans should use the most direct route. If a traveler decides to travel by an indirect route, for his/her own convenience, or deviates from the direct route, the traveler will pay the extra expense. Reimbursements for expenses are based only on charges that would have been incurred by traveling the direct route.

Memorandum on Overnight Travel

When an employee is authorized official Government overnight travel, a completed memorandum "Overnight Travel on Official Government Business" should be given to the traveler. (See Illustration 7-6.) This memorandum may be used by the ARCM, Geographic Coordinator, Area Manager, etc. to provide travel information to the traveler. A photocopy of the memorandum should be sent to the Administrative Coordinator.

Illustration 7-6
Memorandum on Overnight Travel

Date:

MEMORANDUM FOR: _____

From:

Subject: Overnight Travel on Official Government Business

The attached travel order provides authorization for overnight travel. Keep this travel order in your possession while traveling.

Overnight travel is authorized from your home/duty station to temporary duty in _____ on _____ through _____.

Per Diem is a reimbursement based on the combined daily rate you pay for lodging and a fixed rate for meals and incidental expenses (M & IE). Your reimbursement cannot exceed $____ for meals and incidental expenses and the total cannot exceed $_____. Per diem begins at the time you leave your home/duty station to an authorized point and ends when you return.

If on your trip, you drive your car between home/office and a common carrier terminal, mileage is authorized at the rate of _____ cents per mile. Your total reimbursement (mileage and parking) cannot exceed the usual taxi fare between these locations.

Your carrier E tickets are attached. E-tickets are released two days before Travel to avoid additional cost. If you must change your ticket reservation, contact the Travel Management Center to ensure you receive a government rate. You are responsible for lost or stolen tickets and any lost ticket service charges.

A GSA contract rental car has been authorized: Government rental rates include insurance and any additional insurance will NOT be reimbursed. A rental receipt is required.

Special instructions each time you travel overnight on official government business:

- Update your expense form daily.
- Attach receipts for lodging, vehicle rental, supply items, and any authorized expenses costing $75 or more.
- If you are paid weekly, complete Form D-308A, Per Diem Expense Record. On the last day of travel, transcribe the total expenses on to the D-308 or if you use the HHC, transcribe on the E-308, Electronic Pay and Work Record. All authorized expenses will be reimbursed with your paycheck.
- If you are paid biweekly, complete Form BC-27A, Field Employee's Travel Expense, and submit the white copy to your timekeeper and retain the yellow copy for your records. Your authorized expenses will be included in your paycheck.
- Include the time of departure and arrival.
- Record mileage daily.
- Include common carrier ticket stubs.
- Attach this copy to your BC-27 or if transmitted E-308, send all receipts into the RCC.

Remember: Use a blue or black pen, press hard so that all entries are legible; sign your payroll form (BC-27) or transmit the E-308; safeguard your money and carrier tickets; spend money for authorized purposes only and have a safe trip.

If you have any questions, please call _____ on _____.

CC: ARCM
Administrative Coordinator

Topic 3: Air Travel

Air Travel

Updated 09/2009

Authorized methods for obtaining common carrier transportation services are listed below in order of preference:

- A Federal Travel Management Center, i.e., ADTRAV.
- Contractor-issued Government Charge Card.
- Cash less than $100 or for emergency use.

Common carrier transportation tickets are obtained through a GSA designated commercial travel agency (Navigant/ADTRAV Travel Management). The RCC has an open contract with Navigant/ADTRAV to provide transportation and travel services for government employees on official travel. Cash payments for common carrier transportation cannot exceed $100. A government ticket must be obtained and used for common carrier expenses over $100.

The National Defense Authorization Act for Fiscal Year 2002, signed by President Bush on December 28, 2001, allows federal employees to retain for personal use; promotional items, including frequent flyer miles, received incident to official travel.

Air travel must be by coach or comparable service.

Business/Premium Class Accommodations

Updated 09/2009

For approval to fly Business/Premium Class Accommodations, each traveler is required to complete Form CD-334, Request for Approval of Extra Fare Air Accommodations (See Appendix H, Forms, for a sample of Form CD-334). The completed CD-334 provides written justification explaining the need for any fare other than coach accommodations. In order to provide the necessary information for reporting to the Department of Commerce (DOC), all travelers requesting business/premium class accommodations must complete Form CD-334. Justification to fly business class must be in accordance with the Federal Travel Regulation 301-10.124 and the DOC Travel handbook C301-10.123.

Instructions for Completing Form CD-334

The CD-334 must be approved by the approving official and a copy of the approved CD-334 along with the approved travel order must be submitted to ADTRAV to issue your tickets and a copy to the Administrative and Customer Services Division

(ACSD) for reporting purposes. Please submit the ACSD copies to ACSD, Conference and Travel Management Services Branch, Room 3J247 or fax a copy to (301) 763-6837.

Use the following instructions for completing the CD-334. **Please do not use the instructions on the CD-334, they are for Main Commerce employees only**.

ITEM	ENTRY
1	Name of traveler
2	Traveler's title and grade
3	Date of request – current date
4	Census bureau and division
5	Office name and location
6	Traveler's office phone number
7	Travel authorization number
8	Travel dates (beginning and ending date)
9	(a) Itinerary detail as it appears on page 2 of the travel order. **Example:** BWI to Chicago to Hong Kong to Denpasar Bali, Denpasar. (b) Enter the portion of travel for which approval of extra fare is being requested. **Example**: Chicago to Hong Kong to Denpasar Bali.
10	Justification for use of extra fare air accommodations. **Example:** Traveling in excess of 14 hours and is required to present critical data; will need preparation time upon arrival to be prepared for the event.
11	Name of airline (s) and flight number(s) for upgrade
12	Costs of tickets (check one way or roundtrip) - Cost of Extra Fare (business class), Check Business/Clipper or First Class - Cost of Coach Fare - Additional Cost (difference between class and coach class)
13	Name of Traveler, if the approving official is the Supervisor, if not enter the Supervisor's Name and Title
14	(a) Name of Approving Official, Date, and Signature. Check Appropriate Box, Approved, Approved as Modified, or Disapproved. (b) Include required modification requested by approving official (if applicable).

Contract Air Carriers

The government negotiates with air carriers for discount fares between certain city pairs. Travelers must use the designated contract air carriers.

A non-contract airline is used only when a contract airline is unavailable. A justification for the use of the non-contract airline must be included on the travel order. The following justifications apply:

- Space or scheduled flights are not available in time to accomplish the purpose of travel.
- The use of the contract airline will require additional overnight lodging.
- The scheduled flight on the contract airline is not compatible with the Bureau's policy and practice of requiring travel-during normal duty hours.
- Flight schedules on the contract airline conflict with the work schedule or other mission requirements.
- The contract carrier's origin and termination points results in excessive local travel time and cost.

Train

Employees who travel by train should use coach-class accommodations. For overnight train travel, employees will use slumber coach sleeping accommodations or the lowest level of sleeping accommodations available on the train that does not offer slumber coach accommodations.

Bus

Bus transportation may be used when determined advantageous to the government, cost, energy, and other factors considered, and when compatible with the requirements of the official travel.

Privately-Owned Vehicle (POV)

Privately owned vehicles can be used if the allowable cost does not exceed the expenses of contract air travel. You are reimbursed at the GSA established mileage rate. (Note: Contact your administrative office for the current rate.)

Use of POV from residence or place of business to common carrier on official business is reimbursable at the established GSA mileage rate.

A fee for parking at common carrier terminals or other parking areas is allowed while the traveler is away from his/her official station. The fee plus the allowable reimbursement to and from

the terminal or other parking areas does not exceed the estimated cost for use of a taxicab to and from the terminal.

Local Transportation

Transportation expenses by bus, streetcar or subway incurred on official business at the duty station are reimbursable as local travel. Transportation at a temporary duty station by bus, streetcar or subway, between place of lodging and place of business is allowed as a common carrier expense.

Taxicabs

Reimbursement can be authorized for taxicabs from residence or place of business to a common carrier on official business. If overnight travel is involved and travelers leave for travel from their place of business, they can be reimbursed for taxicabs from residence to place of business and return trip from place of business to residence, in addition to taxi fares for travel between office and carrier terminals.

Taxicabs should not be used at temporary duty stations unless the traveler is unfamiliar with public transportation or public transportation is not practical.

Rental Car and Special Conveyances

Updated 01/2010

The rental of boat, automobile, taxicab or aircraft, livery, or other conveyance will be allowed if authorized or approved as advantageous to the government whenever the employee is on official business within or outside of their duty station.

Note: The government has negotiated an agreement with participating rental car companies under which these companies will provide each traveler with liability coverage in the amount of $100,000 per person, $300,000 per accident and $25,000 property damage for each occurrence, as well as full comprehensive and collision coverage. Neither the government nor its employee will be held liable for loss or damage to the vehicle, unless such loss or damage is caused by the willful and wanton negligence of the government employee. **When obtaining personal insurance, the cost is a personal expense and not a reimbursable expense.**

The Bureau's policy regarding the rental of automobiles by travelers on temporary duty status is:

- Use the Travel Management Center, which will result in the greatest savings to the government.

- Use the smallest size vehicle available which will adequately carry out the purpose of the mission. When choosing the car size, the number of travelers riding in the vehicle and fuel economy should be considered.
- Check for unlimited free mileage. Avoid additional refueling charges and premium prices, refuel the vehicle before returning it to the car rental location.
- The employee must pay sales taxes added to the vehicle rental charge. These charges are reimbursable to the employee through the travel voucher process.
- When a rental vehicle is used for a combination of official business and personal use, only the prorated share of rental and fuel costs for official business should be claimed.

Other Rentals:

a. Chartered Services. When chartered services are obtained, the terms of the charter will be in writing and signed by an authorized bureau representative and the carrier. A Procurement Request or the Contractor-Issued Government charge card can be used to obtain these services.
b. 4-Wheel Drive Vehicles, Boats, etc. Rental for this mode of transportation may be required in rural areas. Prior approval from your supervisor must be obtained. A Procurement Request or Contractor-Issued Government charge card can be used to obtain these services.
c. Airplanes Privately-Owned. When airplane rental has been authorized as advantageous to the government, reimbursement will be paid at 1.29 cents per mile (as of 01/01/10), plus airplane parking, landing, and tie down fees. Air mileage between the origin and destination airport, as determined from airways charts, will be used in computing payment for air mileage. If a detour was necessary because of adverse weather, mechanical difficulties, or other unusual conditions, the additional air mileage may be included, but explained on the reimbursement travel voucher.

A mileage rate for snowmobiles has not been established. Mileage rates are only applicable for privately owned airplanes, automobiles and motorcycles. Reference the Federal Travel Regulation (FTR) 301-10-303.

Snowmobiles may be considered a special conveyance in accordance with the FTR 301-10.400 (c) which allows agencies to authorize in addition to rental cars and taxicabs, any other special conveyance when determined to be advantageous to the government. Expenses payable for use of a special conveyance included:

a. Gasoline and oil

b. Rental of garage, hanger, or boathouse

c. Feeding and stabling of horses

d. Per diem of operator (using per diem guidelines)

e. Ferries, tolls, etc.

Reimbursements for snowmobiles include the actual cost for any of the applicable expenses cited.

Reimbursement for use of All Terrain Vehicle's (ATV's) depends on whether or not it is a privately owned vehicle or a rental vehicle. If it is a POV, reimbursement is made based on the current mileage rate. See page 7-12 for the link which provides the current mileage rate. If it is a rental vehicle, the actual cost plus gasoline is reimbursable.

Topic 4: Per Diem

General

Per diem is the combined daily payment rate set by the General Service Administration (GSA) for lodging and fixed meals and incidental expenses (M&IE) allowance. Most of the country has a standard maximum lodging rate but specified cities have a higher prescribed maximum lodging rate. (To see Per Diem rates visit **www.gsa.gov.**) The standard Continental United States (CONUS) rate applies to all locations within CONUS.

Per diem allowances are paid as described in the Federal Travel Regulations (FTR), Part 301-7 and begins when the traveler starts official travel from home, office or other authorized point of departure. Travel ends when the traveler returns home, office or other authorized point at the conclusion of the trip. The traveler is entitled to actual lodging cost, not to exceed the maximum rate for the area, plus three-fourths of the applicable M&IE rate on the first and last day of travel. Taxes are not included in the per diem amount, but can be claimed as a miscellaneous expense.

Per Diem Rate Adjustments Within CONUS

If the per diem rate is inadequate for the city, due to holiday rates, convention sites or travel is repetitive or on a continuing basis and the prescribed rate is inadequate, the traveler may be authorized an increase in the allowance for lodging coverage. The increased allowance cannot exceed 300 percent of the applicable maximum per diem rate. Travelers may submit a written request to the ARCM for his/her consideration and approval for the increase in the per diem rate. The RD approves written request(s) for the ARCM. (See Illustration 7-7 for example of a Lodging Amount Increase Memorandum.)

Note: Increased per diem rates are claimed as actual subsistence for reimbursement on the BC-27A.

The request must include the primary purpose of travel to the location and a description of the surrounding location involved and a recommended rate supported by a statement explaining the circumstances causing the existing rate to be inadequate. This request must be approved prior to the travel.

Per Diem For Travel Over 12 Hours

Updated 09/2009

When travel is more than 12 hours, but not exceeding 24 hours, and no lodging is required, the traveler must be on a CD-29. Use the establish three-fourths of the applicable M&IE rate as appropriate for the locality traveled to.

If more than one temporary duty point is involved, the per diem allowance will be calculated using the rate prescribed for the location where the majority of the time was spent while on official business.

Per Diem With Lodging

While in the temporary duty station you are entitled to your actual lodging cost (NTE maximum area rate) plus the area M&IE rate. This is for each 24-hour period you are in travel status.

There may be times when the traveler is en-route and will not arrive at the lodging location until after midnight. In such cases, the lodging will be claimed for the preceding calendar day and the applicable maximum per diem for the preceding day will be determined as if the employee had been at the lodging location at 12:00 midnight of that day.

301-11.7 What determines my maximum per diem reimbursement rate?

Your TDY location determines your maximum per diem reimbursement rate. If you arrive at your lodging location after 12 midnight, you claim lodging cost for the preceding calendar day. If no lodging is required, the applicable M&IE reimbursement rate is the rate for the TDY location.

Lodging Outside or Not Available at the Temporary Duty Station

When lodging is not available at the temporary duty station and the employee must obtain lodging in an adjacent locality where the per diem rate is higher than the per diem rate for the location of the temporary duty point, the ARCM will make an administrative determination on whether to authorize approval to pay the higher maximum per diem rate.

When obtaining lodging outside the temporary duty station because of personal preference or convenience, the allowable per diem will be limited to the maximum per diem rate prescribed for the temporary duty station. When the traveler stays with friends or relatives and has no lodging expense, they are only entitled to the M&IE rate for the area. Lodging will be allowed, if the friend or relative actually incurs additional costs in accommodating the traveler. In such cases, the additional costs sustained by the

employee and determined to be reasonable by the approving official, may be allowed as a lodging expense (receipt required).

Note: If the higher maximum rate is not justified and authorized in advance, the employee can submit a post approval memorandum and attach it to their BC-27A explaining the circumstances that caused him/her to obtain lodging in an area other than at the temporary duty point as designated in the travel authorization. The post approval memorandum must be approved by the ARCM before expenses are processed.

Lodging Receipts

Updated 01/2010

Travelers are reimbursed for the actual cost of lodging up to the maximum amount, including taxes. If total cost of lodging exceeds the maximum amount allowed, it is not reimbursable. The allowable lodging expense will be based on the single room rate when conventional lodging facilities (hotels, motels, boarding houses, etc.) are used.

Lodging receipts are required for all lodging costs incurred while on official government travel. A receipt must be attached to the BC-27A when claiming lodging expenses.

When hotels, motels, etc. are not available, because of special events, costs of lodging obtained at college dormitories or similar facilities and rooms generally not offered commercially is reimbursable. In such cases, provide an explanation of the circumstances.

Note: Travelers are responsible for canceling their hotel reservations when travel is canceled. The government will not reimburse the traveler for unused hotel reservations.

Illustration 7-7

LODGING AMOUNT INCREASE MEMORANDUM

MEMORANDUM FOR	ARCM or RCC and LCO employee or RD for the ARD
From:	Employees Supervisor
Subject:	Lodging Amount Increase

(Employee Name) will be traveling to Puerto Rico on August 26 - 30, 2009 to meet with Puerto Rico officials on the 2010 Census.

Lodging during this time frame has not been found at the reimbursable rate. This is a request to increase the lodging rate from $130 to $179.85 (including tax) per night.

We are asking for your approval for the increase.

APPROVED BY: _____
(Signature of the ARCM or RD)

Lodging (#179.85 + M&IE ($70.00) = NTE ($249.85)

Effect of Leave and Non-workdays on Per Diem (for illness or personal emergency)

Leave of any kind taken while in travel status must be shown on Form BC-27A. Per diem will not be allowed for that day. This includes indicating the exact date and hour of departure from and return to duty status.

- Annual leave of absence (for one-half or less) of the prescribed daily working hours shall be disregarded for per diem purposes. Where the leave is more than one-half of the prescribed daily working hours, per diem shall not be allowed for that day.
- Legal Federal Government holidays and weekends or other scheduled non-workdays, are considered non-workdays. Employees are considered to be in a per diem status on non-workdays until they return to their official station or place of abode, or except under the following conditions:
- Per diem shall not be paid for non work days when:
  - Employees are in a leave status at the end of the

workday before the non-workdays and at the beginning of the workday following the non-workdays, and

- The period of leave on either of those days is more than one-half of the prescribed working hours for that day.

- Per diem shall not be paid for more than two non-workdays in cases where leave of absence is taken for all of the prescribed working hours between the non-workdays

Effect of Sick Leave on Per Diem

An employee who interrupts the temporary duty assignment because of an incapacitating illness or injury and takes leave of any kind shall be allowed per diem allowance as appropriate, not to exceed the maximum rates prescribed for the location where the interruption occurs. Such per diem may be continued for a reasonable period, normally not to exceed 14 calendar days (including fractional days) for any one period of absence. However, a longer period may be approved if justified by the circumstances of a particular case. The point of interruption may include the nearest hospital or medical facility capable of treating the employee's illness or injury. Per diem will not be allowed while an employee is confined to a hospital or medical facility that is within proximity of the official station, or that is the same one the employee would have been admitted to if the illness or injury had occurred while at the official station.

Extended Temporary Duty Per Diem

Updated 01/2010

A reduced per diem rate has been established for temporary assignments involving extended periods of more than 30 days at temporary duty stations. When travel assignments involve extended periods of more than 30 days at temporary duty locations and the traveler is able to secure lodging and/or meals at a lower rate, the per diem rate should be reduced accordingly. If it can be determined in advance of the travel that such circumstances will take place, authorize a reduced rate. The reduced per diem rate, after the first 30 days must be indicated on the travel authorization and will be the per diem rate payable to the employee without receipts and/or itemization.

Topic 5: Miscellaneous Expenses

General

Miscellaneous expenses incurred while in travel status are additional expenses outside of the maximum per diem rate. Receipts are required for any expenditures over the amount of $75.

Communication Charges

Telephone calls in connection with official government business are reimbursable. Telephone calls should be authorized on the travel order. Personal telephone calls during official travel (not applicable to foreign travel) are reimbursed within the following guidelines:

- The claim is no more than $5.00 per day. The RD may approve actual expenses of the telephone calls greater than $5.00, if circumstances dictate.
- Telephone calls home may be allowed regardless of the duration of the trip.
- The personal calls are itemized separately.

Personal calls are made only to the traveler's residence or immediate family. However, if return travel plans are changed and the immediate family is unavailable, a call may be made to someone who will notify the traveler's immediate family of the change. **No calls on the last day of travel.**

Purchases

An emergency purchase of maps, office supplies, film or other items necessary to conduct a program are allowed if fully explained when submitting the claim for reimbursement.

Interpreters

Updated 01/2010

Hiring of guides and interpreters is allowed when necessary to conduct official business and may be claimed on the BC-27 and BC-27A. Supervisors are required to arrange for an interpreter/facilitator for their employees, if the employee is unable to do so. The first preference would be to use other employees.

Supervisors should be aware of the instructions to give to their employees for contracting interpreters.

Before hiring an interpreter or facilitator, employees should:

- Look for a volunteer within the household or special place who speaks the desired language and/or is willing to translate/assist with the interview, or
- Contact a fellow employee who speaks the language or is willing to assist in the interview, or
- Contact the supervisor, to arrange for an interpreter/facilitator to assist in the interview, or
- As a last resort, find a willing person capable of assisting and pay him/her for each hour (or partial hour) of service provided. The hourly rate is equivalent to that of an intermittent employee for the area. If the employee is unable to issue immediate payment using personal funds, they should contact their supervisor.

If the funds were provided by the employee, they will:

1. Complete the D-477, Contractor for Interpreter Services and pay the interpreter on the spot. (See Illustration 7-8.)
2. Give the pink copy of the D-477 to the interpreter and the yellow copy to his/her supervisor.
3. Attach the white copy to his/her BC-27.

If the funds were provided by the employee's supervisor, the employee will:

1. Complete the D-477 and pay the interpreter on the spot with the funds provided by the supervisor.
2. Give the pink copy of D-477 to the interpreter.
3. Give the yellow and white copy of the D-477 to the supervisor. The supervisor will keep the yellow copy and attach the white copy to his/her BC-27.

If immediate payment is not made and funds will be paid by the government, the employee will:

1. Complete the D-477. Instruct the interpreter/facilitator to complete items 2 and 3b, then sign the D-477.
2. Inform the interpreter/facilitator that a check will be mailed to the address shown on the D-477.
3. Give the pink copy of the D-477 to the interpreter.

4. Give the white and yellow copy of the D-477 to the supervisor.
5. The supervisor will forward the white and yellow copy of the D-477 to the Admin Sup at the RCC who will pay the bill with a convenience check issued by an RCC purchase cardholder.

Refer to Chapter 9, Payment and Cost of Bills and Vouchers for instruction on submitting miscellaneous bills to FIN for payment.

Illustration 7-8

D-477, CONTRACT FOR INTERPRETER SERVICES

FORM D-477
(10-3-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

CONTRACT FOR INTERPRETER SERVICES
2010 Census

Date of contract _____

Contract between U.S. Census Bureau and _____
(Name of interpreter)

_____
*(Social Security Number – **Required**)*

1. I, the undersigned, agree to perform an interpreting service for the U.S. Census Bureau on a (paid/nonpaid) basis.

2. Title 13 of the United States Code requires that data collected by the Government from both individuals and establishments must be used only as statistical totals and no identification of individuals or establishments may be made.

   I agree that although I am not an employee of the United States Government, I will not disclose, directly or indirectly, any information contained in the statements obtained or prepared by the Government or otherwise coming to me in the course of my service to any person unless authorized to do so by law.

_____
(Signature of interpreter) *(Date)*

_____
(Address – Number and street)

_____
(City, State, and ZIP code)

_____
(Telephone number)

3a. I acknowledge the receipt of $ _____ as payment in full for interpreter services.

OR

b. I acknowledge _____ hours of work at $ _____ per hour as payment for services.

I forever release the Government of the United States from any claims, suits, or demands which I or my heirs or representatives may make in connection with this compensation and service.

_____
(Signature of interpreter) *(Date)*

TO BE COMPLETED BY ENUMERATOR	
Name of Enumerator	Number of hours
Interpreter's language	Total amount paid $
Recommended for future services ☐ Yes ☐ No	

This invoice is true and correct to the best of my knowledge. I approve this invoice for full payment.

_____
(Signature of AMFO) *(Date)*

Copy distribution: **WHITE** – Payroll/Finance **YELLOW** – Crew Leader **PINK** – Interpreter

U S C E N S U S B U R E A U

Excess Baggage

Expenses for excess baggage should be specifically authorized on the travel order only when it is known beforehand that the traveler will be carrying heavy or bulky government property. On occasion, excess baggage can also be authorized when a trip is for an extended period and the traveler would be expected to carry personal baggage exceeding a carrier's limit.

Laundry

To qualify for reimbursement of laundry or pressing of clothing, travelers must have a minimum of four consecutive nights of lodging.

Registration/ Membership Fees

While in travel, full-time employees may pay for registration fees to attend conferences, symposia, seminars, etc, by any of the following methods:

- The Government –Issued Travel Charge Card
- The Government Purchase Card
- Purchase Order (CD-404)
- Request, Authorization, Agreement and Certification of Training (SF-182)

You may use the Government-Issued Travel Charge Card to pay registration fees "away from the official duty station" which are authorized on a travel authorization/order. If the registration fee is charged to the Travel Charge Card, payment is due to the Government contractor upon receipt of the bill. However, you may **not** submit a claim for reimbursement until you return from travel. You may not use the Government-Issued Travel Charge Card to pay membership fees for professional organizations or associations.

Topic 6: Contractor-Issued Travel Charge Card

Criteria

Updated 01/2010

Employees who meet one or more of the following criteria should apply for the Contractor-Issued Travel Charge Card. Employees are:

- It is required to use the Contractor-Issued Travel Card if an employee travels more than 5 times in a year.
- Stationed in a field location with limited or no access to travel.
- It is required to use the Travel Management Centers (travel agents under contract with the General Services Administration)

  to arrange all travel.
- Often required to perform emergency travel on short notice and may be notified during off-duty hours.

Exemptions to the use of the Government travel charge card are:

- Infrequent Travelers who only travel once a year.
- Intermittent, seasonal, or temporary employees with limited appointments.
- Employees whose travel charge card has been canceled because of delinquency or used for non-official purposes.

Procedures for Issuance of the Contractor-Issued Government Travel Charge Card

Updated 01/2010

Obtain the Contractor-Issued Travel Charge Card. Each applicant should:

- Take the GSA Smartpay training located on the Intranet at http://fss.gsa.gov/webtraining/trainingdocs/traveltraining/index.cfm.
- Print the training certificate and fax to the Conference and Travel Management Services Branch (CTMSB) at (301) 763-6837.
- Access the JP Morgan Chase (JPMC) Charge Card application on ACSD's website or at: https://www.cc-accountcenter.com/jpmorganchase_commercial/eapp/ss_applicationID.jsp.
- Enter the Application ID: **DOC70713T**
- Complete the application with your basic information and the employment information section that contains manager's name, email address, and telephone number.
- Leave the PaymentNet Hierarchy area blank, the

Agency/Organizational Program Coordinator (AOPC) will fill in this area.

- Review the application for completeness and correctness and submit the application.
- The applicant will receive an email confirmation of the application submission.
- The applicant's manager/supervisor will receive an e-mail requesting approval of the application.
- The applicant's manager/supervisor will approve or reject the application.
- The applicant will receive an email notification informing them of the status of their submitted applications.
- Once the travel card application and training certification are certified in CTMSB, the application will be processed.

Allowable Expenses

Expenses that are allowed when using the charge card include:

- Transportation (other than common carrier)
- Lodging
- Travel Advances (ATM)
- Rental Vehicles

Non Allowable Expenses

Expenses that are **NOT** allowed when using the charge card include:

- ATM withdrawals which are **not** in connection with official TDY travel.
- Food, gasoline, or parking when **not** on official TDY (i.e., to attend meetings/conferences within the official duty station, such as RCC location for RCC employees.)
- Audio visual equipment rental while on official travel (use a Purchase Order or purchase card.)
- Internet service or purchases.
- Lodging for family vacation.
- Purchasing tickets for family members.
- Registration fees.

Travel Advances on the Contractor-Issued Government Charge Card

A Personal Identification Number (PIN) will be issued to cardholders to obtain cash advances from Automatic Teller Machines (ATM). The bank will charge the fee stated in the Cardholder Agreement. An ATM may charge an additional fee,

generally listed on the receipt. Both fees are reimburseable as a miscellaneous expense on their travel claim.

Card Security

Employees are responsible for the security of their card and PIN number. The same care should be exercised as they would with a personal charge card. The cardholder should not allow a secretary or supervisor to store or keep the card. The employee should use caution and care in giving the card number to another employee in making travel arrangement. When submitting receipts, black out all but the last four numbers of the card number.

Lost or stolen cards should be reported immediately to the contractor, even if the card number is not known. Employees will not be held responsible for any fraudulent charges if they promptly notifies the contractor when the card is lost or stolen.

Monthly Billing Statement

A monthly billing statement will be received by the employee at their home address when expenditures are incurred or when a credit is posted to the account. Payment in full is due on or before the next statement billing date. For disputed charges on the monthly billing statement, it is the employee's responsibility to contact the contractor.

Payment of Card

Census Bureau employees are expected to pay each financial obligation in a proper and timely manner. The Census Bureau will receive delinquency and misuse and abuse reports from the contractor. Census Bureau coordinators and/or servicing personnel offices may contact the employee or their supervisor to determine the reason(s) for the delinquency and/or misuse and abuse and to provide assistance or counseling necessary to settle the debt.

The contractor will suspend or cancel the card if the employee fails to pay the bill in a proper and timely manner. If a card is suspended, it will be reopened when the account is paid for in full. In event of misuse and abuse or delinquency, the traveler's personal credit can be affected.

Lost or Stolen Cards

If a JP Morgan Chase issued government travel charge card is lost or stolen, the card member should immediately call the following number(s) that is operational 24 hours a day:

- In the continental U.S., Alaska, Hawaii, and Puerto Rico call 888-297-0781.
- If a cardholder is outside the U.S., call collect 847-488-4441.

Return of Card

When an employee leaves or transfers to another government agency, the card must be cut in half and destroyed. DAB must be notified in writing, via email, stating the employee's name, date of cancellation, and reason for cancellation.

Loss of Travel Charge Card Privileges

If an employee loses their travel card due to delinquency or misuse, the employee will resolve any outstanding balance and use personal funds to finance all travel expenses, except transportation tickets, on official travel. Once the account is current, the employee may request restoration or reapply for a new card.

Topic 7: Contractor-Issued Government Charge Card

General

Updated 01/2010

The GSA contracts with JP Morgan Chase for the issuance of charge cards to government offices for group lodging and for the rental of facilities and equipment to train employees.

Card Issuance Procedure

Updated 01/2010

The RD must send a written request to the Assistant Division Chief (ADC), Office of the Division Chief (ODC), Administrative and Customer Services Division (ACSD), requesting a specific employee carry a JP Morgan Chase corporate card for the RCC and the reason that a new corporate cardholder is needed. Once the approval is received, the employee selected to carry a corporate card must apply for the contractor issued government corporate charge card. The application can be obtained from Decennial Admin Branch (DAB).

The employee should complete the application and send the originals via FEDEX to Field Division, DAB Attn: Michelle Byers, 4600 Silver Hill Road, Room 8H038E, Suitland, MD 20746. Make sure the application form is complete with the employee's official name, business address, phone, and verification information. Do not include the employee's social security number. DAB will call to obtain this information.

Upon receipt of the properly authorized application, the contractor will issue a corporate charge card in the official name of the employee.

The corporate card is used for the following:

- Group lodging.
- Rental of facilities.
- Equipment to train employees.

The corporate card may be used to pay for individual lodging, for the following situations:

- A new employee who has not yet received his/her travel charge card.
- Employees that do not qualify for travel charge cards.
- Multi-day training where only one employee may be outside the 30 mile radius for local travel and does not have a travel charge card due to falling into the first two

situations.

- Employee is asked to temporarily cover for another enumerator and the area to be covered is outside the local travel radius and involves overnight travel. This includes short notice emergency field assignments. The employee does not have a travel charge card due to falling in to one of the first two situations.
- Employee is required to travel on per diem to an assignment area and does not have the monetary means to pay for the lodging up front. The employee does not have a travel charge card due to falling in to one of the first two situations.

The corporate card is **NOT** to be used for the following:

- Individual lodging for an employee whose card has been taken away and is required to travel.
- Personal expenses.
- Telephone calls, telegrams, paid TV, meals, etc.
- Alcoholic beverages.
- Entertainment.
- Room Service.
- Tips of all kinds.
- Transportation of taxi/cab, bus, train, airplane.

NOTE: Promotional benefits, hotel points, and or material that a hotel may offer in connection with planning and/or scheduling an official conference or other group travel may not be claimed by the person or persons planning the event for the government. All promotional benefits are considered to be property of the government. Claiming the benefits for personal use is illegal and can be grounds for disciplinary action, up to and including immediate dismissal.

Billing Information

Updated 01/2010

Form 11-806, Transmittal Log for Miscellaneous Invoices (Exhibit 21-5) must be used as a cover sheet for all corporate card invoices sent to CTMSB. CTMSB will verify that the charges are correct for the use of the card before forwarding to Finance for payment. This is to ensure invoices are not lost or accidentally left out. All identifying information on the form, such as, the Control Log Number, RCC, Contact Person, Telephone Number, the Date Mailed to CTMSB and the Payee Name, Invoice Number and Comments (if applicable) must be completed.

Ensure the correct accounting data is written legibly on the JP Morgan Chase monthly invoice.

Each invoice must provide the following accounting information:

Organization Code (16 digits): 11-15-00XX-XX-XX-XX-00
Project/Task Code (10 digits): XXXXXXX-XXX
Object Class Code (8 digits): XX-XX-XX-XX

Use the following object class codes:

Lodging rooms 25-80-01-00
Training rooms 25-80-02-00

An original authorized cardholder and approver signature must be on each JP Morgan Chase monthly invoice. Include the cardholder's phone number on all correspondence to CTMSB.

FedEx all invoices within 5 workdays of receipt to the following address:

U. S. Census Bureau
Administrative and Customer Services Division
Attn: Chief, CTMSB
4600 Silver Hill Road, Room 3J247
Suitland, MD 20746

Maintenance of Card

Updated 01/2010

It is the cardholder's responsibility to maintain a complete file folder for audit purposes. This includes retaining a copy of charge card slips, original lodging receipts, the JP Morgan Chase monthly invoice, and any other supporting documentation for a period of 24 months after the end of the fiscal year in which the transaction occurred. The folder should always be kept in a secure area. In addition, if personal expenses are identified on any of the supporting documents for room rentals such as room service, phone calls etc., there must be supporting documents to show that the employee has paid these amounts.

Security of Card

The Census Bureau corporate cardholder will carry the corporate card on his/her person only when required in the performance of official duties. At all other times the card will be kept in a locked container, locked file cabinet, or safe to which only the cardholder has access.

Lost or Stolen Card

Updated 01/2010

If a JP Morgan Chase corporate charge card is lost or stolen, the cardholder should immediately call the following number(s) that is operational 24 hours a day:

- In the continental U.S., Alaska, Hawaii, Puerto Rico, and Virgin Islands call collect 800-790-7206.
- If a cardholder is outside the U.S., call 904-954-7850.

A replacement card will be mailed to the employee within 24 hours.

Return of Card

When an employee leaves or transfers to another government agency, the card must be cut in half and destroyed. DAB must be notified in writing, via email, stating the employee's name, date of cancellation, and reason for cancellation.

Topic 8: Local Travel

General

Local travel is travel completed within twelve hours, does not involve per diem or overnight lodging, and is to locations within a 50-mile radius of the official duty station. If the employee's travel involves severe conditions or the employee is attending training or a conference, the employee may be authorized per diem for official travel in excess of 12 hours and is at least 30 miles from both the residence and permanent duty station. Verbal approval by the employee's supervisor is necessary, as well as approval on any reimbursement vouchers.

RCC employees will use the BC-27, Time, Attendance and Cost Report and the RD will use the SF-1164, Claim For Reimbursement For Expenditures On Official Business to record the local travel claim. (See Illustration 7-11 for a sample of the BC-27 and Illustration 7-12 for a sample of the SF-1164.)

Allowable Reimbursable Expenditures

Allowable reimbursable expenditures for local travel include:

- Privately-owned vehicle (POV) mileage.
- Parking fees for POV (Attach receipt).
- Toll and bridge fees (Attach receipt).
- Taxi fare and tips (Attach receipt).
- Fees for public transportation (bus, subway, etc.).
- Official business telephone calls.
- Miscellaneous expenses explained in detail (Attach receipt).

When the use of POV for local travel is claimed, an employee is not entitled to reimbursement for the miles (or other related travel costs) between residence and official duty station. The miles between the residence and the official duty station plus the return, must be deducted from the miles (or other travel related costs) traveled even if they did not actually report to their official duty station. The SF-1164 and the BC-27 must clearly show that no claim is being made for the mileage (or other related travel costs) normally traveled from residence to official duty station. Do not

process claims which are not fully documented.

Documenting Local Travel Expenditures

The expenditures on the SF-1164 and BC-27 should be recorded as follows:

1. Items claimed on the SF-1164 and BC-27 should be in chronological order.
2. Claims for the use of taxi or POV must show the origin and destination points for each trip.
3. Tips for taxi cab drivers must be shown separately from the amount being claimed for the fare, and cannot exceed 15 percent of the fare.
4. If the fare claimed includes charge for other passengers on official business, the number of additional persons accompanying the claimant must be shown following the applicable fare.
5. Claims for POV must show the number of miles for each trip and the miles deducted from residence to official duty station.

The RCC must conduct an audit of the local travel claims received in the area for processing. The RCC will:

1. Ensure that claims fall within the guidelines for local claims.
2. Verifies the accounting information necessary for data entry into the CFO 8.8 T&A software. This includes project number, task code, appropriate reimbursement code (M-Miles, C-Communications, and O-Other) for every item claimed and approved for reimbursement. The object class code is not required for data entry into the CFO 8.0 since it is generated later in the processing cycle from the function code.
3. Verify that all totals on the SF-1164 match the totals keyed into the CFO 8.0.

Illustration 7-11

BC-27, TIME, ATTENDANCE AND COST REPORT

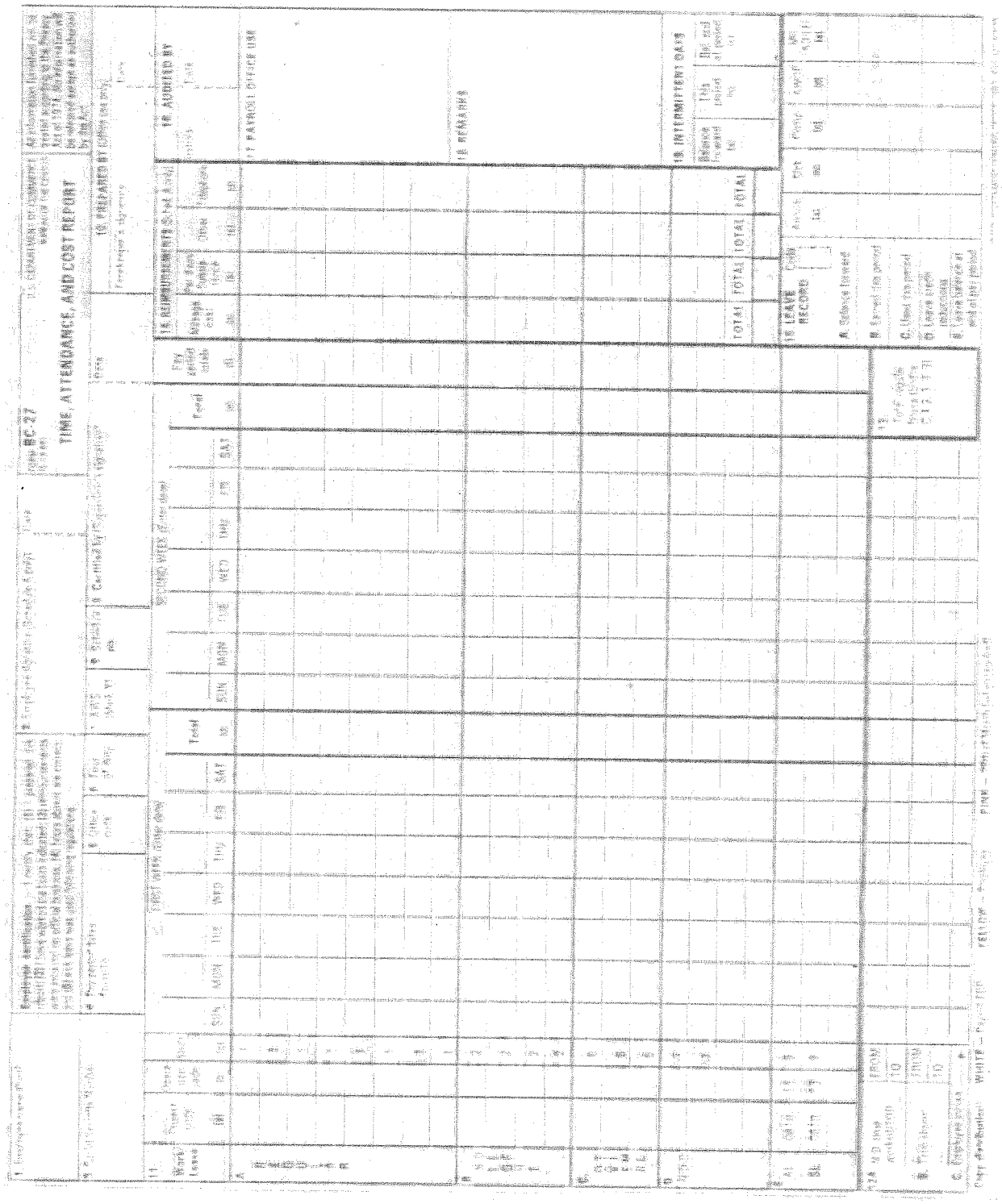


Illustration 7-11 (continued)

BC-27, TIME, ATTENDANCE AND COST REPORT

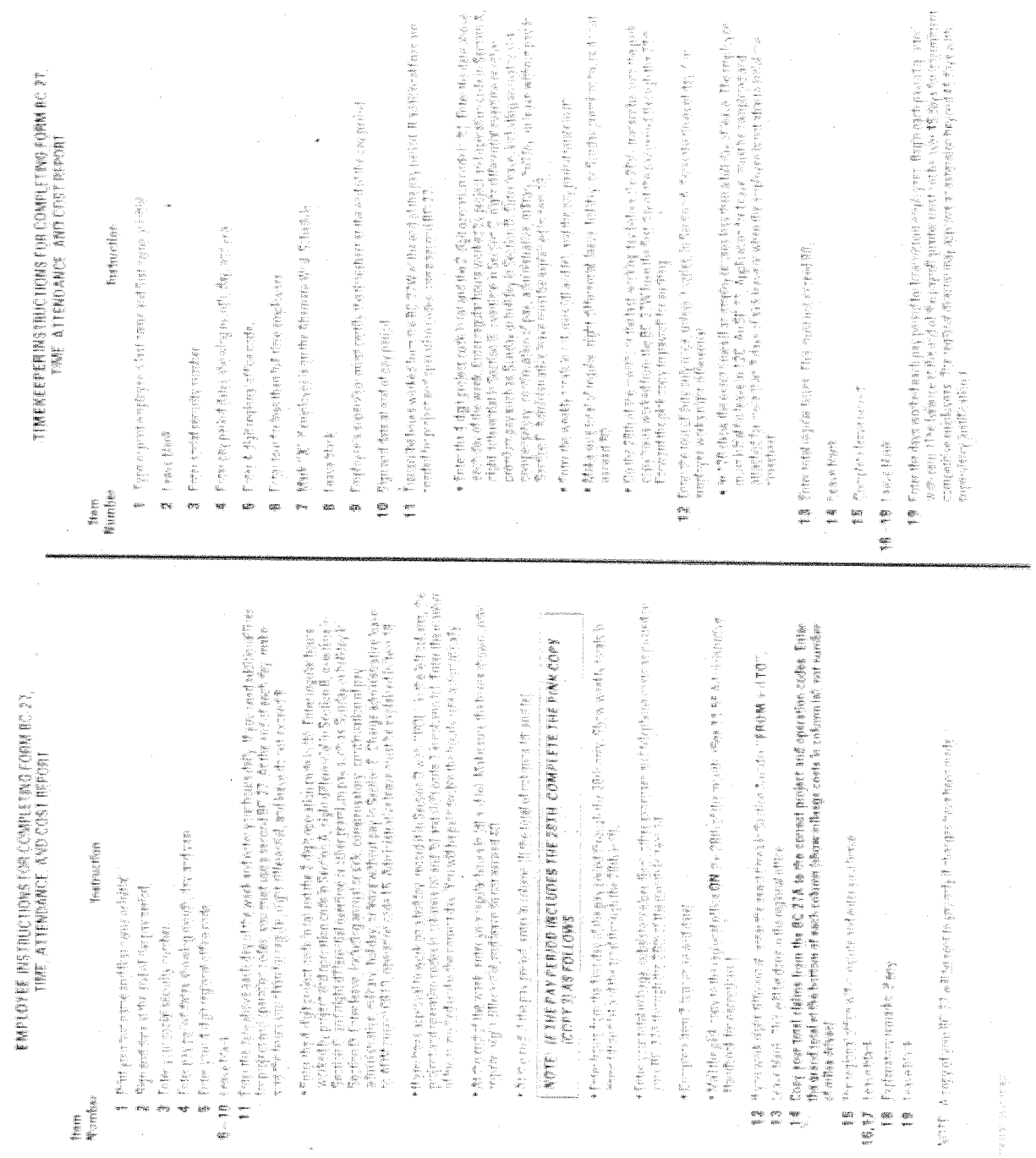


Illustration 7-12

SF-1164, CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Bureau of the Census (RCC)

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME *(Last, first, middle initial)*: Person, Example

b. SOCIAL SECURITY NO.: 000-00-0000

c. MAILING ADDRESS *(Include ZIP Code)*: 111 S Street, Anywhere, USA 00000

d. OFFICE TELEPHONE NUMBER: (555) 555-5555

5. PAID BY

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses *(itemized)*
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

MILEAGE RATE: 48.5 ¢

DATE (a)	CODE (b)	(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
1/06	A	Home	Conference	10	$485			
1/06	C	Parking						$ 5.00
1/06	A	Taxi to Conference				$10.00		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK	0	0	0		0
			TOTALS	10	$485	$10.00		$5.00

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ $19.85

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ (Immediate Supervisor) DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ (ARCM Signature) DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

In Accounting Classification - 57 - Office Code-Operation Code-Project Number

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

Illustration 7-12 (continued)

SF-1164, CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

6. EXPENDITURES—*Continued*

DATE 20__ (a)	CODE (b)	Show appropriate code in col. (b): A--Local travel B--Telephone or telegraph, or C--Other Expenses (itemized) (Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE 44.5 ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
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					$0.00			
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					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
		Total each column and enter on the front, subtotal line		0.0	$0.00	$0.00	0	$0.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. Government Printing Office: 1993 – 361 - 028/99048

STANDARD FORM 1164 Back (Rev.11-77) (CDC Adobe Acrobat 3.01 Electronic Version, 6/98)

Topic 9: Preparing and Submitting Claims for Overnight Travel

General

When claiming expenses for official overnight travel, RCC and full-time LCO employees will use the BC-27A, Field Employee's Travel Expenses. (See Illustration 7-13 for a sample of the BC-27A.)

Note: Refer to the back of the BC-27A for instructions on completing the form.

Claims on the BC-27 will be processed through the National Finance Center (NFC) using the T&A data entry software and reimbursements will be included in the employee's biweekly paycheck.

Documenting and Submitting Claims

RCC employees will complete the BC-27A and transcribe the totals to the BC-27A. Attach all receipts pertaining to the travel, including a copy of the travel order, then forward to the Administrative Coordinator for review. Once reviewed the forms along with attachments is forwarded to the ARCM for approval. Once approved, the forms are returned to the Administrative Coordinator who will process the claims into the T&A data entry software.

Full-Time LCO employees will complete the BC-27A and transcribe the totals to the BC-27. Attach all receipts pertaining to the travel, including a copy of the travel order and forward to the Administrative Assistant (AA) for review. Once reviewed by the AA, the BC-27 along with all attachments are forwarded to the Local Census Office Manager (LCOM) for his/her approval. The LCOM returns the forms back to the AA who will forward them to the Administrative Coordinator at the RCC. The Administrative Coordinator will follow the same process as for RCC employees.

Note: For travel and reimbursement claims for intermittent LCO employees refer to the D-501, LCO Administrative Manual.

Illustration 7-13

BC-27A, FIELD EMPLOYEE'S TRAVEL EXPENSES

Page 1 of 2

FORM: **BC-27A**
10-21-2000
PREC. BY
FORM CH. 700

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FIELD EMPLOYEE'S REIMBURSEMENT EXPENSES

1. Employee name
2. SSN
3. Pay period dates – From/To

All information furnished will be treated in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

Section I – OFFICIAL MILEAGE

Dates of travel (1)	Points of travel: From (2)	Points of travel: To * (3)	Miles by Project/Task: / (4)	/ (5)	/ (6)	/ (7)	/ (8)	/ (9)	/ (10)	/ (11)
(12) **TOTAL NUMBER OF MILES CLAIMED** → *Enter here and on BC-27, column 7(a)*										

* *Enter the name of the place to which you drove, or enter "in and around _____ city and return" or "_____ county and return" (if in rural areas)*

Section II – PER DIEM*

Departure date (1)	Points of travel: From (2)	Points of travel: To (3)	Arrival date (4)	Lodging (5)	M&IE (6)	Total Per Diem (7)	Cost by Project/Task: / (8)	/ (9)	/ (10)
(11) **TOTAL PER DIEM CLAIMED** – *Enter here and on BC-27, column 7(b)* →									

* *Attach lodging and transportation receipt.*

Section III – COMMUNICATIONS*

* *Attach telephone bill with official business calls annotated.*

Project/Task (1)	Amount claimed (2)	Project/Task (1)	Amount claimed (2)	Project/Task* (1)	Amount claimed (2)
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	

Section IV – OTHER REIMBURSABLE ITEMS*

Date (1)	Description of expenditures (2)	Cost by Project/Task: / (3)	/ (4)	/ (5)	Date (1)	Description of expenditures (2)	Cost by Project/Task: / (6)	/ (7)	/ (8)
* *Bus fares; road, bridge or ferry tolls; parking fees; cash common carrier fees; other miscellaneous items.*					← (9) **TOTAL OTHER** → *Enter here and on BC-27, column 7(d)*				

Copy distribution: **WHITE** *(Submit with BC-27)* – Payroll **YELLOW** – Employee Copy

Illustration 7-13 (continued)

BC-27A, FIELD EMPLOYEE'S TRAVEL EXPENSES

Page 2 of 2

INSTRUCTIONS FOR COMPLETING FORM BC-27A FIELD EMPLOYEE'S REIMBURSEMENT EXPENSES

GENERAL INSTRUCTIONS

- Print legible entries in blue or black ball point pen **each day**.
- Complete heading boxes 1 – 3 in case this form is separated from Form BC-27.
- After completion, attach the white copy to Form BC-27.

Section I – OFFICIAL MILEAGE

Column (1) – Enter the dates you drove on official business.

Column (2) – Enter the city and state from which the day's travel started.

Column (3) – Enter the place to which you drove each day. When driving within a city or county, enter the abbreviation I&A for "in and around". For example, "I&A Fairfax County and return".

Columns (4) – (11) – Enter the project number and task code in the column headings and enter official business miles claimed, from odometer readings, under the correct codes. Do **NOT** include miles driven on personal business.

Row (12) – At the end of the pay period, add the miles in each column (4) – (11) and enter the "Total Number of Miles Claimed" by project number and task code. Forward these totals to the BC-27, column 7(a) by project number and task code.

Section II – PER DIEM (When completing this section you must forward this Form BC-27A to the Regional Office with receipts as soon as travel is completed, if applicable). Note: Receipts for lodging – if a receipt is lost, provide a statement with the name, address and telephone number of the lodging location, and the costs. When more than one person occupies a room, the **single room rate is allowed.** This must be noted on the receipt.

Column (1) – Enter beginning date of travel.

Columns (2) and (3) – Enter locations between which travel was performed.

Column (4) – Enter arrival date.

Column (5) – Enter the daily lodging amount as shown on lodging receipt. The amount cannot exceed maximum lodging authorized for the area.

Column (6) – Enter the authorized M&IE for your temporary duty station.

Column (7) – Add the lodging rate in column (5) with the M&IE rate in column (6) and enter the total amount of per diem.

Columns (8) – (10) – Enter in the column headings the project number and task code to be charged. Enter costs under the correct codes.

Row (11) – At the end of the pay period, add per diem in each column (8) – (10) and enter the "Total Per Diem Claimed" by project number and task code. Forward these totals to the BC-27, column 7(b) by project number and task code.

Section III – COMMUNICATIONS (When completing this Section you must forward the telephone bill to your Regional Office, entering the project number and task code next to each official call.)

Column (1) – Enter the project number and task code for which the communication expense was incurred.

Column (2) – After entering the project number and task code on your telephone bill, total the cost of calls by project number and task code. Enter this total by project number and task code (including tax). Forward these totals to the BC-27, column 7(c) by project number and task code.

Section IV – OTHER REIMBURSABLE ITEMS
Note: Receipts required by your regional office or for any authorized purchase of supply items, such as maps, pencils, etc.

Column (1) – Enter each date a reimbursable expense (road, bridge or ferry tolls, parking fees, authorized special purchase item, taxi or limousine fare, etc.) is incurred.

Column (2) – Enter a description of the expense claimed. Some items could be grouped for each day (i.e. – 3 subway fares @ 75 cents, 3 parking meter fees @ 25 cents). Tips for cab or limousine drivers must be shown separately (up to 15% of fare).

Columns (3) – (5) and (6) – (8) – Enter in column headings the project number and task code for which the expense was incurred. Enter the cost of expenses under the correct codes.

Row (9) – At the end of the pay period, add the other reimbursable items in each column (3) – (5) and (6) – (8) and enter the "Total Other" by project number and task code. Forward these totals to the BC-27, column 7(d) by project number and task code.

FORM BC-27A (6-21-2000)

Topic 10: Direct Deposit of Travel Reimbursements for ARCM's

General

The ARCM have their travel reimbursements direct deposited. It is possible to have their travel reimbursements in a Treasury check but this must be an extreme circumstance (i.e. ARCM does not have a permanent address). For further assistance, call the Financial Customer Assistance Line at (301) 763-1300.

Topic 11: Gifts and Bequests

General

Census Bureau sponsors may pay for the expenses of our employees while on travel. Gifts and bequests may be made in the form of checks or provisions for meals, lodging, and other expenses related to official travel. **Employees are not to accept cash gifts under any circumstances, including the acceptance of cash to pay for their travel expenses in connection with their official duties.** An individual employee may not accept a gift or bequest for any reason without prior approval. The link below provides specific instructions for creating the travel authorization for gifts & bequests in the TMIS+ system:

http://cww.census.gov/amsd/CBS/Training/TMIS/G&B/1A.pdf

Once the authorization is completed, provide the traveler with a hard copy.

The link below provides specific instructions for creating the travel certification for gifts & bequests in the TMIS+ system:

http://cww.census.gov/amsd/CBS/Training/TMIS/G&B/1B.pdf

Topic 12: Allowances for Light Refreshments

General

The government is **not** allowed to provide light refreshments at conferences.

Topic 13: Transit Subsidy for Regional Census Center Employees

Overview

For the 2010 Decennial Census, the Regional Director is authorized to implement the "Transportation Subsidy Program" which provides Transit Checks to cover monthly public transportation commuting cost, not to exceed the maximum level allowed by law.

To get the dollar amount for the monthly allowable allotment check the following website:

http://cww.acsd.census.gov/Webdocs/PDF/tsppolicy81707.pdf

Requirements to be eligible for this program

- An employee is not eligible for participation if the employee uses subsidized parking supplied by a Federal agency or receives other benefits related to commuting.
- A participant in the program is expected to use public transportation systems or registered vanpools to commute to and from work.
- Transit Check passes are not transferable and are to be used only for an employee's own commute to and from work. Giving, selling, trading, or transferring the Transit Check pass to other individuals, or purchasing the same from another individual, is prohibited even if the other individual is eligible to receive the subsidy. Employees found in violation of this policy will be subjected to disciplinary action.
- Upon entering the Program, an employee must certify that the amount of the Transit Check does not exceed the employee's actual commuting expenses and will be used solely to pay for the commute to and from work by means of mass transportation.
- An employee who terminates participation in the program will not be eligible to reapply for participation until the next scheduled Transit Check disbursement period after termination.
- The Bureau will not be responsible for lost or stolen Transit Checks and will not replace such.

- Receipt or non-receipt of the Transit Check does not alter an employee's responsibility to report to work as scheduled.

Further information on Transit Subsidy

For more information on the Transit Subsidy Program, please refer to Administrative Memorandum Series For Decennial No. 07-31(Rev).

All cost associated with this program should be charged to the following ACCS for Fiscal Year 09:

Project/task: **5312920-000**

Org Code: **Appropriate RCC organizational code**

Object Class: **12-10-09-06**

The above ACC codes will change in fiscal year 2010. You will be notified of the new codes when the new fiscal year approaches.

Chapter 8: Correspondence and Files

Topic 1: Correspondence

The Assistant Regional Census Manager's (ARCM) secretary receives and distributes the mail that comes into the Regional Census Center to the appropriate person.

Subjects Requiring Replies

Replies will be made to incoming correspondence relating to any of the following subjects:

- Request for census data.
- Correspondence from representatives in government (Congressional issues that are not routine must be cleared with the Chief, Field Division, before replying).
- Requests for personnel information.
- Correspondence concerning any controversial subject.
- Correspondence on any subject for which the local census office (LCO) did not have all the information necessary for adequate reply.

A copy of all congressional replies must be sent to the Chief, Congressional Affairs Office, Room HQ-8H166C, at Headquarters.

Replies

A reply will be made within three working days from the date the correspondence was received. Keep replies short and factual. Phrase replies to avoid criticism of the Bureau. Prepare one copy of each reply. File the copy with the inquiry in the chronological (CHRON) file.

All correspondence requiring a reply will be given to the ARCM's secretary for control purposes. The Administrative Coordinator (AC) will draft an answer to the correspondence or direct it to the person responsible. After the answer is drafted, the AC or ARCM will review the reply for adherence to Bureau policy. All correspondence will be prepared for the Regional Director's signature, unless otherwise designated.

Topic 2: Files

The filing system for the RCC should be individually designed to meet your needs. Suggested procedures for setting up and maintaining the files are outlined below. This particular system may be used by your 2010 Census site.

General Files

The secretary should post and maintain the following items in 3-ring binders, located in or around the reception area:

- 2010 Decennial Field Recruitment Memorandum Series
- Administrative Memorandum Series for Decennial
- Geographic Support Program Memorandum Series
- 2010 FLD Decennial Management Memorandum
- 2010 Field Observation Memorandum Series
- Partnership and Data Services Branch
- 2010 Census FLD Implementation Memos
- 2010 Decennial Field Recruitment Memorandum Series

Administrative Files

The following administrative files should be set up in cabinets around the administrative area and maintained by the Administrative Specialists:

Addresses and Telephones/Staff Organization and Rosters

- 2010 Census
- Local Census Office

Appointing Authority and Approvals

- Decennial Authorities and Approvals
- Local Census Office Authorizations

Decennial Position Descriptions

Conduct

- Commendations
- Complaints/Charges/Debts
- Disciplinary Actions

Congressional Correspondence

- Directives/How to Handle
- Correspondence

Employee Relations and Activities

- Quality Increases/Awards
- Grievances
- Political Activities (Hatch Act)
- Identification/Keys
  - Licenses
  - Personal Credential Cards
  - Key Log
- Employee Suggestion Correspondence

Employee Appointments (General)

- Special Agents Without Compensation (WOC) Policy Directives
- Employment Studies and Reports
- Employment of Aliens

General

- Local Public Meetings/Attendance, etc.
- Processing Centers

Health and Safety

- Accidents, Injuries, and Death (including compensation claims)
- Health Benefits, Life Insurance
- Smog Alert, Disaster Plans

Hours of Duty

- Overtime Policies and Procedures
- CD-81 - Overtime and/or Holiday Work
- Tours of Duty, Attendance, Policy and Procedures

Special Inquiries

- Regional Office
- Field Headquarters
- State and local
- Non-governmental

Leave Policies/Procedures/Records

- Annual
- Vacation (current vacation schedules)
- Leave Abuse
- Compensatory Time

Legal

- Title 13
- Reapportionment/Redistricting (PL 94-171)
- Freedom of Information Act
- Refusal Letter
  - Apartment Managers
  - Special Place Related
  - Refusals
- Refusal documentation
  - Individuals
  - Organized Resistance
  - Suits/Actions Against Bureau
- Census Legislation

Logistics/Travel

- Shipping Memoranda Books
- Government Transportation Requests
- Shipping (Government Bill of Lading, Air Freight, Express Mail)
- Travel Itineraries
- Hotels/Motels
- Other

Minority Statistics Reporting

- Upper Level Reports/Summaries
- Standard Reports

Pay Administration

- Salary Schedules - Pay Rates - Exceptions and Authorities 2010 Decennial
- Field (Pay rolling)

Performance Rating Instructions

- Merit Pay
- General Workforce Performance Appraisal System

Policies and Procedures

- Office of Personnel Management (OPM)
- Bureau and Department
- Policy Objectives and Directives – 2010 Decennial
- V.A. Regulation

Progress Reports

- Cost and Progress Reports
- Technician's Checklist - Technician's Copies
- Technician's Checklist - Office Manager Copies
- Mail Response Rates
- Special Summaries
- Other

Project and Operation Codes

- 2010 Decennial
- Evaluation Studies

Separations

- Deaths
- Other Terminations for Cause

Capital Equipment/Service Contracts

- Janitorial Services
- Equipment/Inventories/Supply Lists/Requests
  - Local Census Offices
  - Regional (BC-22s)
  - Inventories
  - Donation of Space Letters
  - Rental Agreements (Leases)
  - Kit contents/Booklets
  - Local Census Office Supply Requests
- Transfer of Property
- Security Guard Service

Training

- Training Sessions and Conferences

Visitor Control

Advisory Committee-Related

- Black
- Hispanic
- Asian and Pacific Islander
- Native American/Alaskan Native

Technical Files

The following technical files should be prepared and maintained by a clerk in cabinets or shelving in or around the operational area.

On Shelving

- Decennial Forms
- Decennial Training Guides
- Decennial Manuals

Local Census Office Authorizations

Local Census Office Records of Testing, Forms D-315

Local Census Office Records of Training, Forms D-275

Local Census Office Workload Estimates/Staffing

Requirements/LCO Profiles

Indian Reservation Enumeration (If applicable)

Outlying Areas (If applicable)

Pay Change Requests

Post-Enumeration Surveys

Progress and Cost Report Books

Local Census Office Project and Task Codes

Local Census Office Schedules of Operations

Local Census Office Shipping Memorandum Booklets

Special Places

- Military
- Penal Institutions
- Hospitals
- V.A.
- Enumeration Of Transitory Location
- Service Based Enumeration Operation
- Other

Local Census Office Supply Kit Contents

Geographic Operations

Updated 03/10

The Geographic Operations will post and maintain the following files electronically, if applicable.

Complaints/Problems (alphabetically by state/county)

- Geographic
- Housing Count
- Population

Postal Service

Block Splits by LCO, if applicable

General Correspondence (alpha by state, county, and governmental entity place, Minor Civil Division (MCD), tribe, etc. as appropriate)

- Participant Statistical Areas Program (PSAP) include Geographic Related Correspondence and Reports Prior to 2010 Decennial Geographic Areas [topical files - one

folder for each item: Census Tracts/Block Numbering Areas, County Subdivisions, and Census Designated Places (CDPs)]

- Metropolitan Statistical Areas (MSAs)
- Boundary and Annexation Survey (BAS)
- Block Statistics, if applicable
- Redistricting Data Program
- Geographic Areas, General

TIGER System and Products

2010 Census (topical file)

- Local Census Office Boundaries
- Local Census Office Workloads
- 2010 Questionnaire
- 2010 Recruiting Information
- Postal Service Related Procedures
- Geographic Specialists
- LCO/Block Coding
- 2010 Geocoding
- 2010 Pretests
- 2010 General

Maps

- Maps General

Miscellaneous

- Meetings and Conferences
- Special Projects
- General Personnel Information
- Coordination of Work Assignments
- Miscellaneous Census Publications
- Miscellaneous General

Employment Files

The following files should be kept in filing cabinets in the

administrative area, by the Administrative Specialist or Human Resource Specialist.

Applicants

- LCO Managerial Applicants (alphabetical)
- RCC Applicants
  - General Clerical
  - Geographic Positions
- Related
  - Full Time Professional
  - IT Supervisor
  - Civil Service Annuitants – Reemployed Annuitants
  - Referrals

Results of Testing

- LCO (folders for each county containing):
  - Recap sheets
  - Applications
  - Interview guides
- 2010 Decennial (folders in chronological order containing same as above)

Procedures (Master Copies)

- Regional Recruiting Plan
- Clerical Procedural Memorandum

Blank Forms

- D-270, D-270A, D-270B
- D-267, D-267A, D-267AS, D-267(S), D-267B
- D-271
- D-Vacancy Announcements
- OF-612
- D-264
- D-268

Partnership and Data

The following files should be kept by the Public Information

Services Program Clerk:

a. Kits (by office type)
b. Instructions/Memos (by office type)
c. News Releases (by office type)
d. Publicity correspondence
e. Speeches
f. DAPP Recruiting Files by Target Area
g. Checklist
h. Miscellaneous & General DAPP Related Materials

Topic 3: Local Census Office

Administrative Files

See Local Census Office Administrative Manual, Chapter 14, Topic 2, for information on:

1. Recruiting and Testing
2. Personnel Administration
3. Payroll
4. Cost and Progress Reports
5. Correspondence - CHRON FILE
6. Outreach/Promotion
7. Supply
8. Accidents and Injuries

Chapter 9: Purchase and Payment of Goods and Services

Topic 1: General Policy

Overview

Procurement is a major regional census center (RCC) activity. The RCC staff purchases or requisitions goods and services to support the RCC and the local census offices (LCOs).

The RCC operates under the direction of the Regional Director (RD). The RD, assisted by Assistant Regional Census Managers (ARCMs), has overall responsibility for ensuring that RCC staff:

- Have the training required for their level of purchasing authority;
- Make timely and efficient purchases;
- Use the appropriate purchasing method for every transaction;
- Charge expenses to the correct accounting code;
- Follow all laws, regulations, and procedures.

Methods for Purchasing Goods and Services

Selected RCC employees receive authority to make purchases on behalf of the United States Government by specific methods and within pre-established limits. Purchasing methods include:

- Corporate Charge Card. This is a centrally-billed travel card generally issued in the name of an RCC administrative manager. The Administrative and Customer Services Division administers the Corporate Charge Card program. (See Topic 2)
- Government Purchase Card. This is a centrally-billed credit card issued by JP Morgan Chase/MasterCard to designated RCC employees. The Head of the Contracting Office (HCO), who is the chief of Acquisition Division (ACQ) at HQ, oversees the government purchase card program. (See Topics 3-7)
- Government Purchase Card Convenience Checks. Designated government purchase cardholders have authorization to write checks on their purchase card accounts. (See Topics 8-9)
- Purchase Orders. Designated RCC employees enter purchase requests in the C.REQUEST module of the

CSTARS automated procurement system. These requisitions initiate purchase orders issued by the National Processing Center acquisition staff. (See Topic 10)

- Miscellaneous Invoices RCC purchase cardholders will pay for miscellaneous invoices using their purchase card or purchase card convenience checks. However, for invoices for employment ads that exceed the cardholder's single purchase limit, the RCC will submit invoices to the National Processing Center for payment by one of their purchase cardholders. See Topics 11-14 for details on this payment method.

- GSA Global Supply Purchases

  FLD HQ has established Address Activity Code accounts (AACs) through the GSA Global Supply web site so that RCC purchase cardholders may view the tutorial, set up a user identification (ID) and password, and order supplies. The purchase card approving officials in the RCC must approve use of an AAC by a user and the establishment of a password that is tied to each AAC. The approving official must also review the purchase of supplies prior to an order being processed to certify that they are appropriate. Since Field HQ is limiting use of the AACs to existing purchase cardholders in the RCCs, the same training requirements and regulations for the purchase card holders apply to those persons who use AACs. Also, only the Regional Directors (RDs) or Assistant Regional Census Managers (ARCMs) should serve as approving officials and are subject to the same purchase card training requirements and regulations. The detailed procedures for this method are outlined in LOGISTICS PLANNING & OPERATIONS MEMORANDUM NO. 09-05.

Appropriate Purchase Methods By Transaction Type

RCC staff must use the purchase method appropriate to the type and amount of the transaction The chart in *Figure 9-1* below provides the correct methods for making common types of purchases.

Figure 9-1 Purchasing Methods for Selected Types of Transactions

	Goods or Services Purchased Or Rented	Corporate Card	Purchase Card	Purchase Order	Individual Travel Card
1a	**Group Lodging**	X		X	
1b	**Individual Lodging**	X			X
1c	**Facilities and/or equipment to train employees**	X	X	X	
2*	**Vehicle Rental**		X*		X
3	**Conference, Meeting, Symposium, Seminar Registrations**		X	X	X
4**	**Light Refreshments, Drinks or Meals**	Not Authorized	Not Authorized	Not Authorized	Not Authorized
5	**Guest Speakers/Trainers**		X	X	
6	**Training**		X	X	
7	**Printing and Duplicating-GPO Express/FedEx Kinkos**		X	X	
8***	**Partnership/Promotional Materials**		X***	X	
9	**GSA Global Supply or Other Office Supply Sources**		X (or AAC)	X	
10.	**Employment Ads**		X	X	
11.	**Other Training Facilities and Equipment**		X	X	

1a-b. **Lodging:** The Corporate Card can pay for group and/or individual lodging. It is different from the "government purchase card" used to buy most goods and services. Without prior approval from the HCO, do not use the government purchase card to pay for lodging or to guarantee travel reservations.

1c. The government purchase card may be used to pay for hotel-provided, non-lodging services such as classrooms, meeting rooms and audiovisual support without HCO permission; also, the purchase card may be used to pay for rental of training facilities in places other than hotels/motels.

2.* **Vehicle Rental:** For employees in **official travel status**, (TMIS+, manual CD-29 Travel Order or Blanket Travel Order), car rental charges are the responsibility of the individual traveler and are normally paid using the individual's travel card. However, it occasionally happens that an employee who is not in official travel status cannot use his/her personal vehicle to perform an assignment, and does not have a personal credit card to rent a replacement vehicle. In such situations, it may be in the best interest of the Census Bureau for **the Regional Director** to authorize an RCC cardholder to rent a temporary replacement vehicle with the government purchase card. **(Note: The Director of the Bureau of the Census Bureau has delegated this authority to the Regional Director- and to no one else.)**

3. **Conference, Meeting, Symposium, Seminar and Registration:** The government purchase card is the usual method for paying registration fees for mission-related conferences and other events. Cardholders must be aware of restrictions that may affect such transactions. Frequently registration fees are discounted for groups or members of an organization or association. However, there is a general legal principle that appropriated funds cannot pay for individual memberships. This restriction applies even when an individual membership plus member's registration fee would be cheaper than a non-member registration or when the group is mission-related or a professional society in the employee's area of expertise. RCC staff should contact ACQ before paying for any individual memberships. Appropriated funds may, however, be used to purchase corporate memberships (i.e. in the name of the Census Bureau) in organizations or associations related to the mission of the Census Bureau. ACQ approval is not required.

4.** **Light Refreshments, Drinks or Meals:** Not Authorized.

5. **Guest Speakers/Trainers:** Occasionally offices arrange for motivational speakers or developmental trainers to make presentations to staff. Guest speakers may be paid through an SF-182, Training Request Form, or by means of the government purchase card. However, cardholders must follow competitive procedures before agreeing to pay speaking fees in excess of $2,500.

6. **Training:** The purchase card is the preferred vehicle (method) for paying employee training tuition and fees. Under certain circumstances, an SF-182 may pay for training. See the HRD intranet site at http://cww2.census.gov/centrain/gen_res.shtml and http://cww.census.gov/amsd/CBS/Training/ETMIS/6.pdf for additional guidance on use of the SF-182.

7. **Printing and Duplicating:** Government-wide and Department of Commerce regulations (see http://cww2.census.gov/centrain/doc/Purchase) state the Government Printing Office (GPO) is the required source for printing and duplicating requirements that exceed the capacity of an office printer or copy machine. However, for print/copy jobs that are needed quickly, the GPO will allow the RCCs to use local vendors via the Simplified Purchase Agreement (SPA). The SPA is an optional, streamlined do-it-yourself

acquisition program that GPO has with a commercial contractor for printing and related products and services valued up to $2,500.

For small "rush" print jobs, GPO has arranged with FedEx Kinkos for favorable copying/binding and mounting rates; these services may only be ordered using a GPO Express card and then paid for with the Government Purchase Card. Follow the instructions in the LOGISTICS PLANNING & OPERATIONS MEMORANDUM NO. 10-02 to obtain these services.

Note: Obtain a waiver from your Regional GPO Coordinator before utilizing an open market source; contact the Logistics Planning and Operations Branch for assistance.

8.*** **Partnership/Promotional Materials: A centralized staff at the National Processing Center (NPC) will make most purchases to support the Partnership program. RCC staff will submit purchase requests to NPC by following established program procedures.** However, with appropriate Headquarters approvals and authorization from the appropriate regional manager, purchase cardholders can buy such partnership and promotional materials as trinkets, banners, bumper stickers, and similar materials.

If you are buying generic supplies and materials that are on the Procurement List (http://www.abilityone.gov/jwod/index.html), you must purchase AbilityOne products. AbilityOne products are sold by both AbilityOne outlets and commercial vendors, including those on the GSA Schedule. If the purchase of goods exceeds $3,000 and the AbilityOne sources cannot supply a particular item, obtain bids from at least three potential suppliers and select the one that provides the best value and complete the Checklist For Cardholder Documentation; see *Figure 9-7*. However, no single purchase may exceed the purchase cardholder's single purchase limit."

9. **GSA Global Supply or Other Office Supply Sources:** Before its opening, each Census office receives a bulk shipment of office supplies. As an office needs additional supplies, order them from https://www.gsaglobalsupply.gsa.gov in accordance with instructions in LOGISTICS PLANNING & OPERATIONS MEMORANDUM NO. 09-05. GSA Global Supply stocks products from the AbilityOne program, a required source of supply. If GSA Global Supply cannot provide the needed products, order AbilityOne program products from commercial vendors on GSA Schedule. If GSA Schedule vendors cannot fulfill requirements, purchase supplies on the open market. Use the Address Activity Code (AAC) account established with GSA or the government purchase card to pay for these materials.

10. **Classified Employment Ads:** Paid classified employment advertisements, placed directly by the RCC [not through 8(a) contracts], in newspapers, on radio and television, and other media for recruitment of Schedule A field staff up to $25,000 **must be approved by the Regional Director, <u>and only the Regional Director</u>**. The Assistant Division Chief for Decennial Censuses Decennial Management, Analysis and Special Censuses must approve all paid advertisements over $25,000 per order. All rules and

regulations for recruitment and hiring should be followed in accordance with DAO 208-2, Contracting Authority, Section 4.07, Miscellaneous Delegations.

The preferred method of payment for advertising is the government purchase card, provided that the transaction does not exceed the cardholder's single purchase limit (SPL). When a vendor cannot accept payment by purchase card, use a convenience check, provided that the invoice does not exceed the convenience check purchase limits. (See Topic 8, "Convenience Checks"). If neither of these methods is acceptable, complete an OF-347, Order for Supplies or Services and BC-1851 (ef), Vendor Registration Form, and FedEx it to the National Processing Center for payment. Include these invoices on the Form 11-806, Transmittal Log for Miscellaneous Invoices, in accordance with Topic 13.

11. **Other Training Facilities and Equipment:** On occasion, when free space is not available, it may be necessary for an LCO (or the RCC) to rent a room, equipment or other space to conduct training or for other temporary purposes. Under these circumstances, request that the LCO identify at least two suitable sites at minimal cost and provide a selection recommendation. Generally, the RCC should select the site that is the lowest cost. If only one suitable site is identified, or if the lowest cost site is not recommended for selection, the LCO should document the reason(s) and forward them to the RCC; the RCC should retain this documentation with other procurement documents related to this rental, including the D-218, Testing/Training Space Worksheet, and certified copy of the invoice. Use the government purchase card to pay for these services.

Topic 2: Corporate Charge Card

Overview

The Corporate Charge Card is a centrally-billed travel card, not a government purchase card. Use the corporate charge card to purchase group training for field staff, including lodging and meeting room rentals, but excluding meals or miscellaneous purchases.

Authorized Uses and Invoicing

Refer to Chapter 7 (Travel), Topic 7 "Contractor Issued Government Charge Card", for detailed instructions on the use of the Corporate Charge Card, as well as the auditing, certification, processing, and payment of invoices.

Topic 3: Government Purchase Card Program

Overview

The government purchase card is a centrally-billed credit card issued by JP Morgan Chase/MasterCard to designated RCC employees, referred to as a "cardholders", to purchase mission-related goods and services in compliance with applicable regulations. Commerce Acquisition Manual (CAM) Chapter 1313.301 (http://oam.ocs.doc.gov/docs/CAM_1313.301.pdf) contains detailed guidance on government purchase card program requirements. For current information about the Census Bureau purchase card program as well as access to downloadable copies of forms, see the Acquisition Division website at http://cww.census.gov/acq/pc-info.html.

The government purchase card is the preferred method for making micro-purchases. Current micro-purchase limits are $3,000 for goods, $2,500 for services covered by the Service Contract Act, and $2,000 for construction.

Each cardholder account has a single (SPL) and monthly (MPL) purchase limit. With very rare exceptions, RCC cardholders have SPLs at the micro-purchase limit. A cardholder must never split a transaction to stay under his or her SPL. The typical RCC cardholder's SPL is $3,000 and his/her MPL is $5,000.

Cardholders who hold Level 1 contracting officer warrants can have SPLs above the micro-purchase threshold. The Department of Commerce issues Level 1 warrants only to cardholders who meet rigorous training, education, and experience requirements, as described in Topic 6.

Topic 4: Nomination and Training Requirements for Cardholders and Approving Officials

Overview

This topic covers nomination and training requirements for cardholders with SPLs at the $3,000 micro-purchase limit and all approving officials (AOs). See Topic 6 for requirements for cardholders nominated to hold Level 1 contracting officer warrants with SPLs above the $3,000 micro-purchase limit.

Cardholder Nomination Process

The first step in nominating an employee to become a cardholder is for the RD or ARCM to complete the nomination form. *Figure 9-2* is an illustration of the cardholder nomination form; download the latest version from the ACQ website at http://cww.census.gov/acq/pc-info.html when making an application.

Nominees should be responsible, trustworthy RCC employees on an appointment longer than one year. As a general rule, LCO employees cannot become purchase cardholders.

During 2009, some nomination and account set-up functions now performed clerically at HQ will move online and become the responsibility of the nominee and RCC staff. Acquisition Division will advise Field Division when this transition occurs. For more information, see the ACQ website at http://cww.census.gov/acq/pc-info.html.

Approving Official Nomination Process

A designated AO reviews and certifies each cardholder's transactions. Only the RD or an ARCM should serve as AOs. As a best practice, each AO should oversee the activities of no more than four cardholders. However, an AO may not serve as the Approving Official for more than 7 cardholders without justification to, and approval in writing from, the Head of the Contracting Office.

Use an AO nomination form to nominate AO candidates. *Figure 9-3* shows a sample AO nomination form; download the latest version from the Acquisition Division website at http://cww.census.gov/acq/pc-info.html when making an application.

Figure 9-2: Government Purchase Cardholder Nomination Form (1 of 2)

FOR REGIONAL CENSUS CENTER EMPLOYEES ONLY

DATE:

MEMORANDUM FOR: Michael L. Palensky
Chief, Acquisition Division
Head of the Contracting Office

From: (Fill in Appropriate Regional Census Center (RCC) Manager)

Subject: Regional Census Center Employee Government Purchase Cardholder Nomination Form

I am nominating the RCC employee named below to become a Government Purchase Cardholder. Copies of all applicable training certificates are attached. The employee has retained a copy of this nomination to complete the follow-up information in Section II.

Section I. **CARDHOLDER INFORMATION**

Cardholder's Full Name_____ Permanent Employee (Y__N__)
Social Security Number (last four digits only) _____

Mother's Maiden Name _____

RCC Name _____ Room No._____
Phone Number _____ Fax Number _____
Email address _____ Default accounting code_____

If the purpose of card is purchase of goods or services, provide requested Purchase Limits:
Single $3,000 Monthly _____

If the cardholder is to have convenience check-writing authorization, attach justification memorandum and mark here ( ) If the cardholder is to write emergency replacement salary convenient checks, mark here ( ).

Designated Approving Official Name_____
___ Completion Certificate for GSA On-Line Purchase Card Training attached (required)
___ Completion Certificate for "Section 508 and Micro-purchases" class (required)
___ CLM 003 Ethics Training for Acquisition or equivalent Government Ethics Training

Cardholder Nominee Signature:_____ Date:_____

RCC Management Official Signature _____Date_____

I ____authorize ____ do not authorize the issuance of a Government Purchase Card with the purchase limits____ above ____restricted per OMB Circular A-123, Appendix B.

Michael L. Palensky, Head of Contracting Office Date

Section II. Verification Of Post-Approval Requirement Completion

Note: After receiving approval, the cardholder must complete several additional steps before using his or her purchase card or convenience checks. Please indicate that you have completed these requirements by checking the appropriate box, signing below, obtaining your AO's signature, and returning a copy of this form to Acquisition Division, Attention: APC, Room HQ-3J448B. You cannot use your purchase card or convenience checks until Acquisition Division receives your completed Section II and you have completed the required training.

For further information, see the Acquisition Division Census Bureau Intranet Homepage at http://cww.census.gov/acq.

I have:

- ❑ Read the Commerce Acquisition Manual Chapter 1313.301 (http://oamweb.osec.doc.gov/CAPPS_cam.html)

- ❑ Arranged to attend the CBS purchase card training administered by Administrative Management and Services Division (AMSD)

Cardholder Signature_____ Date: _____

Approving Official Signature: _____

Date: _____

Figure 9-3: Government Purchase Card Approving Official Nomination Form (1 of 2)

DATE

MEMORANDUM FOR Michael L. Palensky
Chief, Acquisition Division
Head of the Contracting Office

From: Division Chief or Designated Nominating Official

Subject: Government Purchase Card Approving Official Nomination Form

I am nominating the employee named below to become a Government Purchase Card Approving Official (AO). The nominee has retained a copy of this form to complete the follow-up information in Section II.

I. **APPROVING OFFICIAL (AO) INFORMATION**

AO Full Name_____ Permanent Employee (Y__N__)

Mother's Maiden Name _____

Division Name and Street Address, ZIP, _____ Room No._____

Phone Number _____ Fax Number _____

Name(s) of Cardholder(s) Reviewed: _____

Highest Purchase Limits Reviewed: Single _____ Monthly _____

___ Completion Certificate for GSA On-Line Purchase Card Training attached (required)
___ Completion Certificate for "Section 508 and Micro-purchases" class (required)
___ CLM 003 Ethics Training for Acquisition or equivalent Government Ethics Training

AO Nominee Signature_____ Date:_____

Division Chief/Designated Official Signature:_____ Date:_____

I authorize do not authorize the employee named above to serve as approving official as specified above.

Michael L. Palensky, Head of Contracting Office Date

Section II. Verification Of Post-Approval Requirement Completion

Note: Upon approval, the AO must certify completion of the following training activities before reviewing and certifying cardholder transactions. Please indicate that these activities are complete by checking the appropriate box, signing below, obtaining the signature of your division or office's designated official, and returning a copy of this form to Acquisition Division, Attention APC, Room HQ-3J448B. For further information, see the Acquisition Division Census Bureau Intranet Homepage at http://cww.census.gov/acq.

I have:

❑ Read the Commerce Acquisition Manual Chapter 1313.301 (http://oamweb.osec.doc.gov/CAPPS_cam.html)

❑ Attended the CBS purchase card training administered by Administrative Management and Services Division (AMSD)

Approving Official Signature_____ Date: _____

Designated Official Signature: _____ Date: _____

Required Initial Training

Every cardholder or AO nominee must document that he or she completed the following training within the past year:

- "Online GSA Purchase Card Training"; available at http://www.fss.gsa.gov/webtraining/trainingdocs/smartpaytraining/index.cfm;
- "Section 508 (Accessibility)" Training; available at http://www.section508.gov/;
- CLM 003 Ethics Training for Acquisition or equivalent Government Ethics Training available at https://learn.dau.mil/html/clc/course/CourseLaunch.jsp?er

The nominee must retain copies of these training certificates in his/her files.

Next Steps

RCC management must Fed-Ex an original signature copy of the nomination form and copies of all training certificates to:

Bureau of the Census
Field Division
Modeling and Analysis Branch (MAB)
5H112A
4600 Silver Hill Road
Suitland, MD 20746

MAB will forward these materials to ACQ for HCO review.

ACQ will send a notice to the cardholder or AO when HCO approves the nomination and sets up his or her account in the JP Morgan Chase system. It generally takes ten days to two weeks from setup for the cardholder to receive his or her purchase card. Before using the card, the cardholder must read CAM Chapter 1313.301, receive CBS-CPCS reconciliation training from the regional CBS coordinator, and certify the completion of these requirements on the second page of the nomination form. The cardholder or AO must then transmit a scanned copy of this page via email to MAB at *FLD Modeling and Analysis* or fax it to 301-763-3755. MAB will forward it to ACQ for inclusion in the cardholder's or AO's training file.

Required Refresher Training

Purchase cardholders and AOs must meet the Department of Commerce (DOC) refresher training requirements presented in the CAM, Chapter 13.301 at all times. Each cardholder and AO should review the date on his/her training certificate(s) to determine when he/she must complete refresher training.

After completing refresher training, the cardholder or AO must transmit a scanned copy of their training certificate via email to MAB at *FLD Modeling and Analysis* or fax to 301-763-3755. MAB will forward the copy to ACQ. The cardholder or AO must retain the original certificate in his/her files.

Individual cardholders and AOs are responsible for ensuring that their training records are up-to-date at all times. In addition, Regional Directors and Administrative Coordinators must monitor compliance with training requirements. For comprehensive information on the Census Bureau Purchase Card program and refresher training requirements, go to http://cww.census.gov/acq/pc-info.html.

Topic 5: Purchase Cardholder Responsibilities

Overview

Each purchase cardholder must fulfill specific responsibilities and follow all regulations regarding the use of the card. Commerce Acquisition Manual Chapter 1313.301, accessible through http://cww.census.gov/acq/, provides in-depth information about all transaction and record-keeping requirements. This topic synopsizes key points from this chapter.

Best Practice: Assign Specific Functions to Specific Cardholders

It is very important that the cardholder charge each transaction to the ACCS for the project that the purchase supports. For accounting accuracy, a "best practice" is to assign purchasing for each program to a particular cardholder or cardholders. The cardholder(s) can then enter the accounting code for this program as his or her default ACCS in the CBS-CPCS. Avoid assigning more than one major purchase type to a cardholder, as this may result in mischarges. Examples of these major purchase functions and recommended number of cardholders include:

- Goods and Services (Request cards as necessary)
- GPO Express/FedEx Kinkos Copy Orders (Recommend maximum of 2 cards)
- Cards used solely for purchase of Partnership/promotional materials (Recommend maximum of 2 cards)
- Cards used solely for recruitment advertising (Request cards as necessary)

For accounts used solely to issue convenience checks for emergency salary replacement; see details for usage in Chapters 5 and 7.

Cardholder as Sole Authorized User

The cardholder must make all purchases personally, whether the transactions are face-to-face, by telephone or via a secure Internet connection. A cardholder may not provide the purchase card or account number to another person to make any transaction. At a minimum, this will result in termination of the cardholder's account.

Required Pre-Approval for Purchases

Department of Commerce procedures require that the cardholder receive a purchase request in writing from his or her AO (or an RCC manager) before making a purchase. RCC policy may also require that the Regional Director, ARCM, or another appropriate manager give additional approvals. Purchase requests may be in

the form of email, a form, memo, notes or other written documentation depending on RCC policy. However, a printed copy of the purchase request documentation must be retained in the cardholder's transaction files.

Required Sources

Federal Acquisition Regulation (FAR) Part 8 specifies that cardholders acquire supplies and services from required sources, when available. Purchase from commercial sources only when required sources cannot meet needs. Required sources, listed below in descending order of priority, are:

Purchase of Supplies

- Agency inventories (e.g., excess property)
- Excess property from other agencies
- Federal Prison Industries, Inc. (UNICOR). UNICOR is not a mandatory source for purchases under $2,500.
- Supplies which are on the Procurement List maintained by the Committee for Purchase from People Who are Blind or Severely Disabled (AbilityOne Program)
- Wholesale supply sources such as stock programs of GSA, the Defense Logistics Agency or the Department of Veterans Affairs
- Mandatory Federal Supply Schedules
- Optional use Federal Supply Schedules

Purchase of Services

- Services which are on the Procurement List maintained by the Committee for Purchase from People Who are Blind or Severely Disabled (AbilityOne Program)
- Mandatory Federal Supply Schedule
- Optional use Federal Supply Schedules
- Federal Prison Industries, Inc. (UNICOR). Acquiring services from Federal Prison Industries is encouraged but not required.

Figure 9-4, Typical Government Purchase Card Transactions

	Typical Government Purchase Card Transactions for Goods (G) and Services (S)	MICROPURCHASE LIMIT	Object Class Codes
	A default object class code is automatically in the system and must be changed based on each purchase card transaction reconciled.		
1.	Special Mission Travel (Rental of Cars, Vans, 4-Wheel Drive Vehicles, Boats, Snowmobiles, Dog Sleds, etc.)	**$3,000**	21-05-08-00
2.	Guest Speakers (Motivational Speakers or Developmental Trainers)	**$2,500**	21-08-04-00
3.	Conference/Meeting/Symposium/Seminar Registration Fee	**$2,500**	21-08-05-00
4.	Registration and Exhibit Fees (including Conferences, Fairs, Recruiting Booths and rental of mall space)	**$2,500**	21-08-05-00
5.	Shipping/Parcel Post (UPS, Fed-Ex. Etc)	**$2,500**	22-02-02-00
6.	Decennial Temporary Storage Space – Federal	**$3,000**	23-10-10-07
7.	Decennial Temporary Storage Space - Non-Gov't Vendors	**$3,000**	23-10-10-07
8.	Rental of Temporary Hotel Conference Rooms for Meetings, Conferences, and Training Space	**$3,000**	23-10-10-08
9.	Authorized Cell Phones and Blackberries under the National Contract	**$2,500**	23-33-05-00
10.	Miscellaneous Telecommunication Expenses	**$2,500**	23-33-03-06
11.	United States Postal Service - Postage and Related Charges	**$2,500**	23-34-00-00
12.	FedEx Kinkos - GPO Express Program (Emergency Duplicating/Copy)	**$3,000**	24-07-04-00
13.	Training Courses (individual and/or group training)	**$2,500**	25-10-04-00
14.	Classified Job Advertisements	**$3,000**	25-20-03-06
15.	Cultural Facilitator Services	**$2,500**	25-20-03-07
16.	Misc. Consumable/Office & Field Supplies needed for Operations	**$3,000**	26-10-01-00
17.	Copy Paper Ordered from GPO, GSA/GSA Federal	**$3,000**	26-10-01-00
18.	Partnership Program Promotional Items/Materials	**$3,000**	26-10-03-00

Payment of State and Local Taxes

Generally, as a Federal entity, the Census Bureau is exempt from state or local taxes; therefore, state and local taxes should be excluded (deleted) from any payments. The JP Morgan Government Purchase Card carries an imprint of the Census Bureau's Employer Identification Number (EIN) (53-0204537) with the phrase "tax exempt." The General Services Administration webpage at http://apps.fss.gsa.gov/services/gsa-smartpay/taxletter/index.cfm contains links to letters from most state governments that describe the state's tax exemption policy. If necessary, show vendors a copy of the appropriate state's tax letter or a U.S Tax Exemption Certificate, Standard Form 1094 to clarify the federal government's tax status.

Receiving Accountable Property

If the RCC purchases accountable property, staff must generate Form BC-1766, Receiving Report from the Automated Property Management System (APMS). The Automated Property Management System User Guide documents procedures for APMS reporting. Send the original BC-1766 via FedEx to Field Division (FLD), Attn: Logistics Planning and Operations Branch (LPOB).

Required Documentation for Purchases

Each cardholder must maintain records documenting each purchase card transaction. These records shall be accessible for review purposes and shall include, at a minimum:

- Request for purchase with available funds, signed and dated by the requestor;
- Any RCC-required pre-approvals;
- Itemized online transaction, cash register, or other receipt that specifies the goods or services ordered and their purchase price;
- Delivery receipt or packing slip, preferably with verification that the goods or services were received from someone other than the cardholder;
- Copy of BC-1766, if accountable property was purchased;
- Any additional required documentation, such as the Cardholder Checklist, special authorizations, or dispute documents.

- Memorandum to the file to explain any unique circumstances about the transaction.

In addition, the cardholder must maintain a printout of his or her transaction log and a copy of each monthly statement of account signed by the AO.

Retaining Records

Cardholders must retain all transaction records for 3 years after the end of the fiscal year in which the transaction occurred.

If a cardholder becomes inactive or leaves the Census Bureau, the AO must safeguard these records. At the closure of the RCC, the Regional Director or designee must provide for secure storage of these records to the end of the retention period.

Topic 6: Additional Requirements for Authorization to Make Transactions Above the Micro-purchase Threshold

Overview

A cardholder must never split a transaction to keep it within either his or her single purchase limit (SPL), which for most cardholders is the micro-purchase threshold of $3,000 for goods and $2,500 for services. Some RCC cardholders hold or may be nominated to hold Level 1 Contacting Officer's Warrants and have SPLs above the micro-purchase limit. **This topic applies to these cardholders only.**

Requirements for an SPL Above the Micro-purchase Threshold

The Federal Acquisition Regulations (FAR) states that only cardholders who hold contracting officer warrants can make a purchase that exceeds the micro-purchase threshold of $3,000 for goods or $2,500 for services. It does not affect cardholder monthly purchase limits (MPLs), which the HCO determines based upon business necessity.

Typical RCC workloads may necessitate that at least one cardholder have an SPL above the micro-purchase threshold. To nominate a cardholder for a higher SPL, RCC managers must follow the procedures described in this topic.

To receive an SPL above the micro-purchase threshold, the nominee must first fully meet the basic cardholder qualifications presented in Topic 4. The nominee must also have received a Level 1 contracting officer warrant after meeting specific education, experience, and training requirements. CAM Chapter 1301.6 (http://oam.ocs.doc.gov/CAPPS_cam.html) describes the FAC-C requirements for contracting officer warrants, which are summarized below:

Educational Requirements

Educational requirements for holding a Level 1 warrant consist of a bachelor's degree from an accredited institution OR at least 24 semester hours from among the following disciplines: accounting, business, finance, law, contracts, purchasing, economics, industrial management, marketing, quantitative methods, or organization and management.

The nominee must provide a copy of his or her college transcript(s) documenting educational achievement with the other application materials.

Experience Requirements

Holding a Level 1 warrant requires a minimum of one year's experience as a Census Bureau purchase cardholder OR at least one year of experience in a contracting- related job assignment, either in the private or public sector, which reflects the accumulation of knowledge, skills, and abilities during years of progressively more responsible work assignments.

Experience in a role such as Contracting Officer's Technical Representative (COTR) is qualifying for a Level 1 warrant. The nominee must submit a resume or similar description of the job experience that qualifies him or her to hold a warrant with the other application materials.

Required Training

Before applying for a Level 1 warrant, the nominee must also document that he or she has satisfactorily completed the following courses. All except CON 120 are available on-line through the Defense Acquisition University (http://www.dau.mil/schedules/schedule.asp). DAU classes are free for civilian federal employees, but there may be a waiting list to enroll.

- CON 100 Shaping Smart Business Arrangements
  Estimated number of hours = 32hrs
- CON 110 Mission Support Planning
  Estimated number of hours = 23hrs
- CON 111 Mission Planning Execution
  Estimated number of hours = 26hrs
- CON 112 Mission Performance
  Estimated number of hours = 14hrs
- CON 120 Mission Focused Contracting
  Estimated number of hours = 80hrs
- Servicing Bank's Electronic Access Systems Training

These CON courses are comprehensive in scope and therefore the nominee must set aside adequate time to complete them.

Nomination Procedures

ACQ coordinates the processing of applications for purchase cards with SPLs above $3,000 and Level 1 warrants. In addition to the documents described in the education, experience, and

training sections above, ACQ must receive the following materials for each nominee:

- For former cardholder or applicants who have never held a government purchase card, the cardholder nomination form and supporting documentation is described in Topic 4;
- For current cardholders, use the "Request for Permanent Government Purchase Card Limit Increase Form", which can be downloaded from the Acquisition Division website at http://cww.census.gov/acq/pc-info.html;
- FAC-C Application (Appendix F to CAM Chapter 1301.6);
- Most recent performance appraisal;
- Current performance plan, which must include a critical element for procurement;
- A statement from the RD or ARCM documenting the reason why a higher SPL is required.

RCC management must transmit these materials via FedEx to FLD Division, Modeling and Analysis Branch (MAB). MAB will review the materials and forward them to Acquisition Division.

Obtaining a Level 1 warrant is a two-stage process. In the first stage, ACQ transmits the nominee's documentation to the Department of Commerce Office of Acquisition Management for Procurement Executive certification that the nominee meets the FAC-C warrant requirements. If the nominee is certified, the HCO then issues a Level 1 warrant to the nominee and establishes his or her SPL and MPL.

Requirements for Purchases Above the Micro-purchase Limit

Purchases above the micro-purchase limit are subject to special requirements as well as adhering to general requirements such as purchasing from required sources.

FAR 19.502-2(a) reserves all Government purchases from the micro-purchase threshold up to the Simplified Acquisition Threshold ($100,000) for small businesses. The cardholder must state in writing that no small business could satisfy the

requirement for any purchase above the micro-purchase threshold placed with a large business. The justification must describe efforts taken to locate a small business provider.

For every transaction in excess of the micro-purchase threshold, the cardholder must document that he or she obtained a fair and reasonable price, generally through multiple price quotes.

- If the cardholder did not select the lowest price vendor, the transaction file must document the selection basis.
- If the cardholder did not obtain competitive quotes, the transaction file must describe how the supplier's price was determined to be fair and reasonable and document the reason for a lack of competition.
- If goods or services have a required purchase source that includes multiple suppliers, the transaction file must show that the cardholder obtained competitive prices. For example, where the Mandatory Federal Supply Schedule (FSS) was the required source, the transaction file should include quotes from multiple FSS suppliers.

Use the Documentation Checklist

The CAM includes a one-page "Checklist For Cardholder Documentation" (See *Figure 9-5*). Cardholders must complete the checklist for each purchase card (or convenience check) transaction in excess of $3,000 for goods or $2,500 for services. The cardholder should supplement the checklist with additional notes on continuation sheets as necessary. Notes are often required to fully document purchases made without competitive quotes or from a large business. *Figure 9-5* displays a copy of this checklist; reproduce additional copies as necessary.

Completing this checklist will:

- remind cardholders of requirements as they conduct the transaction;
- simplify the documentation process;
- provide information in a standardized format to the Approving Official who certifies the cardholder's monthly statement;
- assist in the periodic review of cardholder transactions performed by the Agency Program Coordinator (APC). Acquisition Division conducts a systematic quality assurance review of the purchase card program, which includes audits of cardholder records.

Figure 9-5: Checklist For Cardholder Documentation

Documentation for Orders over $3,000 (goods), $2,500 (services)

I. DETERMINATION OF FAIR AND REASONABLE PRICE

A. Cardholder_____ _____

(Print Name) (Signature)

B. Requirement: _____

C. Competition/Quotes solicited:

Vendor/Merchant	Small Business?* Reminder: Orders over $2,500 are automatically set-aside for small businesses	Date Solicited	Price Quoted	Selected for Award? (Check One)

*If award will be made to a large business, complete Justification for use of Large Business below. (See CAM 1313.301, Section 3.1C)

D. Price is determined to be fair and reasonable based on: (Check one)

_____	Competitive Quotes (Multiple quotes solicited; multiple quotes received)(Check one below) _____ Lowest quote was selected. _____ Other than low price was selected. Per FAR 13.106-3, you must support the award decision if other than price-related factors were considered in selecting the supplier. _____
_____	Multiple quotes were solicited. Only one quote was received. Per FAR 13.106-3, the price is determined to be fair and reasonable based on: (NOTE: All selections require further explanation below). _____ Market Research; _____ Comparison of proposed price with prices found reasonable on previous purchases; _____ Current price lists, catalogs, or advertisements. (However, inclusion of a price in a price list, catalog, or advertisement does not, in and of itself, establish fairness and reasonableness of the price); _____ A comparison with similar items in a related industry; _____ The cardholder's personal knowledge of the item being purchased; _____ Other reasonable basis EXPLAIN:_____ _____
_____	Only one quote was solicited. Per FAR 13.106-3(b)(3), you must explain the absence of competition: _____ _____

II. JUSTIFICATION FOR PURCHASE/ORDER FROM OTHER THAN SMALL BUSINESS

(Required if purchase/order was placed with other than a small business, per FAR 19.502-2)

The purchase/order was made from other than a small business for the following reason: (check one)

_____ The order was from a "required source of supply" which is not a small business.

_____The order was against a pre-established DoC contract which is not a small business. The purchase card is being used to make payment.

_____ Subscription/Publication (must be purchased from the publisher, which is a large business).

_____The item is proprietary in nature and could only be provided by one source, which was a large business. (Describe item and attach a sole source justification).

_____ An effort was made to contact small businesses, but a small business could not be located. (Describe efforts.)

_____Other. Explain below.

_____

Topic 7: Reconciliation, Security, and Quality Assurance

Overview

Purchase cardholders have personal and legal responsibility for the proper use of the purchase card and convenience checks issued in their name. The Approving Official (AO) likewise has personal and legal responsibility for overseeing cardholder activities and certifying the cardholder's purchases. This topic presents cardholder and AO responsibilities for reviewing and documenting their activities and maintaining security. Failure to comply with these responsibilities may lead to termination of purchase card authorization, as well as administrative, disciplinary, civil, or criminal actions.

Maintaining the Cardholder Log

The cardholder must record and reconcile all transactions (including transactions paid by convenience checks) in the CBS CPCS.

Within 24 hours of making a transaction, the cardholder should enter the purchase information into the CBS-CPCS Purchase Card Ordering Log. The cardholder also may wish to download a paper copy from http://cww.census.gov/acq/pc-info.html and use it for his or her own reference. The cardholder should review the purchase card ordering log regularly, updating procurement and property information and ensuring that the ACCS is correct for each purchase.

Reconciling Every Transaction in a Timely Manner

The cardholder must reconcile his or her transactions in the CBS-CPCS at the end of each monthly cycle. Reconciling requires that the cardholder compare each transaction on the monthly statement to his or her records to be sure that it is a correct charge and verify that the Census Bureau received the goods invoiced.

The CBS-CPCS automatically fills in the cardholder's default ACCS for every transaction. When a cardholder makes a purchase that supports a program or function that differs from those represented by his or her default ACCS, he or she must manually enter the correct ACCS for that transaction. When reconciling each transaction, the cardholder also must verify that the ACCS entry is appropriate, as incorrect accounting codes may cause charges to the wrong project. If necessary, cardholders should refer to Chapter 2, Topic 3, for detailed ACCS instructions and to the latest "2010 Census - Field Budget Memorandum" for current fiscal year ACCS codes.

After reviewing each transaction, the cardholder codes it with an

"R" for reconciled or "D" for disputed. If the cardholder believes a transaction should be disputed, he or she should immediately review the instructions at: http://www.ago.noaa.gov/ago/acquisition/disputes.cfm

After reconciling in CBS-CPCS, the cardholder prints, signs, and forwards a copy of the Monthly Statement of Account, along with all other necessary documentation, to the AO for review, approval, and signature,

Approving Official Certification

At the end of each monthly cycle, if not more frequently, each AO must review his or her assigned cardholders' accounts to ensure that all purchases are appropriate, completely documented, conducted in accordance with all regulations, and reconciled. The AO must approve all reconciled cardholder transactions in the CBS-CPCS and sign the cardholder's monthly statement, returning a copy to the cardholder.

Maintaining Security

The cardholder must retain his or her card in a secure location, such as a locked drawer or safe when it is not in use. The cardholder must NEVER allow any other person to place an order with his or her card, and should only do business with reliable vendors.

Accountable Property Reporting

Cardholders are on the front lines of safeguarding government property. Cardholders must ensure that accountable property is entered into the Automated Property Management System (APMS) and that receiving reports and other record keeping is completed in accordance with the D-520, RCC Administrative Manual, Chapter 19. AOs must verify that all accountable property has been properly reported before approving the cardholder's statement.

Disputing Transactions

Occasionally cardholders find discrepancies when reconciling their monthly statements of account. Examples include charges for unreceived goods, goods priced differently than advertised, or cancelled orders. Unless there is evidence to suggest fraud, the cardholder should first attempt to resolve such issues with the vendor. If the vendor will not agree to a timely resolution, the cardholder must dispute the transaction in the online JP Morgan Chase/MasterCard system. Note that cardholders must initiate a formal dispute by completing the online dispute form within 90 days of the date the bank processed the transaction. Follow the link at http://oam.ocs.doc.gov/CAPPS_purchaseCard.html for instructions regarding the dispute process.

Reporting Suspected Waste, Fraud, and Abuse

Government purchase cardholders and AOs must report suspected waste, fraud, or abuse to the proper authorities. Refer suspected waste, fraud, or abuse, including wrongdoing by DOC employees, contractors, grantees, recipients of financial assistance, vendors, and others involved in the Department's programs and operations, to the Office of the Inspector General at http://www.oig.doc.gov/oig/archives/hotline.

Reporting Compromised Purchase Cards

Occasionally, cardholders may become aware of goods or services billed to their cards that they did not order. Such incidents are often connected with so-called "identity thefts." Even if the cardholder can verify that the purchase card is still in his or her possession, he or she should immediately:

- Contact JPMorgan Chase/MasterCard, the card provider, at **1- 800-207-5359** and cancel the card;
- Via email, notify HQ ACQ (to the attention of karen.m.daniels@census.gov and douglas.p.sefton@census.gov). Also, notify MAB. HQ ACQ will notify the Security Office and appropriate law enforcement organizations.
- Begin the dispute process as appropriate for any unauthorized charges.

Census Bureau Headquarters Oversight and Quality Assurance

The HCO provides operational oversight of the purchase card program. The HCO is responsible for enforcing government and program-wide regulations and policies. He or she may also implement agency-specific policies to better meet program responsibilities, and may delegate the administrative and audit functions of the purchase card program to staff.

Although any oversight authority may review purchase card transactions or policies, a primary function of the HQ ACQ staff is to conduct continuous reviews and audits of the U.S. Census Bureau purchase card program through the purchase card transaction review program. The review program evaluates compliance with procurement buying policies, regulations, and procedures. Some transactions are identified for review by merchant category or by dollar thresholds. Government purchase cardholders are also selected randomly for review at monthly intervals.

Cardholders with transactions selected for review are notified by an email from Acquisition Division.

If you are selected to participate in the review, FedEx all supporting documentation within 3 days to the following address:

Karen Daniels
Acquisition Division
3J448B
4600 Silver Hill Road

Suitland, MD 20746

Other Oversight

The Commerce Bankcard Center (CBC), the DOC Office of the Inspector General (OIG), Office of Acquisition Management and Financial Assistance (OAMFA), and the Government Accountability Office (GAO) provide additional program oversight.

HQ Program Contacts

Refer questions about purchase card procedures to HQ ACQ [Karen Daniels at 301-763-1811 or Douglas (Peter) Sefton at 301-763-4422].

Topic 8: Government Purchase Card Convenience Checks

Introduction

When RCC management demonstrates a need, the HCO authorizes a cardholder to write convenience checks on his or her government purchase card account. This topic refers to these cardholders as "check-writers".

Each check-writer receives an allotment of blank checks imprinted with his or her name from JP Morgan Chase MasterCard. The check-writer must follow some special rules, as well as the overall requirements that apply to purchase card transactions. CAM Chapter 13.301 presents these rules and requirements in detail.

Convenience check transactions appear as line items on the same Monthly Statement of Account as the check-writer's purchase card transactions.

Requesting Convenience Check Writing Privileges

Request check-writing privileges for experienced purchase cardholders only. Make requests in the form of a brief memorandum from the Regional Director or ARCM to the HCO stating the reason for requesting additional check-writing capabilities. FedEx this memorandum to:

Karen Daniels
Acquisition Division
3J448B
4600 Silver Hill Road

Suitland, MD 20746

When approved, JP Morgan Chase will ship the convenience checks directly to the check-writer's office address.

Convenience Check Fees

JP Morgan Chase/MasterCard assesses the check-writer's account an additional fee totaling 2.0% of the face amount of each convenience check written. The check-writer's monthly Statement of Account lists this fee on a separate line from the transaction.

Appropriate Use of Convenience Checks

Pay by convenience check only when the vendor will not accept the government purchase card. The government purchase card is always the preferred method because it offers easier accounting and lower transaction costs. Convenience checks are not

electronic fund transfer compliant, are subject to a grater risk of fraud, and are more expensive to process.

Convenience checks are subject to the same restrictions as required for purchase cards. There is no separate list of goods or services that cannot be purchased with a convenience check. RCCs frequently use convenience checks to pay for such goods and services as recruiting ads, safe deposit box rental, temporary training space, or map files from vendors who cannot process a purchase card transaction.

Checks shall be signed and issued only by the check-writer whose name is printed on the check. Convenience checks must never be signed in advance of use.

Inappropriate Use of Convenience Checks

Check-writers must **not** write checks for or to:

1) Themselves
2) Cash advances, awards, or for any payment which is ordinarily made through the payroll system, except as noted in Chapter 5 (Payroll).
3) Employee reimbursements, including meals, travel, or lodging.
4) Advance payments to vendors.
5) Payments of fees or honoraria to non-US citizens or permanent resident aliens not authorized to receive such payments.
6) An amount in excess of the actual amount of the required purchase.

Convenience Check Purchase Limits

To mitigate fraud exposure, each convenience check bears the printed notation "Not to exceed $1,000". The cardholder must never write a convenience check for more than $1,000, as JP Morgan Chase MasterCard may decline to pay it. A cardholder may make a purchase between $1,000 and $3,000 by writing several convenience checks that add up to the full purchase price. However, a cardholder must not make a purchase that exceeds $3,000 with convenience checks. **This $3,000 single purchase maximum applies to all check writers, including those whose purchase cards have single purchase limits that exceed $3,000.**

A cardholder can write a maximum total of $5,000 in convenience checks during a monthly purchase cycle. This monthly maximum applies to check writers whose purchase cards have higher monthly purchase limits, unless they have also received special authorization to hold a higher monthly limit specifically for convenience checks.

Each convenience check transaction counts against the cardholder's monthly purchase limit for the cycle in which the card provider posts it, which is not necessarily the cycle during which it was written. For example, if a convenience check were written on November 30th but not presented to the card provider for payment until December 4 th, it would count against the cardholder's monthly purchase limit for the December cycle because the billing cycle is the 4th of the month through the 3rd of the following month.

Convenience Check Loss Prevention

Keep convenience checks in a secure location, such as the RCC safe. At a minimum, they must be kept in a locked drawer in the check-writer's work area. Regional Directors are encouraged to implement any additional controls that they believe to be appropriate. Check-writers must conduct a monthly inventory and immediately advise the card provider (JPMorgan Chase/MasterCard) if any checks are missing. Email a copy of this notification to Karen Daniels and Douglas (Peter) Sefton in Acquisition Division at the address below; they will notify the Office of Security staff, if appropriate.

- If a "stop payment" order becomes appropriate at any point after a convenience check is written, the check-writer must notify JPMorgan Chase/MasterCard and

  karen.m.daniels@census.gov and douglas.p.sefton@census.gov).

Convenience Check Documentation

Purchases made by convenience checks must meet the same documentation requirements as purchase card transactions. At a minimum, a check-writer must complete the convenience check log (See *Figure 9-9.*) and retain the following documentation for every convenience check transaction:

1) A written purchase request from the AO or someone in an appropriate position of authority, such as the Regional Director, Assistant Regional Census Manager or designee. This request should specify the goods or service to be purchased and its approximate price, if known.

2) A receipt or other documentation identifying the goods or services purchased and confirming the purchase price.

3) Verification that the Census Bureau actually received the goods or services paid for. **A government employee other than the check-writer must provide confirmation of receipt.**

4) Frequently a check-writer writes a convenience check to

pay for goods delivered or services rendered at a site far from the RCC. In such cases, the employee who receives the goods or service is responsible for promptly providing documentation to the check-writer.

5) When the convenience check is physically given to the vendor or vendor's representative, obtain a dated receipt that includes the name of the person who received the check.

6) When a convenience check must be mailed to the vendor, send it by Certified Mail and obtain delivery verification by "Return Receipt Requested".

7) A brief verification that the vendor does not accept payment through the government purchase card on the entry on the Convenience Check Log form.

8) A photocopy or scanned image of the actual convenience check.

Mandatory Headquarters Audit of Each Convenience Check

Because DOC regulations require the HCO to audit every convenience check transaction, the check-writer must photocopy and FedEx the above numbered items as soon as possible after the check is written to:

Karen Daniels
Acquisition Division
3J448B
4600 Silver Hill Road

Suitland, MD 20746

Voided Checks

When a check that has been written will not be used, the check-writer must write "VOID" across the check's face and retain it in his or her records after documenting its status in his or her transaction log.

Convenience Check Reconciliation and Approval

Convenience check transactions are subject to the same reconciliation procedure as purchase card transactions. In addition, the check-writer must fully record information about each check written in the Convenience Check Log. This is a separate hard-copy log that the check-writer retains with his or her paper records. (See *Figure 9-9* for an illustration of the log; print and use the latest version of the log at http://cww.census.gov/acq/pc-info.html.).

Discarding Unused Convenience Checks

When a cardholder ceases to have check-writing authorization, the Regional Director or designee must verify that the AO

destroyed all unused convenience checks in a secure manner and provide verification of destruction to ACQ. Ensure that records concerning convenience check transactions are retained for the same period as government purchase card transaction records, which is 6.3 years after the end of the fiscal year in which the transaction occurred.

Penalties for Misuse of Convenience Checks

As with purchase card transactions, penalties for inappropriate use of convenience checks range from revocation of check-writing privileges to dismissal or imposition of criminal or civil sanctions. Report all cases of suspected waste, fraud, or abuse.

Figure 9-9 : Convenience Check Log

Attachment E

CONVENIENCE CHECK LOG

Name: Office: FY:

Check Number	Reason for Using Convenience Check	Date Check Written	Date Supplies Services Received	Description of Supplies or Services	Merchant Name	Merchant's Taxpayer Identification Number (TIN)	Accounting Code	Order Total $	Cumulative Order Total for Code (NTE Code Limit)	Object Class	Property ID No.

I certify that I have purchased the above supplies or services in accordance with the DoC Purchase card Procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith and subject to Title 18 U.S. Code, Section 1001.

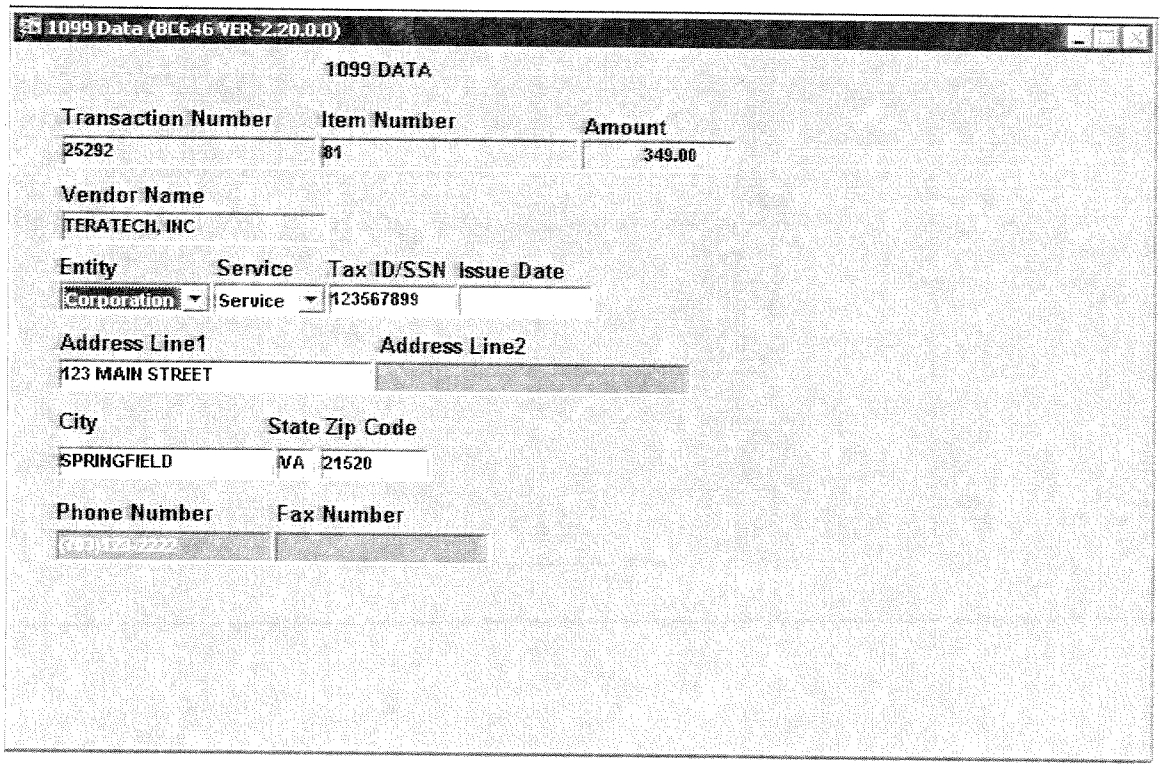
Cardholder's Signature_____ Date_____

Topic 9: Obtaining 1099 Data for Convenience Check Purchases

Internal Revenue Service (IRS) regulations require that, with a few exceptions, every government agency provide an IRS Form 1099 to each **service** provider who receives $600 or more from the agency in a calendar year. The purchase card provider's system automatically collects 1099 data from vendors for all purchase card transactions. However, for every convenience check transaction, the check-writercheck-writer must manually collect the data required to complete Form 1099.

Whenever the check-writer reconciles a convenience check transaction in CBS CPCS, a popup "1099 Data Window" screen appears. See *Figure 9-10* for a sample 1099 Data Window. Reconciliation takes place after the Convenience Check transaction is completed. **Because it may be difficult and inefficient to re-contact a vendor to obtain missing information, the check-writer should obtain all necessary Form 1099 information at the time the Convenience Check is issued.**

Figure 9-10: 1099 Data Window



1099 Data Window Completion Instructions:

To complete the 1099 Window data entry, follow the steps below. The CBS-CPCS populates (fills in) the data in the "Transaction", "Item Number", "Amount", and "Vendor Name" fields, which the check-writer cannot alter.

1. Select the correct category for the field labeled "Entity" from the drop-down list. Possible values are "Corporation", "Individual", "Partnership", "Government" and "Foreign".
2. Select the correct category for the field labeled "Service" from the drop-down list. Possible values are "Supplies" or "Service".

3. If the entry for "Entity" is "Government" or "Foreign", or the entry for "Service" is "Supplies", all remaining fields are optional, e.g. not required. Otherwise, enter "Tax ID/SSN", "Issue Date", "Address Line 1", "City", "State", "Zip Code" and "Phone Number".

4. Enter the "Issue Date", which is the date the Convenience Check was given or sent to the vendor.

5. Select the state postal abbreviation from a list of values by double clicking on the "State" field.

The check-writer can change entries after reconciliation via the "View Cardholder Transactions" window. After completing the 1099 Data Window, print it and attach a copy to any other records relating to this transaction.

Topic 10: Purchase Orders and Contracts

Overview

To the extent possible, make micro-purchases by purchase card, or by convenience check when the vendor will not accept the purchase card. However, some purchases, especially those that exceed the micro-purchase level, will require a purchase order or another form of contract.

Purchase orders, which are legally binding agreements signed by a warranted contracting officer, are commonly used to make purchases on behalf of the RCCs. **The National Processing Center in Jeffersonville, Indiana is the usual servicing procurement office for RCC transactions.**

The servicing procurement office issues a purchase order after receiving a purchase request, often called a "requisition" from the RCC. Designated RCC employees create requisitions in the C.Request module of the Commerce Standard Acquisition and Reporting System (CSTARS).

Required Training

Only employees with a C.Request account can create draft requisitions. Before obtaining a C.Request account, the employee must establish a Commerce Business System (CBS) account and complete C.Request user training. The CBS Regional Coordinator will assist with training, guidance, and account setup.

Purchase Order Workflow

After an RCC requisitioner creates an electronic draft requisition, C.Request forwards it through the pre-defined approval chain, which will include the RD, who has delegated authority to approve requests up to $50,000. When the draft requisition has received all required approvals, C.Request returns it to the requisitioner.

The requisitioner then reviews the approved requisition and forwards it to the NPC acquisition staff through C.Request. Requisitioners must remember that, until they complete this final step, the requisition remains in their queue and no further action can be taken on the procurement.

After the requisitioner routes the approved requisition to NPC, the NPC acquisition staff makes an award to a vendor and creates the purchase order. The RCC as well as the vendor receives a copy of the purchase order. Should the requisition be rejected for any reason, C.Request returns it to the requisitioner electronically.

Payment Process

The Prompt Payment Act requires that, in many cases, interest be paid to vendors whose invoices remain unpaid more than 30 days after receipt. To avoid extra charges to RCC projects, provide the documentation required to pay invoices as soon as possible.

Procedures state that the vendor is to submit the invoice to the NPC procurement office. NPC then contacts the RCC to verify receipt of the goods or services. RCC staff must document the receipt of goods or services within five business days.

However, in many cases the vendor sends the invoice to the RCC, rather than to NPC. If the RCC receives an invoice for supplies or services, complete an Invoice Cost Allocation Receiving Report (BC-1891). Obtain copies of BC-1891 by download through the link at http://cww.census.gov/fin/docs/InvoiceCostAllocationReceivingReport-0807066.pdf. The RD, ARCM or designee must sign the original invoice to certify receipt and FedEx the original invoice and BC-1891 to the NPC Procurement Office:

U.S. Census Bureau
NPC Procurement
Bldg. 66, Rm. 149
1201 East Tenth Street
Jeffersonville, IN 47132

When the RCC receives accountable property, staff also must complete the Receiving Report (BC-1766) from the Automated Property Management System (APMS). FedEx the original BC-1766 to:
U.S. Census Bureau
Field Division
Logistics Planning and Operations Branch
5H055
4600 Silver Hill Road
Suitland, MD 20746

The Automated Property Management System User Guide documents procedures for APMS reporting.

Procurement of Space, Utilities, or Telephone Service

Updated 07/23/09

For reporting the receipt of goods acquired through the General Services Administration's Federal Supply Service, refer to instructions in Chapter 19, Property Management and Accountability

To certify an invoice for payment, NPC must receive an invoice that meets full requirements as well as proof of receipt of goods or services. Once receiving all documentation from NPC, the Finance Division at HQ pays the vendor invoice within 30 days of NPC's invoice received stamp date.

FLD HQ provides information on procuring office space, utilities, and communications (telephone) services to the RCCs by memoranda. Refer any questions concerning these topics to FLD's Space Leasing and Coordination Branch via email at *FLD.Space.Leasing.Coordination@census.gov* or by phone at (301) 763-3223.
Rentals of temporary space for short periods for storage or other purposes may be made (without a contract/Procurement Request) on an invoice basis, provided only one billing will be made. However, a Purchase Order is required when any of the following conditions are met: 1) more than one billing is made, 2) the total rental cost exceeds $3,000, or 3) the rental is more than one year in duration.

Modification of Purchase Orders

To modify an awarded purchase order, prepare a new requisition in C.Request. The requisition should show the original purchase order number followed by the word "Amendment" in the description block.

To extend the rental period for equipment by up to two months, submit a requisition to modify the original purchase order. If you require the equipment beyond a two-month extension, contact the Modeling and Analysis Branch (MAB) to determine the feasibility of transferring similar HQ equipment to the RCC before submitting a requisition to extend the rental period.

If your need for space or equipment ends before the rental period expires, notify the NPC via email (NPC Procurement) and telephone at TEL 812-218-3351 / FAX 812-218-3937. Two NPC individuals that correspondence can be sent to are: scott.ankeny@census.gov and patricia.f.neely@census.gov. Allow time for NPC's Procurement Office to send the contractor a written notice within the period specified in Item 8 of the contract. Fax a copy of the notice to the Modeling and Analysis Branch (MAB) at 301-763-3755.

Cancellation of Purchase Orders

When it is necessary for any reason to cancel a purchase order, take action immediately. Notify NPC by phone (812-218-3351) and email NPC Procurement to notify them that the purchase order should be cancelled in its entirety. Send a copy of the email to MAB.

Deadlines for Submitting Requisitions

To ensure that coverage continues without a break, RCCs must renew service or maintenance agreements before the end of each current fiscal year. Near the beginning of the fourth quarter of each fiscal year, Census Bureau HQ circulates a memorandum that sets deadlines for submitting requisitions for these and other types of procurements. Receiving requisitions by the deadline dates helps the procurement offices finalize awards before the close of the fiscal year. RCCs must comply with these deadlines in the "End of year" memorandum. To facilitate submitting timely requisitions, MAB will provide a list of new fiscal year projects with allocations.

Overview

Topic 11: Miscellaneous Invoices

Persons with procurement authority, such as cardholders or contracting officers, make purchases on behalf of the government. In some specific cases, other employees receive formal delegations of authority allowing them to order very specific types of goods and services, such as printing services. Because these purchases are not made through a purchase order or contract the resulting bills are frequently called "miscellaneous invoices".

Some vendors who provide goods or services ordered under these authorities or by employees with procurement authority accept neither the Government Purchase Card nor a convenience check as a method of payment. In these situations, seek and select a different vendor(s) that will accept the Government Purchase Card or convenience check.

With one exception, payment for miscellaneous invoices must be made via an RCC cardholder's purchase card- or by convenience check when the vendor will not accept the purchase card. **Employment ads are the only exception. For employment ad invoices that exceed an RCC's procurement authority**, complete an OF-347, Order for Supplies or Services, and BC-1851 (ef), Vendor Registration Form, and FedEx it to the National Processing Center (NPC) Procurement Office for payment by purchase card. Include these invoices on the Form 11-806, Transmittal Log for Miscellaneous Invoices, in accordance with Topic 13.

Invoices for employment ads are the only miscellaneous invoices that can be forwarded to NPC for payment. The RD, ARCM or "Acting ARCM" must certify all employment ad invoices incurred by the RCC, before submission to NPC.

Because of control and processing concerns, RCC managers must ensure that they forward a minimal number of employment ad invoices for payment. They must also ensure that these do not represent procurements that should properly have made by purchase cardholders or through a purchase order. **Lastly, they must verify that employment ad invoices sent to NPC for payment were not also paid by some other means such as a purchase card or convenience check.**

The instructions in Topics 11-13 also apply to Topic 14,

"Payment of Local Census Office (LCO) Invoices".

Special Instructions Relating to Bills or Invoices

Do not process invoices for payment before receiving goods/supplies and/or services, including rentals. For rentals, the full rental service must be received before certifying the rental expenditure.

Make payment for rentals on a *duplicate* or *memorandum* invoice with an original signature.

- All factors used in figuring the amount due, such as quantity, rate of charge, unit price, period of time, discounts, and so forth must be clearly shown on the bill or invoice.
- Payments for part of a month, based on monthly rates where the agreement does not show a 30-day month basis, must be prorated for the actual number of days used in the month involved. For example, a rental item put into service on September 5 will be prorated for 26 days, which will be 26/30 of the full monthly rate.

Topic 12: Processing and Auditing of Miscellaneous Invoices

Overview

All invoices must be audited by the appropriate designated staff (i.e., Area Manager, Partnership Coordinator, Geographic Coordinator or Administrative Coordinator). Effective control over disbursements requires the audit and approval of invoices before they are certified for payment. The audit assists the ARCM in the fulfillment of his/her responsibilities. The principal objectives of the audit of an invoice are to determine whether:

- The required administrative authorizations for the procurement and approvals for the payment were obtained.
- The invoice contains the required certification statement signed by the Regional Director, ARCM or LCOM.
- The payment is permitted by law and is in accordance with the terms of the applicable agreement.
- The amount of the payment and the name of the payee are correct.
- The payment will be a duplication (**Do not process duplicate payments!**).
- The goods received or the services performed were in accordance with the agreement.
- The quantities, prices, and amounts are accurate.
- All cash, trade, quantity, or other discounts have been taken; and, if not, whether the reason was shown on the appropriate document.
- Proper forms of documentation were used.
- Special certificates or statements, if required, were furnished.
- All applicable deductions were made and credited to the proper account in the correct amount.
- The appropriation or fund from which the payment will be made is available for that purpose.
- Prompt Payment Act procedures are followed. If payments are late (not paid within 30 days of receipt), interest is computed and added to the total payment.
- For Employment Ads forwarded to NPC for payment, include a completed OF-347, Order for Supplies or Services.

The following items are **not** to be paid by the United States Government:

- Taxes - The General Accounting Office (GAO) has documented in Title 7 (7 GAO 21.13), that "Agencies as well as Government corporations, generally are not authorized to pay state or local taxes, because the United States is not liable for the payment of such taxes when the incidence of the tax is on the vendor." Where a state may require, or a vendor is within his/her rights to require additional documentation, users should provide the vendor with a U.S Tax Exemption Certificate, Standard Form 1094. Also, the certificate shall not be used for purchase of quarters or subsistence made by employees in travel status; expenses incident to use of a privately-owned motor vehicle for which mileage allowance has been authorized; or purchased merchandise which is subject only to Federal tax.
- Personal telephone calls.
- Food or drink
- Any unidentified miscellaneous charges
- Any item that cannot be supported for payment.

If any of the above items appear on the invoice, the invoice should be rejected and a correct invoice requested.

Scheduling of Payments

Payments should be made based on the date the invoice was received by the Census Bureau and within 30 days of receipt, unless other arrangements are made at the time of purchase.

Topic 13: Certification and Forwarding of Miscellaneous Invoices for Employment Ads

Overview

Only invoices for employment ads that exceed the RCC cardholders' single purchase limit (SPL) may be submitted to the National Processing Center (NPC) for payment. The ARCM or Acting ARCM must certify all employment ad invoices (bills) incurred by the RCC (and the LCOM must certify all invoices incurred by the LCO) before submission to the NPC. As needed, the Regional Director may also certify invoices for payment.

Do not submit employment ad invoices for payment before the goods or services are received.

Each employment ad invoice must include:

1. Date and time stamp for receipt of invoice
2. Name of the vendor
3. Tax Identification Number (TIN)
4. Invoice number
5. Date of the invoice
6. Remittance address for payment
7. The total dollar amount on the invoice for disbursement
8. A complete and valid ACCS accounting code on the invoice
9. The Certification Stamp (or typed certification statement) with the AO's original signature
10. The U.S. Census Bureau as the "Bill To" (with the correct address)
11. A description of the goods or services received
12. A completed OF-347, Order for Supplies or Services.

Special Note: Do not send any invoices or supporting documentation to Finance Division for <u>any</u> government purchase card or convenience check transactions. The payment to JPMorgan Chase/MasterCard is done electronically. However, it is the responsibility of the purchase cardholder to maintain purchase card records in a central file for review, if requested. Retain these records for 6.3 years after the end of the fiscal year in which the transaction occurred.

Certification Statement

The following stamp (or typed statement) must appear on all miscellaneous invoices/documents that are certified for payment:

RCC Assistant Manager/Regional Director Certification
I certify that the services/supplies described herein were furnished as stated, in the interest of the Government, and have not already been paid by Convenience Check, Purchase Card or other means.

_____ _____
Signature **Date**

_____
Printed Name
RCC Number: _____
Organization Code 11-15-0057-20 -_ _-_ _-_ _
Project/Task Code _ _ _ _ _ _ _ _ _ _ _ _
Object Class Code _ _-_ _-_ _-_ _

In the absence of an ARCM, the person(s) designated in writing as the "Acting Assistant Regional Census Manager", may certify invoices for payment, but they must do so and sign documents as "Acting Assistant Regional Census Manager." Of course, the Regional Director may also certify invoices for payment. Each invoice must contain the AO's printed name as well as his/her signature.

NOTE: All invoices submitted to NPC for payment must include the appropriate accounting classification code structure (ACCS). See Chapter 2, Topic 3 for detailed information on ACCS.

Forwarding Miscellaneous Invoices to NPC

Use the Form 11-806, Transmittal Log for Miscellaneous Invoices, as a cover sheet for all invoices sent to NPC for payment to ensure that no materials are lost or accidentally left out. (See *Figure 9-13*.) A supply of Form 11-806 is maintained in NPC. When placing an order through your NPC automated ordering system, request item number FC 11-806 (TRANSMITTAL LOG) (5-16-2000).

Complete the identifying information (type or handwrite) on the Transmittal Log for Miscellaneous Invoices and attach it to the invoices. Forward this package to NPC for payment (see address on next page).

Fill columns (a)-(c) as follows:

- In column (a), enter the Payee's Name.

- In column (b), enter the Invoice Number.
- NPC needs the ACCS information to cover the amount of the charges when inputting information into CBS. In addition, NPC cannot pay finance charges or taxes (except for the noted exceptions). The original invoice – not a statement- is needed for payment. No changes may be made to an invoice. If it is not correct, return it to the vendor and request a new/correct invoice.

1. The Transmittal Log for Miscellaneous Invoices contains a "Control Log Number". This number will track the number of transmittals you send. The Control Log Number is your four-digit RCC code, fiscal year (FY) and the next sequential number. For example, the first number for the Boston RCC (2199) in fiscal year 10 would be 2199-10-1. The second number in fiscal year 2010 would be 2199-10-2, and so on. Retain a copy of each control log in your files to ensure that sequential numbers are not duplicated.
2. For the heading item "Date Mailed to Finance", delete ~~Finance~~ and enter "NPC".

3. Ensure the correct accounting data is written legibly on the individual invoice. However, if you have to split the costs with other projects, write the project number and cost for each project number on the invoice. Each invoice must provide the following accounting information:
   - *Project/Task Code: XXXXXXX-XXX
   - *Organization Code: 11-15-0057-20-XX-XX-00/10
   - *Object Class Code: XX-XX-XX-XX

   *Follow the instructions in Chapter 2, Topic 3 to complete the asterisked items before submitting to NPC for payment.

4. As each transmittal is filled, forward the package to NPC on a flow basis. Send invoices no less than twice a week. Miscellaneous payments are paid on or before the due date. (Note: The transmittal does not need a signature.)

5. Incomplete invoices will be returned to the respective RCC. If the bills are returned for correction, this may delay the payment process and possibly cause a late payment to the vendor.

6. FedEx all employment ad invoices to the following address:

U.S. Census Bureau
NPC Procurement
Bldg. 66, Rm. 149
1201 East Tenth Street
Jeffersonville, IN 47132

NPC Contacts for Questions or Information

For questions on the status of payments for employment ad invoices, contact NPC Procurement Office staff at TEL 812-218-3351 / FAX 812-218-3937.

In lotus notes, the staff may be reached at *NPC Procurement* and directly to: *scott.ankeny@census.gov* and *patricia.f.neely@census.gov*

Figure 9-13, Form 11-806, Transmittal Log for Miscellaneous Invoices

Page 1 of ___

FORM 11-806
(8-10-2000)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRANSMITTAL LOG FOR MISCELLANEOUS INVOICES

Control Log Number	Regional Office
Contact Person	Telephone Number
Date Mailed to Finance	

Payee Name (a)	Invoice Number (b)	Comments (c)

NOTE – *Add Tax Identification Number (TIN) on the original invoices of new vendors.*
Attach this Transmittal Log to all bills when forwarding to Finance Division for payment.

Topic 14: Payment of Local Census Office (LCO) Invoices

Overview

The RCC should process local census office (LCO) invoices/bills for payment in the same manner as RCC bills. **Thus, the RCC must pay LCO bills using the purchase card or with a convenience check- if the purchase card is not acceptable.** If neither method is acceptable, for employment ads only, the bill should be processed as a "miscellaneous invoice" as explained in Topics 11-14 and forwarded to NPC for payment.

LCO Responsibility

In accordance with the instructions in the D-501, LCO Administrative Manual, Chapter 13 "Payment of Bills", the Assistant Manager for Administration (AMA), or other staff designated by the Local Census Office Manager (LCOM), date stamps all invoices upon receipt, reviews all invoices received for accuracy and ensures that the goods or services covered by the invoice have actually been received. Upon completion of this task, the AMA forwards the invoice(s) to the LCOM for certification. By certifying the invoice(s), the LCOM indicates that the invoice(s) are approved for payment to the vendor. The LCO is to forward the certified invoices to the Regional Census Center (RCC) Administrative Coordinator within two days of receipt.

Contract for Interpreter/Facilitators Services

Field employees may request the services of non-employees to assist them in cases of language barriers, for example, when conducting interviews with respondents. The employee may choose to do one of three things: 1) pay the "interpreter" directly using his/her personal funds and claim the expense on his/her payroll form, 2) ask the supervisor to pay the interpreter, or 3) choose to submit a claim for the services to have the Census Bureau mail the payment to the interpreter.

If immediate payment is not made to the interpreter at the time the service is provided, the field employee should:

- Prepare a D-477, Contract for Interpreter Services.
- Inform the interpreter/facilitator that a check for the full amount will be mailed to the address shown on the D-477.
- Give the *pink* copy of the D-477 to the interpreter/facilitator and the original copy to their supervisor for forwarding to the LCO Payroll area.

LCOMs certify D-477s, adding the same certification statement as for invoices, and forward them to the RCC Administrative Coordinator for processing.

Refer to Chapter 7 (Travel), Topic 5 "Miscellaneous Expenses" for instructions on processing interpreter/facilitator services as a miscellaneous expense on the D-308/E-308, Daily Pay and Work, and BC-27A, Field Employee's Reimbursement Expenses- or payment by the RCC using its Convenience Checks.

Note: Where an interpreter is not reimbursed by the crew leader/enumerator, a convenience check must be used.

Certification and Forwarding Miscellaneous Bills

When Assistant Managers for Administration (AMAs) review invoices for accuracy and confirm that the goods or services were received, they must ensure that the vendor has included the company's full address on the invoice and its Taxpayer Identification Number (TIN), if applicable. All invoices sent to the RCC for payment should be stamped with the following certification statement that is signed by the Local Census Office Manager (LCOM). (A rubber stamp is provided to the LCO for this purpose.) LCOMs certify each bill or invoice and acknowledge that the goods or services were received, and have not been previously paid, by certifying the following statement:

LCO Manager's Certification

I certify that the services/supplies described herein were furnished as stated, in the interest of the Government, and have not already been paid by Convenience Check, Purchase Card or other means.

_____ _____

Signature **Date**

_____

Printed Name

LCO Number: _____

***Organization Code 11-15-0057-20 -_ _-_ _-_ _**

***Project/Task Code** __ __ __ __ __ __ __/__ __ __

***Object Class Code** __ __-__ __-__ __-__ __

*The Regional Census Center must verify the Organization Code and complete the asterisked items. Follow the instructions in Chapter 2, Topic 3 to complete these items before submitting recruiting ad invoices to NPC for payment.

Once the LCOM completes the certification process and keeps a copy of the invoice for the LCO's records, the LCO forwards the original invoice to the RCC for additional review and processing.

The LCO should submit all invoices to the RCC within two working days after receiving them in the LCO.

RCC Responsibility

The Regional Census Center (RCC) Administrative Coordinator receives LCO invoices and performs an additional review. Once reviewed and approved for payment, an RCC purchase cardholder uses his/her purchase card or convenience check to authorize payment. For employment ad invoices that exceed the RCC cardholders' single purchase limit, the RCC prepares a transmittal log for the invoices and forwards them to the NPC- for payment by purchase card. As a general rule, all invoices to be paid by NPC should be audited, certified and sent to NPC via FedEx within two days of receipt in the RCC.

Prompt Payment Penalties

Generally, payments are due within 30 days of receipt of an invoice, or as negotiated with the vendor; thus, all invoices should be "date stamped" immediately upon receipt in the RCC or LCO and processed promptly. Late payments may require that the Census Bureau pay interest to the vendor and charged to the RCC and project number shown on the supporting documentation. In the unlikely event that a penalty payment is required, use Object class 43-01-00-01, Prompt Pay – Interest Penalty to identify interest payments for reporting purposes.

Prompt Payment Questions

For questions concerning specific payment documents or the payment process in general, call the Financial Services Center at (301) 763-1300.

Organizational Code and Object Class Code

Enter the correct organizational and object class codes for each transaction as follows where the "xx-xx" represents the 4-digit RCC/LCO office code:

Organizational Code:

RCC: 11-15-0057-20-xx-xx-00
LCO: 11-15-0057-20-xx-xx-10
Puerto Rico Area Office: 11-15-0057-20-xx-xx-00

Object Class Code: 26-01-00-00

Chapter 10: Safety, Accidents, and Injuries

Topic 1: Overview

General

This chapter provides safety, accident and/or injury reporting instructions for Regional Census Center (RCC) and Local Census Office (LCO) employees. Refer to Chapter 11 for information on compensating employees injured on duty.

Policy

The Census Bureau recognizes that the prevention of accidents is a legal and moral obligation, which places personal responsibility for occupational safety and health on every employee. Accordingly, to maintain a comprehensive and effective occupational safety and health program, it is the policy of the Census Bureau to:

- Avoid injury of personnel and damage to or loss of property.
- Create safety awareness in all employees.
- Assure that an organized and systematic approach is used to identify and correct safety and health hazards.
- Encourage safe practices and organize safety promotion.
- Consider occupational safety and health an integral part of efficient management and give it full consideration in the planning, development, and operation of every program and activity.

Topic 2: Safety Program

General

Be safety minded in order to avoid accidents. Statistics show new office employees have the highest accident rate of any office employee group.

Office supervisory personnel are responsible for creating a safe environment for all census employees. Keep work areas clean and free of clutter. Do not allow workers to lift heavy cartons alone, but see they get help or use a hand truck.

Paper cuts are a hazard of office work. While these cuts are usually not serious, they are painful and can become infected. Be careful when handling folders or boxes.

Office workers have been seriously injured by slipping on paper, paper clips, rubber bands, and other objects left on the floor, or by tripping over electrical cords.

Each day, look for and correct hazards that might cause an accident. If an employee is injured or involved in an accident, make sure that they receive treatment and then do the necessary reporting.

ARCM Responsibility

The Assistant Regional Census Manager (ARCM) is responsible for safety throughout their region. Supervisors however, have the responsibility for the safety education of all employees under their direction, and for the reporting of all hazardous conditions found in their units. The ARCM will:

- Provide leadership and support to the Safety Program.
- Make certain all reasonable measures are taken to provide safe working conditions within their organization unit in accordance with Occupational Safety and Health Administration (OSHA) standards.
- Assure adequate safety instructions are provided for each job and work assignment.

Safety Representative

The ARCM will designate a Safety Representative, usually an Administrative Specialist (Admin Spec), to:

- Assist and advise supervisors in developing safe operating practices.
- Coordinate the Safety Program within the region including forwarding all reports of accidents and injuries from the RCC and LCOs to the appropriate office at Headquarters. Maintain Census-Confidential information when processing workers' compensation forms and other related forms, by removing the address and other identifying data of the respondents from the forms, before they are sent outside of the Census Bureau or copies are provided to the injured worker.
- Report safety hazards to the Human Resources Division (HRD), Safety Office, 301-763-3711, at Headquarters.
- Participate in local Federal Safety Council meetings and activities.
- Ensure that a log of employee injuries and illnesses is maintained.
- Ensure that the RCC and LCOs have a Hazardous Materials Communication Program and that employees receive appropriate training in the use of hazardous materials.
- Ensure that supervisors of employees working in field settings adhere to appropriate safe working and accident reporting procedures.

Supervisors' Responsibility

Supervisors are responsible for eliminating unsafe conditions and practices, and for the safety of employees under their supervision by ensuring:

- The work area remains clean and orderly. Supervisors are responsible for carefully inspecting physical conditions existing in their units to determine what accident hazards may exist and eliminate them. If the supervisor cannot eliminate a hazard, the facts should be reported to the Safety Representative, along with recommendations for elimination of the hazards.
- Employees are aware of the following safe practices and conditions to avoid accidents:
  - Arrange furniture and equipment with safety of personnel in mind.
  - Place materials in bottom drawers of filing cabinets

so the cabinets do not become top heavy.

- Keep desk and file cabinet drawers closed.
- Corridor and pathways should be unobstructed for a three (3) foot width.
- Furniture clearance (for example, space for extended filing cabinet drawers) should not extend into pathways.
- Keep aisles free of waste paper baskets or other items.
- Keep floors, steps, and grounds free of paper and debris. Clean up spilled liquids, food, and other items.
- Walk, do not run, up and down stairs.
- Use stair handrails.
- Sit properly in chairs. Do not tilt chairs at a precarious angle, or sit on the edge of a seat.
- Be courteous and keep to the right when passing through dual doorways against normal traffic.
- Get assistance to lift bulky office supplies.
- Do not use worn or frayed electric extension cords, or let amateur electricians repair electrical equipment.
- Report and do not use defective mechanical and electrical equipment.
- Do not operate electrical equipment when the work area is damp or wet.

- Employees are familiar with the Hazardous Materials Communication Program:
  - Should be trained in the use of hazardous materials.
  - Have access to Material Safety Data Sheets (MSDS) for hazardous materials used or stored at the facility.
  - Wear personal protective equipment when appropriate.
- All employees have read this chapter and know:
  - What to do in case of fire.
  - The rules for evacuating the building in the event of fire.
  - What to do when someone is injured or becomes ill while on Census premises.
  - Their responsibility to inform supervisors of their ability to return to work on full or modified duty after a work-related injury.

Rules for Evacuating a Building in the Event of a Fire

- Know where the fire exits are located.
- Walk-do not run-to the nearest exit and leave the building immediately.
- DO NOT use elevators to evacuate a building in case of a fire. They may become stalled due to power failure.
- If the fire is in your area, activate the fire alarm, leave the building, telephone the fire department immediately and report the location of the fire.

Further procedures are outlined in the Emergency Operational Plan (EOP). For more information, refer to Chapter 20.

Safety Inspections

The Admin Spec or a designee may inspect the RCC quarterly to eliminate hazards and correct unsafe practices. (The Regional Technician should inspect each LCO monthly for hazards and unsafe practices.)

The RCC must ensure compliance with OSHA regulations. Failure to comply can result in an OSHA citation. Be aware, OSHA can conduct site inspections at any time, at any place, without notice.

The RCC should prepare for such inspections by ensuring the safety representative is providing employees with appropriate hazardous materials information and training, and is maintaining a centralized listing of hazardous materials used/stored at the RCC along with Materials Safety Data Sheets for the same. The ARCM must ensure the safety representative is maintaining a listing of employee injuries and illnesses for the current fiscal year. The injuries/illness logs and supporting documentation (CD-137s, CA-1s, etc.) must remain on file for a period of 5 years, excluding the current fiscal year.

The RCC should display the CD-499, Occupational Safety and Health Protection for Federal Employees, in an obvious place where notices to employees are customarily posted. The CD-499 should include the name and location of the RCC and RO safety representative. The CD-499s are stocked in Jeffersonville, but the RCCs can order them through the Field Logistics Branch at HQ.

The Administrative Specialist may use the CD-574, Office Safety Inspection Check List, to inspect each area of the RCC. A copy of this form is included in Appendix H.

Any deficiency, which cannot be corrected, will be referred to the ARCM.

Lifting Large and Heavy Items

The duties of some staff require lifting of heavy objects such as boxes, computers or rolls of paper, so attention to the proper handling of large and heavy items is critical.

- When lifting, keep your back straight and lift with your legs.
- Know your lifting capacity, and never attempt to lift more than you can handle easily. Get another person to help you lift large or bulky items.
- Use hand trucks and rolling carts whenever possible.
- Never stand on boxes or chairs. Use safe and appropriate equipment or ask a taller person for help.

Topic 3: Accident and Injury Forms

General

The Safety Program requires prompt reporting of any accident occurring in connection with census work, whether considered minor or serious. Employees are responsible for the prompt reporting of accidents and incidents to their supervisor.

If employees are injured while on official business, they are entitled to first aid and full medical care including hospitalization. Additional benefits may be allowable for temporary disability, loss of earning capacity, permanent partial disability, permanent total disability and death.

All managers and supervisors are responsible for injured employees receiving appropriate medical care and ensuring employees return to work as soon as possible, either in regular or modified duties.

Forms Used

The following required forms are used for reporting accidents and/or injuries:

- CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
- CA-6, Official Supervisor's Report of Employee's Death
- CA-16, Authorization for Examination and/or Treatment
- CA-20, Attending Physician's Report
- CD-137, Report of Injury, Illness Accident or Fatality
- CD-224, Employee Claim for Loss of or Damage to Personal Property
- OWCP-915, Claimant Medical Reimbursement Form
- OWCP-957, Medical Travel Refund Request
- SF-91, Operator's Report of Motor Vehicle Accident
- SF-94, Statement of Witness

Refer to Appendix H, for blank copies of these forms.

Preparation and Distribution of Forms

The following table provides a summary of the requirements for preparing and distributing the various forms used to report an injury or accident.

Table10-1: Preparation and Distribution Chart of Forms Required In Injury and/or Accident Cases

Page 1 of 2 (Updated 9/2009)

Type of Accident	Forms Used	Prepared By	When Prepared	Remarks	Number of Copies and Routing
Minor injury (no medical expenses or loss of time)	CA-1 Items 1-15	Injured Employee	Within 48 hours after the incident	Must be completed by the injured employee or by someone acting on their behalf.	Original – CCSI Copy – Injury File Copy – HRD
	Items 17-39	Admin Specialist or designee	Within 48 hours from receiving CA-1 from employee		
	CD-137	Admin Specialist or designee	Within 48 hours	Must be completed for any accident/incident.	Original – HRD Copy - DAB Copy – Injury File
Other than Minor Injury (medical expenses or loss of time beyond day on which injury occurred).	CA-1 Items 1-15	Injured Employee	Within-48 hours after the incident	Must be completed by the injured employee or by someone acting on their behalf.	Original – CCSI Copy – Injury File Copy – HRD
	Item 16	Witness	As soon as possible after injury		
	Items 17-39	Admin Specialist or designee	Within 48 hours from receiving CA-1 from employee	Item 23, "Date Notice Received" is the date the employee's signed CA-1 was received by the Admin Spec. Items 30 and 31 should be carefully completed or later updated to capture any third-party information.	
	CA-16	Admin Specialist or designee and Physician	As soon as possible but no later than a week after injury	Primarily used to authorize emergency medical treatment for an employee while on official duty.	Original – CCSI Copy – Injury File
	CA-20	Physician	With medical treatment	Physician completes only if a narrative report or a CA-16 has not been completed	Original – CCSI Copy – Injury File
	CD-137	Admin Specialist or designee	Within 48 hours	Must be completed for any accident/incident.	Original – HRD Copy - DAB Copy – Injury File
	OWCP-915	Employee	As soon as possible	This form is used if an employee paid medical expenses out of their own pocket.	Original – CCSI Copy – Injury File
	OWCP - 957	Employee	As soon as possible	This form is used for reimbursement for mileage to doctor appointments	Original – CCSI Copy – Injury File

Table10-1: Preparation and Distribution Chart of Forms Required In Injury and/or Accident Cases

Page 2 of 2 (Updated 09/2009)

Type of Accident	Forms Used	Prepared By	When Prepared	Remarks	Number of Copies and Routing
Motor Vehicle (no injuries)	SF-91	Operator of Vehicle	Within 48 Hours	Must be carried in each vehicle. Must be prepared in entirety.	Original – CCSI Copy – HRD Copy - DAB Copy – Injury File
	SF-94	Witness	Within 48 Hours	Must be carried in each vehicle. Must be prepared if there are witnesses	
	CD-137	Admin Specialist or designee	Within 48 Hours	Must be completed for any accident/injury.	Original – HRD Copy - DAB Copy – Injury File
	Police Report, if one was completed	Law enforcement agency	As soon as possible	Obtain a key or reference sheet required to explain codes used in the police report.	Original – HRD Copy - DAB Copy – Injury File
Motor Vehicle Accident Resulting in Employee Injury				Requires completion of all forms listed above and all forms from the "Other than Minor Injury " section on the previous page.	
Claims for loss of damage to employee's personal property	CD-224	Employee	Within 10 days after damage	If an injury results from an accident, injury forms must be submitted as described on the previous page. If the personal property must be repaired, submit an estimate or bill for the repair cost with the CD-224.	Original – DAB Copy – Injury File
Claims for loss or damage by third party due to possible negligence or wrongful act by Census employee	SF-95	Claimant	As soon as possible but no later than 2 years after date	Form SF-95 will be sent directly to the claimant by the RCC.	Original – DAB Copy – Injury File
Motor Vehicle Accident (Rental Car)	SF-95	Rental Car Company	As soon as possible	Submit **receipts or estimates** in order to claim the damages to the rental car	
Claims for loss of damage to Rental Car	CD-137	Admin Specialist or Designee	Within 48 Hours	Submit memo from supervisor confirming employment Memo from Regional Office that includes the following: Project/Task Code: Organization Code: Object Class Code:	

Mailing forms

Use the following addresses to mail the completed forms:

CD-224 and SF-95
Updated 09/2009

Census Bureau – Field Division
Decennial Administrative Branch
Room 5H038E
4600 Silver Hill Road
Suitland, MD 20746

CD-137, SF-91, SF-94 and a copy of all CA-1s and CA-2s
Updated 09/2009

Census Bureau – Safety Office
Human Resources Division
Labor Management Branch
Room 2K043
4600 Silver Hill Road
Suitland, MD 20746

With a copy to:

Census Bureau – Field Division
Decennial Administrative Branch
Room 5H038E
4600 Silver Hill Road
Suitland, MD 20746

CA and OWCP Forms

CCSI, L.P.
300 E Royal Lane
Suite 200
Irving, TX 75039

The above address is for FedEx only. If forms cannot be delivered to CCSI within deadlines, first fax a copy to them at 1-888-467-1273, then mail the originals to the following address:

CCSI, L.P.
P. O. Box 542528
Dallas, Texas 75354-2528

Topic 4: Employee Responsibility

Driving Safety and Seat Belt Use

Employees should never attempt to talk on the phone or use the hand-held computer or laptop while driving. Employees should follow all local motor vehicle laws while driving, including adhering to speed limits and wearing seat belts. Executive Order 13043 expressly states "all Federal employees occupying any seating position of a motor vehicle on official business, whose seat is equipped with a seat belt, shall have the **seat belt properly fastened at all times** when the vehicle is in motion."

Employee Responsibility for Insurance

Employees must carry adequate liability insurance when they use their vehicle on official government business. In addition to liability insurance, they should carry the necessary amount of insurance for property damage to their own automobile. Except in rare circumstances, an employee will not be reimbursed for damages to the automobile. The mileage reimbursement is considered adequate to cover insurance as well as other operating expenses.

Employee Responsibility for Reporting Personal Injury

Employees who have an incident, injury, and/or accident while on official duty, resulting in personal injury, whether considered trivial or serious must, as soon as possible:

- Immediately call the Admin Spec at the RCC on the toll free number (1-877-233-4776). The Admin Spec will authorize medical treatment on a CA-16, Authorization for Examination and /or Treatment. The Admin Spec will also send via FedEx the appropriate forms to the employee with a return postage envelope.
- Notify supervisor of injury and keep them updated on status of returning to work, including availability for modified or limited duty.
- Complete the CA-1 items 1 thru 15 and send back to the RCC.
- In case of an animal bite, find out the owner of the animal and their address, if possible. Report the bite to the Health Department or Police Department so the animal can be properly observed for rabies. Prepare a BC-1206, Security Incident Report.

Employee Responsibility for Reporting Motor Vehicle Accidents

Employees who operate a motor vehicle, either government or privately-owned, on official business will:

- Carry in their car, at all times, a small supply of the SF-91, Operator's Report of Motor Vehicle Accident and SF-94, Statement of Witness.
- Notify their supervisor as soon as possible following an accident.
  - If the vehicle in use was from the GSA Motor Pool System, notify the chief of the motor pool of the accident. All GSA rental vehicles carry a folder with special procedures when a vehicle is involved in an accident. See Topic 7 for more information.
  - Notify and provide state, county, or municipal authorities such information concerning the accident as required by law.
  - Cooperate with any investigating law enforcement officer by relating the facts to the officer. (If the facts are that they did not see a stop sign and did not stop, this fact should be related to the officer, but not that the accident was their fault.) Make no statement as to the responsibility for the accident, except to their supervisor or to a government investigating officer.
  - Complete an SF-91 immediately after an accident, and if possible, at the scene of the accident regardless of the extent of the damage.
  - Have witness(es) complete and sign a SF-94.
  - Give the SF-91 and SF-94 to their supervisor.
  - Refuse to complete accident report forms submitted by the other party's insurance company, or furnish any information, signed statement, authorization, or release, without prior approval of the Census Bureau's legal counsel.
  - Give supervisor a copy of the police report, if one has been completed. Attach a key or reference sheet required to explain codes used in the police report.
- Contact RCC for appropriate forms if medical attention is needed.

Notice of Summons

In the event an employee is served with a summons or notice of suit arising out of any accident, notify the Administrative Specialist immediately and forward a copy of the summons or notice of suit to the RCC.

Topic 5: Supervisor Responsibility

Supervisor Responsibility for Reporting Injury

Supervisors are responsible for following up with employees to submit the required forms to the LCO Administrative Area or RCC.

The supervisor is also responsible for notifying the LCO (or RCC) when an employee returns to work or provides notice of availability for modified or limited duty.

Supervisor Responsibility for Documenting Injury

If a supervisor has knowledge of an accident and/or injury, they should submit the details on a D-255, INFO-COMM, to the LCO to be forwarded to the RCC.

Topic 6: Administrative Specialist Responsibility

General

The Administrative Specialist will receive all paperwork regarding accidents and/or injuries. They will act as the liaison between the RCC and CCSI and the Department of Labor.

When an employee reports an accident/injury

When an employee reports an accident or injury, the Admin Spec will document the information from the employee using the form in Figure 10-1. They will also send via FedEx the appropriate forms with a return postage envelope to the employee. The packet of forms will also include a cover letter. A sample of a cover letter is shown in Figure 10-2.

The Admin Spec will send an e-mail to the LCOM and AMA with the employee's name, date of injury and a brief description of what happened.

If the employee contacts the LCO instead of using the toll free number, the LCO will fill out the Accident Injury Report and fax it to the Admin Spec.

Paperwork

The CA-16 should be authorized before the employee goes for medical treatment, but in cases where emergency medical treatment is required, the Admin Spec can authorize by telephone or fax up to seven days after the date of injury.

When a CA-1 is received in the RCC from the injured employee, the Admin Spec will:

- Review the form to make sure items 1–15 are filled out and item 16, if applicable.
- Fill in any missing data.
- Complete the supervisor portion (items 17-39).
- Complete the CD-137, Report of Injury, Illness Accident or Fatality.
- Generate an Injury Data Worksheet in DAPPS, for DAPPS employees only, to submit to CCSI along with the rest of the paperwork. Refer to the D-581, *DAPPS Operating Guide*, Chapter 21 for instructions on running this report.
- Make copies and send to appropriate offices (See chart

and addresses in Topic 3).

Note: The CA-1 must be received by CCSI within 48 hours of the date received as noted in box number 23. If forms cannot be delivered to CCSI within deadlines, first fax a copy to them at 1-888-467-1273 then send the originals later. Fill out the receipt or Notice of Injury on the CA-1 and mail to the employee. A copy of all CA-1s and CA-2s must be sent to HRD. See Topic 3 for address.

As additional data is received in the RCC regarding an injured employee, make copies and submit originals to CCSI.

The Admin Spec will also maintain a file for each employee who submits paperwork for an accident, injury, and/or property claim. These files will have a copy of all materials sent to CCSI, Census Headquarters, Dept of Labor and any other requested entity. They will also keep files for any third party claims.

Log

In addition, for each employee, the Admin Spec will establish and maintain a log of employee injuries/illnesses in accordance with OSHA regulations.

The RCC or Regional Office must maintain copies of the log, as well as all accident, injury and illness forms for a period of 5 years, excluding the current calendar year.

Instructions for completing the supervisor portion of the CA-1

Use the following instructions for completing items 17 – 39 of the CA-1:

Item 17: Enter the RCC Address. Leave OWCP Agency Code and OSHA Site Code blank.

Item 18: Enter the employee's address

Item 19: Select **Other** and enter FICA

Item 20: Enter Varies

Item 21: Enter Intermittent Work Schedule

Item 22: Enter the date of injury (same as item 10)

Item 23: Enter the date you received the signed form from employee

Item 24: Enter the date the employee stopped work, if known or N/A if no time was lost

Item 25: Leave blank or enter N/A if no time was lost

Item 26: Leave blank

Item 27: Enter the date employee returned to work, if known or leave blank

Item 28: Mark appropriate box (if no, include explanation)

Item 29: Mark appropriate box (if yes, include explanation)

Item 30: Mark appropriate box (if yes, complete item 31). This item must be marked yes, in vehicular accidents caused by someone other than the Census employee.

Item 32: Enter name and address of physician

Item 33: Enter date of first medical care

Item 34: Mark appropriate box or leave blank

Item 35: Mark appropriate box (if "No", include explanation)

Item 36: Leave blank (to controvert claim, see Chapter 11)

Item 37: Enter pay rate

Item 38: Enter your name, title, sign and date form

Item 39: Leave blank

Death of an Employee

Within 8 hours of an employee being fatally injured on the job, the Admin Spec or Administrative Coordinator will call the Safety Officer, HRD at 301-763-3711, who will notify the nearest office of the Area Director of the Occupational Safety and Health Administration (OSHA). The Admin Spec or Administrative Coordinator will also notify by e-mail the following individuals:

- Division Chief, FLD
- Branch Chief, DAB, FLD
- cc: Safety Officer, HRD

Provide the following information:

- Employee's name, age, and address
- Name and address of Designated Beneficiary (refer to SF-1152, Designation of Beneficiary, if available, or CD-415, Record of Employee's Address and Emergency Information)
- Date and time of death
- Cause of death (circumstances surrounding the death), if known
- Duty Status (on duty/off duty)

- Position Title

The Admin Spec or designee will complete the CA-6, Official Superior's Report of Employee's Death. They will also obtain a certified copy of the death certificate and submit these items to:

The Office of Occupational Safety and Health
Workers' Compensation Office
Department of Commerce
Room H-5111
14th and Constitution Ave NW
Washington, DC 20230

Notice of Summons

Submit any notices received from the supervisor to:

Senior Attorney, Finance & Litigation Division
General Counsel of the United States Department of Commerce
Washington, DC 20230
202-482-2506

Figure 10-1: Accident Injury Report

ACCIDENT & INJURY REPORT

EMPLOYEE INFORMATION

Name: _____

Address: _____

_____

Telephone#: _____

DOB: _____

SSN#: _____

ACCIDENT INFORMATION

Date:_____ Day: _____ Time:_____

Injury:_____ Yes _____ No

Describe Injury: _____

_____

_____

_____

How Did Accident Occur: _____

_____

_____

_____

Attending Physician Information, if available: _____

_____

_____

CONTACT INFORMATION

Comment/Information: _____

Accident Reported By: _____

Contact Telephone #: _____

Accident Report Date: _____

Figure 10-2: Sample cover letter

(Date)

(Employee Name)
(Employee Address)

Dear (Employee Name):

You have reported a job related injury that occurred during your employment with the United States Census Bureau in (location of LCO). Enclosed, you will find the forms required to file a workers' compensation claim.

Complete the forms as soon as possible and return them in the postage paid envelope. Instructions for completing the CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation,* are found in Chapter 5 of the Census Employee Handbook you were given at training.

When the forms are received back in the Regional Census Center, they will be forwarded to Contract Claims Services, Incorporated (CCSI) in Dallas, TX. CCSI is a liaison office providing workers' compensation support for the Census Bureau. They will review the information and forward the claim to the Department of Labor, Office of Workers' Compensation Program (OWCP). If you receive correspondence from either of these offices, it is your responsibility to provide the information requested.

If you have lost work time as a result of this injury, it is your responsibility to keep your supervisor and the RCC Administrative Specialist informed of your ability to return to work on either full or limited duty.

If you have any questions regarding your claim or need assistance, please call toll-free 1-877-233-4776.

Sincerely,

(Your name)
(Your title)

Topic 7: Accidents Involving a GSA Vehicle

General

Updated 09/2009

If any damages are incurred as a result of an accident involving a GSA motor pool vehicle, Forms SF-91, SF-94 and SF-95 must be completed. Send these forms, along with the police report and two written estimates of the cost of repairs to DAB at Headquarters. A copy of the SF-91, SF-94 and police report are sent to the Safety Office. Refer to Topic 3 for addresses.

If the accident results from negligence or misconduct on the part of the vehicle operator, they become liable for the cost of all repairs, incidental and actual costs, including replacement of the vehicle, if necessary.

If a motor vehicle operator fails to report any accident involving a motor pool vehicle, such failure can be considered sufficient justification to suspend the employee's eligibility to operate or use such a vehicle. Similarly, any vehicle operator responsible for a record showing high accident frequency or an abnormally high dollar accident cost, may be declared ineligible to operate a motor pool vehicle.

Topic 8: Personal Property Claims

General

Updated 09/2009

Claims for loss or damage to personal property (property belonging to an employee) are to be completed on a CD-224, Employee Claim for Loss of or Damage to Personal Property. Submit to DAB at Headquarters along with one copy of the supporting evidence, appropriate accident forms and memo.

The ARCM or designee does not have deciding authority on the claim. However, if fraud is suspected, the ARCM may controvert (disagree with) the employee's claim based on the information submitted by the employee. To document the agency's disagreement with the claim, summarize the following in the memorandum to the claims officer:

- What is being controverted and why
- The actual evidence included as factual evidence or attachment
- A closing summary expressing the desired action.

Note: Employees are encouraged to carry private insurance against damage or loss to their personal property.

Conditions required for Allowable Claim

A claim may be filed by the employee or their authorized representative when:

- The loss or damage to personal property was incident to the employee's service.
- The claim is presented in writing within 2 years after the incident from which the claim arose.
- The loss or damage was not caused, wholly or partly, by employee's negligence or wrongful act.
- The claim is substantiated.
- Employee's possession of the property is determined to have been reasonable, useful, or proper under the attendant circumstances at the time of the loss or damage.
- The claimant furnishes satisfactory proof of the value of the property.

Allowable Claims

Updated 09/2009

The following types of claims are allowable:

- Claims for losses or damages due to unpredictable behavior of animals
- Claims for losses of property used for the benefit of the government at the direction or with approval of superior authority
- Claims for losses or damages as a direct result of extraordinary risks to which the employee or the property have necessarily been subjected in the performance of official duties
- Claims for loss of or damage to personal property when the employee is forced to evacuate transportation facilities while traveling in the course of their duties
- Claims for theft or burglary of employee's property must clearly establish positive evidence of the existence of the theft or burglary and all reasonable and practicable protection and security measures were taken and the item(s) involved was incident to the service of the employee. The employee shall furnish satisfactory proof that such measures were taken.

Unallowable Claims

The following types of claims ordinarily will not be payable:

- Claims for theft or burglary of personal property, unless payable under such conditions stated above
- Claims for articles of extraordinary value or articles which may be easily stolen which were not required for the job
- Claims for loss of money, currency or intangible property unless payable under other conditions
- Claims for loss or damage to motor vehicles
- Claims for loss or damage covered by insurance
- Claims for worn-out or unserviceable property
- Claims for parking tickets, impound fee, tow away, etc.

Note: Consideration may be given to a claim for loss or damage to personal property in unusual circumstances, in which failure of the government as employer to make up the loss would result in serious inequity to the claimant. In these unusual circumstances, the CD-224 must be submitted to DAB along with a memo from your Regional Director to the Claims Officer, ACSD.

Evidence in Support of a Claim

When applicable, the following evidence should be submitted, or a statement indicating why such evidence is not available or possible to obtain:

- Statement of witness
- Statement of property recovered or replaced
- At least one written estimate of the cost of repairs from a competent person sufficiently identified
- Itemized bill and receipt for damaged property which has been repaired
- Proof of value or cost in form of receipts or similar documents
- Statement of any insurance coverage

In addition to the above items, a copy of the following forms should also be submitted (if applicable):

- CD-137, Report of Accident, Injury, Illness or Fatality
- SF-91, Motor Vehicle Accident Report
- SF-94, Statement of Witness

Recovery From Third Parties

If an employee has submitted a claim to their insurance company, a copy of the claim should be included with the necessary papers accompanying the CD-224.

Computation of Awards

The amount awarded on any item of property will be based upon its estimated fair market value at the time and place of the loss. The amount payable for property loss or damaged beyond economical repair is found by determining its depreciated value immediately before loss or damage, less any salvage value. If the cost of repair is less than the depreciated value, it will be repaired and only the cost of the repair allowed.

Submitting the CD-224 to Headquarters

Updated 09/2009

The ARCM or designee reviews each claim and prepares a brief memorandum to the Claims Officer, ACSD, on the merits of the claim, and recommends the amount, if any, to be paid in settlement. See Figure 10-3 for a sample memo. The memorandum along with attachments are sent to:

Census Bureau
Field Division
Decennial Administrative Branch
Room 5H038E
4600 Silver Hill Road
Suitland, MD 20746

All claims must include the following documentation with the initial submission of these forms:

- Claimant's Social Security Number (enter in block along with name)
- Receipts, Costs Estimates, or Bills
- Police Report (if applicable)
- Amount of Insurance Deductible (if applicable)
- Accounting information (Project Number, Task Code, Organization Code, and Object Class needs to be included on the memorandum)

Note: Enter 42-00-00-00 as the Object Class Code.

The RCC is responsible for ensuring employee claims are submitted in a timely manner and include appropriate documentation to support the claim.

Note: Finance Division cannot process claims that do not include the social security number and a valid project number.

Topic 9: Third Party Claims (TORTS)

General

Updated 03/02/2010

A tort or third party claim is a claim filed against the government by a third party due to loss of property (this includes rental car accidents and/or property damage), personal injury, or death caused by the negligent or wrongful act of a Census Bureau employee while on official duty.

In any case of damage to, or loss of, property or of personal injury or death in which there is any question of negligence or wrongful act on the part of a census employee, the claimant shall be furnished Form SF-95 to be completed by or on behalf of the person or firm having sustained the injury or damage.

Documenting the Claim

Updated 03/02/2010

Instruct the claimant to complete the SF-95 and send the completed form to the RCC. Also, inform the claimant to attach to Form SF-95 any additional statements of supporting evidence which might be pertinent to a proper settlement of the particular claim being filed, including statements of any witnesses and a statement of value. The Admin Spec also will need to get a statement from the employee involved.

The completed Form SF-95 should be forwarded to DAB as soon as practicable to expedite settlement, although claims may be submitted no later than two years after the date of the injury or damage. Claims may not be submitted any later than two years from the date of the injury or damage.

Accidents Involving a Third Party

The government will take all necessary legal steps to recover compensation or other benefits paid to employees injured or killed in the line of duty, whenever responsibility for the injury rests with a third party.

If an employee is injured or killed in the line of duty, the employee or their survivor should apply for, and is entitled to receive, compensation from the government. However, if the employee or their survivor then collects damages from a third party, who is legally responsible for the injury, the government must be reimbursed for compensation payments.

If an employee or survivor applies for compensation, the government may require them to prosecute a claim against the responsible third party, or, as an alternative, to assign to the United States the right of action. If an employee or their survivor refuses to do so, they will not be entitled to compensation.

Submitting the SF-95 to Headquarters

Updated 09/2009

The ARCM or designee reviews each claim and prepares a brief memorandum to the Claims Officer, ACSD, on the merits of the claim, and recommends the amount, if any, to be paid in settlement. See Figure 10-4 for a sample memo.

The memo is sent to:

Census Bureau
Field Division
Decennial Administrative Branch
Room 5H038E
4600 Silver Hill Road
Suitland, MD 20746

All claims must include the following documentation with the initial submission of these forms:

- Claimant's Social Security Number (enter in block along with name)
- Receipts, Costs Estimates, or Bills
- Police Report (if applicable)
- Amount of Insurance Deductible (if applicable)
- Statement of witnesses
- Statement from employee involved
- Accounting information (Project Number, Task Code, Organization Code, and Object Class need to be included on the memorandum)

Note: Enter 42-00-00-00 as the Object Class Code.

The RCC is responsible for ensuring tort claims are submitted in a timely manner and include appropriate documentation to support the claim.

Note: Finance Division cannot process claims that do not include the social security number and a valid project number.

Payment of claims

Updated 11/2009

Claims go to the Census Legal Department for approval, if over $1,500.00. If approved, ACSD sends the claimant a SF-1145, Voucher for Payment, for signature. When the SF-1145 is received from the claimant, Finance Division prepares the payment.

If the claim is disapproved, ACSD sends the claimant a letter of denial.

Topic 10: Reporting Assaults/Threats

General

An assault of any kind on Census Enumerators, Crew Leaders, or other Census Bureau employees working with the public is a rare occurrence. However, if one does occur follow the steps listed below.

What the Employee Should Do

- Get medical attention, if needed. Contact the RCC for appropriate forms
- Notify the police. Obtain a copy of the police report and submit it to the RCC (or, as a minimum, get the police report number)
- Notify their supervisor
- Complete a BC-1206, Security Incident Report, and give to supervisor within 48 hours of incident.

What the RCC Should Do

- The ARCM is notified immediately. Send an email describing the incident to:
  - Associate Director for Field Operations
  - Division Chief, FLD
  - Assistant Division Chief, FLD
  - Branch Chief, DAB, FLD
  - Legal Office
  - Chief, Office of Security
  - Safety and Health Manager

Note: Based on the seriousness of the incident, the Regional Director or designee, must report the incident to the Office of Security at the Census Bureau (301) 763-1716 during normal work hours or to a Security Duty Officer at pager number 1-888-471-3495, after duty hours.

If the state's attorney's office prosecutes the case, the Census Bureau employee will receive legal representation from the state's attorney's office.

Figure 10-3: Sample Memorandum of Personal Property Claim

(Updated 03/02/2010)

DATE

MEMORANDUM FOR Claims Officer
Census Bureau
Administrative and Customer Services Division
Property and Records Management Office
Room 3J241
4600 Silver Hill Road
Suitland, MD 20746

From: (Name)

Assistant Regional Census Manager

(Name) Regional Census Center

Subject: Personal Property Claim

Attached is a personal property claim for (name of employee). He/she is an (enter position assigned) with the (enter name of office). He/she has suffered loss of personal property while performing official duties while working as an (enter position assigned).

This claim is forwarded for further processing. (If fraud is suspected, the ARCM or designee may disagree with employee's claim. Indicate reason for disagreement.)

The following information is provided:

Claimant's Name and SSN: _____

Address: _____

Amount of Insurance Deductible (if applicable): _____

Accounting Information:

(Provide project number, task code, organization code, and object class)

Attachments (Include receipts, cost estimates, bills, police reports, and appropriate forms, etc.)

Figure 10-4: Sample Memorandum of Third Party Claim (Tort)

(Updated 03/02/2010)

DATE

MEMORANDUM FOR Claims Officer
Census Bureau
Administrative and Customer Services Division
Property and Records Management Office
Room 3J241
4600 Silver Hill Road
Suitland, MD 20746

From: (Name)

Assistant Regional Census Manager

(Name) Regional Census Center

Subject: Tort Claim

Attached is a tort claim for (name of individual or business). He/she has suffered loss of personal property when (describe events surrounding loss of property).

This claim is forwarded for further processing. (If fraud is suspected, the ARCM or designee may disagree with individual's claim. Indicate reason for disagreement.)

The following information is provided:

Claimant's Name and SSN: _____

Address: _____

Amount of Insurance Deductible (if applicable): _____

Accounting Information:

(Provide project number, task code, organization code, and object class)

Attachments (Include receipts, cost estimates, bills, police reports, and appropriate forms, etc.)

Chapter 11: Workers' Compensation Program

Topic 1: Workers' Compensation Overview

General

The Federal Employees' Compensation Act (FECA) is a workers' compensation law providing compensation benefits to civilian employees of the United States, for disability due to a traumatic injury or occupational disease/illness sustained as a result of their employment with the Federal Government.

In the event of the employee's death due to the injury or disease, FECA provides for the payment of funeral expenses up to $800 and for compensation benefits to qualified survivors and dependents of such decedent.

The FECA is administered by the Department of Labor's, Office of Workers' Compensation Program (OWCP), and is responsible for making decisions on FECA entitlement. Contract Claims Services, Incorporated (CCSI, L.P.) is a liaison office assisting employees and supervisors in the workers' compensation process, providing guidance on evidence requirements, and authorizing Continuation of Pay (COP)

Entitlement

Public Law 93-416 approved September 7, 1974, states that an employee who has filed a claim for a period of wage loss due to a work-related accident/injury shall be entitled to have their regular pay continued for a period not to exceed 45 calendar days (COP Period), once a qualified physician has determined the traumatic injury sustained in the performance of duty has incapacitated the employee from returning to work in their current position or one of light duty requirements enabling the employee to return to work.

Coverage

Temporary employees are covered on the same basis as permanent employees, but COP ends on the date an employee's appointment ends, providing the appointment termination date was established in writing prior to the date of injury.

Federal employees who are not citizens or residents of the U.S. or Canada are covered subject to certain special provisions

governing their pay rates and computation of compensation payments.

Contract employees, volunteers, and "loaned" employees are covered under some circumstances. Such determinations will be made on a case-by-case basis. Each RCC must prepare a cover letter to the Office of Workers' Compensation Programs (OWCP) claims office explaining that the employee is a volunteer without compensation. Also, the employee and supervisor must document the accident/injury by completing a CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation and CD-137, Report of Injury, Illness, Accident or Fatality.

Managers' Responsibilities

All managers and supervisors are responsible for injured employees receiving appropriate medical care and ensuring employees return to work as soon as possible. Managers and supervisors must cooperate with the Administrative Specialist in identifying alternate or modified work assignments to facilitate an injured worker's early return to duty.

Forwarding Claims

The Administrative Specialist (Admin Spec) should review all CA forms before forwarding to CCSI. The CA forms should be faxed to CCSI, LP within 48 hours from the date the form was received by the Admin Spec, then send the originals via FedEx to:

CCSI, L.P.
300 E. Royal Lane
Suite 200
Irving, TX 75039

Fax number: 1-888-467-1273
Telephone number: 1-800-743-2231

A copy of the CA-1 or CA-2 and original CD-137 should be sent to:

Census Bureau – Safety Office
Human Resources Division
Labor Management Branch
Room 2K043
4600 Silver Hill Road
Suitland, MD 20746

Topic 2: Types of Injuries

Traumatic Injury

A traumatic injury is a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected. A specific event or incident, or series of events or incidents, must be the cause of the injury, within a single day or work shift. Traumatic injuries include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to a personal injury requiring medical services.

When an employee sustains a traumatic injury in the performance of duty, the employee or someone acting on their behalf should complete a CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, and return it to the Admin Specialist as soon as possible, but no later than 30 days from the date of injury.

Upon reporting the injury, the Admin Spec will authorize medical treatment on a CA-16, Authorization for Examination and/or Treatment, if required. The Admin Spec will also complete a CD-137, Report of Injury, Illness, Accident or Fatality.

Occupational Disease or Illness

An occupational disease or illness (also called non-traumatic injury) is a condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or stain, exposure to toxins, poisons, fumes or other continuing conditions of the work environment.

The injured employee, or someone acting on behalf of the employee, is required to give notice of injury and file a claim for compensation within 3 years of the date they became aware the disability was caused by a condition of employment. A CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation, is provided for this purpose

Death

If the injured employee dies, dependents are required to file a claim for compensation on a CA-5, Claim for Compensation by Widow, Widower and/or Children, within 30 days. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing a death claim have been met.

Topic 3: Medical Treatment

General

When an employee is injured, they are entitled to medical treatment, if required. The Admin Spec can authorize medical treatment on a CA-16. The CA-16 should be authorized before the employee goes for medical treatment. In cases where emergency medical treatment is required, the Administrative Specialist can authorize by telephone or fax up to seven days after the date of injury.

A CA-16 is not issued in the case of a work-related illness (see Topic 2 for definitions of injury vs. illness). For disease or illness cases, the RCC should contact CCSI for instructions.

Note: The CA-16 guarantees payment to the treating physician for 60 days from date of issuance unless CCSI terminates this authority at an earlier date.

Billing

Providers are required to use an OWCP-1500, Health Insurance Claim Form for billing purposes. The injured employee should let the medical provider know the injury occurred while on the job. The medical provider should be familiar with the OWCP-1500 form.

Note: Bills must be submitted to CCSI on or before December 31st of the following calendar year in which the expense was incurred or the claim was first accepted as compensable by OWCP.

If the injured employee paid for medical expenses out of pocket, the employee may request reimbursement by submitting an OWCP-915, Claim for Medical Reimbursement, along with proof of payment paid to the provider (that is, a receipt, or canceled check).

Transportation Expenses

The employee may be reimbursed for travel expenses to obtain medical care by completing an OWCP-957, Medical Travel Refund Request.

Topic 4: Contesting the Employees' Claim and/or Controverting (Disagreeing with) Continuation of Pay (COP)

General

The Admin Spec may controvert (disagree with) an employee's claim for COP based on one of the nine reasons stated in the instructions on the CA-1 to include the following:

- Disability is a result of an occupational disease or illness
- Injury occurred off government premises and the employee was not performing official duties
- Injury was caused by the employee's willful misconduct
- The employee intended to bring about their own injury or death or the injury or death of another person
- Intoxication or drug use was the proximate cause of the injury
- The injury was not reported on a CA-1 within 30 days.
- The employee reported the injury after their employment with the Bureau was terminated.

The Admin Spec may contest the facts of the claim by providing supporting documentation.

Documentation

To document the agency's contesting the claim, the Administrative Spec will complete the indicated portion of the CA-1, and submit detailed information to CCSI. All controverted claims must include the following:

- A letter summarizing what is being contested and the reason.
- All evidence to support the agency's contesting of the claim.
- A closing summary expressing the desired action.

Attachments may include:

- Supervisor or witness statements
- Medical evidence
- Photographs
- Diagrams of accident site
- Time and attendance reports
- Accident investigation reports
- Other documents, as available

Topic 5: Continuation of Pay (COP)

General

Providing there is supporting medical evidence, CCSI may authorize COP for up to 45 calendar days. Temporary employees are entitled to COP on the same basis as permanent employees, but COP may not be paid after a termination date that was established prior to the date of injury. The Administrative Specialist will be notified regarding the acceptance or denial of the claim and entitlement to COP.

Note: There is a 45 calendar day limited period during which the 45 days of COP must be used.

When the employee elects COP after they stop working due to a disabling injury, it will not be formally authorized until:

- The employee or their representative completes the CA-1 notifying the office of the injury.
- CCSI receives medical documentation from the attending physician determining the employee is disabled from work for the period claimed and notifies the RCC.

Pay will not be interrupted until:

- CCSI receives medical information from the attending physician stating the employee is no longer disabled from regular work.
- The expiration of 45 days.
- The employee fails to submit, or continues to submit medical documentation showing they are unable to work during that pay period.

COP for Intermittent Employees

Intermittent employees are entitled to 45 calendar days of COP if their work assignment has not ended and the medical documentation supports total disability. The 45 days are interpreted as consecutive calendar days. This includes holidays and weekends (days off) when COP use is continuous. If the employee returns to work before using all their COP days, COP comes to an end. However, if the employee needs to use COP days because of the same injury, they must use those COP days/balance within 30 days of returning to work. If disability goes beyond the 30 days, the employee loses all remaining COP days, but is entitled to file for compensation for time loss. Employees who normally receive night differential will continue

to receive this premium while in COP status.

The RCC will receive a memo from CCSI stating COP has been approved. The RCC will send a copy to the LCO for processing the employee's COP in DAPPS. Refer to the D-581, *DAPPS Operating Guide*, Chapter 12, Topic 3. For more information on COP entitlements, refer to Chapter 5, Topic 8 of this manual.

Note: COP can be stopped if the injured employee does not submit adequate medical documentation of the injury-related disability covering every pay period involved.

COP for NFC Employees

If a full-time employee is injured before the work day is over, they are entitled to administrative leave for the period of time left on the clock. For example, an employee who works until 5 pm is injured at 1:00 pm. The 4 hours left in their shift would be entered on their BC-27 as Admin/Excused Absence. After the first day of injury, employees must use annual or sick leave until COP has been approved.

Full-time employees may use annual or sick leave in lieu of COP to cover all or part of an absence due to injury. When using leave, each full or partial day will be counted against the 45 days of entitlement. If the employee used leave and wishes to elect COP, the supervisor must make the change. The employee may have leave restored retroactively, provided they submit adequate medical evidence of injury-related disability for the period.

An employee who cannot return to work when COP (45 days) terminates, or who is not entitled to receive COP, may claim compensation for wages lost on a CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease. Once a claim is filed, the employee should be placed in a Leave Without Pay Status (LWOP). If the RCC receives medical documentation that specifies the employee's ability to return to duty within 30 days following the termination of COP, then no LWOP personnel action is necessary. The Administrative Specialist should notify CCSI of the employee's return to duty status by submitting a copy of the SF-50, Notification of Personnel Action.

Supervisors' Responsibility to Return Employees to Duty

Every effort should be made to return an employee to work, even if it is in a light duty status or if the employee's term of appointment is nearing its end. Supervisors should immediately consult with the Administrative Specialist upon learning that an injured employee is available to return to work on either full or

light duty.

Employees' Responsibility to Maintain Contact and Return to Full or Modified Duty

Employees are responsible to inform supervisors and the RCC Administrative Specialist of their ability to return to work on full or modified duty as soon as possible after a work-related injury. Injured workers are also required to accept any work assignment offer that meets the medical restrictions set forth by their physician.

Repurchasing Leave

If annual or sick leave is used for any period of disability and the employee wants to repurchase the leave, the following must occur:

- Employee submits a CA-7 and CA-7a, Time Analysis Form (for intermittent periods) to OWCP ('Leave-Buy-Back' must be written on the top of the CA-7).
- CCSI sends a CA-7b to the employee with the dates of eligibility and the amount due to the agency to repurchase leave and an estimation of OWCP entitlement.
- The employee reviews the information provided and makes a decision whether to participate in the leave repurchase.

If the employee agrees to repurchase the leave, OWCP will then issue a check to the Department of Commerce (DOC) for 2/3rds (if no dependents) or 3/4ths (with dependents) of base pay, at the time of injury, for payment toward the repurchase.

The employee will be notified by NFC of any balance due. When the employee submits payment, CCSI will notify the operating unit to restore the leave.

If the employee enters LWOP status and they can claim compensation for wages lost. A CA-7, must be completed by the employee and their supervisor, then forwarded to CCSI within five days prior to the expiration of COP to insure no interruption of pay. If applicable, a CA-7a is completed when compensation dates being claimed are intermittent or when more than one continuous period of compensation is being claimed.

Note: The CA-20, which is attached to the CA-7 must be completed by the employee's doctor and forwarded to CCSI with the CA-7. Medical documentation is required for each office visit, physical therapy session or surgery performed for the period during which compensation is claimed.

If the disability and/or treatment continues beyond the period claimed on a CA-7, and the injured employee wants continuing compensation, the employee will:

- Elect LWOP and claim continuing compensation for wages lost.
- Complete another CA-7 for each two weeks the employee suffers wage lose due to the injury, following the initial period claimed on the CA-7.
- Give the CA-20a to the attending physician to be submitted to CCSI with the CA-7.

Payments

When the notice of injury is received by CCSI and the employee indicated electing COP, the following procedures will be used to determine the employee's payment.

Full-time employees who work the same number of hours each week are entitled to COP, at the rate equal to the numbers of hours worked each week, times the current hourly rate. (Excluding overtime and Sunday Premium Pay)

Note: Employees paid a per annum salary will use the following formula to determine their per hour rate.

- 2,087 hours = 1 work year
- Annual Salary divided by 2,087 hours = hourly rate
- Multiply the hourly rate x 80 hours

Intermittent employees who work irregular hours, days, and weeks are computed differently. The weekly pay rate is equal to the average weekly earnings for the one year period prior to the date of injury (excluding all overtime), except that the one year earnings cannot be less than 150 times the average intermittent employee's daily earnings. The Administrative Specialist will generate the Injury Data Worksheet in DAPPS and send it to CCSI so COP can be approved.

Recurrence of Injury

When an employee suffers a recurrence of disability after returning to work, they may use COP if all of the 45 days were not used and no more than 45 days have elapsed since the date of first return to work. If the recurrence begins later than 45 days, the RCC should not pay the COP even though some days of entitlement remain unused.

Terminating COP

COP should not be terminated except under the following

circumstances:

- Evidence is not submitted to CCSI within 10 workdays.
- The employee is no longer disabled and CCSI notifies the RCC.
- CCSI/OWCP notifies the RCC that pay should be terminated.

An employee who is scheduled to be separated and reports a traumatic injury on or before the separation date should still be separated; they are entitled to COP up to the date of termination and to compensation thereafter.

Overpayment of COP

The Administrative Specialist must notify employees if overpayment of COP occurred and arrange to collect the money from them. Follow the instructions given in Chapter 5, Topic 11.

Project and Operation Codes for Reporting COP Claims

Payroll documents for intermittent injured employees will reflect task code 007 until the employee returns to work

To record COP usage on the BC-27, Time, Attendance, and Cost Report, employees should write OWCP at the bottom of section E and enter hours under the appropriate day. Timekeepers should use OWCP Injury Leave to document COP for employees in webTA.

Topic 6: Reporting Requirements

General

No later than the 5th calendar day of the month, following each quarter, prepare a report to be consolidated to a RCC report for the ADC for Administration, Field Division, ATTN: Decennial Administrative Branch. Your report must include the following:

- Employees who returned to duty during the payroll quarter or whose 45 days expired during the payroll quarter.
- Employees who were totally paid the COP during the calendar quarter.

When preparing your report, provide the following for each employee being reported:

- Name
- Total number of days reported in a continued pay status not reported previously. Total wages paid for days being reported (do not include pay for any work time)

If there are no employees to report, the Administrative Specialist should submit a negative report.

Topic 7: Recordkeeping

General

Upon initial receipt of a CA-1 and CA-2, the Administrative Specialist should review forms for completion and accuracy. The forms should then be submitted to CCSI within 48 hours. Do not hold the claim forms for additional evidence.

Logs

- Field Division Workers' Compensation CCSI File Summary Sheet
  - The purpose of the Field Division Workers' Compensation CCSI File Summary Sheet is to establish a tracking system for all incoming and outgoing workers' compensation claims. All information pertaining to a specific case must be continuously logged on this information sheet. Maintaining this information sheet will allow management to review at-a-glance the current status of any case. Keep the information sheets in alphabetical order in a binder. The binder should be kept in the administrative area of the RCC.
- Federal Occupational Injuries and Illnesses.

All accidents and injuries meeting OSHA criteria must be recorded on Form 300, *Log of Work–Related Injuries and Illnesses*. OSHA recording criteria are different than OWCP workers' compensation criteria. Use the link below for a copy of the form.
http://cww.hrd.census.gov/hrd/emp/safety/CENSUSoshaField300form1-1-05.xls

Files

The following files should be established and maintained in the RCC administrative area for Workers' Compensation Claims:

- 'Band-aid Injuries' (CA-1 forms not requiring submission to CCSI).
  - File the CA-1's that do not require submission to CCSI (For example, when there is no time lost, no anticipated disability, no permanent injury, and no medical expenses) in the Employee Medical Folder (EMF).

Note: In accordance with FPM Supplement 293-31, Basic Personnel Records and Files, copies of all injury and occupational disease claim forms and related medical documentation must be

kept in the employee's EMF.

- "Open Files" (The CA-1 and CA-2 requiring submission to CCSI.)
  - This file includes claims resulting in loss time, anticipated disability, and/or medical expenses.

Note: Keep copies of all forms, medical documentation, and any subsequent correspondence from the physician and CCSI in file. Note the date received on each piece of correspondence in the file for a complete record.

- Closed Files
  - This file consists of completed files and is considered 'closed' when the employee no longer receives COP. This occurs when the employee did not file a CA-7, or the claim has received a final determination by the Department of Labor (DOL).

Once a final determination is made by DOL, a final medical billing is received, and the employee returns to work, the file is closed out. The OWCP determination memorandum and/or the doctor's discharge statement should be the top documents in the folder.

Figure 11-1: Basic Forms for Processing Claims

Page 1 of 3

CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Notifies the supervisor of a traumatic injury and serves as the report to OWCP when:

1. The employee has sustained a traumatic injury which is likely to result in a medical charge against the compensation fund;
2. The employee loses time from work on any day after the injury date, whether the time is charged to leave or to continuation of pay;
3. Disability for work may subsequently occur;
4. Permanent impairment appears likely; or
5. Serious disfigurement of the face, head, neck is likely to result.

Prepared by employee or someone acting in employee's behalf (witness ,if any) and supervisor. Submitted by the employee to the RCC within 30 days (but will meet statutory time requirements if filed no later than three years after the injury). Submitted by the Administrative Specialist to CCSI immediately upon receipt of the form from the employee, with a copy to HRD.

CA-2 Federal Employee's Notice of Occupational Disease and Claim for Compensation

Notifies the supervisor of an occupational disease and serves as the report to OWCP when:

1. The disease is likely to result in a medical charge against the compensation fund;
2. The employee loses time from work because of the disease, whether the time is charged to leave or the employee claims injury compensation;
3. Disability for work may subsequently occur;
4. Permanent impairment appears likely; or
5. Serious disfigurement of the face, head, or neck is likely to result.

Prepared by the employee or someone acting on the employee's behalf (witness if any) and supervisor. Submitted by the employee to the RCC within 30 days (but will meet statutory time requirements if filed no later than three years after the injury). Submitted to CCSI by the Administrative Specialist immediately upon receipt of the form from the employee with a copy to HRD.

CA-2a Notice of Employee's Recurrence of Disability and Claim for Continuation of Pay/Compensation

Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability. Prepared by the employee and submitted immediately to the Administrative Specialist and forwarded to CCSI.

Note: An employee who stops work as a result of recurring disability shall advise the supervisor whether he or she wishes to continue receiving regular pay (if eligible) or charge the absence to sick or annual leave.

Note: An employee no longer employed by the Federal Government should complete Parts A and C and submit all materials directly to the appropriate OWCP office.

Figure 11-1: Basic Forms for Processing Claims

Page 2 of 3

CA-5 Claim for Compensation by Widow, Widower and/or Children

Claims compensation on behalf of these dependents when injury results in death.
Prepared by person claiming compensation (for self or on behalf of children) and attending physician within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met.
Submit to CCSI by the Administrative Specialist.

CA-5b Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

Claims compensation for these dependents when injury results in death.
Prepared by person claiming compensation (or guardian on behalf of children) and attending physician.
Submitted within 30 days, if possible, but not later than three years after death. (If death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met.)
Submitted by claimant or someone acting on claimant's behalf to the Administrative Specialist and forwarded to CCSI.

CA-6 Official Superior's Report of Employee's Death

Notifies OWCP of the work-related death of an employee.
Prepared by the Administrative Specialist within 2 work days after knowledge of an employee's work-related death, then forwarded to CCSI.

CA-7 Claim for Compensation on Account of Traumatic Injury or Occupational Disease

Claims compensation if:

1. Medical evidence shows disability is expected (and is not covered by COP in traumatic cases);
2. The injury has resulted in permanent impairment involving the total or partial loss, or loss use, of certain parts of the body or serious disfigurement of the face, head or neck;
3. Loss of wage-earning capacity has resulted.

Prepared by the employee or someone acting on the employee's behalf and the supervisor. The attending physician complete the CA-20.

For traumatic injury cases, the form must be completed and filed with OWCP not more than five work days before the termination of the 45 days of COP, or within 10 days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops.

Send completed forms to Administrative Specialist. They will forward the forms to CCSI.

Figure 11-1: Basic Forms for Processing Claims

Page 3 of 3

CA-16 Authorization for Examination and/or Treatment

Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or, under certain circumstances, a chiropractor), or from a U.S. medical facility, if available. The employee may initially select the medical provider of his or her choice but must request any change in physician from OWCP Part A is prepared by the supervisor and Part B is prepared by the attending physician.

Part A is submitted by the supervisor in duplicate, within 48 hours following first examination and/or treatment to the physician or medical facility.

Part B is completed by the attending physician or medical facility as promptly as possible after initial examination and submitted to CCSI.

CA-17 Duty Status Report

In disability cases, provides the supervisor and WCB with an interim medical report containing information as to employee's ability to return to any type of work.
Prepared by the supervisor and attending physician. Submitted promptly upon completion of examination or most recent treatment. Send the original to the Admin Spec, they will forward to CCSI.

CA-20 Attending Physician's Report

Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information.
Prepared by the attending physician and submitted promptly upon completion of examination or most recent treatment. Send completed form to CCSI.

Chapter 12: Administrative Grievances

Topic 1: Introduction

This chapter describes the grievance procedures for RCC and LCO employees. This system represents a substitute for the administrative grievance procedures set forth in Department Administrative Order (DAO) 202-771, Employee Grievances.

General

The Decennial Administrative Grievance Procedure is a streamlined complaint process, which provides Regional Census Center (RCC) and Local Census Office (LCO) employees an opportunity to seek resolution to employment concerns. Specifically, this is a one step grievance system, which incorporates a higher-level management concurrence requirement if the deciding official of the grievance does not grant the full relief requested by the grievant.

If an employee is unhappy about any of their working conditions, the best advice is to try to resolve the matter by talking with him or her. Supervisors resolve most problems in this way; but if not, an employee has the right to file a grievance under the Decennial Administrative Grievance Procedure. A grievance is a request by an employee for personal relief in a matter of concern or dissatisfaction regarding his/her employment that is subject to the control of Census Bureau management officials.

The LCO employees are informed of the Decennial Administrative Grievance Procedure, including the relevant time frames, a list of excluded matters, and a copy of the Decennial Administrative Grievance Intake Form, D-244, in the Employee and Supervisory Handbooks, i.e. D-590, Field Non-supervisory Census Employee Handbook, D-591, Field Supervisory Census Employee Handbook, D-593, Office Supervisory Census Employee Handbook, and D-592, Office Non-supervisory Census Employee Handbook.

Topic 2: Employee Options

If an employee elects to file a formal EEO complaint over a matter of employment, they are precluded from raising the same issue under the Decennial Administrative Grievance Procedure.

Topic 3: Submission Requirements

The Decennial Administrative Grievance Procedure is structured as follows:

Time Limit

The grievance must be presented in writing on the Decennial Administrative Grievance Intake Form, D-244 (See Appendix H or illustration 12-1) within 15 calendar days of the date of the act or occurrence or the date the employee becomes aware of the grievable issue.

Deciding Official

LCO employees must file a grievance with the appropriate Assistant Manager who supervises their work. In cases where the Assistant Manager does not have responsibility for the matter being grieved or does not have authority to grant the requested relief, the employee should file the grievance directly with his/her LCO Manager.

RCC employees must file a grievance with the appropriate Partnership Coordinator, Geographic Coordinator, Supervisory Computer Specialist, Administrative Supervisor, or Area Manager who supervises their work unit. In cases where the above referenced officials do not have responsibility for the matter being grieved or do not have authority to grant the requested relief, the employee should file the grievance directly with his/her Assistant Regional Census Manager.

If the manager receiving the grievance is not responsible for the matter(s) being grieved or does not have the authority to grant the requested relief, he/she should direct the grievant to the appropriate level management official. If management is unsure who the appropriate deciding official is on the matter, he/she should consult with Headquarters, (i.e. a point of contact in Field Division's Decennial Administrative Branch), regarding such.

Personal Relief

The grievant must specify the personal relief sought. Personal relief is a specific remedy directly benefiting the grievant. A request for disciplinary action or other action affecting another employee of the agency is not personal relief.

Official Time

The grievant will have a reasonable amount of official work time to present the grievance. The grievant is not entitled to official work time to prepare the grievance.

Topic 4: Processing Requirements

Completion of D-244

The deciding officials in the RCC/LCO must confirm the following items are completed on the Form D-244:

a. The name of the deciding official;
b. The name of the grievant;
c. The subject of the grievance;
d. The dates of the incident(s) forming the basis for the grievance;
e. The date the grievant submits the intake Form D-244;
f. The date of the grievance meeting/telephone conference call; and
g. The personal relief requested.

The deciding official is responsible for completing the back portion of the Form D-244. This documents the acceptance or rejection of the grievance, the reasons for the rejection (if applicable), and the final written grievance decision.

The deciding official is responsible for the following in determining the acceptability of the grievance:

1. Confirming that the grievance is filed in a timely fashion. If the grievance is not filed in a timely fashion, the deciding official must note the rejection on the Form D-244 and cite the basis for the rejection.
2. Confirming the grievance falls within the scope of the Decennial Administrative Grievance Procedure. For the purpose of, determining whether a matter is grievable, all of the subjects listed in the Exclusions section of this Chapter are excluded from this procedure. If the grievance concerns an excluded subject, the deciding official must note the rejection on the Form D-244 and cite the basis for the rejection.
3. Establishing a grievance file containing a copy of the Form D-244 and any other documentation submitted by the grievant.
4. Conducting whatever fact-finding is appropriate to the situation.
5. Issuing a written decision to the grievant within 15

calendar days after receipt of the grievance.

If the deciding official decides to grant less than the full relief requested by the grievant, he/she needs to provide a copy of the grievance file with a written recommendation and the reasons for it to his/her supervisor for a final decision.

Topic 5: Exclusions

Exclusions

The Decennial Administrative Grievance Procedure does not apply to:

1. A decision which is appealable to the Merit Systems Protection Board or subject to final administrative review by the Office of Personnel Management or the Equal Employment Opportunity Commission;
2. Published policy or regulations of Field Division, the Bureau of the Census, or the Department of Commerce;
3. Non-selection for a promotion or the failure to receive a noncompetitive promotion;
4. An action that terminates a temporary promotion and returns the employee to the position from which he or she was temporarily promoted;
5. An action which terminates a term promotion at the completion of the project, and returns the employee to the position from which promoted, or to a different position of equivalent grade and pay;
6. The granting of or failure to grant an employee award, or the adoption of or failure to adopt an employee suggestion or invention;
7. The receipt of or failure to receive an award or quality step increase;
8. A preliminary warning notice of an action which, if effected, would be covered under the grievance system or excluded from coverage under item 1 of this list;
9. The substance of the critical elements and performance indicators of an employee's position;
10. A return of an employee from an initial appointment as a supervisor or manager to a non-supervisory or non-managerial position for failure to complete satisfactorily the probationary period;
11. Any separation action;

12. A matter previously grieved by the same employee; and
13. An action taken in response to a formal agreement that was voluntarily entered into by the employee, which assigns him or her from one geographical location to another.

Additionally, upon the grievance becoming moot due to the employee's death or separation from employment with the Census Bureau, the deciding official must cancel the grievance unless the personal relief sought by the employee involves a question of compensation or other personal relief that could be granted after termination of his or her employment.

Topic 6: Employee Rights

General

Any person involved in the processing or adjustment of a grievance must protect the confidentiality of all related communications with the employee and other persons involved in the grievance and the right of the individuals to privacy. Persons with access to information related to the grievance must not disclose the information to anyone except those who have a need to know. Individuals granted access should be advised of the requirements of this paragraph.

An employee, in pursuing resolution of a grievance under this system, should have:

1. Freedom from restraint, coercion, interference, discrimination, or reprisal in connection with filing a grievance.
2. Full, impartial, and prompt consideration of the grievance by appropriate management or supervisory officials.

Topic 7: Additional Employee Rights

General

If employees have questions outside the scope of the Decennial Administrative Grievance Procedure, he/she is entitled to communicate with and seek advice from:

1. A supervisory or management official of higher rank than the employee's supervisor.
2. The Census Bureau EEO Officer or Counselors.
3. The Chief, Human Resources Division, Headquarters.

Topic 8: Records Maintenance

General

A separate grievance file must be created for each case. The following documents are the only records that will be maintained in each file:

1. The Form D-244 prepared by the grievant and reviewed/completed by the appropriate RCC/LCO manager.
2. Any documents supplied by the grievant or any documents the deciding official relied upon in making a decision on the case.
3. The recommended grievance decision and/or the final grievance decision (as appropriate) is documented on the D-244.
4. The Decennial Administrative Grievance Procedure files will be retained as follows: (Base time on the decision date.)
   - Grievances must be retained for seven years. Forward files to the RO when the RCC closes.

Grievance files should be maintained in a secured area. The RCCs should keep the grievance files in the office of the RD, ARCM, or Administrative area. The LCOs should keep their files with the LCO managers for active cases but forward to the RCC upon resolution.

Illustration 12-1
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D-244, Decennial Administrative Grievance Intake Form

FORM D-244

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

LCO ADMINISTRATIVE GRIEVANCE INTAKE FORM
2010 Census

TO BE COMPLETED BY GRIEVANT (Items 1-8)

1. TO Deciding Official (*First, Middle Initial, Last*)

2. FROM Grievant (*First, Middle Initial, Last*)

3. Subject of Grievance:

4. Date of Incident(s) or Date Grievant Became Aware of Issues Cited Under Section 3:

5. Date of Submission of Grievance Intake Form:

☐☐ Month ☐☐ Day ☐☐ Year

6. Date of Grievance Meeting (if different from date of submission):

☐☐ Month ☐☐ Day ☐☐ Year

7. Relief Requested:

8. **Grievant's Signature** _____

By signing this form, I certify that the information is true to the best of my knowledge and that I have not filed a complaint on the same issues under another system (e.g., EEO).

U S C E N S U S B U R E A U

Illustration 12-2
Page 1 of 2
D-244, Decennial Administrative Grievance Intake Form

TO BE COMPLETED BY DECIDING OFFICIAL (Items 9, and, if applicable, Item 10)

9. **Acceptance/Rejection of the Grievance** *(The deciding official must check the appropriate box.)*

1. ☐ This grievance meets the requirements set forth in the LCO Administrative Grievance Procedure and is accepted for processing and decision.

2. ☐ This grievance does not meet the requirements set forth in the LCO Administrative Grievance Procedure and must be rejected *(Please cite the reason(s) below for the rejection).*

10. Grievance Decision:

Page 2 FORM D-244 (11-18-2007)

Chapter 13: Performance Appraisal Program

Topic 1: Introduction

General

This chapter provides an overview of the 5 level performance management system. All Schedule A Regional Census Center (RCC) employees, and Census Coverage Measurement (CCM) employees who are in a covered position for 120 days or more, are included in the program.

Currently, the Bureau Of The Census (BOC) has a waiver that excludes issuance of performance plans for all LCO employees, whose appointments are for less than one year, including leave-earning employees in the Local Census Office (LCO), (that is, LCO managers, assistant managers, and Administrative Assistants). Under the waiver, BOC does not have to issue a plan for the LCO managerial staff if their appointment is extended for an additional year.

Additional instructions will be provided at least annually, to supplement, and in some cases, supersede the information contained in this chapter.

Purpose of the 5-Level General Workforce Performance Appraisal System

The purpose of the 5-Level General Workforce Performance Appraisal System is:

- To align employee performance elements with organizational goals and objectives.
- To provide meaningful distinction in levels of performance.
- To recognize and reward employee accomplishments based on meeting overall organizational goals and objectives.

Topic 2: Policies and Objectives

Overview

It is the policy of the Census Bureau to have a performance appraisal program that is applied fairly and equitably and promotes a high-performance organization. Within the framework provided by this program:

- Individual and organizational goals will be communicated to employees,
- Individual responsibility for accomplishing team and organizational goals will be identified,
- Performance will be evaluated and improved where necessary, and
- The results of performance management will be used as a basis for appropriate personnel actions.

All participants in this process should expect to be held accountable for accomplishing their performance management responsibilities.

Topic 3: Definitions

Appraisal Cycle

The period of time during which the employee's performance is observed and discussed for the purpose of assigning a rating of record. The official rating period is normally one year, beginning October 1 and ending September 30. An employee who did not work under a performance plan for 120 days during the rating period, such as an employee who enters on duty during the last 120 days of the appraisal cycle, will have the rating period extended to allow the employee to work under the plan for 120 days. The rating official will rate the employee's performance at the end the rating period extension.

Performance Plan

The document containing the employee's critical elements and performance standards. The Census Bureau has developed general plans on Form CD-430, Performance Management Record (Appendix L).

Critical Element

A work assignment or responsibility that is of such importance that unacceptable performance (Level 1) in that element would result in a determination that the employee's overall performance is unacceptable (Level 1). Each employee must have a minimum of three critical elements and no more than five. Non-supervisory employees have one required critical element, Customer Service. Supervisory employees have two required critical elements, Customer Service and Leadership/Management. The minimum weight of a critical element is 15 percent. The sum of all critical elements in a performance plan must equal 100 percent. **All** elements are critical elements.

Performance Appraisal

The ongoing process of reviewing and evaluating the performance of an employee against prescribed performance standards that result in an annual rating of record.

Performance Improvement Period

The period of time granted to the employee whose performance is at Level 1 in any critical element to improve performance to a Level 2 or above.

Performance Improvement Plan (PIP)

An official written notification of unacceptable performance (Level 1) given to an employee at the beginning of a performance improvement period. This document cites the unacceptable critical elements(s), describes the deficiencies, and states how the employee can improve to the acceptable level.

Performance Standard

Expressions of performance thresholds, requirements, or expectations that employees must meet to be appraised at each level of performance. Each performance standard is expressed in terms of quality, quantity, timeliness, cost-effectiveness, or other relevant measures, rather than tasks or specific duties. There are two types of performance standards:

- A **Generic Performance Standard** applies to each critical element.
- A **Supplemental Standard** is a more detailed statement of performance requirements and expectations necessary to meet a critical element.

The rating official will determine to what extent the performance standards apply to each critical element, with the opportunity for employee input. Definitions of the performance standards are provided and must be discussed with the employee at the beginning of the rating period to ensure a common understanding of performance expectations.

New Supplemental Performance Standards may be added by the rating official at anytime during a rating period. Such changes should be discussed with the employee and documented at that time.

Progress Review

A documented discussion between the Rating Official and employee to review the employee's performance against the Performance Standards, make any necessary changes or revisions to the performance plan, consider any developmental needs, and identify any performance deficiencies and make recommendations for improvement. Rating Officials must conduct at least two progress reviews with their employees.

Pre-Appraisal Meeting

A meeting with the rating official scheduled at the option of the employee prior to the formal appraisal meeting.

Rating Official

The person responsible for communicating the contents of the performance plan, identifying the applicable performance standards, appraising performance, and assigning the performance rating.

Performance Rating

The rating assigned to describe the employee's overall performance during the appraisal cycle.

Approving Official

The supervisor who assigns, controls, and is responsible for the work of the Rating Official(s). The Approving Official is responsible for resolving disputes and approving the performance plan and the final summary rating. The Rating Official must confer with the Approving Official about the employee's performance plan, and the final summary rating and receive approval including the Approving Officials' signature on the CD-430 of the employee's performance plan and rating before discussing and issuing the final rating with the employee. The program coordinator is normally the Approving Official.

Topic 4: Appraisal Cycle Dates and Minimum Appraisal Period

General

Employees covered by this program are normally appraised annually covering a period from October 1 to September 30. The minimum appraisal period is normally 120 days.

A performance plan must be established and approved within 60 days of the effective date of the appointment, or the beginning of the appraisal period, or of entering a new position, detail, or temporary promotion.

Normal appraisals of ratable employees should be completed within 30 days of the end of the appraisal cycle.

Topic 5: Number of Levels and Element Appraisals

General

There are five performance levels. Employees shall have at least three critical elements, and usually no more than five. Critical elements must be appraised at one of the five levels against the written performance standards.

Level 5	
Level 4	
Level 3	
Level 2	
Level 1	

Topic 6: Performance Management

General

The appraisal process involves three distinct stages: performance planning, progress review, and appraisal. Rating Officials will normally present a formal appraisal to each employee annually. The appraisal process is used to communicate organizational goals, reinforce employee accountability for meeting these goals, and track and evaluate individual and organization results.

Performance Evaluation Automated Reporting System (PEARS)

Under the new 5-level Performance Management System, the Department of Commerce mandated a tracking system: PEARS. Supervisors must enter into PEARS the dates Performance Plans were signed, Progress Reviews were discussed, and Summary Ratings were issued.

Performance Plan

At the beginning of the appraisal cycle, the employee is provided performance standards and the Rating Official and the employee should discuss the critical elements of the plan. The following critical elements for General Workforce employees are mandated by the Department:

- Customer Service-All General Workforce employees
- Leadership-All General Workforce supervisors and managers
- Property Accountability-All General Workforce employees functioning in the capacity of Property Accountability Officer or Property Custodian.

Progress Reviews

During the appraisal cycle, Rating Officials must conduct at least two progress reviews with each employee. After each review, the rating official and employee will initial and date the progress review portion of the Performance and Management Record. During each progress reviews, the Rating Official and employee will discuss the employee's progress on critical elements, any necessary revisions to the employee's critical elements and any performance improvement or developmental needs. For employees whose performance is Level 1, the Rating Official should document specific problem areas and describe how

performance must be improved to obtain a Level 2 or above.

Performance Appraisal

Eligibility for Rating

To be eligible for a rating of record, an employee must occupy a covered position on the last day of the appraisal cycle and have worked in a covered position for at least 120 days.

Pre-Appraisal Meeting

The employee may schedule a pre-appraisal meeting with the official to present a self-assessment of performance and identify objectives the employee would like to include in the performance plan for the next period. If the employee does not initiate a pre-appraisal meeting, the rating official may solicit a voluntary self-assessment from the employee.

Performance Rating

Normally within 30 days following the end of the rating period, the rating official will consider the employee's performance during the rating period, obtain feedback from any other supervisors, and assign a performance summary rating at one of the five levels (Level 5, highest, to Level 1, unacceptable).

An employee who receives a Level 1 in one or more critical elements will receive an overall rating of Level 1. Otherwise, the employee receives a rating of Level 2 or above. In the case that no critical element is rated a Level 1, supervisors will determine the final rating using the summary derivation scheme.

If the employee receives any rating below a level 3, a written narrative summary is required for that particular element. Following the discussion, the rating official and employee will sign and date the Performance Rating to indicate that the rating have been discussed. The employee's signature does not indicate the employee's agreement with the rating.

If the employee declines to sign the rating, the rating official will so note on the form. For employees assigned a rating of Level 1 or a Level 2, the Rating Official must provide a written explanation describing the specific areas in which the employee's performance does not meet the performance standards for each critical element for which they were rated a Level 1 or a Level 2.

If an employee changes positions within the last 120 days of the appraisal cycle, the interim rating prepared by their last supervisor becomes the rating of record for that appraisal cycle. The time

remaining in the appraisal cycle is added on the next appraisal cycle. On the last day of the appraisal cycle, if an employee has begun, but not completed, an opportunity to improve performance to an acceptable level, the rating will be deferred until the completion of the opportunity period.

A Rating Official who changes positions or leaves within the last 120 days of the appraisal cycle should complete ratings of record for affected employees. Such appraisals will be effective on the date of the transfer of the rating official. The time remaining in the appraisal period will be included in the following appraisal period.

An employee who did not work under a performance plan for 120 days during the rating period will have the rating period extended to allow the employee to work under the plan for 120 days. The dates of the plan should run through the end of the next appraisal period. For example, an employee who comes on board July 20, 2008 should have the effective dates entered on the CD-430 as July 20, 2008 through September 30, 2009. The rating official will rate the employee's performance within 30 days after serving the minimum appraisal period, or rating period extension. With the example latter, the end of rating will be on or about November 20, 2008. This rating is issued for record purposes, and not for a performance award. However, an employee who is rated for on a performance appraisal period, which extends beyond the end of the performance cycle, and not eligible for a performance award is eligible to receive other incentive awards, such as a Cash-In-Your-Account (CIYA) and Special Act. (See Chapter 14, for additional information on incentive awards.)

Unratable

An employee may be designated as unratable in the Performance Evaluation Automated Reporting System (PEARS) at the end of the appraisal cycle because of circumstances such as the following:

- Entry into a position within the last 119 days of the appraisal period;
- Time in a non-pay status; or
- Approved absence

However, an unratable employee is still entitled to a rating of record within 30 days of having served the minimum appraisal period.

Topic 7: Performance Rating Recordkeeping

General

The original performance ratings of record, including the performance plan, will be maintained in the Employees Performance Folder (EPF) at the Regional Office. Ratings of record will be maintained for four years in the EPF. Performance records that are superseded, e.g., through an administrative or judicial procedure, must be destroyed.

If an employee resigns, separates, or is otherwise terminated, performance ratings of record for the last year will be forwarded to the Human Resources Division, Pay, Benefits and Services Branch.

Topic 8: Issues Related to Employee Performance

Within Grade Increase (WGI)

An employee must have current performance rating of a Level 3 or higher in order to be granted a WGI. An employee who has a current performance rating of a Level 1 or Level 2 will not be granted a WGI until performance improves to the Level 3 or above.

Quality Step Increases (QSI)

A QSI is an exceptional performance pay increase, which provides faster than normal step increases for permanent general schedule employees who meet all critical elements in their performance plan. This award is directly linked to the performance appraisal process. A QSI nomination must be accompanied by a performance rating of a Level 5 and specific narrative example that reflect how expectations were exceeded in achieving all critical elements.

Promotions

To receive a promotion, an employee must have a performance rating of Level 3 or above.

Awards

The new Performance Award has replaced the Special Achievement award and will be given at the end of the appraisal period to recognize an overall high level of performance throughout the appraisal year. The criteria for all other incentive awards (such as Honor Awards, Cash-In-Your Account, On-The-Spot, Time-Off, Special Act, Census Award of Excellence, Director's, and Award for Innovation) remain unchanged.

Unacceptable Performance

If at any time during the rating period an employee's performance is determined to be Level 1 in one or more critical elements, the employee will be notified in writing and placed under a Performance Improvement Plan (PIP) and be given a reasonable opportunity to demonstrate acceptable performance. This period begins when the employee is given the PIP. The standards in the PIP must be consistent with, and not more stringent than, the standards included in the original performance plan. As soon as an employee's performance is determined to be below the Level 3, and before considering the issuance of a PIP, the Rating Official

must contact the Employee Relations Branch, HRD.

If the employee's performance does not improve to a Level 2 or above, the action will be initiated to reassign, reduce in grade, or remove the employee. Contact your Employee Relations Specialist for further guidance.

Topic 9: Employee Responsibilities

General

Employees should feel free to discuss their ratings with their supervisor(s) and should:

- Participate with the rating official to determine critical elements and related performance standards and revise either of them as necessary during the rating period;
- Obtain a clear understanding of the rating official's expectations and request clarification if necessary;
- Perform work assigned to achieve critical elements and bring relevant circumstances to the rating official's attention;
- Wherever possible, seek performance feedback from the Rating Official, and participate in discussions of performance;
- If the employee disagrees with the rating, he or she may comment in writing to the approving official within 5 working days or receipt of the appraisal and rating;
- Take action to improve aspects of performance identified as needing improvement; and
- Sign and date performance plans, performance appraisals, and initial progress review. A signature acknowledges receipt, not necessarily agreement.
- In addition, they may grieve the rating under the administrative grievance procedures.

Topic 10: Rating Official Responsibilities

General

The Rating Official's responsibilities are:

- To inform the employee of the duties and responsibilities relevant to the critical elements in conjunction with the overall mission, objectives, goals, and activities of the work unit.
- To determine critical elements and performance standards with employee input and document them on the performance plan, normally within 60 days.
- To provide the employee with a written performance plan which identifies the critical elements and performance standards upon which performance will be measured.
- To monitor employee performance and discuss it with the employee throughout the rating period.
- To obtain and give feedback concerning employee performance.
- To conduct at least one progress review during the appraisal period and others as requested or as deemed appropriated.
- To assist the employee throughout the rating period in improving aspects of performance.
- To recognize an employee that demonstrates high quality performance and ensure that there is equity and consistency in giving awards.
- To participate in pre-appraisal discussion if requested by the employee.
- To prepare and discuss the performance summary rating with the employee.
- To sign and date performance plans and appraisals and initial progress reviews.
- To take remedial action, in accordance with law and regulation, for any employee who receives a rating of Level 1 in one or more individual critical element.

- To provide a copy of the rating at the time of the appraisal meeting.
- To maintain appropriate confidentiality of all materials related to performance.

Topic 11: Approving Official Responsibilities

General

The Approving Official has the following responsibilities:

- To review and concur in performance plans developed by Rating Officials and employees.
- To review and approve all performance summary ratings.
- To attempt to resolve with the Rating Official and the employee differences of opinion concerning the employee's rating, and if necessary, adjust the rating.
- To approve or recommend, as appropriate, performance-related personnel actions.
- To maintain appropriate confidentiality of all materials related to performance.

Chapter 14: Awards

AWARDS

Introduction

The purpose of this chapter is to inform the Regional Census Centers (RCCs) of the various types of awards that are available and to provide general guidance on how and when to utilize them. RCC employees are an essential part of the Census Bureau with a shared responsibility for fulfilling the Census Bureau's mission. Recognizing that the quality, motivation, and performance of our employees are the key factors in achieving our success, we must continue to recognize and motivate them through the awards programs.

Census Awards and Recognition System

Use the automated awards system, located in Census Human Resources Information System (CHRIS) Census Awards and Recognition System (CARS), to initiate the following awards:

a) Performance Award; b) Cash-in-Your-Account; c) On-the-Spot Award and d) Special Act Award. See the HRD website at: https://chris2.hrd.census.gov/ for further guidance.

1. Keep the narrative concise and to the point (normally 1-2 paragraphs.)
2. Describe what the employee did to deserve the award, how the accomplishment exceeded the reasonable expectations of management for an employee at that grade level, and what the impact was on the mission or work of the unit.
3. To determine the monetary value of the contribution review the questions at the end of this instruction and consider the value and skills used in the accomplishment of the activity/project.
4. Determine the value to the organization—whether the result was a major or minor goal of the unit or organization. If it was of importance to the unit and tied to mission accomplishment, it may be deserving of an award.

5. Determine the scope of accomplishment. Look at the complexity of the assignment/project, the grade level of the employee, the people/organizations affected, and the impact on and benefit to the organization.

6. Connect the value and the scope on the chart at the end of this instruction to arrive at the percentage of base salary range available for the award. Select the percent of the award and convert to dollars.

7. Choose either a percentage of salary or a flat dollar mount from within the selected range when you initiate the award in CARS.

8. The award generated in CARS will indicate the effective date and scheduled payout date on the CD-326, which must be printed by the manager and presented to the employee after the award is approved in CARS.

Topic 1: Performance Award

Coverage/Scope Authority

Regional Directors may approve performance awards up to 10% of the employee's salary; however, a performance award that is equal to or greater than $5,000, must be reviewed and approved by the Census Performance Review Board as mandated by the Department of Commerce. These requests will require an accelerated due date for the submission and will be initiated through CARS; however, the award will not be paid to the employee until after the Performance Review Board renders a final decision.

A performance award is a performance-based cash payment to an employee based on the employee's rating of record for the current appraisal period.

The use of an annual performance award is to take into account an employee's contributions to the accomplishment of organizational goals and objectives.

The award may not exceed 20 percent of the employee's annual rate of basic pay.

A performance award does not increase base pay.

This authority may not be re-delegated.

Criteria to Meet

To qualify for a performance award, an employee must occupy a position, which is covered by the General Workforce Performance Appraisal System, on the last day of the annual appraisal cycle for which performance awards are being granted.

Employees must receive a Level 3 or higher performance rating to be entitled to a Performance Award.

Performance awards are linked directly to the summary rating score on the employee's rating of record and are calculated as a percentage of base pay (including locality payment).

Additional Things to Consider

When an employee changes positions within the last 120 days of the appraisal period, the employee may receive an award based on his or her interim rating (which becomes the rating of record at the end of the appraisal period) for the position held immediately before the change in position. For example, if the employee changes positions three months before the end of the appraisal period, the award is based on the nine months of the

appraisal period preceding the change in position.

Minimum award amounts for employees may be set annually based on budget allocations.

Except in unusual circumstances where an employee's performance is exceptionally outstanding or is a significant contribution to the agency mission or strategic goals, an employee may not receive a performance award **and** a Quality Step Increase (QSI), both of which recognize the same performance during an appraisal period. These situations are considered so rare that a written request for approval must be sent to the Deputy Director. Guidance for requesting a QSI is available at:

http://cww.hrd.census.gov/hrd/emp/awards/awards.htm.

Needed Actions

Rating/Approving officials may assign the same award percentages to employees with the same Level rating OR; Rating/Approving officials may assign different award percentages to employees at the same performance level based on the associated summary rating range, as follows:

- Rating/approval officials would determine a range of scores within a rating level to distinguish between award percentages granted.
- For example, within the Level 3, a manager could determine that employees whose summary (final) rating fell between 290 and 344 would receive .05% as an award; and employees whose summary rating fell between 345 and 379 would receive 1% as an award.
- Managers will be responsible and held accountable for justifying and documenting the distinctions between award percentages.
- Employees rated at Level 3 must not receive higher award percentages than employees rated at Level 4 or Level 5; and employees rated at Level 4 must not receive higher award percentages than employees rated at Level 5. Similarly, employees whose point score falls at the lower end of a range for a particular level should not receive a higher award percentage than those whose point score falls at the higher end of the range for that level.

Qualifying Summary Rating Ranges	Rating	Award Ranges (Percent of Base Pay Including Locality Payments)
470 - 500 points	Level 5	up to 10 percent
380 – 469 points	Level 4	up to 6 percent
290 - 379 points	Level 3	up to 3 percent

Documentation Requested

Performance awards (percentages and corresponding dollar amounts) must be documented on the CD-430 in the Performance Recognition section, including signatures and dates of the rating (recommending) official and approving official.

Performance awards are submitted and approved electronically through the Census Awards and Recognition System (CARS):

In CARS, Regional Directors will be the designated approvers.

Any CARS user (i.e. administrative officers, supervisors) will be able to initiate the performance award and forward to the Regional Director for approval.

In instances where another division is paying for a performance award (i.e. for an employee who has moved from one covered position to another, in a different office/division, within the last 120 days of the appraisal period), the initiator must coordinate with the rating official in the losing organization to obtain the cost accounting information for the employee's award.

Other

Regional Directors should ensure documentation for Performance Awards are adequate, accurate, and adhere to procedural requirements. The Human Resources Division will conduct occasional audits to ensure that the delegation of the authority is being properly administered.

Freedom of Information Act inquiries must be answered appropriately.

Information on criteria for awards is available on the HRD Homepage at:

http://cww.hrd.census.gov/hrd/emp/performance/performance.htm.

Topic 2: Special Act Awards

Coverage/Scope Authority

Regional Directors may approve Special Act (SA) Awards up to 4% of locality salary pay not to exceed $5000 and are responsible for ensuring SAs are within budget and distributed fairly and equitably.

Two levels of management approval are recommended to award all SAs.

This authority may not be re-delegated.

Criteria to Meet

SA awards are appropriate in circumstances where an employee makes a unique contribution in the public interest and/or not envisioned by the employee's performance plan. The contribution is typically outside the normal job expectations, duties, or responsibilities and must be adequately documented and justified.

Employee must have a current rating of record of Level 3 or higher.

Multiple awards within an appraisal cycle are allowed.

Maximum fiscal year limit per employee is 10% of employee salary.

Individuals and groups are eligible.

Additional Things to Consider

Award budgets for each division will be established at the beginning of the fiscal year.

Awards in excess of $5,000 must be approved by the Census Performance Review Board.

Approval Authorities for Special Acts are as follows:

- Up to 4% not to exceed $5,000 ---Division/Office Chief/ Regional Directors
- Up to 10% not to exceed $5,000--- Associate Director/Director

Documentation Requested

INDIVIDUAL AWARDS:

- All SA awards for individuals **must** be initiated, processed, and approved through CARS.
- Choose either a percentage of salary or a flat dollar amount from within the selected range when you initiate the award in CARS.
- Obtain concurrence of employee's supervisor if recommending an award for an employee in another area.
- Once the award is approved, the CD-326 (Recommendation for Recognition) may be printed by the manager/division and must be presented to the employee. This is the employee's official notification of the award. The CD-326 will indicate his/her year-to-date totals and also the effective pay period of the award.
- A written narrative is required (normally 1-2 paragraphs) describing what the employee did to deserve the award, how the accomplishment exceeded the reasonable expectations of management for an employee at that grade level, and what the impact was on the mission or the work of the unit.

GROUP AWARDS:

- SA awards for groups may not be processed in CARS and must still be prepared on a paper copy of the CD-326.
- Prepare a separate CD-326 for each group member if award amounts vary.
- Check with Employee Relations Branch (ERB) to see if employee has reached limit for fiscal year.
- Prepare and obtain appropriate signatures of approval/concurrence on Form CD-326.
- Present copy of award to each member of the group.
- Forward original, approved CD-326 to ERB, who will process the award for payment.

The award generated in CARS will indicate the effective date and scheduled payout date on the CD-326, which must be printed by the supervisor and presented to the employee after the

award is approved in CARS.

Other

Regional Directors should ensure documentation for SA Awards is adequate, accurate, and adheres to procedural requirements. The Human Resources Division will conduct occasional audits to ensure that the delegation of authority is being properly administered.

Freedom of Information Act inquiries must be answered appropriately.

Information on criteria for awards is available on the HRD Homepage at

http://cww.hrd.census.gov/hrd/emp/awards/awards.htm

Topic 3: Quality Step Increases (QSIs)

Quality Step Increase (QSI)

Regional Directors have the authority to approve Quality Step Increases (QSI) for Regional Census Centers (RCC) employees. A QSI is an increase in an employee's rate of basic pay from one step of his or her position to the next higher step of the grade. A QSI may be granted in addition to a regular within-grade increase. Before a QSI is granted, careful consideration should be given to the long-term impact on resources and appropriateness in light of other forms of recognition. This authority may not be re-delegated.

Criteria to Meet

QSIs may be granted to General Schedule employees to recognize high-quality performance. A QSI requires, but is not automatically granted for, a Level 5 rating.

In addition, an employee must:

- not have received a QSI within 52 consecutive calendar weeks preceding the effective date of the increase;
- not be at the top step of his or her pay range;
- not be in the process of being promoted within 60 days after the effective date of the increase;
- have held the same grade and type of position (or similar position) in a pay status for at least six months before the end of the appraisal cycle.
- be expected to continue at the same high level of performance in the same grade and type of position for at least 60 days after the effective date of the increase; and
- not have been on detail or temporarily promoted to another position during the last six months of the appraisal period, unless detailed to the same grade and type of position.

Multiple QSIs

When an employee has received a QSI based on performance during the previous appraisal period and is being recommended for another QSI for the current appraisal period, the following

apply:

- The employee must have demonstrated performance that is at a significantly higher level than the performance, which warranted the previous QSI.
- The servicing human resources manager must review the QSI and forward it to the head of the operating unit with a recommendation for approval or disapproval.
- The recommendation must address whether the current performance is at a significantly higher level than the performance, which warranted the previous QSI.
- The head of the operating unit must personally approve the QSI.
- If an employee receives more than two QSIs in a four-year period, the recommendation for each QSI beyond the initial two must be submitted to the Director for Human Resources Management, Department of Commerce, for approval.

Needed Actions

QSI award requests must be initiated electronically through the Personnel Action Request System (PARS) via Census Human Resources Information System (CHRIS), on or before the provided date from the Human Resources Division (HRD) and the employee's written narrative justification for the QSI, documenting Level 5 performance will need to be submitted with the PARS action.

Documentation Requested

The Performance Management Record, CD-430, must be completed and checked to indicate a QSI is recommended, a completed and signed copy should be sent to the Employee Relations Branch, Human Resources Division, Room 2K042, which will be due in early October with the appropriate narrative justification. All QSIs are required to have the Deputy Director's approval prior to discussing the QSI with the employee.

Other

Except in unusual circumstances where an employee's performance is exceptionally outstanding or is a significant contribution to the agency mission or strategic goals, an employee may not receive a performance award **and** a Quality Step Increase (QSI), both of which recognize the same performance during an appraisal period. These situations are considered so rare that a written request for approval must be sent to the Deputy Director. Guidance for requesting a QSI is

available at:

http://cww.hrd.census.gov/hrd/emp/awards/awards.htm.

Regional Directors should ensure documentation for QSI Awards is adequate, accurate, and adheres to procedural requirements. The Human Resources Division will conduct occasional audits to ensure that the delegation of authority is being properly administered.

Freedom of Information Act inquiries must be answered appropriately.

Topic 4: Honorary Awards

Gold Medal

The highest honorary award given by the Secretary of Commerce is the Gold Medal. A Gold Medal is defined as distinguished performance characterized by extraordinary, notable, or prestigious contributions that impact the mission of the Department and/or one operating unit, and which reflect favorably on the Department.

Eligibility

When deciding which individuals are to be recognized, nominating officials should carefully consider the overall record of each person. Nominee's for the Gold Medal Award must have a current rating of record of Level 3 or higher.

- *Individual Awards* – One individual only. The individual receives a framed medal and certificate.
- *Group Awards* – Limited to 10 individuals working together, where each person makes a specific, substantive contribution to the achievement being recognized. Each group member receives a framed medal and certificate.
- *Organizational Awards* – An organization may be either an office, division, or subunit that is formally recognized as a separate entity, as shown in the organization orders or charts, or an ad hoc organization assembled for the purpose of working on a specific project.

There are two types of organizational awards:

- *Single Organizational Award* – One office, division, subunit or ad hoc organization, in which all or most of the people in the organization work together to complete the specific project being recognized. The organization receives a framed certificate and medal. If the employees are from different operating units, each team receives a framed certificate and medal.
- *Joint Organizational Award* – Two or three offices, divisions, or subunits who work together to produce an achievement for which they are substantially responsible for the outcome and in which each participated fully in the achievement being recognized. Each organization receives a framed

certificate and medal.

Criteria

Attach a separate, one-page justification, which details the specific reasons why the award is recommended. To warrant one of these medals, a contribution must focus on performance measures in one of the following areas:

- Leadership
- Personal and Professional Excellence
- Scientific/Engineering Achievement
- Organizational Development
- Customer Service
- Administrative/Technical Support
- Heroism

Nomination Procedures

All recommended nominations require concurrence and signature of the Associate Director for the nominating division. **Nominations must clearly describe, in non-technical language, the contribution being recognized, its impact on the Census Bureau or Departmental mission/Strategic Plan, and the degree to which the contribution exceeds normal job responsibilities**. In an effort to assist nominators in writing clear, concise justifications and to level the playing field for all nominations, a new format will be used for the justification. This new format will encourage nominators to focus specifically on the key aspects of a good justification, which is modeled after the goal, context, actions, and results method. Rather than report-style narrative, this new essay format incorporates more stringent character limits into responses required for specific questions and will aid nominators in preparing justifications to better describe the employee accomplishments they wish to be recognized with Honor Medals.

Use the U.S. Department of Commerce Honor Awards Nomination Form and the addendum supplement(s) for nominations for the Gold Medal. This form and instructions for completing nominations is available on the HRD Intranet Homepage at:

http://cww.hrd.census.gov/hrd/emp/awards/honor_award_form.doc.

Nominations must include the name of the Regional Director

and telephone number prior to submission to MSB. MSB will forward nominations to the Chief, Field Division for approval as the First Reviewer and the Associate Director for Field Operations for review and concurrence, then to HRD.

Selection Procedure

Department of Commerce boards/committees review and approve Gold Medal Award nominations. The Secretary will make the final decision regarding selection.

Awards Presentation

The recipients of these awards are honored at annual ceremonies held in the Fall at the Department of Commerce.

Silver Medal

The second highest honorary award given by the Secretary of Commerce is the Silver Medal. The Silver Medal is defined as exceptional performance characterized by noteworthy or superlative contributions, which have a direct and lasting impact within the Department.

ligibility

When deciding which individuals are to be recognized, nominating officials should carefully consider the overall record of each person. Nominee's for the Silver Medal Award must have a current rating of record of Level 3 or higher.

- *Individual Awards* – One individual only. The individual receives a framed medal and certificate.
- *Group Awards* – Limited to 10 individuals working together, where each person makes a specific, substantive contribution to the achievement being recognized. Each group member receives a framed medal and certificate.
- *Organizational Awards* – An organization may be either an office, division, or subunit that is formally recognized as a separate entity, as shown in the organization orders or charts, or an ad hoc organization assembled for the purpose of working on a specific project.

There are two types of organizational awards:

- *Single Organizational Award* – One office, division, subunit or ad hoc organization, in which all or most of the people in the organization work together to complete the specific project being recognized. The organization receives a framed certificate and medal. If the employees are from different operating units, each team receives a framed certificate and medal.
- *Joint Organizational Award* – Two or three offices, divisions, or subunits who work together to produce an achievement for which they are substantially responsible for the outcome and in which each participated fully in the achievement being recognized. Each organization receives a framed certificate and medal.

Criteria

Attach a separate, one-page justification, which details the specific reasons why the award is recommended. To warrant one of these medals, a contribution must focus on performance measures in one of the following areas:

- Leadership
- Personal and Professional Excellence
- Scientific/Engineering Achievement
- Organizational Development
- Customer Service
- Administrative/Technical Support
- Heroism

Nomination Procedures

All recommended nominations require concurrence and signature of the Regional Director for the nominating area. **Nominations must clearly describe, in non-technical language, the contribution being recognized, its impact on the Census Bureau or Departmental mission/Strategic Plan, and the degree to which the contribution exceeds normal job responsibilities**. In an effort to assist nominators in writing clear, concise justifications and to level the playing field for all nominations, a new format will be used for the justification. This new format will encourage nominators to focus specifically on the key aspects of a good justification, which is modeled after the goal, context, actions, and results method. Rather than report-style narrative, this new essay

format incorporates more stringent character limits into responses required for specific questions and will aid nominators in preparing justifications to better describe the employee accomplishments they wish to be recognized with Honor Medals.

Use the U.S. Department of Commerce Honor Awards Nomination Form and the addendum supplement(s) for nominations for the Silver Medal. This form and instructions for completing nominations is available on the HRD Intranet Homepage at:

http://cww.hrd.census.gov/hrd/emp/awards/honor_award_form.doc.

Nominations must include the name of the Regional Census Center Director and telephone number prior to submission to MSB. MSB will forward nominations to the Chief, Field Division for approval as the First Reviewer and the Associate Director for Field Operations for review and concurrence then to HRD.

Selection Procedure

Department of Commerce boards/committees review and approve Silver Medal Award nominations. The Secretary will make the final decision regarding selection.

Awards Presentation

The recipients of these awards are honored at annual ceremonies held in the Fall at the Department of Commerce.

Bronze Medal

The highest honorary award given by the Director of the Bureau of the Census is the Bronze Medal. A Bronze Medal is defined as superior performance characterized by outstanding or significant contributions, which have increased the efficiency and effectiveness of the operating unit. A contribution must focus on qualitative and quantitative performance measures reflected in the Department's Strategic Plan.

Eligibility

When deciding which individuals are to be recognized, nominating officials should carefully consider the overall performance record of each person. Any individual who has a current general workforce rating of Level 3 or higher may be nominated for the Bronze Medal.

- *Individual Awards* – One individual only. The individual receives a framed medal and certificate.
- *Group Awards* – Limited to 10 individuals working together, where each person makes a specific,

substantive contribution to the achievement being recognized. Each group member receives a framed medal and certificate.

- *Organizational Awards* – An organization may be either an office, division, or subunit that is formally recognized as a separate entity, as shown in the organization orders or charts, or an ad hoc organization assembled for the purpose of working on a specific project.

There are two types of organizational awards:

- *Single Organizational Award* – One office, division, subunit or ad hoc organization, in which all or most of the people in the organization work together to complete the specific project being recognized. The organization receives a framed certificate and medal. If the employees are from different operating units, each team receives a framed certificate and medal.
- *Joint Organizational Award* – Two or three offices, divisions, or subunits who work together to produce an achievement for which they are substantially responsible for the outcome and in which each participated fully in the achievement being recognized. Each organization receives a framed certificate and medal.

Criteria

Attach a separate, one-page justification, which details the specific reasons why the award is recommended. To warrant one of these medals, a contribution must focus on performance measures in one of the following areas:

- Leadership
- Personal and Professional Excellence
- Scientific/Engineering Achievement
- Organizational Development
- Customer Service
- Administrative/Technical Support
- Heroism

Nomination Procedures

Nominations must clearly describe, in non-technical language, the contribution being recognized, its impact on the Census Bureau or Departmental mission/Strategic Plan, and the degree to which the contribution exceeds

normal job responsibilities. In an effort to assist nominators in writing clear, concise justifications and to level the playing field for all nominations, a format has been issued for the justification. This format will encourage nominators to focus specifically on the key aspects of a good justification, which is modeled after the goal, context, actions, and results method. Rather than report-style narrative, this new essay format incorporates more stringent character limits (including spaces and punctuation) into responses required for specific questions and will aid nominators in preparing justifications to better describe the employee accomplishments they wish to be recognized with Honor Medals.

Use the Census Bureau Honor Award Nomination form and the addendum supplement(s) for nominations for the Bronze Medal. This form and instructions for completing nominations is available on the HRD Intranet Homepage at:

http://cww.hrd.census.gov/hrd/emp/awards/nomination.doc.

Nominations must include the signature of the Regional Census Center Director as the Nominator prior to submission to the MSB. MSB will forward nominations to the Chief, Field Division for approval and signature as the First Reviewer and the Associate Director for Field Operations as the Second Reviewer, then to the HRD. Nominations for the Bronze Medal Award must be received in MSB by the due date established each year. MSB will forward specific submission guidelines and requirements when nominations are requested.

Selection Procedure

Bureau of the Census boards/committees review and make recommendations to the Director on Bronze Medal Award nominations. The Director will make the final decision regarding selection.

Awards Presentation

The recipients of these awards are honored at annual ceremonies held in the Fall.

Topic 5: Census Award of Excellence (CAE)

General Information

The Census Award of Excellence (CAE) recognizes employees in grades 10 and below for their notable accomplishments, extra efforts, exceptional contributions, and innovative ideas that otherwise have not been recognized. Recipients of the award will receive a plaque and a cash award of $5,000.

This award is given only once during an employee's career for a superior accomplishment. You can nominate an employee for the CAE as long as you base the award nomination on different activities from those used to justify a Quality Step Increase, a Performance Award, or a Special Act or Service Award.

Eligibility

To be eligible for this award, an employee must meet **all** of the following requirements:

- Be an employee at grade 10 or below.
- Must have a minimum of two years of continuous service at the Census Bureau.
- Must have a current general work force rating of Level 3 or higher.

Criteria

Nominations are appropriate for this award if they meet **one or more** of these criteria:

- Employee has substantially advanced the goals of the RCC, RO, division, or Census Bureau through his/her exceptional performance;
- Employee is highly creative or innovative in solving problems and/or in developing new systems, methods, or procedures; or
- Employee's significant contribution(s) directly affects the efficiency, effectiveness, or economy of the Census Bureau's operations.

Nominations Procedures

Nominations must be submitted on Form CD-326, Recommendation for Recognition. A form CD-326 can be found at the following website:

http://cww.hrd.census.gov/hrd/emp/ref_forms/cd-326i.pdf.

The written justification should be no more than two pages and supporting documents or examples may be attached.

Nominations are accepted on a year-round basis. Along with the CD-326, please submit an original copy of the nomination, an electronic copy with the text of your nomination, a program citation, and a certificate citation in Microsoft Word.

Nominations must include the signature of the Regional Director in Item 9 of the CD-326, prior to submission to the MSB. MSB will forward nominations to the Chief, Field Division for approval and signature in Item 10 and the Associate Director for Field Operations in Item 11, then to the HRD.

Selection Procedure

A five member selection panel will review the nominations and make recommendations to the Director. The Director will make the final decision regarding selection.

Awards Presentation

Recipients of this award are honored at the Public Service Recognition Awards ceremony held at headquarters annually in the Spring.

Topic 6: Director's Award for Innovation

General Information

The Director's Award for Innovation (DAI) is designed to encourage, recognize, and reward employees and teams who make significant contributions to the work methods and products of the Census Bureau. Recipients will receive a plaque and a cash award of $5,000; teams receive a cash award of $10,000, divided equally among the recipients; and recipients of Honorable Mention awards receive $1,000 (in the case of a group, each member will receive $500). Contributions may be made by individuals, groups, or teams. Projects nominated should reflect activities from the preceding year.

Eligibility

This award is open to all Census employees, with the exception of contractors, experts, and Senior Executive Service (SES). Accomplishments in the following areas will qualify for nomination:

- **Process Innovation** - envisioning new work strategies, actual process design, and implementing complex technological, human, and organizational change;
- **Product Innovation** - understanding customer needs and generating innovative product concepts and enhancements; and
- **Service Innovation** - providing a new service or altering an existing service to improve the service and to increase the productivity of the organization providing the service.
- **Quality Innovation** - applying quality practices and tools to build quality into, manage, and continuously improve Census Bureau products and services.

Type of Contribution

Nominated accomplishments will be evaluated against the following four criteria totaling 100 points. Accomplishments must be completed or sufficiently implemented to allow for evaluation against the criteria.

- **Creativity** - 30 points - For developing new ideas or combining novel ideas with more familiar elements;
- **Effectiveness** - 20 points - For demonstrating evidence that the new process, product, or service has made substantial progress toward achieving its aims;

- **Significance** - 20 points - For the degree to which the accomplishment successfully addresses an important problem or concern to the agency and/or customer; and
- **Risk-Taking Behavior** - 30 points - For the extent to which the accomplishment demonstrates a willingness to make a reasonable commitment of resources to improving a process or product without the guarantee of a successful outcome.

Nomination Procedures

Nominations must be submitted on Form CD-326, Recommendation for Recognition. A form CD-326 can be found at the following website:

http://cww.hrd.census.gov/hrd/emp/ref_forms/cd-326i.pdf.

The written justification should be no more than two pages and supporting documents or examples may be attached. Nominations are accepted on a year-round basis. Along with the CD-326, please submit an original copy of the nomination, an electronic copy with the text of your nomination, a program citation, and a certificate citation in Microsoft Word.

Nominations must include the signature of the Regional Director in Item 9 of the CD-326, prior to submission to the MSB. MSB will forward nominations to the Chief, Field Division for approval and signature in Item 10 and the Associate Director for Field Operations in Item 11, then to the HRD.

Selection Procedure

A nine member selection panel will review the nominations and make recommendations to the Director. The Director will make the final decision regarding selection. Up to three winners and up to ten honorable mentions may be selected.

Awards Presentation

Recipients of this award are honored at the Public Service Recognition Awards ceremony held at headquarters annually in the Spring.

Topic 7: Equal Employment Opportunity Award (EEO)

General Information

The Equal Employment Opportunity Award (EEO) Award recognizes employees' significant contributions for outstanding performance in the area of EEO during the past calendar year. Nominations of employees who achieved outstanding results through unusually effective leadership, skill, innovation, imagination, and perseverance in extending equal employment opportunities to all Census Bureau employees are encouraged. If there is more than one participant in the EEO activity being recognized, they may be considered for a group award. Recipients will receive a plaque.

Eligibility

The award is open to all employees, and anyone can submit a nomination. Use Form CD-326, Recommendation for Recognition, to describe the employee's contributions. The narrative portion of the nomination should not be more than two typewritten pages, and should include specific examples of the employee's accomplishments. In particular, emphasize how the employee's involvement has helped the Census Bureau's progress as an EEO employer.

Criteria

The criteria for determining eligibility for an EEO award is set below. It is not expected that nominees meet all of the criteria, yet their contributions should cover the concerns that these criteria represent:

- **Effective -** Employee's contributions have had concrete, positive effects on the quality of life for minorities and females at the Census Bureau.
- **Exceptional** - Employee's contributions have gone beyond the requirements of his/her position.
- **Innovative** - Employee has used his/her imagination and initiative to pioneer new and effective ways to improve EEO.
- **Dedicated** - Employee has demonstrated a longstanding commitment to EEO, not just sporadic activity.
- **Inspiring** - Employee's achievements have set a precedent that will aid future employees to continue his/her efforts.
- **Sensitive** - Employee has been particularly careful to

provide for the special interests and needs of others, particularly handicapped or elderly employees.

- **Significant** - Employee has demonstrated that EEO goals are central to his/her decisions not only in hiring, career development, counseling, and so forth, but also in the day-to-day progress of the office.

Nomination Procedures

The criteria for determining eligibility for an EEO award are as follows:

1. Significant—Employee has demonstrated that the EEO goals are central to their decisions not only in hiring, career development, counseling, and so forth, but also in the day-to-day progress of the office.
2. Effective—Employee's contributions have had concrete, positive effects on the quality of life for minorities and women at the Census Bureau.
3. Exceptional—Employee's contributions have gone beyond the requirements of their position.
4. Exceptional—Employee's Innovative—Employee has used their imagination and initiative to pioneer new and effective ways to improve EEO.
5. Dedicated—Employee has demonstrated a long-standing commitment to EEO, not just sporadic activity.
6. Inspiring—Employee's achievements have set a precedent and role model that will aid future employees to continue their efforts.
7. Sensitive—Employee has been particularly careful to provide for the special interests and needs of others, particularly handicapped or elderly employees.

Although it is not expected that nominees meet all of these criteria, their contributions should cover the concerns that these criteria represent.

Nomination Procedures

Nominations must be submitted on Form CD-326, Recommendation for Recognition. A form CD-326 can be found at the following website:

http://cww.hrd.census.gov/hrd/emp/ref_forms/cd-326i.pdf.

The written justification should be no more than two pages and supporting documents or examples may be attached. Nominations are accepted on a year-round basis. Along with the CD-326, please submit an original copy of the nomination, an

electronic copy with the text of your nomination, a program citation, and a certificate citation in Microsoft Word.

Nominations must include the signature of the Regional Director in Item 9 of the CD-326, prior to submission to the MSB. MSB will forward nominations to the Chief, Field Division for approval and signature in Item 10 and the Associate Director for Field Operations in Item 11, then to the HRD.

Selection Procedure

A five-member panel will review the nominations and make recommendations to the Director. The Director will make the final decision regarding selection.

Awards Presentation

Recipients of this award are honored at the Public Service Recognition Awards ceremony held at headquarters annually in the Spring.

Topic 8: Outstanding Mentor Award

General Information

The Outstanding Mentor Award (OMA) recognizes employees who exemplify the spirit and value of mentoring through their efforts to develop the skill and/or professionalism of other employees. Recipients will receive a $500 cash award and a plaque.

Eligibility

All employees of the U.S. Census Bureau are eligible except contractors and members of the Senior Executive Service. Eligible employees may be selected only once to receive the award. Each recipient will receive a $500 cash award and a plaque. The nominating directorate is responsible for funding the award for any employee selected.

Criteria

Nominations are appropriate for this award if they

meet one or more of these criteria:

- Act as a professional role model.
- Acquaint the mentee with values, culture, and customs of the organization and the available resources and professional connections.
- Provide guidance, advice, and support to the mentee.
- Assist the mentee in assessing his/her strengths and weaknesses.
- Assist the mentee in the development of and methods for achieving goals.
- Build the mentee's confidence.
- Support and provide continuing education efforts, where appropriate.
- Assist the mentee in the development of job skills.
- Facilitate entry and advancement opportunities, as appropriate.

Nominations must also detail the nominee's mentoring efforts and address the following:

- What did the mentor do to promote the professional growth of the mentee(s)?

- How was the mentor's activity/work/relationship achieved?
- What were the goals and results of the mentor's activity/work/relationship?

What is the value of the mentor's efforts to the work unit/organization?

Nomination Procedures

Nominations must be submitted on Form CD-326, Recommendation for Recognition. A form CD-326 can be found at the following website:

http://cww.hrd.census.gov/hrd/emp/ref_forms/cd-326i.pdf.

The written justification should be no more than two pages and supporting documents or examples may be attached. Nominations are accepted on a year-round basis. Along with the CD-326, please submit a cover letter summarizing the mentoring contributions of the nominee, letters of support from up to three (3) mentees, or others aware of the contribution(s), or other documentation that lends evidence to the contribution, electronic copies of your letters, a program citation, and a certificate citation in Microsoft Word.

Nominations must include the signature of the Regional Director in Item 9 of the CD-326, prior to submission to the MSB. MSB will forward nominations to the Chief, Field Division for approval and signature in Item 10 and the Associate Director for Field Operations in Item 11, then to the HRD.

Selection Procedure

A five member selection panel will review the nominations and make recommendations to the Director. The Director will make the final decision regarding selection. Up to one recipient from each directorate and the Director's area may be selected to receive this award each year.

Awards Presentation

Recipients of this award are honored at the Public Service Recognition Awards ceremony held annually at headquarters in the Spring.

Topic 9: Diversity Champion and Leadership Award

General Information

This award recognizes employees who have contributed significantly to diversity initiatives at the U.S. Census Bureau. The Census Bureau encourages employees at all position levels to effect positive change through promoting workplace diversity. Recipients will receive a plaque.

Eligibility

All employees of the Census Bureau are eligible except contractors and members of the Senior Executive Service. Either individuals or groups may be nominated for the award. A group may consist of a minimum of two up to a maximum of ten individuals. Each individual member of the group must have demonstrated a substantive contribution to promoting diversity. Nominations may be submitted in one of the following three categories:

- Improving Organizational/Business Effectiveness
- Improving Employee Satisfaction and Workplace Effectiveness
- Improving Customer/Client Relationships

Note: Nominations may be submitted for only one category; however, the selection panel reserves the right to consider a nomination for a different category, if appropriate.

Criteria

Each nomination will be evaluated on the criteria below:

Improving Organizational/Business Effectiveness

The nomination should clearly demonstrate the principles of diversity through actions, mentoring and role modeling. Specific examples should include activities that improved organizational programs, processes, and products through using diversity principles and should show one or more of the following:

- Diversity principles were used in activities such as expanding programs, changing procedures to allow greater participation of employees, modifying and improving products, etc.
- Diversity principles were used to achieve business goals.
- The activities reflect the diversity principles in

communicating in a multicultural environment.

Improving Employee Satisfaction and Workplace Effectiveness

The nomination should demonstrate that the nominee clearly understands the principles of diversity. Specific examples should include activities that improved employee satisfaction and workplace conditions and should show one or more of the following:

- Specific activities that addressed employee concerns and issues such as those raised by: the Organizational Assessment Survey (OAS), the Diversity Council and the Human Capital Management Council, or any other employee or affinity group.
- Specific activities that addressed employee turnover and other working conditions that contributes to employee morale.
- A commitment to programs that support a diverse population and describe activities that meet the needs of the population.

Improving Customer/Client Relationships

The nomination should demonstrate that the nominee clearly understands the principles of diversity. Specific examples should include activities that improved customer/client relationships and should show one or more of the following:

- Specific activities that support the needs of a diverse, multicultural customer pool while balancing Census Bureau and workforce goals.
- Diversity principles that have improved both customer satisfaction and customer products and services.
- Specific activities that addresses the diverse needs of a multicultural customer base in developing services and solutions to problems.

Note: We do not expect nominees to meet all of these criteria, but each written nomination should include enough information on a specific recent accomplishment to show that the nominee's actions qualify him/her for this award.

Nomination Procedures

Nominations must be submitted on Form CD-326, Recommendation for Recognition. A form CD-326 can be found at the following website:

http://cww.hrd.census.gov/hrd/emp/ref_forms/cd-326i.pdf.

The written justification should be no more than two pages and supporting documents or examples may be attached. Nominations are accepted on a year-round basis. Along with the CD-326, please submit an original copy of the nomination, an electronic copy with the text of your nomination, a program citation, and a certificate citation in Microsoft Word.

Nominations must include the signature of the Regional Director in Item 9 of the CD-326, prior to submission to the MSB. MSB will forward nominations to the Chief, Field Division for approval and signature in Item 10 and the Associate Director for Field Operations in Item 11, then to the HRD.

Selection Procedure

A five-member selection panel will review the nominations and make recommendations to the Director. The Director will make the final decision regarding selection.

Awards Presentation

Recipients of this award are honored at the Public Service Recognition Awards ceremony held at headquarters annually in the Spring.

Topic 10: On-the-Spot Award

General Information

Regional Directors are responsible for approving all On-the-Spot (OTS) Awards which are used to recognize employees for those day-to-day efforts which contribute "in a special way" to getting the job done. This authority may be re-delegated down to the first line supervisor level if the Regional Director chooses. Regional Directors must ensure that re-delegated approval authorities are set and activated in the Census Awards and Recognition System (CARS) by contacting the HRD Call Center on (301) 763- HR4U (4748).

Criteria to Meet

Granted for a specific instance of exemplary performance. There are three contribution levels: A, B, and C.

The following are examples of criteria for each level:

- **LEVEL A:** Is appropriate to recognize efforts beyond normal performance expectations of the job in a given instance. Typically, the employee might exercise initiative by developing a new approach to a task or might put forth that extra effort permitting early completion of a routine project.
- **LEVEL B:** Recognizes a particularly efficient or resourceful effort expended by the employee. Typically, the employee takes the initiative to develop and follow through on a difficult task not specifically required but results in an immediate benefit to the work unit and/or the employee completes an important and particularly difficult assignment in an exemplary manner. Level B is appropriate to recognize an employee who takes those extra steps to resolve a troublesome situation or in some special way benefits the work unit.
- **LEVEL C:** Recognizes exceptional contributions of employees. As an example, the employee may apply original concepts to an unstructured, non-routine assignment, or an employee may perform outstanding in a crisis situation. Level C is appropriate to recognize an employee's effort that clearly can be called going significantly above and beyond the call of duty.

SES employees, Presidential appointees, contractors, experts, and

consultants are not eligible.

Employees may receive awards valued up to $125 maximum in a performance year.

Individual and group awards may be granted.

Additional Things to Consider

An OTS award should be granted as soon as possible but not later than 3 months after the contribution.

OTS awards must be proportionate to the value of the contribution.

OTS awards should be based on merit and viewed as reasonable and justified.

All files and records must be maintained in accordance with the Privacy Act.

Needed Actions

All OTS awards for individuals must be initiated, processed, and approved through CARS.

Obtain concurrence of employee's Division Chief if recommending an award for an employee in another division.

Once the award is approved, the CD-326 (Recommendation for Recognition) may be printed by the Division and/or Office chief and must be presented to the employee.

This is the employee's official notification of the award. The CD-326 will indicate the employee's year-to-date totals and also indicate the Level award the employee will receive.

Documentation Requested

OTS awards for groups may not be processed in CARS and must still be prepared on a paper copy of the CD-326.

Prepare a separate CD-326 for each group member if award amounts vary.

Check with Employee Relations Branch (ERB) to see if employee has reached her/his limit for calendar year.

Prepare and obtain appropriate signatures of approval/concurrence on Form CD-326.

Present copy of the approved CD-326 award to each member of the group.

Other

Regional Directors /Division Chiefs/Associate Directors should ensure documentation for OTS Awards is adequate, accurate, and adheres to procedural requirements. The Human Resources Division will conduct occasional audits to ensure that the

delegation of authority is being properly administered.

Freedom of Information Act inquiries must be answered appropriately.

Information on criteria for awards is available on the HRD Homepage at:

http://cww.hrd.census.gov/hrd/emp/awards/awards.htm.

Topic 11: Time-Off

General Information

Regional Directors are responsible for approving all Time-Off Awards up to 1 full workday. This award is an excused absence granted to an employee without charge to leave or loss of pay.

The Associate or Assistant Director must approve awards for more than 1 full workday that are recommended by the Regional Director.

This authority may not be re-delegated.

Criteria to Meet

- Granted to recognize nonrecurring short-term contributions.
- Employee must have a minimum of a "Level 3" rating of record.
- SES employees, Presidential Appointees, experts, consultants, and intermittent employees are not eligible.
- Award should be granted shortly after the contribution is made.
- Individual and group awards may be granted.
- Time-Off must be granted in multiples of 1 hour units.
- Amount of time off granted should be proportionate to the value of the contribution.

Award criteria includes:

- **Moderate: 1 to 10 hours**--A contribution to a product, activity, program, or service to the public, which is of sufficient value to merit formal recognition.

  Beneficial change or modification of operating principles or procedures.

- **Substantial: 11 to 20 hours**--An important contribution to the value of a product, activity, program, or service to the public.

  Significant change or modification of operating principles or procedures.

- **High: 21 to 30 hours**--A highly significant contribution to the value of a product, activity, program, or service to the

public.

Complete revision of operating principles or procedures, with considerable impact.

- **Exceptional: 31 to 40 hours**--A superior contribution to the quality of a critical product, activity, program, or service to the public.

  Initiation of a new principle or major procedure, with significant impact.

Most awards will fall into the moderate range (one-half day to 1 full day off). Time -Off awards above the m full day off). Time-Off awards above the moderate range (1 full day) are considered atypical and are for unusual cases.

FULL-TIME EMPLOYEES:

- minimum award is half-day
- total time-off during leave year may not exceed 80 hours.
- award for a single contribution may not exceed 40 hours.

PART-TIME EMPLOYEES:

- minimum award is a half-day
- total time-off during leave year may not exceed the average number of hours of work in the employee's biweekly scheduled tour of duty.
- Award for a single contribution may not exceed one-half the maximum that may be granted in the leave year.

Note: Time-Off awards must be used within 1 year of the effective date of the award and cannot be restored if not used.

Additional Things to Consider

- Awards must be based on merit and reviewed as reasonable and justified.
- All files and records must be maintained in accordance with the Privacy Act.
- Maximum limit should not be exceeded (i.e., 80 hours in a leave year for a full-time employee).
- A half day is half the scheduled work hours for the employee on an average work day. If the employee's workdays are not an even number of hours, the half-day must be rounded up so that the amount of leave granted is in multiples of 1-hour units.

- Scheduling of time-off is subject to supervisory approval.
- Time-off has an associated cash value. The higher the grade the higher the cost.
- Award will be effective the first pay period following approval of award.

Needed Actions

- Check with Employee Relations Branch (ERB) to see if employee has reached award limit for the calendar/leave year.
- Prepare and obtain appropriate signatures of approval on Form CD-326, Recommendation for Recognition.
- Indicate amount of time-off recommended, ensuring that narrative justification of contributions support award level.
- Obtain concurrence of employee's Regional Directors if recommending an award for an employee in another Regional Census Center.
- Attach a copy of the approved CD-326 to the certified time and attendance report that covers the effective date of the award. Ensure the T&A record reflects receipt of Time-Off Award.
- Give a copy to employee.

Documentation Requested

Send the original CD-326 with signatures to Human Resources Division, ERB, Room 2K042 who will indicate on the CD-326 the effective and expiration dates of award and return copies for Division timekeeper and employee Administrative Offices. (Retain copy for Division in a locked file cabinet).

Human Resources Division will key the awards into NFC; a SF-50 will be filed in the OPF and an electronic copy will be forwarded to the employee.

The time and attendance report must document the time-off taken as an excused absence.

Other

Regional Directors /Division Chiefs/Associate Directors should ensure documentation for Time-Off Awards is adequate, accurate, and adheres to procedural requirements. The Human Resources Division will conduct occasional audits to ensure that the delegation of authority is being properly administered.

Freedom of Information Act inquiries must be answered appropriately.

Information on the criteria for awards is available at the HRD

Homepage at

http://cww.hrd.census.gov/hrd/emp/awards/awards.htm.

Topic 12: Cash-In-Your-Account Awards (CIYA)

General Information

Regional Directors are responsible for approving all Cash-in-Your-Account (CIYA) awards. This authority may be redelegated down to the first line supervisor level if the Regional Director chooses. Regional Directors must ensure that re-delegated approval authorities are set and activated in the Census Awards and Recognition System (CARS) by contacting the HRD Call Center on (301) 763- HR4U (4748).

Criteria to Meet

Awards range from $50 to $500 in $50 increments. Individual employees may receive a total of $1000 in a calendar year, but not more than $500 at any one time.

CIYA awards are granted for specific instances of exemplary performance, such as:

- The employee takes initiative in handling heavy workload when there is absenteeism, completes a special project with a short turnaround on time, or uses investigative and research skills in revising a procedure that affects a routine project or activity.
- The employee takes initiative a step further by going beyond normal performance expectations in developing and following through on a complex task, assignment, or project by resolving a problem that results in a substantial change in improvement of the work unit.
- The employee's contribution is exemplary where he/she is responsible for developing or designing systems that aid in facilitating immediate benefits to the work flow of his/her unit.
- The employee's contribution affects the major activity of the work unit because he/she completed an assignment or project that had unforeseen obstacles or planned a special event outside normal job responsibilities that required extensive coordination and communication with external parties.
- The employee worked on a special project outside normal job responsibilities that was unstructured, unpredictable, volatile and which required them to be flexible and to put

systems in place to organize the project that affected a broad area within agency, division, or work unit.

- SES employees, Presidential appointees, contractors, experts, and consultants are not eligible.
- Individual and group awards may be granted. Individual awards **must** be initiated using CARS.
- Award amount must be proportionate to the value of the contribution.
- Award should be granted generally, within 3 months after the contribution is made.

Additional Things to Consider

- Awards must be based on merit and viewed as reasonable and justified.
- All files and records must be maintained in accordance with the Privacy Act.
- Maximum limits will not exceed $1000 per employee in a calendar year or $500 at any one time).

Documentation Requested

INDIVIDUAL AWARDS:

- All CIYA awards for individuals must be initiated, processed, and approved through CARS.
- Obtain concurrence of employee's Regional Director if recommending an award for an employee in another Regional Census Center.
- Once the award is approved, the CD-326, Recommendation for Recognition, may be printed by the Regional Director and/or Office chief and must be presented to the employee.
- This is the employee's official notification of the award. The CD-326 will indicate the employee's year-to-date totals and also the approximate pay-out date by the Department of Treasury through Electronic Funds Transfer (EFT).

GROUP AWARDS:

- CIYA awards for groups may not be processed in CARS and must still be prepared on a paper copy of the CD-326.
- Prepare a separate CD-326 for each group member if award amounts vary.
- Check with Employee Relations Branch (ERB) to see if

employee has reached their limit for calendar year.

- Prepare and obtain appropriate signatures of approval/concurrence on Form CD-326.
- Present copy of the award to each member of the group.
- Forward the original approved CD-326 to ERB, who will submit to Finance Division for transmission to the Department of Treasury for EFT payment.

Other

Regional Directors/Division Chiefs/Associate Directors should ensure documentation for CIYA Awards is adequate, accurate, and adheres to procedural requirements. The Human Resources Division will conduct occasional audits to ensure that the delegation of authority is being properly administered.

- Freedom of Information Act inquiries must be answered appropriately.
- Information on criteria for awards is available on the HRD Homepage at

http://cww.hrd.census.gov/hrd/emp/awards/awards.htm.

Topic 13: Recognition Certificates

Certificates of Appreciation	These certificates are granted mainly to non-federal employees who have made outstanding contributions or who have performed significant services for the Department.
Certificates of Recognition	These certificates are granted to employees in conjunction with QSIs, Special Act Awards, and the Director's Award for Innovation.
Length of Service Certificates	These certificates are granted to employees recognizing milestones in their careers from ten years on, in five-year increments. These are sent out to the ROs on a quarterly basis.

Topic 14: Award Recordkeeping Requirements

All awards are keyed into the National Finance Center (NFC). The NFC will generate Form SF-50, Notification of Personnel Action, for all Schedule A general work force awards. The personnel copy of the SF-50 documenting this award must be filed in the employee's Official Personnel Folder. Other forms such as the CD-326, Honor Award Nomination form, and Addendums, must be filed in the Employees Performance Folder.

All employees will receive a copy of the award nomination along with the SF-50, Employee copy. Use the following nature of action codes as appropriate:

- 877 Special Act Award
- 892 Quality Step Increase
- 994 Honorary Award

MSB and the Decennial Administrative Branch (DAB), Field Division, will issue specific instructions annually on submission requirements. All award nominations, except for the CIYA and OTS, must be forwarded to the MSB to be reviewed for appropriate information and signatures. The MSB will forward awards that need to be keyed into NFC to the Human Resources Division for processing.

Appendix A
Incentive Awards Program Summary Chart

INCENTIVE AWARD	DESCRIPTION	TIMING	FORM USED	NOMINATOR/APPROVING OFFICIAL
HONOR AWARDS **(All Employees)**	**Gold Medal**: This is the highest honorary award granted by the Secretary for extraordinary, notable or prestigious contributions that impact the mission of the Department and/or one operating unit and which reflect favorably on the Department. **Silver Medal**: The second highest honorary award granted by the Secretary for exceptional performance characterized by noteworthy or superlative contributions that have a direct and lasting impact within the Department.	Nominations for both the Gold and Silver are requested around February at DOC. Awards presented annually in the Fall.	U.S. Department of Commerce Award Nomination Form	Nominator: Regional Director First Reviewer: Chief, Field Division Concurrence: Associate Director for Field Operations
	Bronze Medal: The highest honorary award granted by a head of an operating unit or Secretarial Officer or equivalent for superior performance characterized by outstanding or significant contributions that have increased the efficiency and effectiveness of the operating unit.	Nominations are requested around August. Awards are presented annually in the Fall.	U.S. Census Bureau Award Nomination Form	Nominator: Regional Director First Reviewer: Chief, Field Division Second Reviewer: Associate Director for Field Operations
CENSUS AWARD OF EXCELLENCE **(Employees Grades 10 and below with 2 years of continuous service at the Bureau)**	This award recognizes employees in grades 10 and below for their extra efforts, exceptional contributions, and/or innovative ideas. Each recipient will receive a certificate and a cash award of $5,000. (Award will be charged against nominating division's award pool.)	Nominations are requested around February. Award presented annually in the Spring.	Recommendation for Recognition, CD-326	Immediate Supervisor: Regional Director Reviewing Official: Chief, Field Division Approving Official: Associate Director for Field Operations

INCENTIVE AWARD	DESCRIPTION	TIMING	FORM USED	NOMINATOR/APPROVING OFFICIAL
DIRECTOR'S AWARD FOR INNOVATION **(All Census Bureau employees -- Contractors, and members of the SES are *not* eligible.)**	This award recognizes individuals or teams for their creativity, effectiveness, and risk-taking behavior in developing new processes, products, or services that contribute to the mission of the U.S. Census Bureau. Recipients will receive a plaque and a cash award. (Awards will be paid through the Director's funds.) Individuals will receive $5,000; teams will receive $10,000 to be divided equally among the team members. Recipients of Honorable Mention will receive $1,000 (in the case of a group, each member will receive $500).	Nominations are requested around February. Award presented annually in the Spring.	Recommendation for Recognition, CD-326	Immediate Supervisor: Regional Director Reviewing Official: Chief, Field Division Approving Official: Associate Director for Field Operations
EQUAL EMPLOYMENT OPPORTUNITY AWARD **(All employees)**	This award recognizes significant, recent contributions and/or outstanding performance by an employee in the area of equal employment opportunity. Each recipient will receive an engraved plaque.	Nominations are requested around February. Award presented annually in the Spring.	Recommendation for Recognition, CD-326	Immediate Supervisor: Regional Director Reviewing Official: Chief, Field Division Approving Official: Associate Director for Field Operations

OUTSTANDING MENTOR AWARD **(All Census Bureau employees -- Contractors, and members of the SES are *not* eligible.)**	This award recognizes employees who exemplify the spirit and value of mentoring through their efforts to develop the skill and/or professionalism of other employees. Each recipient will receive a $500 cash award and a plaque. (Award will be charged against nominating division's award pool.)	Nominations are requested around February. Award presented annually in the Spring.	Recommendation for Recognition, CD-326	Immediate Supervisor: Regional Director Reviewing Official: Chief, Field Division Approving Official: Associate Director for Field Operations
DIVERSITY CHAMPION AND LEADERSHIP AWARD **(All Census Bureau employees -- Contractors, and members of the SES are *not* eligible.)**	This award recognizes employees at all position levels who contribute significantly to diversity initiatives at the Census Bureau, and who effect positive change through promoting workplace diversity. Each recipient will receive an engraved plaque.	Nominations are requested around February. Award presented annually in the Spring.	Recommendation for Recognition, CD-326	Immediate Supervisor: Regional Director Reviewing Official: Chief, Field Division Approving Official: Associate Director for Field Operations

PERFORMANCE AWARD	A performance award is a performance-based cash payment to an employee based on the employee's rating of record for the current appraisal period. The award may not exceed 10 percent of the employee's annual rate of base pay (including locality pay), except in extremely rare cases when it may not exceed 20 percent. A performance award does not increase base pay. The award ranges are as follows: Level 5: Up to 10 percent of base pay (including locality pay) Level 4: Up to 6 percent of base pay (including locality pay) Level 3: Up to 3 percent of base pay (including locality pay) Level 2: Not eligible Level 1: Not eligible	Awards are given at the end of the full annual performance appraisal cycle.	Processed through CARS	Rating Official: Supervisor Approving Official: Regional Director
ON-THE-SPOT AWARD **(Only Federal employees)**	This award is a merchandise item that recognizes employee's special contribution to "get the job done."	Any time during the year.	Processed through CARS	Immediate Supervisor Regional Director or designated

CASH-IN-YOUR-ACCOUNT **(Only Federal employees)**	This award is to recognize employees on a single activity that would not normally merit a performance or special act award. It is designed to give monetary recognition in $50 increments not to exceed $1,000 per calendar year. Maximum amount employee can receive per award is $500.	Any time during the year.	Processed through CARS	Regional Director or designated
TIME-OFF AWARD **(All leave-earning employees)**	This award is appropriate to recognize non-recurring, short-term, recent contributions.	Any time during the year.	Recommendation for Recognition, CD-326	Item 9 – Immediate Supervisor Item 10 – Reviewing Official, **if any** Item 11 – Regional Director
CUSTOMER SERVICE AWARD **(All Census Bureau employees. Contractors, and members of the SES are *not* eligible.)**	This award recognizes employees who regularly meet or exceed the Census Bureau's customer service standards and personifies excellence in customer service	Annually in the Fall	Processed through CARS	Immediate Supervisor
AWARDS SPONSORED BY EXTERNAL ORGANIZATIONS	Numerous outside organizations sponsor award programs to recognize outstanding Federal employees and major achievements in Government.	Any time during the year.	Determined by the Award Sponsor.	Nominator - Regional Director Concurrence/Recommendation: Chief, Field Division Approvals - 1) Assoc. Dir. For FLD Operations; 2) Director; 3) Under Secretary for Economic Affairs; 4) Secretary of Commerce

Appendix B
CD-326, Recommendation for Recognition

FORM **CD-326**
(REV. 4-99) LF

U.S. DEPARTMENT OF COMMERCE

☐ INDIVIDUAL
☐ GROUP

RECOMMENDATION FOR RECOGNITION

1. NAME OF EMPLOYEE	2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. APPROPRIATION CODE
	5. PERIOD OF RECOGNITION

6. TYPE AND AMOUNT OF RECOGNITION: (Guidance available on reverse side, see Item 7.)

☐ SPECIAL ACT OR SERVICE AWARD $_____ ☐ SPECIAL OPERATING UNIT AWARD _____ CASH $ _____
☐ DIRECTOR'S AWARD FOR INNOVATION ☐ CENSUS AWARD OF EXCELLENCE ☐ EQUAL EMPLOYMENT OPPORTUNITY AWARD
☐ CASH-IN-A-FLASH (CIAF) (☐ $50 ☐ $100 ☐ $150 ☐ $200 ☐ $250 TOTAL YEAR-TO-DATE _____
(Does not include amount)
☐ $300 ☐ $350 ☐ $400 ☐ $450 ☐ $500)
☐ ON-THE-SPOT AWARD (OTS) - ITEM _____ ☐ TIME OFF AWARD - NUMBER OF HOURS _____

7. ESTIMATED FIRST-YEAR BENEFITS (For Special Act or Service Awards ONLY)

☐ TANGIBLE $ _____ ☐ INTANGIBLE BENEFITS (Check one box on each line.)

☐ MODERATE	☐ SUBSTANTIAL	☐ HIGH	☐ EXCEPTIONAL
☐ LIMITED	☐ EXTENDED	☐ BROAD	☐ GENERAL

8. NARRATIVE (If you need additional space, attach another sheet. Please print or type.)

TYPE NAME AND SIGN:

9. IMMEDIATE SUPERVISOR	DATE
10. REVIEWING OFFICIAL **(If required)**	DATE
11. APPROVING OFFICIAL **(If required)**	DATE
12. HUMAN RESOURCES OFFICE REPRESENTATIVE **(If required)**	DATE
13. IMPREST FUND CASHIER (*Cash-in-a-Flash Award* ONLY)	DATE
14. EMPLOYEE/RECEIPT OF CASH (*Cash-in-a-Flash Award* ONLY)	DATE

Provide a copy as follows: **Servicing Human Resources Office & Originating Office** - *ALL AWARDS*
Finance Office - *CASH-IN-A-FLASH & ON-THE-SPOT AWARDS*
Imprest Fund Cashier - CASH-IN-A-FLASH AWARD
Inventory Control - ON-THE-SPOT AWARD

ADMINISTRATION/IPSG ELCTRONIC FORM

Appendix C,
U.S. Census Bureau Honor Award Nomination Form

U.S. CENSUS BUREAU
HONOR AWARD NOMINATION

Page 1

A. Type of Recognition:
☐ Gold ☐ Silver ☐ Bronze

B. Type of Award: *(Group limit = 10; Organization limit = 3)*
☐ Individual ☐ Group = # in group ☐ Organizational *(* ☐ *Single* ☐ *Joint =* # of orgs)

C. Category of Award:
☐ Leadership ☐ Personal and Professional Excellence ☐ Scientific/Engineering Achievement ☐ Organizational Development
☐ Customer Service ☐ Administrative/Technical Support ☐ Heroism

D. Name of Individual, Group, or Organization:

Description of nominee (for individual nominee or person accepting on behalf of single organization only)
☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr. ☐ Dr. First Name Middle Last Name Suffix
☐ Other (specify):

Employee's SSN	Current Performance Rating	Pronunciation of Name

Nominee's Operating Unit or Departmental Office

1st Subdivision

Immediate Office	Phone Number

Classification Title	Pay Plan, Series, Grade	Organizational Title *(if any)*

Other Awards or honors

E. Justification: *(Individual, Overall Group, or Organizational - Use Addendum 1; Group Members – Use Addendum 2)*

F. Certificate Citation: *(not to exceed 150 characters)*

G. Program Booklet Citation: *(Gold/Silver - Maximum 600 characters; Bronze - Maximum 400)*

H. Signatures: *Type name and title and sign below*

Nominator DATE

First Reviewer DATE

Second Reviewer DATE

http://cww.hrd.census.gov/hrd/emp/awards/nomination.doc

Appendix C,
U.S. Census Bureau Honor Award Nomination Form (con't)

ADDENDUM 1: Justification

What is the name of the individual, group, or organizational nominee? Page 2
What is the significance of this accomplishment? ***(Required)*** Maximum number of characters for this question cannot exceed 200. This question is designed to give the Board an overview of the importance of the contribution. The response should focus on the value of the accomplishment in concrete, results-oriented terms.
Section 1 – Definitions *(Optional)* Use this section to define all scientific/technical terms, acronyms, or terms-of-art whose meanings are not readily apparent to a lay reader. This section is only for the definition of terms used in the justification below.
Section 2 - Award Justification *(Required)* Answer each of the following questions. Maximum number of combined characters for all four questions in this section cannot exceed 2000. What was the specific goal, challenge or problem related to the Department's mission and/or strategic plan?
What was the context in which the nominee addressed the goal, challenge or problem?
What specific actions did the nominee take to address the goal, challenge or problem?
What were the results of the actions in either quantifiable or qualitative terms?

http://cww.hrd.census.gov/hrd/emp/awards/nomination.doc

Appendix C,
U.S. Census Bureau Honor Award Nomination Form (con't)

What is the name of the individual, group, or organizational nominee? Page 3
Section 3 - Additional Information ***(Required)*** Answer each of the following questions. Maximum number of combined characters for all six questions in this section cannot exceed 2000. How long did it take to complete the accomplishment? When was the accomplishment completed/implemented/deployed?
What is the short-term impact (1-2 years) of the accomplishment on the bureau and/or Department's mission?
What is the long-term impact (3-5 years) of the accomplishment on the bureau and/or Department's mission?
Does the accomplishment affect other bureaus/Department or other Federal agencies? If so, how?
Did the accomplishment result in a major advancement in science, technology, or automation? If so, how?
Did the accomplishment result in a major advancement in non-scientific areas such as customer service or administrative support? If so, how?

http://cww.hrd.census.gov/hrd/emp/awards/nomination.doc

Appendix C,
U.S. Census Bureau Honor Award Nomination Form (con't)

ADDENDUM 2: Group Member Description

Description of individual group member or person accepting on behalf of organization				Page 4
☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr. ☐ Dr. ☐ Other (specify):	First Name	Middle	Last Name	Suffix
Employee's SSN	Current Performance Rating	Pronunciation of Name		
Nominee's Operating Unit or Departmental Office				
1st Subdivision				
Immediate Office			Phone Number	
Classification Title	Pay Plan, Series, Grade	Organizational Title *(if any)*		
Other Awards or honors				

Description of individual group member or person accepting on behalf of organization				
☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr. ☐ Dr. ☐ Other (specify):	First Name	Middle	Last Name	Suffix
Employee's SSN	Current Performance Rating	Pronunciation of Name		
Nominee's Operating Unit or Departmental Office				
1st Subdivision				
Immediate Office			Phone Number	
Classification Title	Pay Plan, Series, Grade	Organizational Title *(if any)*		
Other Awards or honors				

Description of individual group member or person accepting on behalf of organization				
☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr. ☐ Dr. ☐ Other (specify):	First Name	Middle	Last Name	Suffix
Employee's SSN	Current Performance Rating	Pronunciation of Name		
Nominee's Operating Unit or Departmental Office				
1st Subdivision				
Immediate Office			Phone Number	
Classification Title	Pay Plan, Series, Grade	Organizational Title *(if any)*		
Other Awards or honors				

http://cww.hrd.census.gov/hrd/emp/awards/nomination.doc

Appendix D,
U.S. Department of Commerce Honor Award Nomination Form

U.S. Department of Commerce
Honor Awards Nomination Form
Please complete requested information on all pages

Nominee Information:

Salutation (Ms., Mr., etc.) [Select from Drop Down]	**Nominee Name (or Organization Name)**	**Bureau, First Subdivision** (Ex. – NOAA, National Weather Service)	**Position Title**	**Pay Plan, Series, and Grade**	**Nominee is Eligible Based on Current Rating of Record** (Yes or No; select from Drop Down)	**Past Awards** (Honor or high-level awards received in last 5 years; do not include Special Act or Cash-In-Your-Account Awards)
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	
Mr.					Yes	

The Department of Commerce limits group nominations to 10 members and joint organizational nominations to 3 organizational units.

☐ **As the nominator, I certify, through checking the box to the left of this statement, that the nominee(s) lis above have a minimum current rating of record of Level 4 or higher; Commendable or higher; Eligible (Demo); or Meets or Exceeds Expectations (Two-Level).** *If any nominee has a current rating of record of Level or Fully Successful, a separate, one-page justification which details the specific reasons why the award is recommended must be attached to this nomination.*

Nominator's Name and Phone Number:

Medal Type (select Gold or Silver from drop-down): Gold

Nomination Type (select one from drop-down): Individual

Category (select one from drop-down): . Leadership

Appendix D,
U.S. Department of Commerce Honor Award Nomination Form (con't)

What is the significance of this accomplishment? *(Maximum of 200 characters)*

This question is designed to give an overview of the importance of the contribution. The response should focus on the value of the accomplishment in concrete, results-oriented terms.

Describe how this accomplishment exceeds the performance expectations of the individual(s) or organization(s). *(Maximum of 300 characters)*

Use this section to provide a compelling statement describing how the nominee exceeded performance expectations as opposed to merely doing his or her job. Please note, while exceeding a performance metric and contributing to the accomplishment of the Department's organizational mission and strategic goals is laudable, it does not necessarily evidence exceptional work above that which would have been expected by the nominee in the normal course of his or her job. The impact of the nominee's accomplishment must be truly exceptional and reflect only the highest level of achievement in the Department.

I. Certificate Citation: *(Maximum of 150 characters)*

The certificate citation must begin with the word, "*For*" followed by a statement, which summarizes the accomplishment. (Example - For developing a technique to estimate current and historic rates of natural gas flaring through an effective use of satellite imagery data.)

II. Program Booklet Citation: *(Minimum of 450 characters, maximum of 600 characters)*

The program booklet citation must adhere to the following format. Individual nominations (*Mr. Smith is recognized for…*); Group nominations (*The group is recognized for…*); Organizational awards (*The organization is recognized for…*). In lieu of "recognized for", the following may also be used, "*honored for*" or "*cited for*". The program booklet must begin with one of the above introductory phrases, which clearly states what is being recognized followed by details on the nominee's work, and conclude with a sentence on the impact or importance of the accomplishment.

Appendix D,
U.S. Department of Commerce Honor Award Nomination Form (con't)

III. Justification:

The following questions are designed to succinctly clarify the nominee's accomplishment(s) and the reasons this nomination merits either a Gold or Silver Medal. The justification should be concise and clear, written in "Plain English," and should not rely on acronyms, jargon or extremely technical text. In addition, the justification should be written for the lay reader, not an expert in the field. Complicated technical descriptions often serve to confuse the reader and are seldom necessary to describe the accomplishment. Complete nominations must include responses to Section 1, if applicable, and to both Sections 2 and 3.

Section 1 – Definitions *(Maximum of 500 characters)*

Use this section to define all scientific/technical terms, acronyms, or terms-of-art whose meanings are not readily apparent to a lay reader. This section is only for the definition of terms used in the justification below. Do not define terms in common use within the Department, such as ITA, DOC, OPM, etc.

Section 2 - Award Justification *(Maximum number of characters for all four questions in this section cannot exceed 2000)*

1. **What was the specific goal, challenge or problem related to the Department's mission and/or strategic plan?**

2. **What was the context in which the nominee addressed the goal, challenge or problem?**

3. **What specific actions did the nominee take to address the goal, challenge or problem?**

4. **What were the results of the actions in either quantifiable or qualitative terms?**

Appendix D,
U.S. Department of Commerce Honor Award Nomination Form (con't)

Section 3 - Additional Information *(Maximum number of characters for all six questions in this section cannot exceed 2000)*

1. **How long did it take to complete the accomplishment? When was the accomplishment completed/implemented/deployed?**

2. **What is the short-term impact (1-2 years) of the accomplishment on the bureau and/or Department's mission?**

3. **What is the long-term impact (3-5 years) of the accomplishment on the bureau and/or Department mission?**

4. **Does the accomplishment affect other bureaus/Department or other Federal agencies? If so, how?**

5. **Did the accomplishment result in a major advancement in science, technology, or automation? If so, how?**

6. **Did the accomplishment result in a major advancement in non-scientific areas such as customer service or administrative support? If so, how?**

Chapter 15: Employee Assistance Program

Topic 1: Introduction

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is designed to assist decennial employees who need help. The purpose of the employee assistance program is to provide helpful information to assist employees with personal problems, particularly for employees with substance abuse problems.

Topic 2: Regional Census Center (RCC) Employees

Regional Census Center EAP Program

A program offering professional counseling and referral is available without charge to Regional Census Center (RCC) employees. Employees can receive confidential, professional assistance when problems become difficult or unmanageable and interfere with performance on the job. Counselors are available to discuss mental or emotional problems, financial difficulties, marital or family stress, alcoholism, drug abuse, and other problems.

A minimum of three but no more than four sessions will be available to employees each time they use the EAP for a different problem. If a counselor determines that long-term counseling or other outside assistance is needed, they will refer the employee to other counseling services. Although expenses for outside services will be the employee's responsibility, counselors will help identify resources that may be reimbursed through the employee's health insurance.

The EAP services are provided through a nationwide network contract with Ceridian Life Works Services. Employees may call (877) 234-5151 to make an appointment with them for counseling near their home or office location.

Topic 3: Local Census Office (LCO) Employees

Local Census Office EAP Program

The LCO employees can receive assistance for marital or family stress, alcohol and/or drug abuse, mental or emotional problems, financial difficulties, and other problems. Employees should call the RCC Administrative Supervisors for assistance. The RCC Administrative Supervisor serves as the decennial EAP liaison.

Guidance

To assist employees with personal problems, the RCC EAP liaison should provide the employee with the appropriate national hotline number. Expenses for outside services will be the employee's responsibility.

RCC Administrative Supervisors Function

The RCC EAP liaison's role is to ensure accurate referral information reaches all employees, as needed. The RCC liaison should NOT attempt to diagnose or counsel employees with personal problems.

Voluntary Use

The use of the EAP is voluntary (that is, an employee may choose not to use the referral resources and may not be required to call the Headquarters EAP office if referred). Conversations with the Headquarters EAP counselor are confidential. The RCC EAP liaisons should also treat all inquiries as confidential.

Decennial EAP Phone Log

The RCC EAP liaisons should use Form D-312, Decennial EAP Phone Log to track the number and type of inquiries received. A copy of this form can be found in Appendix H. The Decennial EAP Phone Log should be faxed to the Headquarters EAP quarterly. This information is confidential and no identifying information (that is, name or phone number) is requested on this log.

Headquarters EAP Coordinator

The RCC EAP liaisons may contact Gwendolyn Williams, Headquarters EAP Coordinator, or other staff counselors, with any questions about their role as the EAP liaison or at any time in their interaction with employees. The toll-free phone number is (800) 211-6015.

Chapter 16: Conduct

Topic 1: Introduction

Introduction

Unacceptable conduct covers a range of employee work behaviors and includes:

- tardiness
- insubordination (employee's refusal to obey an order)
- leave abuse
- creation of work disturbances
- hitting or striking another employee or respondent (this is its own charge)
- falsification of data on employee application
- falsification of Census Bureau data

In cases of insubordination, the burden is on the supervisor to phrase the order in such a way that there are no options. Make it very clear that the work must be finished by a certain time. For example, "I need you to type this by the end of the day."

If and when a situation occurs, counseling the employee should be the immediate starting point for dealing with conduct problems. When these problems are such that discipline/termination will occur if improvements are not seen, then the supervisors need to be explicit in their discussions with the employee. Such counseling should include clear specifications of the problem, the standard of conduct that is expected from the employee, and the possibility of discipline should conduct continue. Counseling sessions are not considered to be disciplinary actions.

When counseling is ineffective, supervisors will need to decide what type of disciplinary action will best remedy the problem. There are four types of disciplinary actions: **oral admonishment**, **written reprimand**, **suspension**, and **termination or removal**.

Some situations will warrant starting with a lighter action but progressing to harsher ones if the conduct problem continues. Other serious or egregious situations may warrant going directly

to termination as the most appropriate action.

The statutory and regulatory provisions that apply to conduct and performance-based actions are different. Refer to Chapter 17 for instructions on Performance-based problems. However, there are some basic "rules of thumb" to follow when dealing with either conduct or performance:

- respond in a timely manner to a conduct or performance problem. Often this will mean having a counseling discussion with the employee. Try to secure the employee's commitment to positive change;
- select a response that fits the problem, that is, consider the nature and seriousness of the problem, including any history of a similar problem and the action, if any, taken at the time;
- be as consistent as possible in responding to similar problems;
- be sure employees are aware of what is expected of them and the possible consequences for not improving their conduct or performance; and
- keep good supervisory notes documenting your discussion(s), including when it took place, the matters discussed, your responses, and those of the employee. Keep these notes in a notebook or file which does not uniquely identify the employee.

When proposing an action: (See Illustrations 16A-1 and 16A-2 for flowcharts which show the review process for the various actions.)

- Discuss the situation with the Human Resources Division's Employee Relations Branch (ERB) specialist before taking action and/or drafting and transmitting employee correspondence.
- Select and draft action letters using the sample letters within this chapter.
- Send all draft correspondence, with the exception of Falsification of Data cases, directly to ERB specialist by electronic mail. Falsification of Data cases should be sent to Field Division, Decennial Administrative Branch (DAB) using the procedures in Chapter 16, Topic 9. Your ERB specialist should review all conduct-based action cases prior to sending to the employee.

- Forward a complete copy of any documentation (such as, Documentation of Termination for Performance and/or Conduct Problems, falsification cases, letters, supervisory notes, so on) directly to your ERB specialist by facsimile or mail (see Illustration 16A-3). Reproduce documents as necessary. Response from ERB specialist can usually be expected within 7-10 working days.

For general questions about this guidance or about operating procedures in processing conduct-based actions, contact DAB. For guidance on specific cases, contact ERB.

For an overview of conduct-based actions, see Illustration 16A-4. See Illustration 16A-5 for a listing of specific Nature of Action Codes.

This manual applies to all Schedule A Regional Census Center (RCC) employees, Coverage Measurement employees, and leave-earning employees in the Local Census Offices (LCO), that is, LCO Managers, Assistant Mangers, and Administrative Assistants). All other LCO employees are covered by procedures in the D-501, Local Census Office Administrative Manual.

Topic 2: Counseling

Counseling is not a prerequisite to the consideration of taking disciplinary action. However, it should be the immediate starting point for dealing with conduct problems. Supervisors routinely should discuss problems with employees. The supervisor(s) needs to be explicit in his/her discussions with the employee. Such counseling should include clear identification of the problem, the standard of conduct expected from the employee, and where appropriate, notice that disciplinary action(s) may result if problems persist. Counseling sessions are not disciplinary actions. However, supervisors/managers should document the date and general content of the counseling in their supervisory notes. These notes should not be forwarded to Headquarters/Human Resources Division for inclusion in the employee Official Personnel Files; keep them in a **secure** notebook or file that does not uniquely identify the employee.

Topic 3: Disciplinary and Adverse Action

When counseling is ineffective, or when a serious offense has occurred warranting immediate consideration of disciplinary action, supervisors will need to decide what type of disciplinary action will remedy the problem. The purpose of disciplinary action is to correct behavior. It is to get the 'employee's attention.' When an employee exhibits misconduct, you will need to assess whether the employee shows potential for correcting his/her behavior or whether the behavior is so serious it cannot be corrected. It is essential that the Regional Director (RD) be informed before any disciplinary actions are taken.

Disciplinary action is corrective in nature and should be administered in a constructive, progressive, consistent, and timely manner. Disciplinary actions range from oral admonishment to removal from the Federal service. All disciplinary action must be coordinated with your ERB specialist.

Oral Admonishment	A formal and documented disciplinary action delivered verbally to the employee.
Written Reprimand	A written notice to the employee, in the form of a letter, signed by the Regional Director.
Suspension	A placement of an employee in a temporary nonpay and nonduty status for disciplinary reasons.
Termination/Removal	Removal from your current position or from the Federal service for cause and for the efficiency of the service. When a termination and/or removal of an employee is recommended, the supervisor must consider the type of appointment and length of service.

Topic 4: Determining Penalties

Table of Offenses and Penalties

The Table of Offenses and Penalties in the Department of Commerce Administrative Order 202-751, (see Illustration 16D-1 for a copy of the DAO 202-751). These are guidelines to consider along with other factors described below. The Census Bureau's policy is that discipline will be progressive. While the penalty determined appropriate will need to be based on the facts in the particular case, generally it will begin with the minimum penalty considered appropriate to deter recurrence of the employee misconduct. Penalties may range from an oral admonishment warning the employee that he/she needs to correct some behavior to termination/removal for a first offense of serious misconduct.

In selecting an appropriate penalty, consider the following factors, as appropriate to the situation. Not all of these factors will be pertinent in every case. Some may weigh in the employee's favor while others may not, or may be aggravating factors. They are:

- The nature and seriousness of the offense and its relation to the employee's duties, position, and responsibilities, including whether the offense was intentional or technical or accidental, or was committed maliciously or for gain, or was frequently repeated.
- The employee's job level and type of employment, including supervisory or public trust role, contacts with the public, and prominence of the position.
- The employee's past disciplinary record.
- The employee's past work record, including length of service, performance on the job, ability to get along with coworkers, and dependability.
- The effect of the offense upon the employee's ability to perform at a satisfactory level and its effect upon the supervisor's confidence in the employee's ability to perform assigned duties.
- The consistency of the penalty with those imposed upon other employees for the same or similar offenses.
- The consistency of the penalty with the Department of Commerce Table of Penalties.
- The notoriety of the offense or its impact upon the reputation of the agency.

- The clarity with which the employee was on notice of any rules violated in committing the offense, or had been warned about the conduct in question.
- The potential for the employee's rehabilitation.
- Any mitigating circumstances surrounding the offense such as unusual job tensions, personality problems, mental impairment, harassment, or bad faith, malice, or provocation on the part of others involved in the matter.
- The adequacy and effectiveness of alternative sanctions to deter such conduct in the future by the employee or others.

Topic 5: Record Keeping Requirements

Documentation of Performance and/or Conduct based Problems

Record any type of disciplinary action, that is, oral admonishments, written reprimands, suspensions, or terminations, on Form D-282, Documentation of Unacceptable Performance and/or Conduct (see Appendix H).

In addition to discussing the situations with the employee and/or notifying the employee in writing of decision to terminate, the supervisor is required to document each unacceptable performance or conduct action by immediately completing a D-282. In Section II, block A, the supervisor must document the employee's conduct and/or performance problem, date the incident occurred, and the supervisory action. In Section III, block A, the supervisor must state the performance standards and related employee's deficiencies. The D-282 must have a date and name identifying the employee and the signature of the supervisor initiating the request, in the event this material is released under the Privacy Act or Freedom of Information Act.

Forward copies of written reprimands to ERB specialist for filing in the employee's OPF (under the Employee Performance Folder) along with SF-50, Notification of Personnel Action, documenting the action taken, if applicable. The supervisor should contact ERB specialist for guidance when contemplating taking a conduct-based action for employees with procedural protections and appeal rights. They can be reached on (301) 763-3701.

An employee is not entitled to view Form D-282 unless an action is taken where they would have rights to view the material relied on to take the action; that is, proposed suspension or removal; or if the employee files an EEO complaint or grievance. They would then have access to the D-282 since this documentation would be given to the investigator of either forum.

Establishment of Disciplinary/Adverse Action Files (DAAF)

Establish a DAAF for each employee (by name) involved in a performance or conduct-based action. Documentation, including the D-282, written reprimands, and all other supporting documents should be filed in the employee's DAAF. The RCC will maintain the DAAF for the LCO managerial positions and all RCC and Coverage Measurement positions in a locked file cabinet.

Keep all the information relied upon to take a disciplinary action

in the DAAF. This includes: D-282 or other written documentation; medical or other documentation supplied by the employee pertinent to the case; reports of investigation; witness statements or other documentary evidence; copies of letters of reprimand and/or proposal and decision notices, as appropriate; and any other materials documenting the reason(s) for the disciplinary action. Supervisory notes should not be a part of the DAAF.

Label and forward the DAAFs to the RO when the RCC closes. The RO will maintain the DAAFs in a locked file cabinet for seven years from the date of the last action. If the action is appealed, the DAAFs must be maintained for seven years after the date of the final decision.

Topic 6: Taking Specific Disciplinary Action

Oral Admonishment

Oral admonishment discussions should be administered by the ARCM, or designate as appropriate, in a suitable setting that allows for relative privacy and freedom from interruption. Tell the employee that the oral admonishment is a formal and documented disciplinary action which will be considered if conduct problems continue and that further instances may result in additional disciplinary adverse action including removal. In Section II, block B of the D-282, document the admonishment, who gave it, and the date. Obtain the RD's signature and date in Section V, block D, E, and F before the oral admonishment is given showing his/her approval of the action. File the completed form in the DAAF.

Written Reprimand

The written reprimand should identify the offense. Explain to the employee that such conduct is unacceptable and that further disciplinary/adverse action may result if the conduct recurs. Explain the employee's grievance and EEO rights. Request that the employee sign a receipt for the reprimand letter showing the date of delivery. If delivered by mail, send it by certified mail with return receipt requested. Also, send as a trailer copy a "second copy" of the letter by regular first class mail.

Forward a copy of the written reprimand to your ERB Specialist to be filed on the left side of the employee's OPF (under the Employee Performance Folder). Also, keep a copy of the letter, the applicable record of receipt, Form D-282, and other supporting material in the DAAF. See Illustration 16C2-1 for a sample letter of reprimand.

Suspensions of More than 14 Calendar Days and Removal/Termination Actions for Excepted Service Employees Covered by 5 U.S.C. Chapter 75.

Coverage: Preference eligibles in the excepted service with 1 year of current continuous service in the same or similar positions and non-preference eligible excepted service employees with 2 years of current continuous service in the same or similar positions under other than a temporary appointment limited to 2 years or less.

For suspensions of more than 14 calendar days and removal/termination, covered excepted service employees are entitled to 30 days advance written notice, the right to reply, a written decision, and the right to appeal the suspension or

removal/termination to the Merit Systems Protection Board (MSPB).

As the servicing personnel office for competitive and excepted service employees, ERB will review the required proposal and prepare the decision notices using the information you provide to them. Be sure to provide the documentation of the misconduct, including supervisory statements, witness statements, copies of written instructions to the employee, counseling memos, and so on., along with a copy of the employee's most recent SF-50. These actions must be reviewed by a representative of the Commerce Department's Office of General Counsel (OGC). ERB will coordinate this review.

All proposal and decision notices for these employees will be signed by the RD. See Illustrations 16E3-1 and 16E3-3 for sample proposal and decision notices.

For Proposed Removal for Conduct

1. Copy of signed and dated proposal letter, if not already received.
2. Copy of employee's written reply (if any).
3. Brief summary prepared by the RCC responding to the issues the employee raised in his/her oral reply (if any).

These actions are documented by HRD in the employee's OPF with a Notification of Personnel Action, SF-50. No other information relating to these actions will appear in the OPF. Keep copies of all supporting documentation, including the proposal and decision notices, with proof of employee receipt, in the DAAF.

Removal/Termination of Excepted Service Employees Not Covered by 5 U.S.C. Chapter 75

Coverage: Preference eligibles with less than 1 year of continuous service and non-preference eligibles with less than 2 years of continuous service in a non-temporary appointment.

A termination letter should be sent to a first year employee if conduct/performance does not improve. The letter should remind the employee that he/she was previously notified that his/her conduct or performance was unacceptable, and since improvement has not been demonstrated, this letter is informing him/her they will be terminated on a specific date. The letter should be supported by documentation, which will be needed for future reference when responding to inquiries regarding the employee. See Illustration 16E3-2 and 16E3-3 for sample removal/termination notice.

These actions do not require review by Headquarters. However, DAB and ERB are available to assist as needed. The employee has no right to appeal to the MSPB or to grieve their separation action through the Decennial Administrative Grievance Procedure. They may; however, pursue an allegation of discrimination under the Census Bureau's Equal Employment Opportunity (EEO) Complaint Process.

The notice of removal/termination should be signed by the RD. Keep appropriate records on these actions in the DAAF. Obtain a record of the employee's receipt of the removal/termination notice.

Topic 7: Formal Meetings with Employees to Discuss Performance and Conduct

Employees have no rights to representation at these meetings. We strongly discourage managers from allowing representatives to be present. If you do it for one employee, you will set a precedent and must then do it for all employees.

1. Do not encourage invitation of a third party representative.
2. If employee request representation, and supervisor determines that such representation would not be disruptive, third party may be permitted at supervisor's discretion.
3. If third party representation is permitted then:
4. The employee should sign a statement designating the third party as his/her representative in connection with the meeting. This allows the manager to discuss information of a confidential nature, such as performance appraisals and ratings, and so on. during the meeting. Be sure you state the entire issue being discussed at the meeting. Do not discuss any other subject not covered on the form.
5. The employee should be told that it is his or her responsibility to notify the third party of the time and location of the meeting.

Topic 8: Reporting Conduct Problems

You must contact Headquarters ERB specialist for guidance when contemplating taking a conduct action, except for an oral admonishment, against an employee who has completed a trial/probationary period or an employee who is a preference eligible with at least one-year current continuous service with the Census Bureau. Alternatively, in combination with another Federal agency, in the same line of work, or a non-preference eligible with at least two years of service in a non-temporary position.

Topic 9: Falsification of Data

Report cases of suspected falsification of data (Title 13, payroll/personnel) to the Chief, Field Division, after the following administrative procedures has been performed;

1. Send a letter (see Illustrations 16E3-4 and 16EF-1) to the employee who is suspected of falsifying Title 13 data. The letter should:
   a. list the suspected falsification cases, including addresses (if applicable);
   b. request an explanation in writing from the employee within 5 working days of the receipt letter; and inform the employee that no work will be assigned until the matter is resolved.

Send the letter to the employee Certified-Return Receipt Requested and a trailer copy via First Class Mail.

If at any stage, the employee(s) offer his/her resignation, you may accept the resignation, and forward a SF-52 to HRD/PPSB for processing. However, you still must report the suspected falsification to the RD/ARCM and Chief, Field Division, in a memorandum which includes documentation that lists the suspected falsification, including copies of the 5-day letter and the SF-50, and the effective date of the employee's resignation. The Chief of Field Division, will notify OGC, who will forward to IG for consideration of criminal prosecution.

When you receive the employee's response and you determine data was falsified or if you do not receive a response within 5 working days from the time of the signed receipt, notify the RD/ARCM and ERB, by facsimile. (Do not report if you determine the data is not falsified.) Use the FAX Transmittal Sheet (see Illustration 16F-2) for suspected falsification cases and attach the required data:

a. A memorandum to Chief, Field Division, Attention: DAB, which reports the suspected falsification cases and requests notification of the Office of the Inspector General. Include the action the RD/ARCM wishes to initiate, for example, terminate the employee.

b. A copy of the signed 5-day letter to the employee.

c. A copy of the employee's written response.

d. If no reply is received, send a copy of the signed receipt. If a returned signed receipt was not received, allow 10 working days from date of letter and state in the memorandum to the Chief, Field Division.

e. If warranted by the circumstances, draft a Proposal Notice Letter (for Schedule A Employees with Appeal Rights) or a draft Termination Letter (for Schedule A Employees without Appeal Rights -- see Illustration 16E3-3)

NOTE: Termination letters for employees without appeal rights do not need prior approval from ERB. However, ERB will review at RCC request.

1. Proposed Removal for Title 13 Falsification
   a. (a) Proposal Letter -- RCC will draft proposal letter and forward to ERB for approval.
   b. Most recent rating of record (Douglas Purposes: only need copy of back page).
   c. Copy of interview and re-interview results and/or any other pertinent information, that is, trace files, dump files, memos for the record, and so on.
   d. Copy of the letter sent to employee explaining the discrepancies found, giving him/her time to respond to the discrepancies.
   e. Copy of the employee's response to the letter mentioned in d, above.
   f. Copy of the letter sent to Chief, Field Division, from the RCC.
   g. Copy of the letter sent to the Legal Office from Chief, Field Division.
   h. Copy of the letter sent to the OIG from the Legal Office.

2. Decision to Remove for Title 13 Falsification
   a. Decision Letter -- RCC will draft decision letter and forward to ERB for approval.
   b. Copy of signed and dated proposal notice.
   c. Copy of receipt of proposal notice.
   c. Copy of employee's reply (if any).

Brief summary prepared by the RCC responding to the issues the employee raised in his/her reply (if any).

In addition to the above documents, any document leading to the agency's decision needs to be included in the materials sent to ERB. ERB requires all materials related to the case for their files to be reviewed by the Administrative Law judge, the employee's attorney, and the Bureau's attorney, in the event of an appeal or hearing. Any material harmful to the Bureau's position also needs to be sent to ERB so the Bureau will be aware of the material and can prepare its case accordingly.

The Chief of Field Division, will notify the Associate Director for Field Operations, the Office of the Deputy Chief Counsel, and the Chief, Financial Administrative Systems Division. The Office of the Deputy Chief Counsel will notify the Office of the Inspector General.

HRD will obtain OGCs review where appropriate and notify the RCC when the RCC can begin action by returning the draft Proposal/Decision Letters to the RD to send to the employee. Letters should be signed by the RD.

Topic 10: Procedural and Appeals Rights

If any RCC/LCO employee feels he or she has been discriminated against because of race, color, religion, gender, sexual orientation, national origin, age (40 years of age and over), or physical/mental disability, they have the right to appeal through the Equal Employment Opportunity Commission. The Equal Employment Opportunity (EEO) Specialist located in the RCC will be able to assist an employee in the EEO process.

RCC Schedule-A Appeal Rights

An RCC Schedule A employee against whom a performance-based demotion or termination action is proposed is entitled to specific procedural rights if he/she has completed a trial/probation period, if applicable, or one continuous year of service with the Census Bureau, or one year of continuous employment in combination with another Federal agency, in the same line of work. Such rights include an advance written notice of the proposed action and an opportunity to respond to the notice. If such an employee also is a preference eligible, or if an employee is a non-preference eligible with at least two years of service in a non-temporary appointment, he/she may appeal the action to the Merit System Protection Board (MSPB).

An RCC Schedule A employee against whom a conduct-based termination is proposed is entitled to similar procedural rights and MSPB appeal rights only if he/she is a preference eligible and has completed one continuous year of service in the same line of work or a non-preference eligible employee with at least two years of service in a non-temporary appointment.

LCO Employee Appeals Rights

LCO Schedule A full-time employees, that is, LCO manager, assistant managers, and administrative assistants have the same appeal rights as RCC Schedule A employees mentioned above. LCO Schedule A intermittent employees do not have appeal rights due to the temporary nature of their employment.

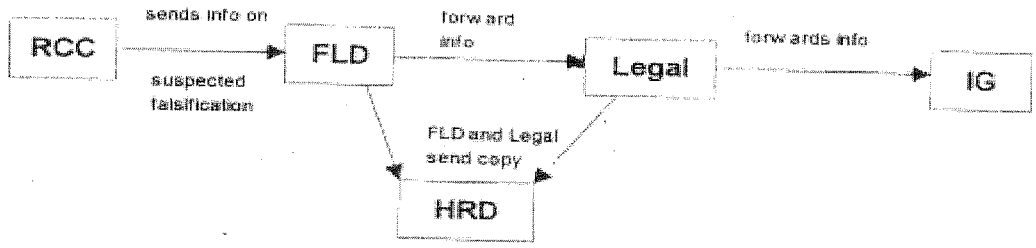
NOTE: An exception to the rule would be when a veteran in a LCO intermittent position who has one continuous year of service with the Census Bureau or one year of continuous employment in combination with another Federal agency, in the same line of work. In this case, the veteran would be eligible for the appeal rights mentioned above for RCC Schedule A employees.

Topic 11: Quarterly Summary Report of Termination for Decennial Employees of a Serious Nature

Each RCC will provide FLD, DAB with a quarterly summary report of terminations of a more serious nature, e,g., false payroll claims, theft, and assault. The report must list employees against whom we took personnel actions for providing false information and/or failure to follow proper procedures.

ILLUSTRATION 16A-1

REVIEW PROCESS - CONDUCT CASES (TITLE 13 FALSIFICATION)



If employee has MSPB appeal rights:

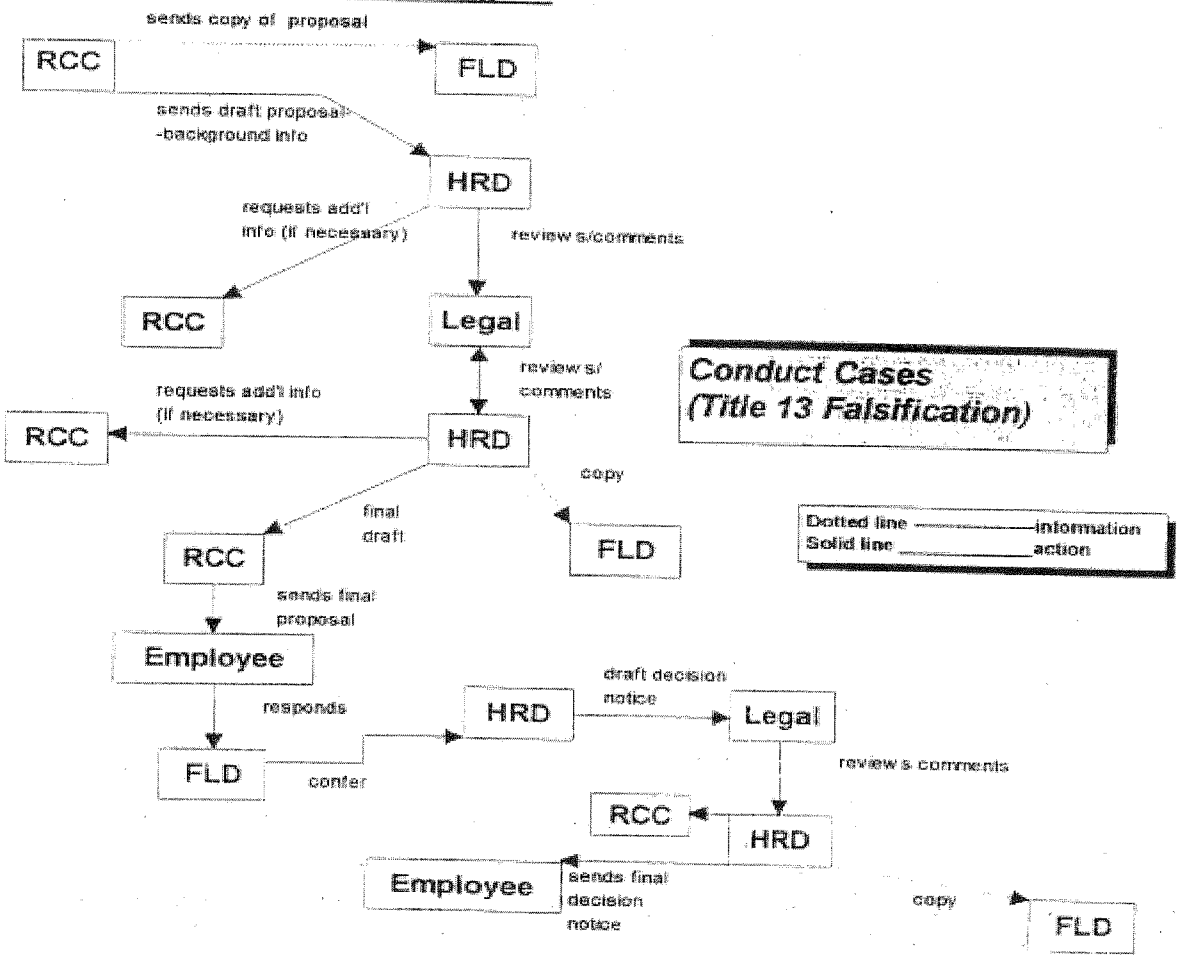


ILLUSTRATION 16A-2

REVIEW PROCESS - CONDUCT CASES (OTHER THAN TITLE 13)

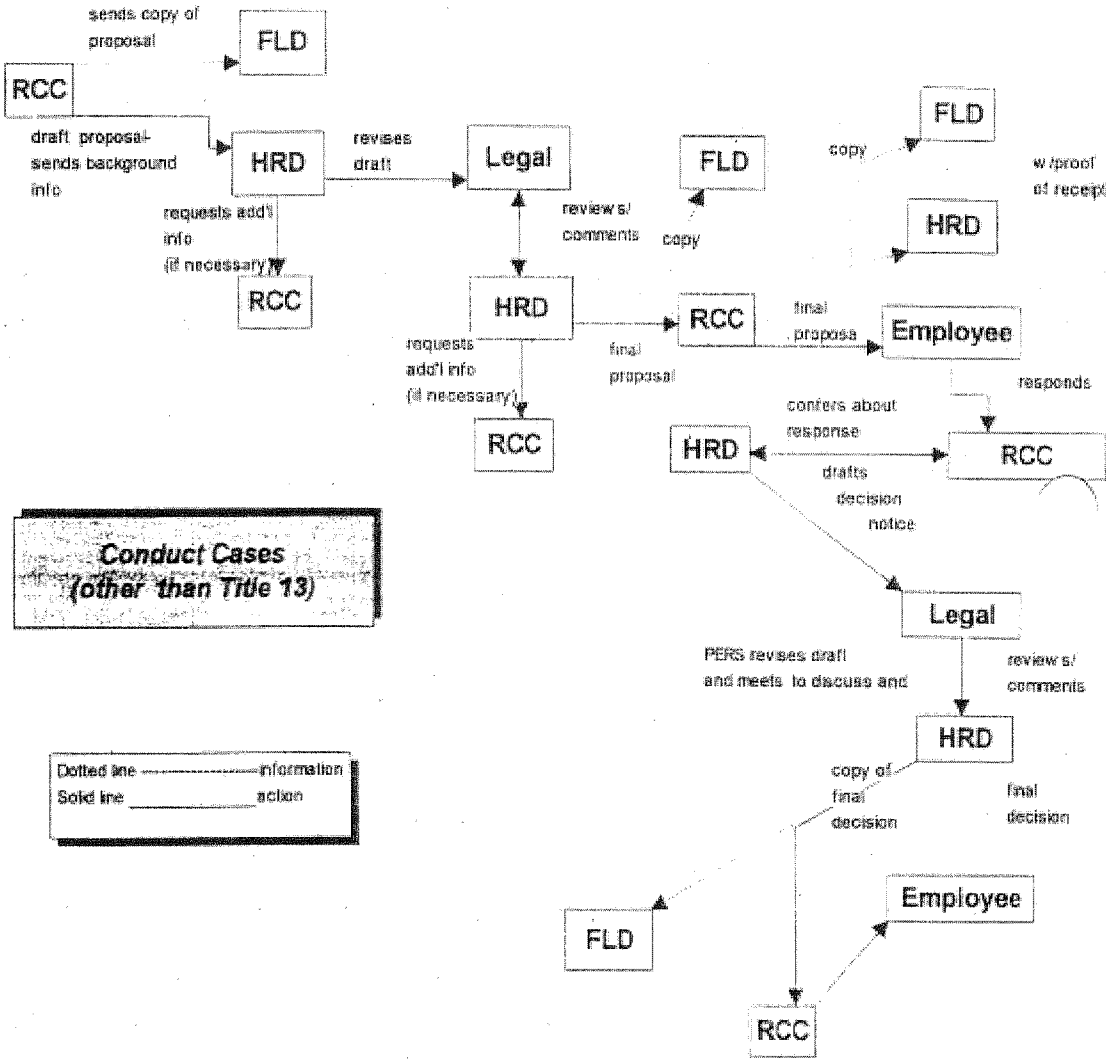


ILLUSTRATION 16A-3

EMPLOYEE RELATIONS
HUMAN RESOURCES DIVISION
FAX TRANSMITTAL SHEET FOR PERFORMANCE/CONDUCT

FAX NO. (301) 763-5081

REGIONAL CENSUS CENTER: _____
EMPLOYEE NAME: _____

PROPOSED ACTION (CHECK APPROPRIATE SPACE)

PERFORMANCE-BASED ACTION:

____ PERFORMANCE IMPROVEMENT PERIOD
____ PIP FEEDBACK LETTER
____ PROPOSED REMOVAL
____ REMOVAL
____ DENIAL OF WITHIN GRADE INCREASE

DOCUMENTATION: (MUST BE SUBMITTED AT TIME OF REFERRAL)

PERFORMANCE-BASED ACTIONS (CHECK APPROPRIATE SPACE OF ITEMS BELOW)

____ COPY OF PERFORMANCE APPRAISAL RECORD (BC-1804(F)

____ COPY OF NEW RATING OF RECORD FOR WGI DENIAL PURPOSES (REQUIRED WHEN RATING OF RECORD MEETS OR EXCEEDS EXPECTATION).

PROPOSED ACTION (CHECK APPROPRIATE SPACE)

CONDUCT-BASED ACTION:

____ D-282, DOCUMENTATION OF PERFORMANCE AND/OR CONDUCT PROBLEMS
____ LETTER OF REPRIMAND
____ PROPOSED REMOVAL
____ REMOVAL

DOCUMENTATION: (MUST BE SUBMITTED AT TIME OF REFERRAL)

CONDUCT-BASED ACTIONS (CHECK APPROPRIATE SPACE OF ITEMS BELOW)

____ SUPERVISOR'S MEMORANDUM FOR THE RECORD

____ WITNESS STATEMENTS (IF ANY)

____ WRITTEN INSTRUCTIONS TO EMPLOYEE

____ EMPLOYEE COUNSELING DOCUMENTATION

____ DOCUMENTATION OF OPERATING PROCEDURES/POLICIES

____ LEAVE RECORDS (if applicable)

____ PAYROLL RECORDS (if applicable)

ILLUSTRATION 16A-4

SUMMARY OF CONDUCT-BASED ACTIONS

1. Conduct-based Disciplinary/Adverse Actions

ORAL ADMONISHMENTS

— Normally conducted by the, ARCM, program coordinator, or program supervisor.

— Needs to be documented, but not in the Official Personnel Folder (OPF). Use Form D-282, Documentation of Performance and/or Conduct problems. Keep the completed D-282 in the Disciplinary/Adverse Action File (DAAF).

— Employee Relations Branch (ERB), Human Resources Division, concurrence is not required, but ERB is available to assist with any questions.

WRITTEN REPRIMANDS

— Signed by the Regional Director (RD).

— RD or designee will draft the letter of reprimand and may forward it for ERB review, if desired.

— Employee Relations Branch (ERB), Human Resources Division, concurrence is not required, but ERB is available to assist with any questions.

— They are temporary documents, a copy of which is placed in the Employee's Personnel Folder on the left-hand side for up to 3 years. The employee can request its removal after 1 year. Keep a copy, along with the supporting documentation, in the DAAF.

SUSPENSIONS OF MORE THEN 14 CALENDAR DAYS AND REMOVAL/ TERMINATION ACTIONS FOR EXCEPTED SERVICE EMPLOYEES COVERED BY 5 U.S.C. CHAPTER 75

Based on information provided, ERB will draft the proposal and decision notices. ERB will get Office of General Counsel (OGC) concurrence as required for employees with specific right of appeal to the Merit Systems Protection Board (MSPB).

ILLUSTRATION 16A-5

NATURE OF ACTION CODES

ACTION	NOAC	NATURE OF ACTION (NOA)	AUTHORITY CODE	LEGAL AUTHORITY
Separation based on misconduct (no appeal rights)	357	Termination	ZLJ	REG 213.3113(d)(1) or REG 213.3114(d)(2) Based on employee's current appointing authority
Separation based on suitability (no appeal rights) before the employee's entrance on duty	357	Termination	UXM	REG 213.3114(d)(1) or REG 213.3114(d)(2) Based on employee's current appointing authority
Separation based on unacceptable performance or other factors unrelated to misconduct or delinquency	357	Termination	ZLK	Same as appointing authority

*Letter notifying employee of reason(s) (performance and/or conduct) is required.

NOTE: for employees under NFC, please provide the PARS action and a copy of letter to ERB.

ILLUSTRATION 16C2-1

SAMPLE LETTER OF WRITTEN REPRIMAND (USE FOR CONDUCT PROBLEMS ONLY)

Date

Name
Address

Dear Mr./Ms.:

[Example of narrative describing an infraction. Modify as appropriate in describing/documenting other kinds of misconduct:] On May 4, 2007, you reported to work at 10:30 a.m., two hours past your starting time of 8:30 a.m. You did not have prior approval for your absence nor did you call in that morning to request emergency leave. Your supervisor determined that the reason for your absence was unwarranted. Accordingly, we charged you with 2 hours of absence without leave (AWOL) and with failure to follow proper leave procedures on May 4, 2007.

Before this instance of misconduct you were orally admonished on [Date] for reporting to work late [Date} and [statement of previous action taken, such as:] charged 1 hour of AWOL.

You are to consider this a letter of official reprimand for [statement of the infraction, for example:] unauthorized absence from work and for failure to follow proper leave procedures. These are serious offenses and I want you to realize that further instances of such misconduct may result in more severe disciplinary action, including suspension or removal.

A copy of this letter is being placed in your Official Personnel Folder (OPF), where it will remain for a minimum of 1 year, but no longer then 3 years from the date of issuance. After 1 year minimum, you can request removal of this letter from your OPF. You should make your request, preferable in writing, to me. Written Reprimands are removed from OPFs upon separation.

If you believe this action was based on discrimination on the basis of race, color, religion, sex, national origin, age (at least 40 years of age), or handicap, you may raise such allegations through filing an Equal Employment Opportunity (EEO) complaint under the EEO complaint process as set forth in Title 29, Code of Federal Regulations, Part 1614. To initiate an EEO complaint, you must bring the matter to the attention of an EEO counselor within 45 calendar days of the date of your receiving this written reprimand. For information concerning the filing of an EEO complaint, you should contact the EEO Office, Bureau of the Census, toll-free on 1-800-872-6096 or (301) 763-2853/(TDD (301) 763-2540.

You also have the right to grieve this action, except if you are alleging discrimination, under the administrative grievance procedure, as outlined in the Regional Administrative Manual, Chapter 12. Your grievance must be filed within 15 calendar days of your receiving this written reprimand. If you wish more information regarding the grievance procedure and process, you may contact the Decennial Administrative Branch on 301-763-4899.

Sincerely,

[NAME]
[Regional Director]

cc: Official Personnel Folder

ILLUSTRATION 16D-1
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DEPARTMENT ADMINISTRATIVE ORDER (DAO)

202-751 Effective Date: August 4, 1980

DISCIPLINE

Section 1. Purpose

Section 2. General Provisions

Section 3. Policy

Section 4. Specific Disciplinary Situations

Section 5. Effect on the Other Orders

Section 1. PURPOSE

.01 The purpose of this order is to state the policy of the Department of Commerce with respect to discipline.

.02 The purpose of this revision is to omit material covered adequately in other sources, to provide more guidance in the application of appropriate and progressive discipline in individual cases, and to update the Table of Offenses and Penalties.

Section 2. GENERAL PROVISIONS

.01 This order supplements the basic provisions of law and regulations governing disciplinary action.

.02 The basic authority for disciplinary actions by agencies is set forth in Executive order 9830, as amended, and chapters 43 and 75 of Title 5, U.S. Code, and is regulated by Parts 432, 752, 771 and 772 of Title 5 of the Code of Federal Regulations. Additional guidance is found in Federal Personnel Manual, chapters 751, 752 and 771, and in Department Administrative Orders 202-752 "Adverse Actions: and 202-432 "Reduction in Grade and Removal Based on Unacceptable Performance," which will be issued shortly.

SECTION 3. POLICY

.01 General Policy

a. As used in this order, "discipline" means corrective measures intended to maintain the efficiency of the service and encourage employee performance and conduct compatible with the appropriate and lawful goals, practices, policies and procedures of the organization.

ILLUSTRATION 16D-1

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b. It is the policy of the Department that disciplinary action be taken whenever it is warranted by the employee's conduct or performance; and that discipline be administered in a constructive, progressive, consistent and timely manner.

c. Any official or supervisor who is considering taking an adverse action shall consult the servicing personnel officer or his/her designee to assure that the action being considered is appropriate. Before an adverse action, other than a suspension of 14 calendar days or less, is proposed, the personnel officer shall consult with an appropriate staff attorney of the Department regarding any issues of law that may be involved. Consultation with legal counsel may also be appropriate in taking lesser disciplinary actions. In any case where an employee's conduct may involve violations or criminal law, no disciplinary action shall be taken until after consultation with legal counsel.

.02 Selection of Appropriate Disciplinary Action

To aid in the selection of an appropriate disciplinary action, consideration shall be given to the table of selected offenses and suggested penalties which is appended to this order as Appendix B. The penalties suggested there are guidelines only and re not mandatory Each situation shall be considered on its own merits. Appendix A provides additional guidance on the selection of a penalty.

.03 Use of Enforced Leave

a. In general, an employee may be place on enforced leave (that is, required to absent him or herself from duty) when:

1. The employee is not ready, willing, or able to work; or

2. An emergency situation exists, that is, the employee's conduct or mental or physical condition is such that his/her presence on the job constitutes an immediate threat to Government property or to the well-being of the employee, co-worker, or the public.

b. Emergency situations

1. In an emergency situation as described in subparagraph .03a2. of this section, in which a responsible official has not had an opportunity to appraise the situation an decide whether to initiate disciplinary action, an employee may be placed on enforced leave during the pendency of the emergency.

ILLUSTRATION 16D-1

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2. A period of enforced leave that began in an emergency situation shall not be continued indefinitely. Thus, if the employee presents him/herself for duty after the immediate emergency has ceased and it is determined by the responsible official that the employee is ready, willing and able to perform duty, continued use of enforced leave is not appropriate. However, the employee may be placed in a non-duty status, with pay and without charge to leave (administrative leave) for up to ten calendar days to allow time to effect suspension and for other disciplinary action.

c. Disciplinary

Except as provide in paragraph .03b1. above, use of enforced leave in a disciplinary situation (that is, an incident or set of circumstances which will or may result in a disciplinary action being proposed or taken against an employee) constitutes a suspension and the procedures set forth in Department Administrative order 202-752 shall be followed.

d. Non-disciplinary situations

In a non-disciplinary situation, where no emergency exists, any employee who is not "ready, willing and able" to work may be placed on enforced leave (annual, sick or leave without pay) and this action will not be considered a suspension.

e. Alternatives to enforced leave

In situations where it is not in the interest of the Government for an employee to remain in his/her position in an active duty and pay status, a number of options are available depending on the circumstances, in addition to or in lieu of enforced leave:

1. The employee may be assigned to other suitable duties,

2. The employee may be placed on excused absence (administrative leave),

3. The employee may be placed on voluntary leave (that is, annual leave, sick leave, or leave without pay as appropriate in accordance with applicable regulations and policies), or

4. The employee may be considered absent without leave (AWOL)

ILLUSTRATION 16D-1
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SECTION 4. SPECIFIC DISCIPLINARY SITUATIONS

.01 Absence Without Leave (AWOL) (see DAO 202-630, Section 7.05)

a. General

If an employee (1) has failed to obtain advance approval for absence on any type of leave (except in instances of emergency here it is impracticable for the employee to obtain advance leave), or (2) has been denied a request for leave, or (3) has obtained approval of leave by fraud or deception, or (4) has failed to submit a required physician's statement upon return to duty showing that the employee was incapacitated for duty (when previously advised that a medical certificate would be required, or (5) has failed to follow prescribed leave procedures, the employee shall be considered absent with leave (AWOL) for the period of absence unless authorized official finds special justification exists to approve the absence as leave after consideration of the circumstances.

b. Prolonged Absence and Failure to Return from Leave or Furlough

When an appointing officer is unable to ascertain that an absent employee intends to return to duty, and the employee is entitled to adverse action procedures, the separation should ordinarily be processed as an adverse action for absence without leave rather than as an abandonment of position.

.02 Unacceptable Performance

a. In accordance with Chapter 43 of title 5, U.S. Code, an employee covered by that chapter whose performance continues to be unacceptable may be reassigned, removed, or demoted only after an opportunity to demonstrate acceptable performance.

b. As a matter of sound personnel management, when an employee's performance is less than satisfactory, a timely warning should normally be given to afford the employee the opportunity to improve before any disciplinary actions is effected.

SECTION 5 EFFECT ON OTHER ORDERS

This order supersedes Administrative order 202-751 dated July 26, 1967

(Signed) Acting Director of Personnel

Approved:

(signed) Acting Assistant Secretary for Administration

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Appendix A

DAO 202-751

A. SELECTING A PENALTY

.01 A preliminary judgment should be made as to an appropriate penalty without regard to any consideration other than the nature of the offense, its seriousness and consequences, the nature of the employee's position, and the disciplinary effect of the penalty. On the basis of these considerations and "everything else being equal," select the penalty appropriate for the offense in ordinary circumstances.

.02 Then consider any aspects of the situation that would tend to suggest a greater or lesser penalty than would ordinarily be imposed. Possible considerations include:

a. Situation:
    1. Possibility of genuine misunderstanding
    2. Enticements or provocations
    3. Culpabilities of others
    4. Other mitigations or extenuating circumstances

b. Employee:
    1. Length of Service
    2. Quality of Work History
    3. Personal Reputation
    4. Past Contributions
    5. Record of Cooperativeness
    6. Record of Achievements
    7. Past Disciplinary Record (nature, frequency and recency of past offenses)

.03 On the basis of all of the above, select the appropriate disciplinary action.

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.04 For adverse actions and other disciplinary actions for which the employee receives notice and the opportunity to reply in advance, there are actually two separate penalty considerations: the first, on the basis of available evidence when the action is proposed; and the second, in consideration of the employee's reply and all other evidence, when the final decision to take action is made.

Appendix B.

TABLE OF OFFENSES AND PENALTIES

.01 The purpose of this table is to assist supervisors and managers in selecting appropriate penalties and to provide a framework for constructive discipline. In selecting an appropriate disciplinary action, it should be remembered that discipline has a constructive purpose, and is intended to:

a. Correct the unacceptable conduct, attitude or work habits

b. Help maintain morale and the efficiency of the service; and

c. Be fair and reasonable in its degree of severity

.02 This table does not cover every possible offense but it describes the more common types of offenses and the range of penalties normally assessed for those offenses.

.03 The range of penalties described in the table is intended to serve as a guide only, and greater or lesser penalties than suggested may be imposed as circumstances warrant. For example, removal on the first offense may be warranted for extended periods of absence without leave.

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TABLE OF OFFENSES AND PENALTIES

OFFENSES	First Offense	Second Offense	Subsequent Offense
Relationships with Public			
1. Failure to obtain a required clearance of official speech or article (See DAO 219-1).	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
Security Regulations			
2. Violation of a security regulation	Oral admonishment to removal	5 days suspension to removal	30 days suspension to removal
Outside Employment & Interests			
3. Engaging in private business activities of a prohibited or unethical nature (See DAO 202-273 for details).	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
4. Acceptance of improper dual employment or dual compensation by U.S. Government.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
5. Acceptance by an employee of gratuity, which might reasonably be interpreted as tending to affect the performance of official duties.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
6. Acceptance of foreign employment without prior authorization.	5 days suspension to removal	30 days suspension to removal	Removal
Political Activity			
7. Improper political activities (See DAO 202-731)	Suspension or removal as determined by the Merit Systems Protection Board or the Department		
Conduct on the Job			
8. Unauthorized absence from the job during working hours or on any scheduled day of work.	Oral admonishment to 3 days suspension	Written reprimand to 5 days suspension	5 days suspension to removal
9. Tardiness	Oral admonishment to 1 day suspension	Written reprimand to 5 days suspension	5 days suspension to removal
10. Improper use of Sick Leave	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal

ILLUSTRATION 16D-1
Page 8 of 11

OFFENSES	First Offense	Second Offense	Subsequent Offense
11. Intoxication caused by alcohol or other drugs:			
a. Intoxication while on duty which impairs the ability to perform duties properly	5 days suspension to removal	30 days suspension to removal	Removal
b. Selling intoxicants on premises occupied by the Department	Removal		
c. Unauthorized possession or use of intoxicants on premises of the Department	3 days suspension to 30 days suspension	10 days suspension to removal	30 days suspension to removal
12. Promotion of gambling or lotteries on Government premises or while on duty status	5 days suspension to removal	30 days suspension to removal	Removal
13. Gambling on Government premises or while on duty status	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal
14. Lending and borrowing:			
a. Borrowing money or obtaining co-signature from subordinates.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
b. Lending of money to other employees at usurious rates	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
15 Creating a disturbance in the work place or on premises of the Department	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
16. Fighting	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
17. Conduct which violates common decency or morality including use of improper or obscene language	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal
18. Making vicious, malicious or knowingly false statements concerning another officer or employee of the Government.	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal
19. Negligent or intentional injury to person or property of other employees	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal

ILLUSTRATION 16D-1
Page 9 of 11

OFFENSES	First Offense	Second Offense	Subsequent Offense
20. Safety (non-motor Vehicle): Violation of safety regulations, instructions, or prescribed safe practices, including failure to report accident or injury.	Oral admonishment to 3 days suspension	Written reprimand to 5 days suspension	5 days suspension to removal
21. Safety (Government Motor Vehicle Operation): Violation of traffic laws, safety regulations or instructions, or safe driving practices, including failure to report accident or injury	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
22. Government Property:			
a. Willful or negligent damage or defacement.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
b. Use of or allowing the use of Government motor vehicles, aircraft or watercraft for other than official purposes.	30 days suspension (mandatory) to removal	Removal	
23. Act of negligence or careless workmanship in performance of duty resulting in waste of public funds or inefficiency.	Oral admonishment to 3 days suspension	Written reprimand to 5 days suspension	5 days suspension or removal
24. Use of or allowing use of Government funds, property, personnel, or other resources for unauthorized purposes.	5 days suspension to removal	30 days suspension to removal	Removal
25. Conducting personal affairs while in duty status.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
26. Loafing, willful idleness, wasting time.	Oral admonishment to 3 days suspension	Written reprimand to 5 days suspension	5 days suspension to removal
27. Sleeping on duty:			
a. Where safety or person or property is not endangered.	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal
b. Where safety of person or property is endangered	5 days suspension to removal	30 days suspension to removal	Removal
28. Failure or excessive delay in carrying out orders or assignments	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal
29. Insubordination	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
30. Improper use of official authority or information	3 days suspension to 30 days suspension	10 days suspension to removal	30 days suspension to removal
31. Unethical use of official authority or information	30 days suspension to removal	Removal	

ILLUSTRATION 16D-1

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OFFENSES	First Offense	Second Offense	Subsequent Offense
32. Acceptance of voluntary services for the Government contrary to statute.	Removal (required by statue 31 U.S.C. 665		
33. Attempted use of influence or pressure to secure favor in the appointment, transfer, advancement or retention of a relative in the Department.	5 days suspension to removal	30 days suspension to removal	Removal
34. Violation of "no strike" affidavit	Removal		
35. Unauthorized canvassing, soliciting or peddling on Department premises.	Oral admonishment to 3 days suspension	Written reprimand to 5 days suspension	5 days suspension to removal
36. Deliberate or grossly negligent	Written reprimand to 10 days suspension	5 days suspension to removal	30 days suspension to removal
37. Harassing, threatening or taking reprisal action against an employee as a result of or in anticipation of a grievance, appeal, complaint, or other exercise of rights.	5 days suspension to removal	30 days suspension to removal	Removal
38. Misappropriation	Removal		
39. Inefficiency	Demotion or separation (as authorized by Chapter 43 of Title 5, U.S. Code)		
40. Gifts to official supervisors soliciting contributions for gift or present to those in superior official positions, accepting gifts or presents from Government employees receiving lower salary, or making donations as a gift or present to official supervisors.	Removal (required by 5 U.S.C. 7351, see also 5CFR 735.202(d)		
Personal conduct or Character			
41. Misconduct generally criminal, infamous, dishonest, or notoriously disgraceful conduct.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
42. Misrepresentation, falsification, or omission of material fact in connection with application, employment or any record, report, investigation or other proceedings.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
43. Certification to the accuracy of a position description containing substantial inaccuracies which may be grade controlling	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal

ILLUSTRATION 16D-1

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OFFENSES	First Offense	Second Offense	Subsequent Offense
44. Conduct demonstration untrustworthiness or unreliability.	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
45. Discrimination	5 days suspension to removal	30 days suspension to removal	Removal
46. Refusal to answer appropriate interrogation in properly authorized inquiry	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal
47. Failure to pay a just financial obligation in a proper and timely manner (See DAO 202-735A)	Written reprimand to removal	5 days suspension to removal	30 days suspension to removal

* As used in this table, discrimination refers to specific acts taken by an employee in the performance of his/her official duties which discriminates against one or more individuals on the basis of race, sex, religion, color, age, national origin, handicapping condition, marital status, or political affiliation.

OFFENSES	First Offense	Second Offense	Subsequent Offense
Miscellaneous Offenses			
48. Violation on any administrative regulation which does not provide a penalty:			
a. Minor Offense	Oral admonishment to 3 days suspension	Written reprimand to 5 days suspension	5 days suspension to removal
b. Major Offense	5 days suspension to removal	30 days suspension to removal	Removal

ILLUSTRATION 16E3-1
Page 1 of 4

REGIONAL CENSUS CENTERS

SAMPLE PROPOSAL NOTICE LETTER
FOR CONDUCT
FOR SCHEDULE A EMPLOYEES WITH APPEAL RIGHTS

FOR PREFERENCE ELIGIBLES
WITH ONE OR MORE CONTINUOUS
YEARS OF SERVICE
AND
NON-PREFERENCE ELIGIBLES WITH
TWO OR MORE YEARS OF SERVICE

Date

Name

Address

Dear Mr./Ms. :

I propose to remove you from your position as a [job title, pay plan/series/grade/step] and from the Federal service no earlier than 30 calendar days from the date you receive this notice for your [nature of misconduct]. I am proposing this action pursuant to Title 5, Code of Federal Regulations, Part 752, to promote the efficiency of the service.

Specifically, the reasons for the proposed action are:

[Give the misconduct, for example, absence without leave, insubordination, failure to carry out an assignment. Provide a narrative statement of the specifics of the misconduct, the effect of the misconduct, and the effect of the misconduct on the Regional Census Center.]

In proposing this penalty, I considered your:

(1) [mitigating circumstances, such as, lack of previous discipline, meets or exceeds expectations, length of service, unusual job tensions, personality problems, mental impairment, harassment, or bad faith, malice, or provocation on the part of others involved in the matter], excellent work record, or lack of discipline over a long period of employment.]

However, I also considered: (choose as appropriate - not all will be applicable each time).

ILLUSTRATION 16E3-1
Page 2 of 4

(2) The nature and seriousness of the offense and its relation to your duties, position and responsibilities: [May include whether the offense was intentional or technical or accidental, or was committed maliciously or for gain, or was frequently repeated].

(3) The effect of the offense upon your ability to perform at a satisfactory level and its effect upon your supervisor's confidence in your ability to perform assigned duties: [with narrative].

(4) Your job level and type of employment: [May include supervisory or public trust role, contacts with the public, and prominence of the position].

(5) Your past work record: [May include performance on the job, ability to get along with coworkers, and dependability].

(6) Your past disciplinary record: [specify date(s), type of disciplinary action, and reason(s) for disciplinary action].

(7) Consistency of the penalty with agency guidance: The Table of Offenses and Penalties for the Department of Commerce recommends [specify maximum penalty for first, second, or additional instance of an infraction].

(8) Consistency of the penalty with other agency actions: [Note the history of similar penalties for similar misconduct].

(9) The clarity with which you were on notice of any rules violated in committing the offense, or had been warned about the conduct in question: [with narrative: include instances of counseling as appropriate].

(10) The notoriety of the offense and its impact upon the reputation of the agency: [with narrative].

(11) Your potential for rehabilitation: Despite counseling on many occasions and notification of discipline for similar misconduct, your pattern of [misconduct] has not improved, but rather has deteriorated. As a result, I seriously question your potential for rehabilitation.

(12) Adequacy and effectiveness of alternative sanctions to deter similar misconduct by you or others: [with reasoning]

If you believe that you have a personal or medical problem that caused these offenses, you may wish to raise it as a potential defense for your unsatisfactory conduct. If you need information on the defense of a handicapping condition and the necessity to connect the misconduct and a

ILLUSTRATION 16E3-1
Page 3 of 4

handicapped condition, you may contact the Census Bureau's Employee Assistance Program (EAP) on 1-800-227-1060. For more information on the EAP see Chapter 15.

If you prove that you have a handicapping condition and that the handicapping condition caused your misconduct, then the RD/ARCM will take that into consideration in making his/her decision on this proposed action. The responsibility is yours, however, to pursue this matter.

You have the following rights in connection with the proposed action:

1. To Reply: You may answer this notice orally, in writing, or both. You should make any written reply to:

   [Name]
   RD/ARCM
   Bureau of the Census
   Room Number
   City, State, Zip

   Should you wish to make an oral reply, you may arrange an appointment by calling the RD/ARCM [RCC phone number].

   You also may submit affidavits and other documentary evidence in support of your answer. You will be allowed 7 calendar days from the date you receive this notice to submit your answer. If you need an extension of the time limit for reply, you may submit a written request with the reason for it to the Chief, Field Division. He/she will give full consideration to any reply you submit.

2. To be Represented: You are entitled to be represented by an attorney or other representative in this matter. Both you and your representative must complete and sign the enclosed statement and return it to:

   [Name]
   Personnel Management Specialist
   Human Resources Division
   Bureau of the Census
   Washington, DC 20233

   You may contact [name] on (301) 763-3701

   If your representative is not a sworn Census Bureau employee, please remember that Title 13 of the United States Code prohibits the disclosure of any identifying

ILLUSTRATION 16E3-1
Page 4 of 4

information about a respondent including names, addresses, and survey data, to that representative.

3. To Review Materials: You and/or your representative may review all of the material relied on to support the reasons contained in this notice. You may arrange to do so by contacting me at:

   [Regional Census Center Address]

   Or you may call my office on [telephone number].

4. To Use Official Time: If you are in a duty status, you may use a reasonable amount of time to review the supporting material, secure affidavits or other evidence, and to answer this notice. However, you will not be reimbursed for any mileage or other expenses you incur. Arrangements for the use of official time should be made through your supervisor [name].

As soon as possible after the RD/ARCM receives your reply, or after the 7-day limit if you do not answer, you will receive a written decision from him/her.

If you have any questions about the contents of this proposal notice, or if you have questions about your rights in connection with it, you may call [name], Personnel Management Specialist, Human Resources Division, on (301) 763-3701.

Sincerely,

[NAME]
Regional Director
Bureau of the Census

Enclosure

ILLUSTRATION 16E3-2
Page 1 of 2

SAMPLE TERMINATION LETTER
FOR UNACCEPTABLE CONDUCT
FOR SCHEDULE A EMPLOYEES WITHOUT APPEAL RIGHTS
AND WITHOUT PROCEDURAL RIGHTS

PREFERENCE ELIGIBLES WITH
LESS THAN ONE YEAR OF SERVICE
AND
NONPREFERENCE ELIGIBLES WITH
LESS THEN 2 YEARS OF SERVICE IN A
NON-TEMPORARY POSITION

[Date]

[Name]
[Address]

Dear Mr./Mrs. XXXXX:

On [Date], you were given an excepted service appointment not-to exceed [Insert date], as a [title, pay plan/series/grade/step], with the Bureau of the Census.

I am terminating your appointment for unacceptable conduct. [Insert a narrative description of the misconduct such as:] Specifically, on [Date], you failed to call or report for work. You did not have prior approval of leave, nor did you provide a reason for your absence. You were charged with 8 hours of absence without leave (AWOL). Before this instance of misconduct, you received a written reprimand on [May 6, 2007, for AWOL on May 4, 2007, and an oral admonishment on May 3, 2007, for AWOL on May 2, 2007. Also, you were counseled about your leave usage on April 17, 2007. Your repeated absence has interfered with our work and has led us to question your reliability.

Based on the deficiencies in your conduct and due to the seriousness of these incidents, I do not consider it in the best interest of the government to retain you in the Federal service. Accordingly, I have decided to terminate your appointment as a [title, pay plan/series/grade/step], as of close of business on [Date]. Please return your identification card together with a signed copy of Separation Clearance Certification, Form CD-126, using the enclosed envelope. Also, we have enclosed envelopes for you to return your portfolio, survey manual, and all other survey materials.

If you believe the decision to terminate your appointment was based on discrimination because of race, color, religion, sex, national origin, age (at least 40 years of age), physical or mental disability, or retaliation, you may pursue a complaint through the Census Bureau's discrimination

ILLUSTRATION 16E3-2
Page 2 of 2

complaint process. You must bring the matter to the attention of an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the effective date of your termination. If you wish to do so, or would like additional information, you should contact the Census Bureau's EEO Office toll-free at 1-800-872-6096 or (301) 763-2853/TDD (301) 763-2540.

If you have any questions about the contents of this notice, or your rights in connection with it, please contact me or [Name] [Coordinator] at [Telephone Number].

Sincerely,

[Name]
[Assistant Regional Census Manager]

Enclosures: Separation Clearance Certificate (CD-126) and envelope(s)

ILLUSTRATION 16E3-3
Page 1 of 2

SAMPLE TERMINATION LETTER
FOR CONDUCT
FOR SCHEDULE A EMPLOYEES WITHOUT APPEAL RIGHTS

PREFERENCE ELIGIBLES
WITH LESS THAN ONE
YEAR OF SERVICE
AND
NON-PREFERENCE ELIGIBLES WITH
LESS THAN TWO YEARS OF SERVICE

[Date]

[Name]
[Address]

Dear Mr./Mrs. XXXXX:

On [Date], you were given an excepted service appointment not-to exceed [Insert date], as a [title, pay plan/series/grade/step], with the Bureau of the Census.

I am terminating your appointment for unacceptable conduct and performance. [Insert a narrative description of the misconduct, and assistance that has been provided and a narrative description of the poor performance, such as:

> Specifically, on [Date], you failed to call or report for work. You did not have prior approval of leave, nor did you provide a reason for your absence. You were charged with 8 hours of absence without leave (AWOL). Before this instance of misconduct, you received a written reprimand on [May 6, 2007, for AWOL on May 4, 2007, and an oral admonishment on May 3, 2007, for AWOL on May 2, 2007. Also, you were counseled about your leave usage on April 17, 2007. Your repeated absence has interfered with our work and has led us to question your reliability; **AND**
>
> Although I have counseled you and trained you several times on your job functions, you are still failing to perform them as you have been directed. You received a template on the correct way to send emails, yet your emails continue to have spelling and grammatical errors. I have provided you with all the tools necessary to address the concerns of incoming callers, yet you are still not following instructions and continue to record the wrong information from the phone calls; **OR**

ILLUSTRATION 16E3-3
Page 2 of 2

Regarding your performance, I find that your rating on Critical Element 1, "Customer Service", on your *Performance Management Record* for the period of October 1, 2007 through August 31, 2007 was at Level 2 and was below fully successful. You have not shown effective customer service skills in dealing with field staff nor with other supervisors. You have been heard being discourteous, demanding, and belittling. Your rating on Critical Element 2, "Survey Management", on your *Performance Management Record* for the same time period was also at Level 2 and was below fully successful. You have not met all survey expectations and deadlines as defined by the national and regional offices. In addition, your overall performance rating is at a Level 2 (score 250) and is below fully successful. The minimum acceptable overall performance rating score is 290.]

Based on the deficiencies in your conduct and performance, I do not consider it in the best interest of the government to retain you in the Federal service. Accordingly, I have decided to terminate your appointment as a [title, pay plan/series/grade/step], as of close of business on [Date]. Please return your identification card together with a signed copy of Separation Clearance Certification, Form CD-126, using the enclosed envelope. Also, we have enclosed envelopes for you to return your portfolio, survey manual, and all other survey materials.

If you believe the decision to terminate your appointment was based on discrimination because of race, color, religion, sex, national origin, age (at least 40 years of age), physical or mental disability, or retaliation, you may pursue a complaint through the Census Bureau's discrimination complaint process. You must bring the matter to the attention of an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the effective date of your termination. If you wish to do so, or would like additional information, you should contact the Census Bureau's EEO Office toll-free at 1-800-872-6096 or (301) 763-2853/TDD (301) 763-2540.

If you have any questions about the contents of this notice, or your rights in connection with it, please contact me or [Name] [Coordinator] at [Telephone Number].

Sincerely,

[Name]
[Assistant Regional Census Manager]

Enclosures: Separation Clearance Certificate (CD-126) and envelope(s)

ILLUSTRATION 16E3-4
Page 1 of 2

SAMPLE TERMINATION LETTER
FOR TITLE 13 FALSIFICATION
SCHEDULE A EMPLOYEES WITHOUT APPEAL RIGHTS
PREFERENCE ELIGIBLES WITH
LESS THAN ONE YEAR OF SERVICE
AND
NON-PREFERENCE ELIGIBLES WITH
LESS THAN TWO YEARS OF SERVICE

Date

Name
Address

Dear Mr./Ms. :

On [date], you were given an appointment [not to exceed date] as a [enter title] with the Bureau of the Census. [if applicable: Subsequently, you were converted to a non-temporary appointment effective {date}].

In a letter to you dated [date], I told you that during [enter assignment] of your [date] [assignments], we discovered discrepancies. I told you about our findings. You responded in a letter dated [date]. I have reviewed all the information available to me, including your response, and find that discrepancies remain. Accordingly, I have determined that you used false information to complete [work assignment], in violation of Title 13, United States Code, section 213.

Based on this misconduct, I do not consider it in the interest of the Government to retain you in the Federal service. Therefore, I decided to terminate your appointment effective [date] from your position as [job title, pay plan/series/grade/step]. I am taking this action to promote the efficiency of the service. Please return your identification card, together with a signed copy of the Separation Clearance Certificate, Form CD-126, using the enclosed envelope. Please return any other Census Bureau property, including maps, program manuals, portfolios, and so forth. Also, please submit your payroll forms so we can process your final pay check.

If you believe the decision to terminate your appointment was based on race, color, religion, sex, national origin, age (at least 40 years of age), physical or mental handicap, you may pursue a complaint through the Census Bureau's discrimination complaint process. You must bring the matter to the attention of an Equal Employment Opportunity (EEO) counselor within 45 days of the effective date of your termination. If you wish to do so, or would like additional information, you should contact the EEO Office, Bureau of The Census, toll-free on 1-800-872-6096 or (301) 763-2853/(TDD (301) 763-2540.

ILLUSTRATION 16E3-4
Page 2 of 2

If you have any questions about the contents of this notice, or your rights in connection with it, please contact me or [name] Assistant Regional Census Manager/[name], on [telephone number].

Sincerely,

Name
Regional Director
Bureau of the Census

Enclosure

ILLUSTRATION 16F-1
Page 1 of 2

SAMPLE TERMINATION LETTER
FOR TITLE 13 FALSIFICATION
FOR SCHEDULE A EMPLOYEES WITHOUT APPEAL RIGHTS
AND WITHOUT PROCEDURAL RIGHTS

PREFERENCE ELIGIBLES WITH
LESS THAN ONE YEAR OF SERVICE
AND
NONPREFERENCE ELIGIBLES WITH
LESS THAN TWO YEARS OF SERVICE IN A
NON-TEMPORARY POSITIONS

[Date]

[Employee Name]
[Employee Address]

Dear Mr./Ms. [Name]:

On [date], you were given a temporary appointment [not to exceed date] as a [enter position title] with the bureau of the census.

In a letter to you dated [date], I told you about our findings. [You responded in a letter dated [date]. [or] You did not respond to this letter.] I have reviewed all the information available to me, including your response, and find that discrepancies remain. Accordingly, I have determined that you used false information.

Based on this misconduct, I do not consider it in the interest of the Government to retain you in the Federal service. Therefore, I have decided to terminate your appointment effective [date] from your position as [job title, pay plan-series-grade/step]. I am taking this action to promote the efficiency of the Federal service. Please return your identification card, together with a signed copy of the Separation Clearance Certificate, Form CD-126, using the enclosed envelope. Please return any other Census Bureau property, including maps, program manuals, portfolios, and so forth. Also, please submit your payroll forms so we can process your final pay check.

If you believe this action is a result of race, color, religion, sex, national origin, age (at least 40 years of age), physical or mental handicap or reprisal, you may pursue a complaint through the Census Bureau's discrimination complaint process. You must bring the matter to the attention of an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the effective date of your termination. If you wish to do so, or would like additional information, you should contact the EEO Office, Bureau of The Census, toll-free on 1-800-872-6096 or (301) 763-2853/(TDD (301) 763-2540.

ILLUSTRATION 16F-1
Page 2 of 2

If you have any questions about the contents of this notice, or your rights in connection with it, please contact me [name] or Assistant Regional Census Manager, on [telephone number].

Sincerely,

[Name]
Regional Director/Regional Census Manager
Bureau of the Census

Enclosures [" Separation Clearance Certificate," CD-126]

ILLUSTRATION 16F-2

FIELD DIVISION - MANAGEMENT SERVICES BRANCH
FAX TRANSMITTAL SHEET
FOR
SUSPECTED FALSIFICATION CASES

FAX NO. (301) 763-5081

Regional Census Center:

EMPLOYEE NAME:

DOCUMENTATION REQUIRED (MUST BE ATTACHED AT TIME OF SUBMISSION):

* MEMO TO LEAD ADC FOR CENSUSES, FIELD DIVISION THAT REPORTS THE SUSPECTED FALSIFICATION, REQUESTS AN IG INVESTIGATION AND THE ACTION THE RCC WISHES TO INITIATE.

* COPY OF Regional Census Center LETTER TO EMPLOYEE WHICH LISTS DISCREPANCIES AND REQUESTS 7 DAY RESPONSE

* COPY OF EMPLOYEE'S RESPONSE (IF NO EMPLOYEE RESPONSE - INDICATE)

* DRAFT PROPOSED TERMINATION

OR

* DRAFT TERMINATION FOR SCHEDULE A WITHOUT APPEAL (IF APPLICABLE)

REVIEWED BY:	INITIALS	DATE
Regional Census Center	_____	_____

Chapter 17: Performance

[There are some legal and policy changes currently under review for this section, more specifically changes that will affect the sample letters and the WGI. The revisions are pending new legal and policy changes.]

Topic 1: Introduction

The statutory and regulatory provisions that apply to conduct and performance-based actions are different. Refer to Chapter 16 for instructions on conduct-based problems.

Basic Rules

However, there are some basic "rules of thumb" to follow when dealing with either conduct or performance:

- Respond in a timely manner to a conduct or performance problem. Often this will mean having a counseling discussion with the employee. Try to secure the employee's commitment to positive change;
- Select a response that fits the problem; that is, consider the nature and seriousness of the problem, including any history of a similar problem and the action, if any, taken at the time;
- Be as consistent as possible in responding to similar problems;
- Be sure employees are aware of what is expected of them and the possible consequences for not improving their conduct or performance; and
- Keep good supervisory notes documenting your discussion(s), including when it took place, the matters discussed, your responses, and those of the employee. Keep these notes in a notebook or file that does not uniquely identify the employee.

When proposing an Action: (see Illustrations 17A-1, 17A-2, and 17A-3 for flowcharts which show the review process for the various actions):

- Discuss the situation with the Human Resources Division's Employee Relations Branch (ERB) specialist before taking any action and/or drafting and transmitting employee correspondence.

- Select and draft action letters using the sample letters within this chapter (see Illustration 17A-7 and 17A-8).
- Forward a complete copy of any documentation (that is, Documentation of Termination for Conduct and/or Performance Problems, letters, supervisory notes, and so forth) directly to ERB specialist by facsimile or mail (see Illustration 17A-4). Reproduce documents as necessary. Response from an ERB specialist can usually be expected within 7-10 working days.

For general questions about this guidance or about operating procedures in proposing performance actions, contact DAB. For guidance on specific cases, contact ERB.

For an overview of performance-based actions, see Illustration 17A-5. See Illustration 17A-6 for a listing of Specific Nature of Action Codes.

Topic 2: Counseling

General

Performance deficiencies, like, misconduct problems require timely attention. They also are similar in terms of the need for supervisors to explain to the employees orally or in writing that performance is unacceptable, specifically how his/her performance is unacceptable; what is expected from him/her; what he/she needs to do to improve; and what may happen if acceptable performance is not reached. When an employee has performance deficiencies, supervisory counseling and perhaps closer supervision and/or additional training may resolve the problem. Supervisors should allow sufficient time, within reason, after the counseling for the employee to improve.

Topic 3: Reassignment

General

The supervisor has the option of reassigning or converting an employee (as appropriate) at any time to an equivalent position with the same full performance level (FPL) for which the employee is qualified and in which you think the employee will perform at an acceptable level, and such a position is available. However, for most Schedule A employees this may not be a practical option. You are not required to consider reassignment or converting of an employee with performance deficiencies. However, if you decide to reassign/convert the employee, you may do so without going through the procedures discussed in the following section, including providing the unacceptable worker with an opportunity to demonstrate acceptable performance. If this option is not feasible, the personnel actions available in dealing with a performance problem are demotion or removal.

Topic 4: Removal/Termination or Reduction in grade for Unacceptable Performance

When an employee is Unacceptable in one or more critical element(s) of his/her General Workforce Performance Plan, then he/she is subject to removal/termination or reduction in grade for performance deficiencies. Acceptable performance for a General Workforce employee is performance which "Meets or Exceeds Expectations."

Unacceptable Performance

Occasionally, the work performance of an employee will be unacceptable. If so, the employee may not:

- Understand the job
- Be capable of doing the job
- Be putting in enough time to keep the work on schedule, or
- Be interested in the job.

There are several indications of unacceptable work performance. They include, but are not limited to:

- Unacceptable production/quantity or quality (either excessive errors or low production)
- Undependability (not keeping appointments, not keeping work on schedule, and so on.)

Prior to taking an action, supervisors should focus on providing counseling, closer supervision and/or additional training to avoid taking a performance-based adverse action. Employees should be given an appropriate amount of time, within reason, to improve his/her performance.

Topic 5: Coverage Under 5 U.S.C. Part 43

Covered Employees

If an excepted service employee, whether preference or non-preference, has completed 1-year of current continuous employment in the same or similar positions, then he/she is covered. This means that he/she must be given a reasonable opportunity to demonstrate acceptable performance before being removed/terminated or reduced in grade for unacceptable performance. For non-preference eligible employees in the excepted service with less than two years of continuous service, no Performance Improvement Plan (PIP) should be given.

The employee who has **not** completed this 1-year service requirement is not covered and can be removed/terminated without the formal opportunity period.

These procedural requirements predate the Civil Service Due Process Amendments. However, Public Law 101-376 gave the right of appeal to the Merit Systems Protection Board (MSPB) for the first time to non-preference excepted service employees who have completed 2 years of current continuous service in the same or similar positions under other than a temporary appointment limited to 2 years or less. A preference eligible employee in the excepted service can appeal to MSPB once they have met the one year service requirement.

These procedures apply to all RCC and Coverage Measurement employees and leave-earning employees in the LCOs (that is, LCO Managers, Assistant Managers, and the Administrative Assistants.)

Topic 6: Employees With Less Than 1 Year Service

Covered Employees

Excepted service employees with less than 1 year of service may be terminated for unacceptable performance at any time. Intermittent employees go by calendar year.

Headquarters review of documentation before issuance to the employee is not required. Documentation releasing an employee must be signed by the Regional Director or Deputy Director, if delegated. DAB is available to discuss operating procedures in such cases, while ERB is available to discuss specific cases with you at your request.

Topic 7: Employees With 1 Year of Service

The Performance Improvement Period/Plan (PIP)

At any time during the performance appraisal cycle that an employee's performance is determined to be unacceptable, and **before** taking action to remove or reduce in grade, the supervisor must:

a. inform the employee of the critical element(s) in which performance is unacceptable;

b. inform the employee of the performance standard(s) required to demonstrate acceptable performance;

c. inform the employee that unless he/she improves performance to an acceptable level he/she will be removed or reduced in grade; and

d. give the employee an opportunity to demonstrate acceptable performance.

NOTE: If the employee has no deficiencies in other performance areas going into the PIP and we do not tell him/her the standards in the other indicators, and then the employee's performance in another of the indicators falters during the PIP, you must give an opportunity to improve in the other area(s).

An excepted service, non-preference eligible employee, with two years of continuous service in a non-temporary position should receive a PIP. Preference eligible employees with one year of continuous service should also receive a PIP.

If an employee's performance is rated as unacceptable at the end of the appraisal cycle or is determined to be working at the unacceptable level at any time before the end of the appraisal cycle, he/she must be placed in a PIP.

Acceptable performance during a PIP for a General Workforce employee is performance at level 3, 4, or 5. For each critical element in which performance is unacceptable, afford a reasonable opportunity to demonstrate acceptable performance. The PIP needs to specify the minimum improvement period for example, not less than 30 days.

At least initially, the draft PIP must be forwarded to Headquarters

ERB specialist for review prior to delivery to the employee. The ERB strives to respond to a request for establishing a PIP in 7-10 working days. This will give everyone an opportunity to gain experience with these cases, since the PIP is the basis for any subsequent performance-based action. Eventually, depending on demonstrated capability, RCCs will be individually certified to issue PIP letters without prior Headquarters clearance.

Evaluation during the PIP

During this period, the supervisor must offer assistance, including verbal and written feedback, to the employee in improving unacceptable performance. Supervisor must give the employee formal written evaluations during the PIP. The frequency/number of these evaluations depends upon the length of the PIP. For example, if the PIP is 30 days in length, there should be an evaluation at the mid-point (15 days) as well as at the close; if it is for 60 days, evaluations should be done at 30 and 60 days. The supervisor/manager who issued the PIP notice should sign these evaluations. Send ERB specialist a copy of your evaluation upon delivery to employee.

Action upon completion of the PIP

If by the end of the PIP, the employee's performance improves to an acceptable level of performance, the employee has met the requirements of the PIP and cannot be terminated/removed or reduced in grade at that time. Notify the employee, in writing, that his/her performance has improved.

However, if the employee does not maintain his/her performance in the critical element(s) at an acceptable level for 1 year from the beginning of the PIP, for which he/she was placed in a PIP, he/she may be removed without the benefit of another PIP. Should this occur, ERB specialist can assist you in writing the termination notice.

If the performance during the PIP remained unacceptable, the employee must be removed from his/her current position through termination/ removal, reduction in grade, or reassignment.

Proposed Removal for Performance

To show that the employee's rating is not acceptable and is based on the employee's performance and that the employee knew the standards on which the rating was based send the following information to the ERB specialist by cc: mail or facsimile:

1. Draft letter (using samples within this chapter) — Send

the draft letter to the ERB who services your region.

2. Copy of the signed and dated PIP letter.
3. Copy of all signed and dated PIP evaluation letters (15, 30, and 60 day final).
4. Copy of D-341A, B, or C Performance Report, for the PIP period (unless already at Headquarters).
5. Dates of any observations conducted during the PIP period and copies of the reports of those observations.

Termination/Removal and Reduction in Grade

As with other disciplinary actions, ERB specialist will help prepare the proposal and decision notices to ensure compliance with statutory and regulatory requirements. Also, ERB specialist will ensure the necessary coordination with the Office of the General Counsel (OGC).

The Assistant Regional Census Managers or Assistant Regional Directors will sign the proposal letter and the decision letter. The decision letter must have the concurrence of the RD before issuance.

Decision to Remove for Performance

If upon review of the employee's response to the proposal, it is decided that the employee should be removed, by cc: mail or facsimile, send the following information to ERB specialist.

1. Copy of signed and dated proposal letter (if not previously sent).
2. A copy of proof of receipt by employee of proposal notice.
3. A copy of employee's reply (if any).
4. Brief summary prepared by the RCC responding to the issues the employee raised in his/her reply (if any).

Documentation for PIPS

1. Draft PIP letter (using samples within this chapter) — Send the draft letter to the Employee Relations Specialist who services your region.
2. Copy of employee's current rating of record.
3. Copy of employee's rating of record for within-grade denial purpose, when required.

4. Copy of employee's current plan showing documentation of deficiencies provided to employee during appraisal cycle indicating that the employee received the generic standards.
5. Copy of D-341A, B, or C, Performance Report, for the time period of unacceptable performance as stated in the PIP.
6. Proof an employee received standards and when he/she received them. A memo stating the standards were transmitted along with the performance plan will suffice for this. If the employee does not return a signed cover page for his/her annual work plan after repeated requests, the supervisor can (and should, if the employee is a problem employee) call the employee and read the standards to the employee, and then document that this has been done and the date and time it was done.
7. Copies of survey specific numeric standards employee is deficient in. Documentation of how the rate(s) the employee is deficient in were calculated (that is, the survey data including formula for determining specific rate.)
8. Copies of any RCC correspondence reiterating standards to the employee showing feedback. This needs to be done with any employee whose performance is observed to be falling.

Topic 8: Recordkeeping

Documentation of Performance and/or Conduct-based Problems

Record any type of disciplinary action, that is, oral admonishments, written reprimands, suspensions, or terminations, on Form D-282, Documentation of Unacceptable Performance and/or Conduct.

In addition to notifying the employee in writing of decision to terminate, you must document all terminations "for cause," and any reason(s) for the termination. The material must have a date and name identifying the employee and the signature of the supervisor initiating the request, in the event this material is released under the Privacy Act or Freedom of Information Act.

Filing

Establish a Disciplinary Adverse Action File (DAAF) for each employee (by name) involved in a performance or conduct-based action. Documentation, including the D-282, written reprimands, and all other supporting documents should be filed in the employee's DAAF. (See Appendix H for example of a D-282). The RCC will maintain the DAAF for LCO managerial positions and all RCC positions in a locked file cabinet. Forward to ERB specialist copies of the written reprimands for filing in the employees OPF (under the Employee Performance Folder) along with any SF-50, Notification of Personnel Action, documenting the action taken, if applicable.

You should contact ERB specialist for guidance when contemplating taking a conduct-based action for employees with procedural protections and appeal rights.

An employee is not entitled to view Forms D-282 and D-283 unless an action is taken where they would have rights to view the material relied on to take the action, i.e, proposed suspension or removal; or if the employee files an EEO complaint or grievance. They would then have access to Forms D-282 and D-283 since this documentation would be given to the investigator of either forum.

Label and forward these files to the RO when the RCC office is closed. The RO will maintain the DAAFs in a locked file cabinet for seven years from the date of the last action. If appealed, DAAFS must be maintained for seven years after the date of the final decision.

Topic 9: Denial of Within-Grade Increases (WGI) and Reconsiderations

Denial Definition

A within-grade increase denial is considered a pay issue and is a separate action from performance-based actions. In addition to meeting the criteria established for creditable service for a WGI that is identified in Chapter 4, Personnel Administration for NFC employees, the employee's performance must be at "meets or exceeds expectations" for the purpose of determining whether to give an employee a periodic step increase. An acceptable level of competence under CFR Chapter 531 is defined as fully successful performance or better.

The employee's rating of record is the basis for making a determination about the level of competence. If the employee was given a does not meet expectations at the end of the appraisal period, then the Regional Directors can deny the WGI based on the current rating of record. However, if for example, the employee's last rating of record is 'meets or exceeds expectations,' then the performance drops to the 'does not meet expectations level,' after the first 4 months of the beginning of the new rating period. Supervisors must give a new rating of record for within-grade purposes only; that is, a rated plan documenting the does not meet expectations level.

NOTE: An employee must serve at least 120 days in the position before you can rate the employee (or give the employee a new rating of record). This means that even if an employee's current performance is deficient, but he/she has been in a covered position for less than 120 days since the last rating of record, and the rating of record is at or above the meets or exceeds expectations level, the employee will be granted the WGI.

Within grade increase denial

To show that the employee's performance during the WGI waiting period does not meet expectations and the employee was appraised of the appropriate standards, send the following information by cc: mail or facsimile to ERB specialist.

1. Draft letter (using samples within this chapter) — Send the draft letter to the Employee Relations Specialist who services your region.
2. Copy of employee's current rating of record.

3. Copy of rating of record for within-grade purposes that shows/documents unacceptable rating; rating should be completed, signed, and dated by the employee, rating official, and reviewing official prior to the end of the WGI waiting period. The dates of the rating of record must be from the beginning of the rating period to one or two weeks prior to the date the employee became eligible for the within-grade increase. The signature dates on the rating of record must be consistent with these dates.
4. Copy of employee's current plan (showing progress reviews, if applicable) or progress review memos, and so on. showing deficiencies and feedback. Other forms of documented feedback to the employee which indicated to the employee that performance was substandard. The Certification for Within-grade Increase list should not be the first or only documentation to indicate that an employee is performing below standard. There should be some documentation of the situation before the list arrived and the problem had been communicated to the employee.
5. Copy of D-341A, B, or C, Performance Report, showing feedback given to employee for the time period of Does Not Meet Expectations performance as stated in the WGI denial letter. This form must be dated before the eligibility date.
6. Proof that the employee received standards and when they were received.
7. Any RCC correspondence reiterating standards to the employee or used to help make the decision to deny the WGI.
8. Census operational guidance material to help the personnel specialist understand the purpose and function of the operation on which the employee works.
9. Any written guidance to the employee showing standards applicable to the critical elements on which the performance is deficient.

Reconsideration

In addition, document in writing, the denial of the WGI. Make a new determination within 52 weeks after the effective date of denial. In addition, the employee may request a reconsideration of the denial. The reconsideration official for RCC WGI denials is the Chief, Field Division. Employees can appeal the reconsideration of the WGI denial decision to the Merit Systems

Protection Board if the decision is sustained.

Response to Request for Reconsideration of WGI Denial.

For requests for reconsideration, by cc:mail or facsimile, send the following information to the ERB specialist.

1. Copy of the employee's request for reconsideration.
2. Brief summary prepared by the RCC responding to the issues the employee raised in his/her request.
3. Copy of final dated and signed WGI denial letter, if available.

Continuing Evaluation of Following Initial Denial of WGI

When management determines an employee has demonstrated sustained performance at an acceptable level of competence following the initial denial of a WGI, a new rating of record may be prepared and a WGI granted. However, in accordance with 5CFR.411, a determination as to whether the employee's performance is at an acceptable level of competence shall be made no more than 52 calendar weeks following the original eligibility date for the increase.

Topic 10: References

Title 5 USC Part 43

Public Law 101-376 dated August 17, 1990

CFR Chapter 430

Department Administrative Order (DAO) 202-430

CFR Chapter 531

Illustration 17-1

Review Process-Performance Cases

(Under Construction)

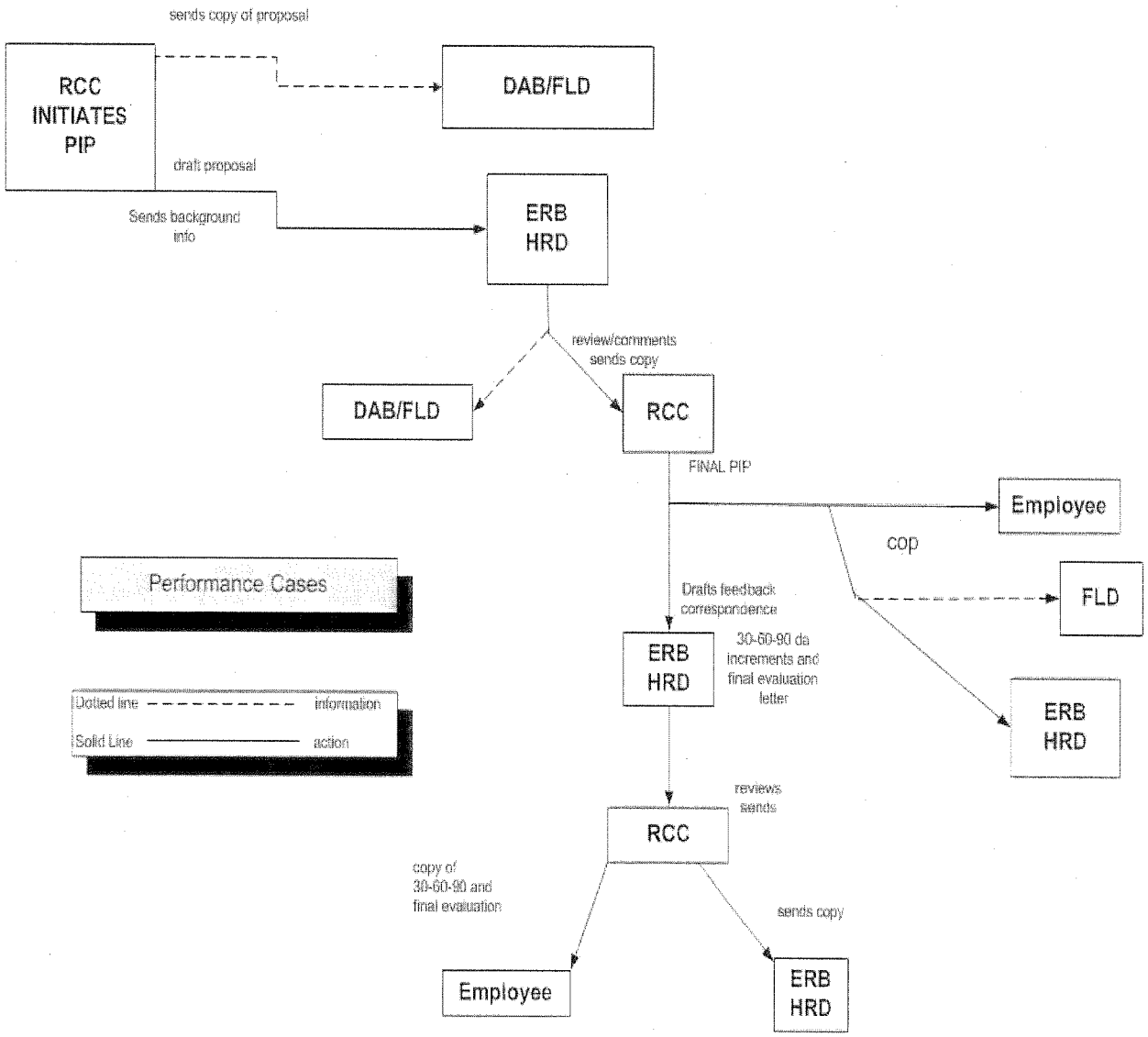


Illustration 17-2

Review Process – Within-Grade Increase Denial

(Under Construction)

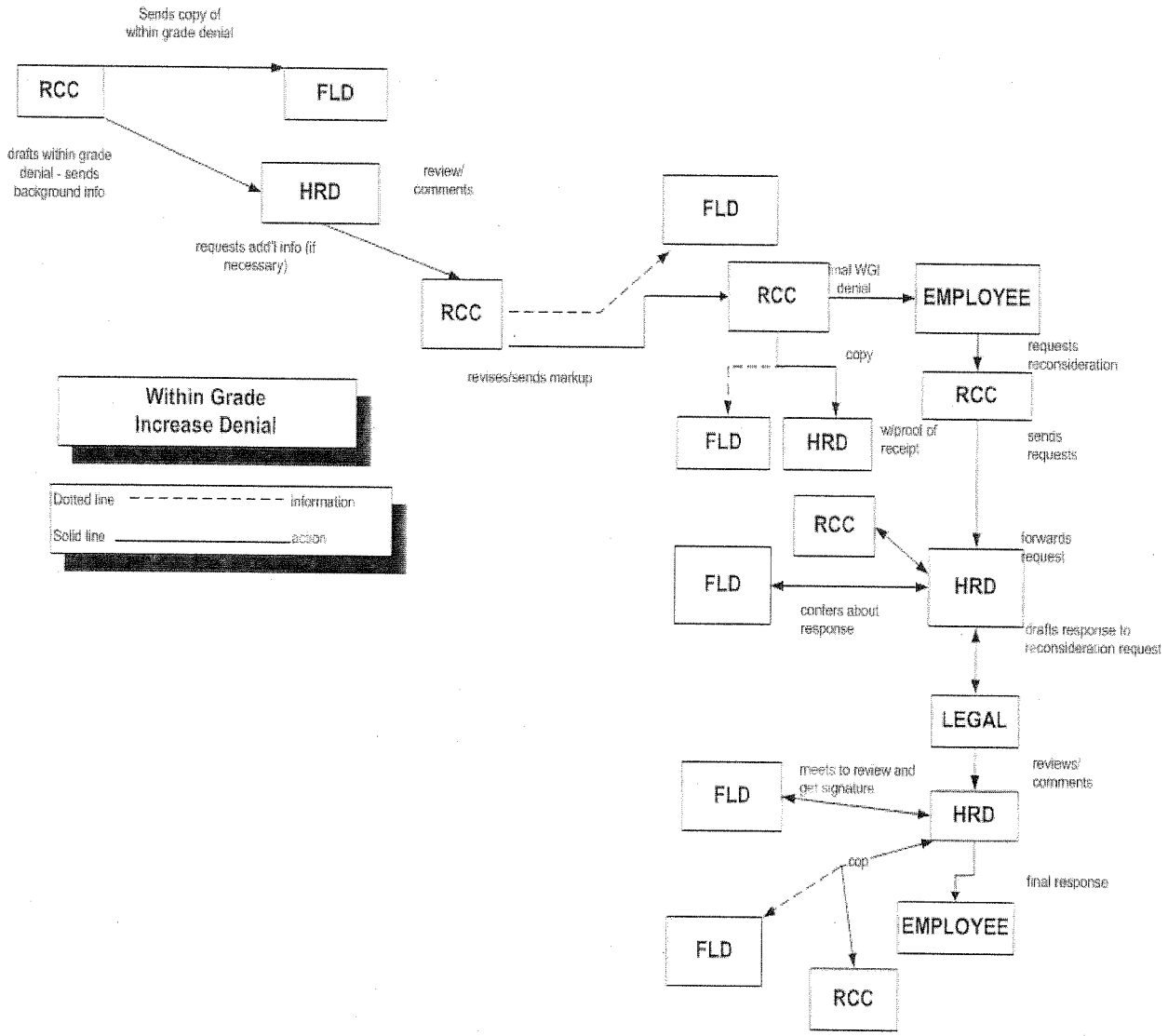


Illustration 17-3

Review Process-Employee Remains Unacceptable During PIP

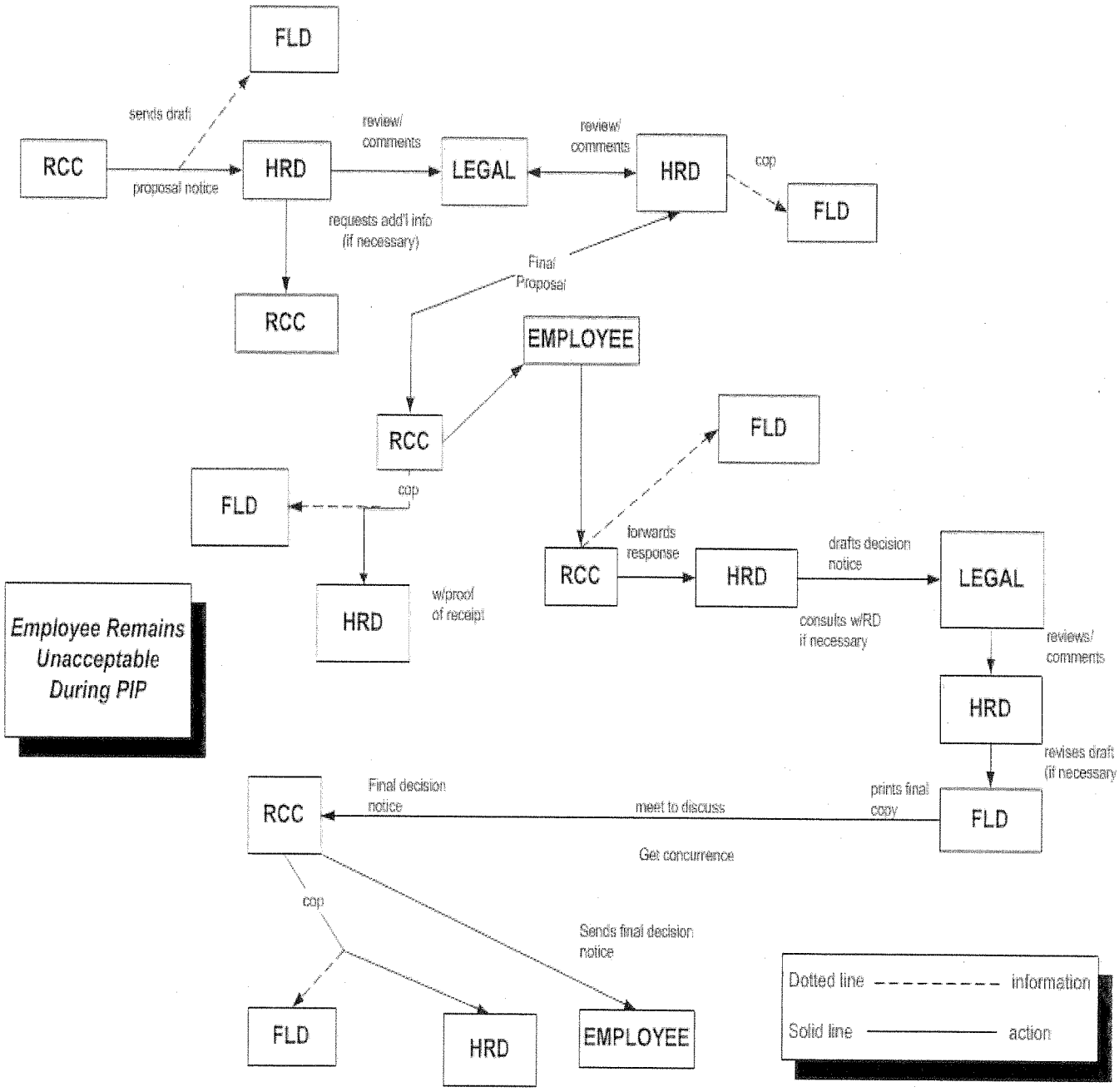


ILLUSTRATION 17-4

EMPLOYEE RELATIONS BRANCH
HUMAN RESOURCES DIVISION
FAX TRANSMITTAL SHEET FOR PERFORMANCE/CONDUCT
FAX NO. (301) 763-3701

REGIONAL CENSUS CENTER/ACCURACY AND COVERAGE EVALUATION OFFICE:
EMPLOYEE NAME:

PROPOSED ACTION (CHECK APPROPRIATE BOX)

PERFORMANCE-BASED ACTION:

___ PERFORMANCE IMPROVEMENT PERIOD

___ PIP FEEDBACK LETTER

___ PROPOSED REMOVAL

___ REMOVAL

___ DENIAL OF WITHIN GRADE INCREASE

DOCUMENTATION: (MUST BE SUBMITTED AT TIME OF REFERRAL)

PERFORMANCE-BASED ACTIONS (CHECK APPROPRIATE BOX OF ITEMS ATTACHED:

___ COPY OF RATING OF RECORD (BC-1804F)

___ COPY OF NEW RATING OF RECORD FOR WGI DENIAL PURPOSES (REQUIRED WHEN RATING OF RECORD IS MEETS OR EXCEEDS EXPECTATIONS)

PROPOSED ACTION (CHECK APPROPRIATE BOX)

CONDUCT-BASED ACTION:

___ BC-290, NOTICE OF INFRACTION

___ LETTER OF REPRIMAND

___ PROPOSED REMOVAL

___ REMOVAL

DOCUMENTATION: (MUST BE SUBMITTED AT THE TIME OF REFERRAL)

CONDUCT-BASED ACTIONS (CHECK APPROPRIATE BOX OF ITEMS ATTACHED)

___ SUPERVISOR'S MEMORANDUM FOR THE RECORD

___ WITNESS STATEMENTS (IF ANY)

___ WRITTEN INSTRUCTIONS TO EMPLOYEE

___ EMPLOYEE COUNSELING DOCUMENTATION

___ DOCUMENTATION OF OPERATING PROCEDURES/POLICIES

___ LEAVE RECORDS*

___ PAYROLL RECORDS*

___ COPY OF EMPLOYEE MOST RECENT SF-50, NOTICE OF PERSONNEL ACTION (MUST INCLUDE: NAME, SSN, DOB, SCD, VET PREF, APPOINTMENT TYPE, GRADE/PAY, POSITION TITLE)

*IF APPLICABLE

TRANSMITTED

DATE
TIME

NOTE: ADDITIONAL INFORMATION MAY BE REQUESTED BY HUMAN RESOURCES DIVISION

NAME OF CONTACT/TELEPHONE NUMBER REVIEWED BY:	INITIALS	DATE
RCC	_____	_____
HRD/ERB	_____	_____

ILLUSTRATION 17-5
Page 1 of 2

SUMMARY OF PERFORMANCE-BASED ACTIONS

PERFORMANCE-BASED ACTIONS - REMOVAL/TERMINATION AND REDUCTION IN GRADE BASED UPON UNACCEPTABLE PERFORMANCE

WARNING LETTERS

Use these letters for employees with less than 1 year of current continuous employment in the same or similar positions, both preference and non-preference. Your office can prepare and issue them without review by ERB. The Regional Director can sign these letters or delegate to ARCM, Program Coordinators, or Program Supervisors.

TERMINATION/REMOVAL OF EMPLOYEES FOR UNACCEPTABLE PERFORMANCE

A. Excepted service employees with less than 1 year of current continuous employment, both preference and non-preference, can be terminated by single written notice without the requirement to give them a formal period of opportunity to improve as is discussed below. The letter should be signed by the Regional Director. The ERB specialist does not need to review these letters but is available to assist you.

B. Excepted service, non-preference eligible employees, who have completed 2 years of continuous service must be given a reasonable opportunity to demonstrate acceptable performance before they can be terminated/removed. We inform them of this opportunity period and other procedural rights with the Performance Improvement Period (PIP) letter. Preference eligible employees with 1 year of continuous service should also receive a PIP.

   1. Initially, ERB specialist will review all PIP letters before issuance and will be available to give guidance throughout the PIP. The intent for the long term, once we have collective experience with the process, is to limit ERB specialist review to those excepted service employees with a right to appeal to MSPB. They are preference eligible who have completed 1 year of current continuous employment in the same or similar positions, and non-preference excepted service employees who have completed 2 years of current continuous service in the same or similar positions under other than a temporary appointment limited to 2 years or less.

   2. If the employee does not improve his/her performance to an acceptable level, she/he can be removed/terminated on the basis of unacceptable performance. This is done with a proposal notice and then a decision notice.

      a. ERB specialist will review all proposal and decision notices based on the information provided by the office and will get the necessary OGC concurrence.

ILLUSTRATION 17-5
Page 2 of 2

b. Unlike conduct-based actions, the Assistant Regional Census Manager is both the proposing and the deciding official with a performance-based action. The decision, however, requires the concurrence of the Regional Director.

C. Preference eligible excepted service employees who have completed the 1 year of service criterion have the right to appeal to MSPB as do non-preference excepted service employees who have completed 2 years of qualifying service in a non-temporary position.

The documentation and recordkeeping for conduct-based actions also apply to performance-based actions. The employee's OPF will contain only the Notification of Personnel Action documenting the action taken.

The DAAF will contain the correspondence and material relied on in taking the action.

ILLUSTRATION 17-6

NATURE OF ACTION CODES (NOA)

PERFORMANCE-BASED ADVERSE ACTIONS PERSONNEL PROCESSING CODES

ACTION	NOAC	(NOA)	CODE	AUTH
Separation effected on the NTE of a temporary (not a distinction between conduct and performance)	355	Termination - Expiration of Appointment	---	No Entry Required
Separation based on suitability (no appeal rights) before the employee's entrance on duty	357	Termination	UXM	REG 213.3114(d)(1) or REG 213.3114(d)(2) based on employee's current appointing authority.
*Separation based on unacceptable performance or other factors unrelated to misconduct or delinquency	357	Termination	ZLK	Same as appointing authority

*Letter notifying employee of reason(s) (performance and/or conduct) is required.

NOTE: For employees under NFC, please provide a SF-52 and copy of letter to ERB specialist for processing.

ILLUSTRATION 17-7
Page 1 of 2

TERMINATION LETTER FOR PERFORMANCE

[Date]

[Name]
[Address]

Dear Mr./Mrs. XXXXX:

On [Date], you were given an excepted service appointment not-to exceed [Insert date], as a [title, pay plan/series/grade/step], with the Census Bureau.

I am terminating your appointment for unacceptable performance. [Insert information regarding assistance that has been provided and a narrative description of the poor performance, such as:

> Although I have counseled you and trained you several times on your job functions, you are still failing to perform them as you have been directed. You received a template on the correct way to send emails, yet your emails continue to have spelling and grammatical errors. I have provided you with all the tools necessary to address the concerns of incoming callers, yet you are still not following instructions and continue to record the wrong information from the phone calls; **OR**
>
> I find that your rating on Critical Element 1, "Customer Service", on your *Performance Management Record* for the period of October 1, 2007 through August 31, 2007 was at Level 2 and was below fully successful. You have not shown effective customer service skills in dealing with field staff nor with other supervisors. You have been heard being discourteous, demanding, and belittling. Your rating on Critical Element 2, "Survey Management", on your *Performance Management Record* for the same time period was also at Level 2 and was below fully successful. You have not met all survey expectations and deadlines as defined by the national and regional offices. In addition, your overall performance rating is at a Level 2 (score 250) and is below fully successful. The minimum acceptable overall performance rating score is 290.]

Based on the deficiencies in your performance, I do not consider it in the best interest of the government to retain you in the Federal service. Accordingly, I have decided to terminate your appointment as a [title, pay plan/series/grade/step], as of close of business on [Date]. Please return your identification card together with a signed copy of Separation Clearance Certification, Form CD-126, using the enclosed envelope. Also, we have enclosed envelopes for you to return your portfolio, survey manual, and all other survey materials.

If you believe the decision to terminate your appointment was based on discrimination because of race, color, religion, sex, national origin, age (at least 40 years of age), physical or mental disability, or

ILLUSTRATION 17-7
Page 2 of 2

retaliation, you may pursue a complaint through the Census Bureau's discrimination complaint process. You must bring the matter to the attention of an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the effective date of your termination. If you wish to do so, or would like additional information, you should contact the Census Bureau's EEO Office toll-free at 1-800-872-6096 or (301) 763-2853/TDD (301) 763-2540.

If you have any questions about the contents of this notice, or your rights in connection with it, please contact me or [Name] [Coordinator] at [Telephone Number].

Sincerely,

[Name]
[Assistant Regional Census Manager]

Enclosures: Separation Clearance Certificate (CD-126) and envelope(s)

ILLUSTRATION 17-8
Page 1 of 2

TERMINATION LETTER FOR CONDUCT AND PERFORMANCE

[Date]

[Name]
[Address]

Dear Mr./Mrs. XXXXX:

On [Date], you were given an excepted service appointment not-to exceed [Insert date], as a [title, pay plan/series/grade/step], with the Bureau of the Census.

I am terminating your appointment for unacceptable conduct and performance. [Insert a narrative description of the misconduct, and assistance that has been provided and a narrative description of the poor performance, such as:

> Specifically, on [Date], you failed to call or report for work. You did not have prior approval of leave, nor did you provide a reason for your absence. You were charged with 8 hours of absence without leave (AWOL). Before this instance of misconduct, you received a written reprimand on [May 6, 2007, for AWOL on May 4, 2007, and an oral admonishment on May 3, 2007, for AWOL on May 2, 2007. Also, you were counseled about your leave usage on April 17, 2007. Your repeated absence has interfered with our work and has led us to question your reliability; **AND**
>
> Although I have counseled you and trained you several times on your job functions, you are still failing to perform them as you have been directed. You received a template on the correct way to send emails, yet your emails continue to have spelling and grammatical errors. I have provided you with all the tools necessary to address the concerns of incoming callers, yet you are still not following instructions and continue to record the wrong information from the phone calls; **OR**
>
> Regarding your performance, I find that your rating on Critical Element 1, "Customer Service", on your *Performance Management Record* for the period of October 1, 2007 through August 31, 2007 was at Level 2 and was below fully successful. You have not shown effective customer service skills in dealing with field staff nor with other supervisors. You have been heard being discourteous, demanding, and belittling. Your rating on Critical Element 2, "Survey Management", on your *Performance Management Record* for the same time period was also at Level 2 and was below fully successful. You have not met all survey expectations and deadlines as defined by the national and regional offices. In addition, your overall performance rating is at

ILLUSTRATION 17-8
Page 2 of 2

a Level 2 (score 250) and is below fully successful. The minimum acceptable overall performance rating score is 290.]

Based on the deficiencies in your conduct and performance, I do not consider it in the best interest of the government to retain you in the Federal service. Accordingly, I have decided to terminate your appointment as a [title, pay plan/series/grade/step], as of close of business on [Date]. Please return your identification card together with a signed copy of Separation Clearance Certification, Form CD-126, using the enclosed envelope. Also, we have enclosed envelopes for you to return your portfolio, survey manual, and all other survey materials.

If you believe the decision to terminate your appointment was based on discrimination because of race, color, religion, sex, national origin, age (at least 40 years of age), physical or mental disability, or retaliation, you may pursue a complaint through the Census Bureau's discrimination complaint process. You must bring the matter to the attention of an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the effective date of your termination. If you wish to do so, or would like additional information, you should contact the Census Bureau's EEO Office toll-free at 1-800-872-6096 or (301) 763-2853/TDD (301) 763-2540.

If you have any questions about the contents of this notice, or your rights in connection with it, please contact me or [Name] [Coordinator] at [Telephone Number].

Sincerely,

[Name]
[Assistant Regional Census Manager]

Enclosures: Separation Clearance Certificate (CD-126) and envelope(s)

Chapter 18: Equal Employment Opportunity Program

Topic 1: Introduction

Introduction

Updated 02/2010

Equal Employment Opportunity (EEO) is the right of all persons to apply for and be evaluated for job opportunities without regard to such non-merit factors as race, gender, sexual orientation, national origin, color, religion, age, or disability. The Census Bureau will not tolerate any form of discrimination, including sexual harassment. All applicants and employees have a right to freedom from retaliation for filing an EEO complaint, participating in the EEO complaint process, or opposing unlawful discrimination. The EEO complaint process is a legal process designed to safeguard these rights. All applicants and employees should be made aware of these rights by displaying the new EEO posters in visible areas of the office and recruiting/testing sites, and reviewed during new employee orientation.

Federal Laws

Federal laws govern the EEO Program throughout the federal government, namely:

- **Title VII of the Civil Rights Act of 1964, as amended:**

  Protects all employees and applicants from employment discrimination based on race, color, gender, religion, and national origin.

- **Age Discrimination in Employment Act of 1967 as amended:**

  Protects employees and applicants who are 40 years of age or older from employment discrimination.

- **Equal Pay Act:**

  Protects all employees from discrimination on the basis of sex in pay for equal work on jobs requiring equal skills, effort, and responsibilities.

- **Rehabilitation Act of 1973:**

  Protects qualified individuals with disabilities from employment discrimination based on disability.

- **The Genetic Information Nondiscrimination Act of 2008 (GINA):**

  This act protects employees and applicants from employment discrimination based on genetics.

In addition, regulations of the Equal Employment Opportunity Commission (EEOC) forbid restraint, interference, coercion, discrimination or reprisal at any stage in the processing of a complaint under the laws above, including the counseling stage.

Topic 2: EEO Policy Statement

EEO Policy Statement

The Census Bureau is committed to equal opportunity for all persons without regard to race, color, religion, gender, sexual orientation, national origin, age, or disability.

Responsibilities

Managers, supervisors, and employees alike have responsibilities to ensure that the Census Bureaus' actions foster an environment of equal opportunity in the work place. Policies, practices, procedures, and actions must be free of unlawful discrimination. This includes all aspects of personnel management and their effects upon the hiring, placement, training, advancement, and retention of qualified individuals. Sexual harassment is prohibited and steps will be taken to eliminate it when it exists. Employees have the right to seek redress from alleged discrimination and will be protected from reprisal in exercising this right.

Topic 3: Affirmative Employment Program

General

It is the policy of the U.S. Census Bureau to provide all employees a workplace that is free from discrimination and retaliation, and to value the differences each employee brings from their culture. It continues to be the Census Bureau's policy that no employee or applicant for employment be subjected to unlawful discrimination with regard to race, color, religion, sex, national origin, age (40 or over), or disability. Further, no employee or applicant for employment shall be the victim of unfair treatment because of sexual orientation. With that in mind, all employees are responsible for promoting an environment of equal opportunity in the workplace. In addition, managers and supervisors must create an environment where all employees are judged on their merit.

With regard to affirmative employment, the Census Bureau is committed to increasing the employment and advancement opportunities of groups that are statistically and significantly under represented as compared to their relevant civilian labor force levels. In that manner, the Census Bureau's work force will better reflect the diversity of our Nation. Based upon equal employment opportunity laws and the Census Bureau's affirmative employment plan, all supervisors and managers are expected to be proactive in all their employment activities, including recruitment, hiring, development, training, and promotion of employees.

If an employee believed they have been victimized by discrimination or retaliated against for participating in the EEO process, they should contact the EEO Office within 45 calendar days of the alleged discriminatory action or within 45 days of the effective date of personnel action. The EEO Office is located at Headquarters, and can be reach at 301-763-2500 or 1-888-258-8207.

Please understand that it is unlawful for managers and supervisors to take any form of reprisal against employees who exercise their right to file complaints of illegal discrimination or harassment. In addition, all parties involved in a complaint must make every effort to settle that complaint at the lowest level possible. The Census Bureau is committed to resolving complaints promptly and equitably.

Supervisors and managers are expected to promote the Agency's EEO policy in all their employment activities, including through the implementation of the affirmative employment program. They will be held accountable for supporting the Agency's EEO policy and programs. Diversity in the Census Bureau's work force enhances its ability to accomplish its mission because it increases the range of skills and approaches available to all census employees.

With the support of its employees, the Census Bureau can create a workplace that is free of all forms of illegal discrimination and that represents the Nation. By working together, the Census Bureau can reach its equal employment opportunity and affirmative employment objectives.

Topic 4: EEO Program

EEO Program

The EEO Officer and staff oversee the Bureau of the Census EEO program. The EEO Office is located in Room 3K106, 4600 Silver Hill Road, Suitland, MD 20746, toll-free (888) 258-8207, FAX (301) 763-4460, and Federal Relay Service (800) 877-0996. The EEO hotline number for Decennial employees is: 1-888-258-8207. EEO staffing includes EEO Counselors and telephone counseling services from Headquarters.

EEO Officer Responsibilities

The EEO Officer and staff:

a. Administers the Census Bureau's discrimination resolution system.

b. Ensures a continuing program of education and training for supervisors and managers.

c. Provides guidance to EEO Specialists/Counselors.

d. Notifies the RDs of the responsibilities and objectives of the EEO Specialist/Counselor and the importance of cooperating with the counselor as they attempt informal resolution of potential EEO complaints by employees and applicants for employment.

e. Directs the development of the multi-year and annual affirmative employment program plans and annual accomplishment reports.

EEO Specialists/Counselors

The EEO counselor has six clearly defined duties that must be performed for each completed counseling action:

a. advise the complainant about the EEO complaint process under 29 CFR 1614 and possible election requirements;
b. determine the issue(s) and basis(es) of the potential complaint;
c. conduct a limited inquiry for the purposes of furnishing information for settlement efforts and determining jurisdictional questions if a formal complaint is filed;

d. seeks resolution of the matter at the lowest possible level;
e. Document the resolution or advise the complainant of their right to file a formal discrimination complaint if resolution fails; and
f. prepare a report sufficient to determine that required counseling actions have been taken and resolve any jurisdictional questions that may arise.

Investigators

The role of the investigator is to collect and to discover factual information concerning the issues in the complaint under investigation and to prepare a Report of Investigation (ROI). The investigator is not an advocate for any parties or interests. The investigator may accomplish their mission in a variety of ways. The investigator may function as:

a. a presiding official at a fact-finding conference,
b. an examiner responsible for developing material evidence,
c. an issuer of requests for information in the form of requests for documents, interrogatories, and affidavits, and/or,
d. a face-to-face interviewer in on-sites visits.

Topic 5: Employment of People with Disabilities

Introduction

The Affirmative Employment Program (AEP) supports the hiring, placement, advancement, and retention of qualified individuals with Disabilities. See Chapter 4, Personnel Administration, in this manual, for detailed procedures concerning the employment of disabled individuals. Regional Directors are encouraged to always keep in mind what the individual can do. Persons with disabilities want to be treated the same as everyone else and to compete on equal terms. This means equal responsibility as well as equal opportunity for promotion.

Definition of an Individual with Disabilities

The Rehabilitation Act of 1973, as amended, defines an individual with disabilities as one who:

a. has a physical or mental impairment which substantially limits one or more of such person's major life activities;
b. has a record of such an impairment; or
c. is regarded as having such an impairment.

Definition of a Qualified Individual with Disabilities

With respect to employment a qualified individual with disabilities is one who, with or without an accommodation, can perform the essential functions of the position in question without endangering the health and safety of the individual or others and who, depending upon the type of appointing authority being used:

a. meets the experience and/or education requirements of the position in question; or
b. meets the criteria for appointment under one of the special appointing authorities for disabled persons.

An Accommodation

An accommodation not only applies to testing, selection, and placement, but to all employment decisions. An accommodation may be requested for qualified applicants and employees.

Each applicant with disabilities has personal preferences for accommodations and each request is considered on a case-by-case basis. All requests from the applicant must be in writing. If the applicant is unable or unwilling to do so, or simply chooses not to do so, the supervisor should document the request in writing. Communicate with each applicant to determine which accommodation is the best.

Determination of an Accommodation

A logical adjustment to a job and/or the work environment to enable qualified persons with disabilities to perform the duties of a position.

Determining Factors

All employees must communicate all accommodations to the first line supervisor. Applicants should request accommodations through the RCC or LCO where they have applied for a position. If necessary, supporting medical documentation must accompany the request. The accommodation is determined on a case-by-case basis taking into consideration:

- The applicant or employee.
- The existing limitations.
- The essential duties of the particular job.
- The work environment.
- The reasonableness of the requested proposed accommodation.

Types

Accommodations may include, but are not limited to:

- Making facilities readily accessible to and usable by persons with disabilities.
- Restructuring the job.
- Modifying work schedules.
- Acquiring or modifying equipment or devices.
- Providing readers and interpreters.
- Reassigning.

- Taking other similar actions.

Denial of an Accommodation

The accommodation may be denied if the accommodations would impose undue hardship on the operations of the RCC. The RCC should consult the Decennial Administrative Branch (DAB), Field Division (FLD), if they propose to deny accommodations. The Chief, FLD will make the final decision.

In determining whether an accommodation would impose an undue hardship on the operation of an agency, consider the following factors:

1. the overall size of the agency's program with respect to the number of employees, number and type of facilities, and size of budget;
2. the type of agency operation, including the composition and structure of the agency's work force; and
3. the nature and cost of the accommodation.

Disabilities Information and Assistance

If additional information is needed regarding the employment of persons with disabilities and accommodations, call DAB, FLD at (301) 763-4899.

Topic 6: EEO Responsibilities

Chief, Field Division

The Chief, Field Division, as overseer for each RCC will:

a. Review the EEO accomplishments.
b. Establish and monitor their affirmative employment objectives.
c. Hold RDs/Administrative Officers accountable for meeting their EEO responsibilities by evaluating them on their efforts.
d. Take prompt and effective corrective action where appropriate.

RDs, ARCMs, and Administrative Supervisors

In order to achieve a successful EEO Program, the RDs/ARCM/Administrative Officers are responsible for:

a. Providing opportunities for all employees to have assignments that are consistent with their capabilities.
b. Utilizing available training and work experience which give employees opportunities for personal growth.
c. Implementing affirmative program goals.
d. Enforcing accountability by subordinate supervisors.
e. Ensuring that personnel selection practices give appropriate consideration to EEO objectives and reasonable accommodation.
f. Communicating with the DAB, the Chief, FLD, Human Resources Division (HRD), and the EEO Office, in the implementation of policies and programs.

Line Supervisors

Line supervisors include all other supervisors in the RCC. In their position of authority directly over an employee, they must:

a. Apply the EEO policies and objectives in accomplishing the work of the Census Bureau.
b. Apply EEO principles in every aspect of the work.
c. Nominate employees for training and incentive awards
d. Counsel subordinates.
e. Give consideration to structuring the work in such a way to allow for increased opportunities for lesser-skilled employees.

f. Maintain an atmosphere that is free of discrimination by:

- Demonstrating awareness of EEO laws and policies, that is, prevention of sexual harassment, reasonable accommodation for individuals with disabilities, and so forth.
- Taking appropriate action against employees who violate EEO principles, that is, counsel, discipline, and so forth.
- Cooperating with EEO Specialists, both counselors and investigators.
- Seeking resolution to allegations and discrimination.

Topic 7: Discrimination Offense

Introduction

Discrimination is specific acts taken by an employee in the performance of their official duties which violates law or regulation with regard to one or more individual on the basis of race, gender, sexual orientation, religion, color, age (40 and over), national origin, disability, marital status, or political affiliation. The range of penalties for discrimination as listed in the Department of Commerce Table of Offenses and Penalties is 5 days suspension to removal. See Chapter 16, Conduct, in this manual, for details on conduct based actions.

Topic 8: Genetic Discrimination

Added 02/2010

Census Bureau Policy Statement

Employment discrimination based on Genetics violates Census Bureau policy, and it will not be tolerated. Retaliation for raising concerns for Genetic Discrimination is also prohibited.

EEO Guidelines

The Genetic Information Nondiscrimination Act of 2008 (GINA) became effective on November 21, 2009. The new law prohibits employers, including federal agencies, from discrimination against job applicants and employees based on genetic information. GINA also restricts employers' acquisition and disclosure of genetic information to some very narrow circumstances, such as when it is necessary to support an employee's Family and Medical Leave Act (FMLA) request to care for a family member.

Genetic information includes information about an individual's genetic tests and the genetic test results of an individual's family members, as well as information about any disease, disorder, or condition of an individual's family members (i.e. an individual's family medical history). It also includes testing to determine whether someone is at an increased risk of acquiring a disease or disorder in the future. Family medical history is included in the definition of genetic information because it is often used to determine whether someone has an increased risk of getting a disease, disorder, or condition in the future. GINA also protects individuals from employment discrimination based on the possibility of future impairments as demonstrated by their genetic information.

Available Relief

An employer may not use genetic information in making employment decisions under any circumstances. An applicant or employee who believes that he/she as been discriminated or retaliated against on the basis of his/her genetic information in the context of an unlawful employment practice based on Title II of the Act may access the EEO complaints process. To initiate this process, applicants and employees should contact their respective EEO offices within 45 days of an alleged discriminatory event:

U.S. Census Bureau

Roy P. Castro
EEO Officer
301-763-2853
Roy.P.Castro@census.gov

Employees and managers who have questions are also encouraged to contact their servicing Office of Civil Rights. To learn more about GINA, please visit the Equal Employment Opportunity Commission's website at:

http://www.eeoc.gov/laws/types/genetic.cfm

Topic 8: Sexual Harassment

What is Sexual Harassment

The Equal Employment Opportunity Commission (EEOC) guidelines state that harassment on the basis of sex is a violation of Title VII of the Civil Rights Act of 1964, as amended. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is sexual harassment when:

a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
c. Such conduct has the purpose or effect of:
   - Unreasonably interfering with an individual's work performance.
   - Creating an intimidating, hostile, or offensive working environment.

Census Bureau Policy Statement

It is the U.S. Census Bureau's policy that all employees must be allowed to work in an environment free from sexual harassment. Sexual harassment is a form of sex discrimination prohibited under Title VII of the Civil Rights Act of 1964, as amended. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. Employees engaging in sexual harassment or discrimination will be subject to disciplinary action, up to an including removal.

It is important that all employees understand the law and the policy and take all steps within their power to ensure that this form of discrimination does not exist within the Census Bureau.

Thus, recognizing that there are many forms of sexual harassment, the Census Bureau, in accordance with case law, will not tolerate nor condone the following:

- Unwelcome verbal suggestive remarks, sexual insults, innuendoes, jokes, and humor about sex or gender-specific traits, sexual propositions, and threats;
- Unwelcome nonverbal suggestive or insulting sounds, leering/ogling, whistling, gestures of a sexual nature, and sexually graphic materials; and

- Unwanted physical contact, including but not limited to, cornering, touching, pinching, brushing the body, and actual or attempted rape or assault.

Neither the Census Bureau's e-mail system nor computer equipment should be used to transmit or download material of a sexually graphic nature.

The Census Bureau policy on sexual harassment applies to all employees and covers harassment between supervisors and subordinates, between employees, by employees outside the workplace while conducting government business, and by nonemployees while conducting business in the Census Bureau's workplace.

Responsibilities in the Charge Against Sexual Harassment

Each employee should play a role in the prevention or elimination of sexual harassment by:

- Examining their behavior on the job
- Supporting the Census Bureau's policy against sexual harassment
- Identifying and taking individual action to stop in appropriate behavior by communicating directly and immediately with the person(s) whose behavior is offensive, and
- Notifying their supervisor, higher level manager, Equal Employment Opportunity counselors or Human Resources Division staff if the employee feels sexually harassed.

Managers and supervisors are held accountable by enforcing standards of appropriate office behavior and are expected to take prompt action to investigate and take appropriate action to remedy and conduct identified as sexual harassment under this policy. Specifically, in addition to appropriate line management staff, Headquarters and Regional Office employees who believe they have been subjected to sexual harassment may the Employee Relations Branch on (301) 763-3701 or the Employee Assistance Program Coordinators on (301) 763-1681.

In addition, all employees may initiate a discrimination complaint by contacting the EEO Office on (301) 763-2500 or 1-(888) 258-8207 within 45 calendar days of the alleged harassment.

Employees who are in a bargaining unit position may file a complaint through the negotiated grievance procedures by

contacting a union steward or official.

Available Relief

Victims of sexual harassment have several means of redress, namely:

a. Seek help from their supervisor or higher-level official.
b. Report to Employee Relations Office, HRD
c. Initiate a discrimination complaint by contacting an EEO Counselor or the DOC/OCR within 45 days of the harassment.
d. Report the incident to the DOC Office of Inspector General.
e. Report the incident as a prohibited personnel practice to the Office of Special Counsel.

Sexual Harassment Offense

The range of penalties as listed in the DOC Table of Offenses and Penalties is 5 days suspension to removal. See Chapter 16, Conduct, of this manual, for details on conduct based actions.

Topic 9: Sexual Orientation Discrimination

Census Bureau Policy Statement

Employment discrimination based on sexual orientation violates the Census Bureau's policy and it will not be tolerated. Retaliation for raising concerns for sexual orientation discrimination is also prohibited.

EEOC Guidelines

While discrimination based on sexual orientation is not a violation of federal civil right laws, it is prohibited under Executive Order 11478 as amended May 28, 1998. Employment discrimination based on sexual orientation is treating employees or applicants for employment differently from similarly situated coworkers or applicants because of:

- their sexual orientation or perceived sexual orientation;
- their relationship with individual(s) of a particular sexual orientation; or
- their affiliation with a group that is associated with sexual orientation issues or whose membership is composed mainly of people of a particular sexual orientation(s), including an employee organization.

Means of Resolution

An employee who feels that they have been subjected to discrimination based on sexual orientation has several avenues of redress, depending upon the act or decision being challenged. In general, if other jurisdictional requirements are met, an employee may follow any of these procedures:

- Informal resolution through EEO counseling and mediation.
- Merit Systems Protection Board appeal process.
- Office of Special Counsel complaint.
- DOC Administrative Grievance Procedure.

Depending upon the procedure, time limits for filing complaints vary. Consult an EEO Counselor for requirements and full employee rights.

Topic 10: EEO Complaints

Introduction

If an applicant or employee believes that they have been discriminated against by the Census Bureau when applying for a job or on the job in the terms or conditions of employment because of race, color, sex, religion, national origin, sexual orientation, age (40 and over), disability or reprisal, they must file a complaint of discrimination with the Census Bureau.

All RCC employees must fully cooperate with the EEO complaint process. The RD should ensure the full cooperation of all employees with the Department of Commerce EEO staff, and the Census Bureau EEO Officer, counselors and staff in the processing and resolution of pre-complaint matters and complaints. In the course of appeals, they must cooperate with the Department of Commerce, Office of Civil Rights (DOC/OCR), EEOC including the routine access to RCC personnel records when required in the investigation process of the EEO complaint. Employees are subject to disciplinary action for failure to cooperate with the EEO complaint process.

Complaint Procedure

The following procedures are in accordance with the EEOC regulations, effective October 1, 1992 for the processing of federal sector complaints of discrimination.

Pre-Complaint Counseling

1. A complainant must first consult with an EEO counselor, within 45 calendar days of the alleged discriminatory act or of the effective date of a personnel action before filing a formal complaint of discrimination or reprisal.
2. The EEO counselor has 5 calendar days to inquire into the facts and attempt resolution.

Filing a Formal Complaint

All formal complaints must be in writing and submitted to the Census Bureau EEO Office within the time limits specified below.

The EEO Office will forward the formal complaints to the

DOC/Decennial OCR.

1. Fifteen (15) calendar days from the receipt date of the written notice of right to file a complaint of discrimination.
2. Twenty (20) calendar days from the date the EEO counselor was first contacted if the matter was not resolved during the counseling period and/or a written notice of right to file a complaint of discrimination has not been received.

Acceptance/Rejection of Complaint

The DOC/Decennial OCR makes the decision to accept or dismiss a formal complaint. Accepted complaints will be assigned an investigator. If the complaint is rejected, the complainant is notified in writing of the right to appeal to the EEOC, Office of Federal Operations, within 30 calendar days of receipt of rejection.

Investigation

The DOC/Decennial OCR investigation must be conducted within 60 calendar days of the filing of the complaint. This time period may be extended up to 90 calendar days by written agreement between the complainant and the Census Bureau.

Within the 180-day investigation period, the DOC/Decennial OCR will notify the complainant that the investigation has been completed and provide the complainant with a copy of the investigative file.

The complainant has 30 calendar days from receipt of the investigative file to request a hearing from an EEOC Administrative Judge. Otherwise, the DOC will issue a final decision.

The complainant may request a hearing at any time after 180 calendar days from the filing of the complaint should the DOC/Decennial OCR fail to provide notice of completion of investigation.

Hearing and Decision

An EEOC Administrative Judge conducts the hearing. They will notify the complainant and the DOC of the time and place. The EEOC Administrative Judge hears relevant testimony and considers documentary evidence about the allegations including the investigative report. Witnesses give testimony under oath or affirmation and can be cross-examined. Within 180 calendar days

of the EEOC's receipt of a hearing request, the EEOC Administrative Judge will issue findings of fact and conclusions of law to the complainant and the DOC/Decennial OCR.

Decision

Within 15 calendar days of receipt of the Administrative Judge's decision, the DOC/OCR will issue its final order. The final order shall notify the complainant whether or not the agency will fully implement the decision of the Administrative Judge. If the agency does not fully implement the administrative judge's decision it must file an appeal with the Office of Federal Operations simultaneously with issuing the agency's final order.

Appealing the Final Decision to EEOC

The complainant may appeal any final decision to the EEOC's Office of Federal Operations within 30 calendar days of receipt of that decision. Supporting statements must be submitted within 30 calendar days thereafter.

Topic 11: Employee Rights

Appeal to EEOC

The complainant may appeal the DOC final decision to the EEOC Office of Federal Operations within 30 calendar days of receipt of the decision. All supporting statements must be submitted within 30 calendars days thereafter.

Representation

A complainant has the right to be represented by a person of their choice at any step of the complaint process. Reasonable attorney's fees and costs may be recovered, except in age discrimination complaints. Only the fees of licensed attorneys are eligible. Fees charged by lay representatives will not be recovered.

Freedom from Reprisal

The complainant has the right to be free from restraint, interference, coercion, discrimination or reprisal. A complaint of reprisal may be filed. It is filed and processed in the same manner as discrimination complaints.

Right to File Civil Action

Except in age discrimination cases, the Civil Rights Act of 1964, as amended, authorizes a complainant to file a civil suit in an appropriate U.S. District Court. Specific time limits are:

a. 90 calendar days within receipt of a final agency decision.
b. 180 calendar days after filing the complaint with the agency and the agency did not issue a final agency decision.
c. Within 90 calendar days of receipt of an EEOC decision.
d. After180 calendar days from the date of filing an appeal with EEOC and no EEO decision.

Topic 12: Age Discrimination

Age Discrimination

Complainants of age discrimination may choose between two different procedures:

1. File a complaint with the EEO Office.
2. File a complaint directly with the U.S. District Court after first giving the EEOC not less than 30 calendar days advance notice of intent to file a complaint about an action that occurred within the previous 180 calendar days.

Topic 13: Reports

Introduction

The RDs, ARCM, and Administrative Officers, are responsible for maintaining the minority statistics records and reporting system, which shows the effectiveness of the EEO Program within the Census Bureau. They must ensure at the time of appointment, all RCC appointees complete a Form SF-181, Race and National Origin Identification, and a Form SF-256, Self-Identification of Handicap, and the information is transferred accurately. (See Chapter 4, Personnel Administration, of this manual, for details concerning these forms.)

Affirmative Employment Program (AEP) Plan

Near the third quarter of each fiscal year, the Chief, FLD, requests the RDs to provide an Affirmative Employment Program (AEP) Progress Report for the current fiscal year. (Action items are actions that will eliminate the representative work force barriers and increase the number of qualified applicants, especially minorities.) Each action item must be updated with the following:

a. Note and describe any barriers to equal opportunity and employment.
b. Specific noteworthy activities and initiatives accomplished in current fiscal year. To rid workplace of barriers or identify timeframe for eliminating barriers.
c. Goals to eliminate barriers for the next fiscal year.

In addition, the RDs must identify and/or update the existing barriers for the fiscal year.

The Chief, FLD reviews and evaluates all the RD's AEP reports and submits them to the EEO Officer for inclusion in each fiscal year's Census Bureau Wide Plan Update.

Using the Reports

The RDs should use any recruiting reports or special requested reports to monitor their success in attaining and maintaining a representative work force. As necessary, action should be taken to increase recruiting efforts to ensure that the work force is representative of the census area as outlined in the AEP plan for the RCC.

Topic 14: Recordkeeping

EEO Complaints

The official EEO complaint file is maintained at the DOC/Decennial OCR. A copy is retained in the EEO Office, Headquarters.

The regulations require the RD to retain all records (including scratch notes) pertaining to a complaint until notified by the EEO Office that all litigation has concluded and the case is closed.

The investigation may require you and other employees of your organization to furnish affidavits regarding matters pertaining to this complaint and to provide access to Census Bureau files and records in order to answer the complaint. The investigation may require records of employees holding a position similar to complainants in the same or different branch or division.

Reports

Retain AEP reports for 4 years. Retain the Professional, Administrative, Technical, and Other Report (PATCO) and Minority Employment and Handicap Report (MEHR) for at least 1 year.

Correspondence

Retain all EEO correspondence, documents, records, or memoranda for 4 years.

Chapter 19: Property Management and Accountability

Topic 1: Introduction

General

This chapter provides instructions on the management, accountability, and control of personal property for Bureau of the Census offices and activities established to conduct the 2010 Decennial Census. It is based on current or established Department of Commerce (DOC) and Census Bureau procedures and is amended to address Decennial specific situations and requirements.

Personal Property

Personal property is defined as any kind of property, except real (that is, land and buildings) and records of the Federal Government. Specifically, personal property includes equipment, materials, and supplies unless or until incorporated into or permanently affixed to real property. Refer to the Census Administrative Manual (CAM), Chapter K-9, "Property Management-Nonexpendable", the D-986, Property Management Manual FDCA and Non FDCA Property and the Department of Commerce's Personal Property Management Manual for additional information on the management, accountability and control of personal property.

The Regional Director (RD), Assistant Regional Census Manager (ARCM), Area Managers (AM), and field office managers are responsible for administering this property management program. Through an accountability system of all Bureau of the Census-owned and leased property within their offices, under the direction of the Field Division, Bureau of the Census, policy is administered by the Administrative Customer and Services Division (ACSD) or as amended in this chapter.

Inside Delivery Requested

Inside delivery of pallets/boxes by commercial freight vendors means delivery inside Census space. Census space is defined as the lobby or vestibule of the space or the storeroom of the space that is accessible from a double door adjacent to a hallway. The commercial freight vendors will not traverse through Census space to the stock room. If the Census space doesn't have a freight elevator wide enough to accommodate a standard pallet

Inside Delivery Requested

(42" x 42"), or if access to the store room through double doors is not wide enough to accommodate a standard pallet, the commercial freight vendor, if their operating conditions permit, may, if prior notice has been given and the service request in advance, break down the pallet and make the "inside delivery".

This type of service is provided at an extra cost and must be arranged for prior to the shipment and not after the commercial vendor has arrived. However, there is no guarantee that the commercial freight vendor will perform this task, even if Census is willing to pay. Accordingly, those RCCs that have special delivery requirements should be prepared to breakdown pallets and move those materials inside the Census space in event that this becomes necessary.

The Logistics Planning and Operations Branch (LPOB) will provide the National Processing Center (NPC) all information for the Regional Census Centers (RCCs) that require the additional inside delivery service, thus incurring the extra cost. The NPC will request on the shipping documents to the commercial freight vendor, *Inside Delivery Required*. If the commercial freight vendor fails to execute that portion of the delivery, the RCC is authorized to contact the NPC transportation center at (818) 218-2200 for further assistance. In the event the RCC management accepts the shipment without "inside delivery", please indicate on all copies of the Bill of Lading (BOL), *No Inside Delivery Made*, and fax a copy of the BOL to the NPC at (818) 218-2194.

APMS

All Regional Census Centers (RCCs) are required to use the Automated Property Management System (APMS). APMS is used to track and control Census owned and leased property. Manuals have been sent to every RCC and access to APMS has been coordinated. APMS will be incorporated into the Commerce Business System (CBS). In the past, only accountable and sensitive property has been accounted for within APMS.

HARRIS AMS

The Field Data Collection Automation (FDCA) provided property such as (Office Computers, Laptops, Air cards, Hand-Held Computers, SD Cards) are tracked and controlled in the Harris Asset Management System (AMS). The FDCA property is only tracked in the Harris AMS. The office staff can identify the Harris equipment by the bar code which begins with the letter "C." Any Census owned or leased equipment is bar-coded with the letters "CD" followed by a 10-digit number.

Topic 2: Employee Responsibilities

General

Each employee must properly care for, handle, use, and protect Bureau of the Census-owned or leased property issued to or assigned for the employee's use at or away from the office or workstation. Employees can be held financially liable for Census-owned or leased property that is lost, stolen, or damaged as a result of their negligence. Employees shall use Census-owned or leased property only for the performance of work for the government. The Bureau of the Census strictly prohibits employees from taking for their own use Census-owned property designated to be abandoned or destroyed.

Each employee shall account for all assigned Census-owned or leased property prior to their transfer, reassignment, or departure from the Regional Census Center (RCC) or Local Census Office (LCO).

Topic 3: Property Custodian

General

Each RD is the designated Property Custodian (PC) for their region. The PC is accountable for Bureau of the Census-owned, leased, borrowed, or donated property within their jurisdiction or office, or in the field or in storage elsewhere, but assigned to the Bureau of the Census, or in temporary Bureau of the Census Offices within the region. The RD/PC will designate an administrator for their RCC and each field office to sign for property, and remain responsible for the supervision, control and accountability of the property charged to their region. This employee must be designated in writing through a memorandum from the PC. A copy will be forwarded to:

Chief, ACSD, Attention PAS, through Chief, Field, Attention: Logistics Planning and Operations Branch.

This delegation of signature acceptance does not change the liability for property from the PC to the designated employee. The PC is accountable and can be held financially liable for lost, stolen, or damaged property as a result of their negligence in executing their supervisory responsibilities.

PC Responsibility

PC (or designees) are assigned responsibility for the following:

- Maintain all Bureau of the Census-owned property records and controls as prescribed in this chapter and the Census Administrative Manual (CAM), Chapter K-9.
- Ensure all assigned Bureau of the Census property is accounted for and inventoried.
- Conduct physical inventories.
- Ensure that changes in status of Census property are documented on the CD-50, Personal Property Control (Illustration 19-1) and reflected in the APMS.
- Ensure that changes in status of FDCA provided property are reflected in the Harris Asset Management System.
- Issue temporary property passes or acknowledgment of receipt of government property to ensure employees return Census property.

- Establish procedures to safeguard against loss, theft, or damage of all Census owned and leased property.

All small office machines should be locked up or put out of view when not in use. Lock valuable items in a safe place after business hours. Items of exceptional value, such as laptop computers, should be stored in a locked cabinet(s) in a locked room. The FDCA Laptops are stored in the server room or other secured areas.

- Report excess Census property on the SF-120, Report of Excess Property (Illustration 19-2).
- Report lost, damaged, or destroyed Census property promptly on the CD-52, Report of Review of Property (Illustration 19-3). Forward the original CD-52 and the BC-1206, Security Incident Report, and Police Report (or Police Report number if Police Report not available) to: Chief, Field Attention: Logistics Planning and Operations Branch. The Logistics Planning and Operations Branch will forward the CD-52 to Chief, ACSD, and Attention PAS.
- Report Lost, Missing or Stolen FDCA equipment to Decennial CIRT and the FSCA help desk to have account disabled.
- Ensure the property bar code labels are affixed to all components of accountable or sensitive Census property (i.e. computer, monitor). The Logistics Planning and Operations Branch will provide you with bar code labels upon request.
- Verify the Monthly Transaction Report and Personal Property Locator Listing (PPLL) prepared and distributed by PAS, ACSD. If corrections are required, provide documentation or the correct information (i.e., CD-50, SF-120) through the RCC and mail to:

  U.S. Bureau of the Census
  ATTN: ACSD Property Accountability
  CEN HQ 3J241
  Washington, DC 20233

- Complete the BC-1766, Receiving Report (Illustration 19-5) when the RCC or field office receives Bureau of the Census purchased or leased property shipped directly from a vendor and not yet bar coded, through APMS. Print a copy, attach a copy of the Purchase Order, CD-404

(include the bar code and serial numbers for each non-expendable item) and mail to:

U.S. Census Bureau
ATTN: ACSD Property Accountability
CEN HQ 3J241
Washington, DC 20233

For partial receipts, a Partial Receipt Notification, the CD-405 (Illustration 19-4) must be prepared and forwarded to the above address.

Receipt of FDCA Property

- Inventory Equipment
- Check asset tag numbers against the list.
- Sign D-1260, Acknowledge Receipt for Harris Property Received.
- Have the Harris Representative sign the D-1260.
- Attach the list of equipment received to the signed D-1260.
- Provide Harris with a copy of the signed D-1260.
- Keep a copy of the D-1260 in the D-616, Property Management Records Binder.

Transfer of PC

When a non-FDCA PC retires, transfers, resigns, or permanently leaves the office for any reason, an inventory is required to transfer all Bureau of the Census property to the new or acting PC.

In order for the outgoing PC to release custodianship, they should request a personal property locator listing in APMS. Submit a memorandum to the Division Chief, ACSD, Attention PAS, through the Chief, Field, and Attention: Logistics Planning and Operations Branch. A physical inventory and reconciliation of the personal property locator listing is to be signed by the outgoing PC.

Topic 4: Relief of Accountability

General

A person may be relieved of accountability for an item by one of the following conditions:

- A documented transfer of equipment such as a CD-50, Personal Property Control, filled out and signed by the releasing and receiving parties and approved by ACSD.
- Authorized disposal of property according to the procedures described in CAM Chapter K 9.
- Authorized cannibalization of property according to the procedures described in CAM Chapter K 9.

Release of liability for stolen or missing property after completion of the CD-52, Report of Review of Property, and the BC-1206, Security Incident Report, and favorable adjudication by the Property Board of Review.

- Returning FDCA-provided equipment to the Harris Representative via the D-1260R.

Topic 5: Accountability of Non-Expendable Property

Accountable and Sensitive Property

Accountable personal property is property of any kind except real property (that is, land and buildings) and records of the Federal Government, which has a value of $5,000 or more. Specifically, accountable personal property includes equipment, materials, and supplies, unless or until incorporated and permanently affixed to real property. Sensitive property items are generally powered by electricity and self-contained, retain their identity during use, and have a high potential for theft. Examples of sensitive items are cameras, power tools, personal computers, laptop computers, etc. This property should be bar coded, whether purchased or leased and will be accounted for through APMS or AMS. The bar code label is to be affixed to the upper right-hand corner of the item for easy access for inventory purposes. Exceptions to this rule are the Harris-provided equipment since Harris barcodes their own equipment.

The following are bar-coded Census-provided property, listed for each type of office:

RCC

- Shredder
- TV
- DVD Player
- Fax Machine
- Truck, Pallet 5500 lb cap
- Copier
- Server
- Router
- Power Supply
- Scanner
- Desktop, PC

LCO

- Fax Machine
- Copier
- Machine, metered mail
- Printer
- TV
- DVD Player

The SF-120, Report of Excess Personal Property, (Illustration 19-2) is to be used to record and store all documents and paperwork for both bar-coded and non-bar coded non-expendable Census property. Documents are to be recorded daily or as transactions occur. The Document Register and Property Management Records are critical to accountability continuity, and used for documentation reconciliation. The property records are to be posted and kept in a safe place as if it were property. The PC is responsible to ensure procedures are established and comply with the field office property records and actions.

Note: Refer to the D-986, Property Management Manual, FDCA and Non-FDCA Property, for detailed procedures for property management.

Topic 6: Accountability of Expendable Supplies

General

Expendable supplies are those items which are consumed during their use. Initial supplies will be shipped to field offices by the National Processing Center (NPC) from pre-established lists and replenished as directed. Expendable supplies are to be stored in a safe place.

Topic 7: Physical Inventories

General

Annual physical inventories will be conducted in the RCCs at the direction of the Logistics Planning and Operations Branch and Automation Coordination Branch with assistance from ACSD and the appropriate region. Personnel conducting the inventory will need to reconcile property transactions completed. The RCC is responsible for inventory spot checks that will be scheduled during Area Manager and Regional Technician visits to LCOs.

Topic 8: Receipt of Purchased Accountable Property

General

The RCCs and LCOs are responsible for the processing of all property received at their location either by purchase order, transfer or purchase card acquisition. RCCs and LCOs are responsible for completing a BC-1766; Receiving Report (Illustration 19-5) for Census owned accountable and sensitive equipment items through APMS. The serial and bar code number of each item received (including separate components, if applicable) must be included. Mail a copy of the Receiving Report to:

U.S. Census Bureau
Attn: ACSD Property Accountability
Room 3J241
Washington, DC 20233

Acknowledgment For U.S. Government Property Received

Written receipt for all accountable property that is issued from the RCC must be maintained. The D-11805, Acknowledgement Receipt for U.S. Government Property Received (Illustration 19-6), must be used to assign and control accountable property to office and field staff. It may also be prepared when distributing fax machines, cell phones, or other equipment that will be issued for an unspecified amount of time.

The D-1260 is used to acknowledge receipt for FDCA provided property.

Topic 9: Reporting Lost or Stolen Property

Steps for Reporting Lost, Missing or Stolen Materials, Forms or Equipment

Updated 7/13/10

OMB Memorandum 06-19 requires that all Census employees must call the Decennial Computer Incident Response Team (CIRT) at 1-877-744-1522 when they determine a loss or theft of materials, forms or equipment has occurred. Refer to Appendix Q for additional information on Reporting Lost or Stolen Property.

When calling in to report an incident, the employee needs to provide the following crucial information:

- Their name, address and phone number
- Applicant ID
- Location of incident
- Time of incident
- Summary of the incident (lost/stolen/missing materials, forms or type of equipment)
- Was there any Personally Identifiable Information (PII) on the lost media or paper?
- Police Report Number (if available) – only if equipment or theft of form(s) is/were involved.
- Decennial CIRT will contact designated LCO (LCOM), RCC (RD, ARCMs, and LSC) and HQ (TMO DOTS, and PII and Security) staff, notifying them of the reported incident.

Next Steps after Calling CIRT

Updated 2/24/10

- If material or forms have been stolen, or equipment is missing or stolen, employee will call the local police department, file a report and obtain a copy of the police report and police report number.
- Employee will call their supervisor immediately, report what happened and provide the Decennial CIRT incident number and police report number (if available).
- The employee's supervisor who received the notification will report details (including the police report number) up the chain of command, until all parties in the chain are informed.
- If equipment is lost, missing or stolen: The employee's

Next Steps after Calling CIRT

supervisor completes the BC-1206, Security Incident Report. This form should be completed within 2 days of being notified of the incident. Instructions for the supervisory field staff to complete this form can be found in the D-591, Census Employee Handbook for Crew Leader and Field Operations Supervisor, Chapter 5, Topic 5.

Final RCC Steps

Updated 2/24/10

- The RCC enters the BC-1206 into the Security Incident Reporting System (SIRS) within two days of receipt.
- For lost, missing and stolen equipment incidents, the RCC will complete a CD-52: Report of Review of Property, signed by the Property Accountability Office (PAO). The RCC Staff will create a CD-52 in the Automated Property Management System (APMS). For detailed instructions on how to create a ***CD-52*** in APMS, see the ***D-682: Automated Property Management System (APMS) User Guide***.

The RCC will make copies of the BC-1206, police report, and all other supporting documentation.

- The RCC will fax the BC-1206 and a copy of the police report to HQ FLD PII and Security Staff at 301-763-5081 and **mail via Federal Express the original CD-52** to the address below:

U.S. Census Bureau
Attention: FLD PII & Security—5H130C
4600 Silver Hill Road
Suitland, MD 20746

- The RCC IT Support Staff contacts the Decennial CIRT, at 1-877-744-1522, within five business days of the reported incident, providing the following information:

Police Report Number (if not previously provided)

Protection of Government Property

Field offices are to establish procedures to safeguard against loss, theft, or damage of all property. All small office machines should

be locked up or put out of view when not in use. Lock valuable items in a safe place after business hours. Items of exceptional value, such as FDCA Laptop computers, should be stored in the server room, while HHC's should be stored in the HHC room.

Special attention must be devoted to sensitive items, that are easily converted to personal use or have a high potential for theft. The following are mandatory sensitive property items:

- Cameras
- Video Cameras
- Televisions
- Photocopy Machines
- Facsimile Machines
- DVD Players
- Automatic Data Processing Equipment (including personal computer systems, laptops, HHCs, SD cards, external modems, external disk drives, printers, and plotters)

Controlling physical access to all areas of the RCC is a necessary step to preventing theft. Additionally, the PC is to establish access and egress procedures that will verify any removal of equipment before persons leave the office. Government property items may **not** be removed from Bureau space for non-government business use. If it is necessary to remove government property for official business, a property pass (BC-1550) must be filled out. The PC must sign it, identifying the holder as having authorization to take specifically listed government/personally-owned property off the premises during or after duty hours.

Topic 10: Notifying Employees of "High Risk" Lost, Missing or Stolen PII

(Topic update on 02/24/10)

Procedures Necessary for Notifying Employees of Lost/Missing or Stolen PII

The Local Census Offices, as part of the 2010 program to protect PII and Title 13 information, are responsible for attempting to recover lost, missing, or stolen PII, whether on electronic devices or paper; reporting theft of only electronic equipment and not paper to local law enforcement officials and the Federal Protective Service; and making a rigorous effort to obtain complete contact information for those individuals whose high risk PII data may possibly have been compromised by our error.

RCC/LCO Responsibility

Updated 2/24/10

In particular, when "high risk" PII data has been lost (for example, data including social security numbers or bank routing numbers associated with an individual's name and address), the Chief, Privacy Office at Census Bureau Headquarters requires that we provide the full name and address of the individual, so they can be notified in writing and given the opportunity to receive credit monitoring services.

In a situation where the Local Census Office has the name, or name and phone number of the individual whose data was compromised, but not the address, rigorous efforts must be made to secure the address so that written notification can occur. These efforts must include:

1) Multiple attempts at obtaining the information by phone. Call the individual at least six times until contact is made. Do not make all six calls on the same day, or at the same time of day.
2) If you are unable to contact the individual, make at least one call the following week.

If you get an answering machine, leave the following message:

Hello,
My name is _____. I'm calling from the U.S. Census Bureau.

We need you to contact us concerning the possible misplacement of your (name of document).

Procedures Necessary

for Notifying Employees of Lost/Missing or Stolen PII

Please contact the (name of Local Census Office) at (appropriate contact telephone number) in order for us to provide additional details concerning this matter. Thank you and we look forward to hearing from you.

RCC/LCO Responsibility

3) If these efforts are unsuccessful, make other reasonable efforts to obtain the address. Utilize telephone directories or Internet telephone directories in an effort to obtain address information, ensuring that the name and telephone number match with the address found. Record your efforts.

It is the Census Bureau's responsibility to notify those individuals when we may have compromised PII data and provide guidance.

Topic 11: Lost, Missing or Stolen Accountable Census Forms

(Topic added on 10/21/09)

Procedures for sending PII data to Headquarters (HQ).

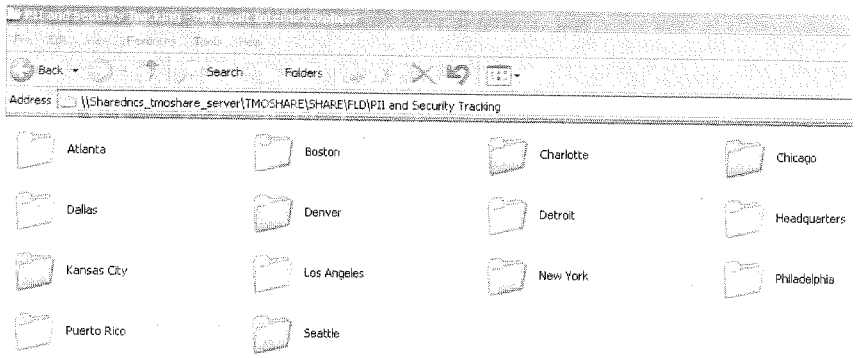
RCC Responsibility

If there is a lost/missing/stolen 2010 Census Form, the RCC will be **REQUIRED** to include the pertinent information

- Name
- Address
- Phone Number
- E-mail address

of the individual(s) whom information was compromised on the Decennial CIRT Incident matrix (Excel Spreadsheet). This matrix is posted within the FLD PII and Security area secure shared folders. To access your folder copy the following link:

\\Sharedncs_tmoshare_server\TMOSHARE\SHARE\FLD\PII and Security Tracking\(RCC jurisdiction goes here i.e., Boston, Atlanta, Charlotte etc.).



Prior to HQ receiving this information, the Decennial CIRT incident number generated by the FootPrints' application will be provided in the spreadsheet by HQ. If a Decennial CIRT incident were to occur within your region involving a lost/missing/stolen 2010 Census Form, you would open the matrix for your area in the secure folder, locate your incident number and provide the Name, Address, etc. shown in the diagram below.

Incident	Date	ELCO/LCO	FirstName	LastName	Address1	Address2	City	State
8888								

Procedures for sending PII data to Headquarters (HQ).

Once the information is saved and secured in the spreadsheet for that Decennial CIRT incident, you would contact the Decennial CIRT again at (877) 744-1522 and provide them with the following:

RCC Responsibility

(Con't)

- Give them the incident number you are reporting
- Is all the information provided to HQ?
- Is this is a complete name list?
- If not, how much more is forthcoming for the number of individuals involved in this incident.

Note: Based on your response to Decennial CIRT, this update would prompt HQ to take appropriate action on the incident and close when complete.

Topic 12: Reporting Damaged Property (Non-Shipping)

(Topic Number Changed on 10/21/09)

General

The PC or designee will prepare an original and three copies of the CD-52, Report of Review of Property, stating the circumstances regarding the extent of damage, and how and when the Census-owned property became damaged. The CD-52 is forwarded through their RCC to the Chief, Field Division, and Attention: Logistics Planning and Operations Branch.

Damaged FDCA-provided equipment is reported to the FDCA help desk.

Topic 13: Disposing of Excess Serviceable Property

(Topic Number Changed on 10/21/09)

General

The RCC and LCO should review their Census property holdings periodically to identify those items that may no longer be needed or functional. Field Divisions headquarters Logistics Planning and Operations Branch will give further instructions at the appropriate time.

Topic 14: Transfer of Property

(Topic Number Changed on 10/21/09)

General

Document the transfer of Bureau of the Census accountable property on the CD-50, Personal Property Control (Illustration 19-1) through APMS. The CD-50 must be forwarded with each transfer of non-expendable property, with the signatures of the releasing and receiving PC required for the transfer to be considered complete.

The office receiving the transfer of the equipment documented on the CD-50, must verify the serial and bar code numbers against the shipment make legible corrections on the CD-50, if necessary, and forward one copy of the completed CD-50 back to the originator immediately. Each office should retain a copy of the CD-50 and forward a copy to:

Mailing Address:

Bureau of the Census

ACSD Property Accountability

Room 3J241

Washington, DC 20233

FED Ex Address:

Bureau of the Census

ACSD Property Accountability

Room 3J241

4600 Silver Hill Road

Suitland, Maryland 20746

Excess Personal Property

The SF-122, Transfer Order, Excess Personal Property (Illustration 19-8), is used to transfer excess property.

The transfer of FDCA equipment (Laptop/HHC) to another LCO are done by filling out a D-1350. A copy is sent to the receiving LCO and the original LCO keeps a copy in the D-616.

Transfer of FDCA equipment back to Harris is done via the D-1260R, Acknowledgement Receipt for Returned Harris Property.

Topic 15: Removal of Property

(Topic Number Changed on 10/21/09)

General

Employees may remove equipment from their office for temporary official use when such use is necessary or beneficial to the Bureau's operation or other government purposes. Under no circumstances shall employees use, loan, or borrow Decennial property for personal use. A BC-1550, Property Pass, (Illustration 19-10) must be completed when removing property from a Bureau facility or field office. The PC or designee issues a property pass for a specific period of time, i.e. 1 day up to six months. After this period, the property pass must be renewed.

Property Pass

Procedures for removing Decennial property from the field office are as follows.

The person requesting the property pass will:

- Ask the PC or designee to prepare a BC-1550 in APMS.
- Identify the equipment to be removed, sign and date the BC-1550.
- Have the PC or designee sign the BC-1550.
- Retain the white copy of the BC-1550.
- Show the white copy of the BC-1550 to the security guard when leaving the RCC. The security guard should check the expiration date of the property pass.
- Have the white copy of the BC-1550 available to present to security upon reentry to the RCC.
- Give the PC or designee the white copy of the BC-1550 when returning the property.

The PC or designee will:

- Prepare, sign, and have the employee sign and date the BC-1550; verify the bar code and serial numbers on the property being removed; pull the yellow copy, and file it.
- Match the white copy of the BC-1550 from the employee with yellow copy upon return of the equipment. Verify the bar code and serial numbers on the property being

returned match.

- Sign the back of the white copy of the BC-1550 and attach yellow copy to it. This will certify that the employee returned the property.

Non-Census owned or leased property, located in the field office for the Decennial, is the responsibility of the vendor owning the property. The PC or designee can issue a daily or a long-term property passes for the vendor's use while in the field office.

Illustration 19-1:
CD-50, Personal Property Control

FORM **CD-50**
(REV. 4-99) LF

U.S. DEPARTMENT OF COMMERCE

PERSONAL PROPERTY CONTROL

DATE:

NUMBER:

PURPOSE: *(Check appropriate box)* ☐ CHANGE
☐ ACQUISITION ☐ TRANSFER ☐ LOAN ☐ EXCESS

FROM:	**TO:**
Bureau	Bureau
Organization Code	Organization Code
Location	Location
Custodian Name	Custodian Name
Custodian #	Custodian #
Address	Address
	Phone # Room #
Phone # Room #	Document # Receipt Date
Accounting Class	Accounting Class Object Class
	Possession Code Utilization Code

* **CONDITION CODE:** 1=Excellent, 4=Usable, 7=Repairable, X=Salvage, S=Scrap

BAR CODE NO.	MANUFACTURER	DESCRIPTION	MODEL NO.	SERIAL NO.	ORIGINAL ACQUISITION AMOUNT	*

APPROVAL/RECEIPT OF RELEASING OFFICIAL

SIGNATURE	TITLE	DATE

APPROVAL/RECEIPT OF RECEIVING OFFICIAL

SIGNATURE	TITLE	DATE

Copy Distribution: Releasing Office, Receiving Office, Personal Property Division, File

Illustration 19-2:

SF-120 Report of Excess Personal Property

PAGE 1 OF

STANDARD FORM 120 REV.
APRIL 1957
GEN. SERV. ADMIN.
FPMR (41 CFR) 101-43.311

REPORT OF EXCESS PERSONAL PROPERTY

1. REPORT NO.: 135402-2-115
2. DATE MAILED: 09/08/2008
3. TOTAL COST: $

4. TYPE OF REPORT (Check one only of "a," "b," "c," or "d") ✓ a. ORIGINAL; b. CORRECTED; c. PARTIAL; d. TOTAL W/D (Also check "e" and/or "f" if appropriate); e. OVERSEAS; f. CONTRACTORS INV

5. TO (Name and Address of Agency to which report is made) THRU
GSA SFBU Personal Property Services Branch
230 W. Dearborn Street, Chicago, Il 60604

6. APPROPR. OR FUND TO BE REIMBURSED (If any)

7. FROM (Name and Address of Reporting Agency)
Bureau of the Census
1395 Brewery Park Blvd, Suite 100, Detroit, MI 48232-5405

8. REPORT APPROVED BY (Name and Title)
Regional Director

9. FOR FURTHER INFORMATION CONTACT (Title, Address and Telephone No.)
Census Employee
Administrative Clerk

10. AGENCY APPROVAL (If applicable)

11. SEND PURCHASE ORDERS OR DISPOSAL INSTRUCTIONS TO (Title, Address and Telephone No.)
See Blocks 7 & 9

12. GSA CONTROL NO.

13. FSC GROUP NO.: (APSD)

14. LOCATION OF PROPERTY (If location is to be abandoned, give date)

15. REIM.REQD: YES ☐ NO ✓

16. AGENCY CONTROL NO.

17. SURPLUS RELEASE DATE

EXCESS PROPERTY LIST

ITEM NO. (a)	DESCRIPTION (b)	COND (c)	UNIT (d)	NUMBER OF UNITS (e)	ACQUISITION COST PER UNIT (f)	ACQUISITION COST TOTAL (g)	FAIR VALUE % (h)
						$0.00	
1001	Typewriter, Olivetti, Lexikin 93C SN E13 161403	6	ea	1	709.00	709.00	
	CD 0000673057, YR Acq. 79					0.00	
						0.00	
1002	Typewriter, Olivetti, Lexikon 90 SN E18 0199633	6	ea	1	643.00	643.00	
	CD 0000673058, YR Acq. 79					0.00	
1003	Typewriter, IBM, Selectric II	6	ea	1	895.00	895.00	
	SN 2648298					0.00	
	CD 0000024122, YR Acq. 75					0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	

STANDARD FORM 120 REV.
APRIL 1957 EDITION

(Use Standard Form 120A for Continuation Sheets)
NSN 7540-00-634-4074

PREVIOUS EDITION USABLE

Illustration 19-3:

CD-52, Report of Review of Property

FORM CD-52 LF
(REV. 11-84)
DAO 217-9

U.S. DEPARTMENT OF COMMERCE

REPORT OF REVIEW OF PROPERTY

DATE

NUMBER

PRIMARY ORGANIZATION UNIT

OFFICE OR STATION REPORTING

LOCATION

INSTRUCTIONS

Submit a separate report for each category: Lost, stolen, destroyed, damaged, sacrificed or unserviceable property.

QUANTITY *(Each)*	DESCRIPTION IN DETAIL	UNIT ACQUISITION COST	TOTAL COST OF UNITS	ESTIMATED PRESENT VALUE
	TOTAL		0.00	

EXPLAIN CIRCUMSTANCES CAUSING REPORTED STATUS OF PROPERTY

CERTIFICATION — I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF PROPERTY CUSTODIAN

TITLE

Illustration 19-4:

CD-405, Partial Receipt Notification

FORM CD-405
(REV. 5-90) LF

U.S. DEPARTMENT OF COMMERCE

PARTIAL RECEIPT NOTIFICATION

1. PURCHASE ORDER NUMBER	2. DATE OF RECEIPT	3. RECEIVING OFFICE NUMBER	4. DATE GOODS ACCEPTED *

5. LINE ITEM NO.	6. QUANTITY RECEIVED	UNIT OF ISSUE	7. DESCRIPTION	5. LINE ITEM NO.	6. QUANTITY RECEIVED	UNIT OF ISSUE	7. DESCRIPTION

REMARKS:

*ACCEPTANCE OF MORE THAN 7 DAYS FROM RECEIPT DATE MUST BE AUTHORIZED ON CD-404

I certify that the articles and/or services annotated above have been received, inspected and accepted as complying with the referenced order.	8. SIGNATURE AND DATE	PHONE (Area Code and Number)	9.
	ADDRESS		☐ PARTIAL RECEIPT ☐ COMPLETE RECEIPT

MAIL TO ONE OF THE FOLLOWING FINANCE OFFICES:

Germantown, MD (MSC)
U.S. Department of Commerce
Management Service Center/PO
Caller Service Number 4025
Germantown, Maryland 20874

Norfolk, VA (EASC)
U.S. Department of Commerce
Eastern Administrative Support
Center (EASC)
Mail Code RAS/ECI
253 Monticello Avenue
Norfolk, Virginia 23510

Kansas City, MO (CASC)
U.S. Department of Commerce
Central Administrative Support
Center (CASC)
Division of Finance
Mail Code RAS/CCI
601 East 12th Street
Kansas City, MO 64106

Boulder, CO (MASC)
U.S. Department of Commerce
Mountain Administrative Support
Center (MASC)
Finance Center
Mail Code RAS/MCI
325 Broadway
Boulder, CO 80303

Seattle, WA (WASC)
U.S. Department of Commerce
Western Administrative Support
Center (WASC)
Finance Division
Mail Code RAS/WCI
7600 Sand Point Way, NE
Seattle, WA 98115

Illustration 19-5: BC-1766,

Regional Office Purchase Order Receiving Report

Page ____ of ____

FORM BC-1766(ef) (12-13-99) U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

RECEIVING REPORT

1. Type of report – *Mark (X)*
☐ **Receipt of goods or services** ☐ **Machine rental or lease**

2. Purchase document number

3. Date received

4. Vendor name

5. MATERIALS TO BE DELIVERED →

Name of requisitioner	Division	Room	Building

6. MATERIALS RECEIVED

Item No. (a)	Qty (b)	Unit of issue (c)	Obj. class code (d)	Description (e)	Cost (f)

7. RECEIPT INFORMATION
Mark (X) one box

☐ Partial delivery
☐ Order completed

I certify that the articles and/or services listed above have been received, inspected and accepted as complying with the purchase document number above.

a. Signature (*Materials Handler or Receiving Office*) — Date

b. Signature (*Requisitioner*) — Date

c. Address

Illustration 19-6:

11805, Acknowledgement Receipt For U.S. Government Property Received

D -11805

U.S. DEPARTMENT OF COMMERCE
Economics and statistics Administration
U.S. CENSUS BUREAU

ACKNOWLEDGEMENT RECEIPT FOR U.S. GOVERNMENT PROPERTY RECEIVED

READ, SIGN AND RETURN THE ORIGINAL TO THE LOCAL CENSUS OFFICE UPON RECEIPT
Keep a copy for your records

I, _____ hereby acknowledge that on this _____ day of _____ 20____,
Print Name (Receiving Employee)
I have received from the U.S. Census Bureau the following:

HHC Kit				Laptop Kit			
Received (√)	Qty.	Description	Asset No.	Received (√)	Qty.	Description	Asset No.
	1	HHC			1	Dell Latitude D520	
	1	SD Card			1	Sprint Aircard	
	1	Spare Stylus			1	Power Block	
	1	Velcro Strap			1	Power Cord	
	1	RJ-11 Cable			2	Car: Power Block	
	1	DC Adapter			1	Car: AC cord	
	1	AC Adapter			1	Car: DC cord.	
	1	Kit picture					

_____ _____
Releasing Official: Regional Director or Designee Date

I understand that the above equipment is the property of the U.S. Government and that it is furnished solely for my use in performing my work as an employee of the U.S. Census Bureau. I understand that by accepting this equipment I will be expected to care for it properly and safeguard it at all times from damage or theft. I also understand that I must protect and safeguard any Title 13 Census-confidential data that may be contained on it. **If this equipment is lost, missing or stolen, I am required to contact BOC Computer Incident Response Team (CIRT) within one hour of discovering the incident at 877-343-2010. The BOC-CIRT can be contacted 24 hours a day and seven days a week.** I will not initiate repair, replacement, or other procedures, such as, software installations for this equipment, until I have received instructions from my supervisor. If for any reason my employment with the U.S. Census Bureau is terminated, I understand that this equipment, along with the original packing, must be returned to the U.S. Census Bureau immediately. Otherwise, I will be responsible for the cost of the missing items. The criminal code of the United States provides penalties for the theft, embezzlement, conversion of, or willful damage to Government property. Title 18, U.S. Code 641 provides penalties of up to $250,000 and/or up to 10 years imprisonment. Transferring this computer to a person who is not a sworn to maintain Census confidentiality could also be a violation of Title 13, Untied States Code, Section 214 which prohibits disclosure of Census information. Anyone who is convicted of violating Section 214 can be fined up to $250,000 and/or imprisoned up to 5 years.

_____ _____ _____
Employee Signature (*I have read and understood the above*) Title Date

Operation:
Project code:
Identification no.:
Home telephone no.:

U S C E N S U S B U R E A U
Copy Distribution: Copy 1 – White copy to ECCF folder Copy 2 – To Employee Copy 3 – To Supervisor/Trainer

Illustration 19-7: 11805R,
Acknowledgement Receipt for Returned U.S. Government Property

D -11805R

U.S. DEPARTMENT OF COMMERCE
Economics and statistics Administration
U.S. CENSUS BUREAU

ACKNOWLEDGEMENT RECEIPT FOR RETURNED U.S. GOVERNMENT PROPERTY

READ, SIGN AND RETURN THE ORIGINAL TO THE LOCAL CENSUS OFFICE UPON RECEIPT
Keep a copy for your records

I _____ acknowledge that _____ has returned the property
Print Name (*Receiving Official*) Print Name (*Returning Employee*)
listed below.

What is the condition of the equipment? ☐ Working ☐ Not Working

Is this equipment being replaced? ☐ Yes ☐ No

Is the employee leaving the Bureau? Mark (X) one

☐ Yes ☐ No If yes, check all records to ensure all property assigned has been returned.

HHC Kit				Laptop Kit			
Received (√)	Qty.	Description	Asset No.	Received (√)	Qty.	Description	Asset No.
		HHC				Dell Latitude D520	
		SD Card				Sprint Aircard	
		Spare Stylus				Power Block	
		Velcro Strap				Power Cord	
		RJ-11 Cable				Car: Power Block	
		DC Adapter				Car: AC cord	
		AC Adapter				Car: DC cord.	
		Kit picture					

CERTIFICATION				
Action (1)		Name – Signature (2)	Applicant ID No. (3)	Date (4)
A	Received by			
	Released by			
B	Received by			
	Released by			
C	Received by			
	Released by			

U S C E N S U S B U R E A U

Copy Distribution : **WHITE** – ECCF folder **YELLOW** – To Returning Employee **PINK** – To Receiving Official **GOLDENROD** – To Intermediate Returning Official

Illustration 19-7
BC-1206, Security Incident Report

FORM **BC-1206** (11-8-99)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SECURITY INCIDENT REPORT

1. Incident
Date | Time ☐ a.m. ☐ p.m.

2. Report
Date | Time ☐ a.m. ☐ p.m.

CENSUS SECURITY OFFICE USE ONLY
Date received – *Stamp*

3. Complete address where incident happened *(Street, city, State, ZIP Code) OR (Room/Building)* →

4. Person completing report →
a. Name
b. Signature
c. Telephone number | Area code | Number
d. Division or Region
e. Building
f. Room No.

5. Type of incident
☐ ADP
☐ Assault
☐ Theft – Government
☐ Theft – Personal
☐ Other – *Explain*

6. Was medical attention received?
☐ Yes
☐ No

7. Details of incident – *If additional pages are needed, mark (X) this box and attach.* ☐

8. Who was notified of incident – *Mark (X) all boxes that apply*
☐ Police
☐ F.B.I.
☐ Sheriff
☐ FPO
☐ Supervisor
☐ Census Security Office
☐ Division/Regional Security Representative
☐ Administrative Office
☐ Other – *Specify*

9. Police report number *(If applicable)*
☐ Attached ☐ Will follow

10. Persons involved in incident – *Attach additional pages, if necessary.*
Codes for column (a): **W** – Witness **V** – Victim or Complaintant **O** – Investigated by **M** – Medical personnel

Code (a)	Name (b)	Telephone (c) Area code	Telephone (c) Number	Street, city, State, ZIP Code (d)

CENSUS SECURITY OFFICE USE ONLY

11. Disposition of incident – *If additional pages are needed, mark (X) this box and attach.* ☐

12. Signature of person closing this incident
13. Date incident was closed
14. Incident number →

Illustration 19-8

SF-122, Transfer Order Excess Personal Property

STANDARD FORM 122
JUNE 1974
GENERAL SERVICES ADMINISTRATION
FPMR (41 CFR) 101-32.306
FPMR (41 CFR) 101-43.315

TRANSFER ORDER
EXCESS PERSONAL PROPERTY

1. ORDER NO. 23-92-009
2. DATE 09/01/2008

3. TO: **General Services Administration***
Utilization Office
7th & Market Streets
Philadelphia, PA 19106

4. ORDERING AGENCY *(Full name and address)**
US Customs Service
2nd & Chestnut Streets
Philadelphia, PA 19110

5. HOLDING AGENCY *(Name and address)**
Bureau of the Census
105 South 7th Street
Philadelphia, PA 19106

6. SHIP TO *(Consignee and destination)**
See Block 8

7. LOCATION OF PROPERTY
Bureau of the Census
105 South 7th Street
Philadelphia, PA 19106

8. SHIPPING INSTRUCTIONS
Call Ken at 215-597-4928 when ready for pick up.

9. ORDERING AGENCY APPROVAL
a. SIGNATURE
b. DATE
c. TITLE

10. APPROPRIATION SYMBOL AND TITLE

11. ALLOTMENT

12. GOVERNMENT B/L NO.

13. PROPERTY ORDERED

GSA AND HOLDING AGENCY NOS. (a)	ITEM NO. (b)	DESCRIPTION *(Include noun name FSC Group and Class, Condition code and, if available, National Stock Number)* (c)	UNIT (d)	QUANTITY (e)	ACQUISITION COST UNIT (f)	ACQUISITION COST TOTAL (g)
127A1451	1	File Cabinet, 5 drawer w/locks and keys, beige	EA	5	240.00	1,200.00
		7110-00-286-3798				0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
		Total of Property Ordered				$1,200.00

14. GSA APPROVAL
a. SIGNATURE
b. TITLE
c. DATE

FOR GSA USE ONLY

AGENCY AND LOCATION				FSC	CONDITION	SOURCE CODE
AGENCY	STATE					

*Include ZIP Code

Illustration 19-9:

SF-123, Transfer Order Surplus Personal Property

TRANSFER ORDER SURPLUS PERSONAL PROPERTY

1. ORDER NUMBER(S)
a. 23-2-0011-92
b.

FORM APPROVED OMB NUMBER 3090-0014

PAGE 1 OF PAGES

2. TYPE OF ORDER
[X] STATE AGENCY [ ] DOD(SEA) [ ] FAA

3. SURPLUS RELEASE DATE 09/01/08

4. SET ASIDE DATE

5. [X] NON-REPORTABLE [ ] REPORTABLE

6. TOTAL ACQUISITION COST $6,651.34

7. TO GENERAL SERVICES ADMINISTRATION*
Philadelphia,PA 19107

8. LOCATION OF PROPERTY
Same as 9

9. HOLDING AGENCY *(Name and address)**
Bureau of the Census
105 South 7th Street
Philadelphia,PA 19106

10. FOR GSA USE ONLY
SOURCE CODE
STATE CITY
TYPE OF DONATION
ADJUSTED ALLOCATION CODE

11. PICKUP OR SHIPPING INSTRUCTIONS*
See 13below for instructions Call 717-787-3379

12. SURPLUS PROPERTY LIST

L/I NO. (a)	IDENTIFICATION NUMBER(S) (b)	DESCRIPTION (c)	DEMIL. CODE (d)	COND. CODE (e)	QUANTITY AND UNIT (f)	ACQUISITION COST UNIT (g)	ACQUISITION COST TOTAL (h)
		Desk, regular, double pedestal			24	201.48	4,835.
		Desk,Secretary 1/b			4	174.00	696.
		Desk,attachment, secretary			4	114.50	460.
		Credenza,291/2H, 77"l 19" D			2	659	659.

13. TRANSFEREE ACTION
Transferee certifies and agrees that transfers and donations are made in accordance with 41 CFR 101-44, and to the terms, conditions, and assurances as specified on this document.

a. TRANSFEREE *(Name and address of State Agency, SEA, or public airport)**
Pennsylvania State Agency
for Surplus Property
2221 Forster Street
Harrisburg, PA 17105

b. SIGNATURE AND TITLE OF STATE AGENCY OR DONEE REPRESENTATIVE
Federal Surplus Property Unit

c. DATE 08/21/08

d. SIGNATURE OF HEAD OF THE SEA *(School or National Headquarters)*

e. DATE

14. ADMINISTRATIVE ACTION
I certify that the administrative actions pertinent to this order are in accordance with 41 CFR 101-44 and as specified on this document have been and are being taken.

a. DETERMINING OFFICER *(DOD or FAA)**

b. SIGNATURE OF DETERMINING OFFICER /S/

c. DATE 08/24/08

d. GSA APPROVING OFFICER /S/

e. SIGNATURE OF APPROVING OFFICER /S/

f. DATE 08/24/08

*Please include "ZIP codes" in all address blocks.
NSN 7540-00-965-2415
Previous Editions not usable

WHITE

STANDARD FORM 123 (Rev. 6-82)
Prescribed by GSA FPMR (41 CFR) 101-44.110

Illustration 19-10:
BC-1550, Property Pass

FORM **BC-1550**
(7-31-2001)
PRES. BY
CAM CH. K9

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

PROPERTY PASS

1. Date authorized — May not exceed 6 months

I understand that the item/items I am removing from this facility is/are the property of the U.S. Government and that it is furnished solely for my use in performing my work as an employee of the U.S. Census Bureau. If this equipment is not returned when requested by my supervisor or other authorized Census Bureau representative, I may be held financially responsible for the full cost of the equipment.

2. Name of the employee Property Pass issued to:	**3a.** Signature of employee acknowledging receipt of property	**b.** Date	**4.** Location of property *(room, building number or name)*

5. Barcode Number	**6.** Serial number	**7.** Description	**8.** Model number	**9.** Responsible Person

10. Type of authorization – *Mark (X) one box*	**11.** Restrictions – *If applicable*
☐ Property custodian ☐ Alternate	

12. Approved	**a.** Signature of Property Custodian or Liaison	**b.** Print name		
	c. Title	**d.** Location *(Rm., and bldg.)*	**e.** Telephone No.	**f.** Date

13. Type of employee – *Mark X one* ☐ Government ☐ Non-Government

PROPERTY RETURN CERTIFICATION

14a. Signature	**b.** Title	**c.** Date

This signature certifies that the property has been returned ***One copy for file and one copy to Employee***

Chapter 20: Security

Topic 1: Physical Security

General

This chapter outlines security procedures and precautions for the Regional Census Center (RCC), including the Regional Office Census Coverage Measurement (ROCM), which is contained within the RCC and provides guidance in assuring the confidentiality of census documents. The reference to RCC includes the ROCM unless otherwise specified. The Regional Director has ultimate responsibility for the security of the office environment. Reports of any breach of security must be reported to the Regional Director (RD), Deputy RD, or the Assistant Regional Census Manager (ARCM).

Protection of Government Property

It is the responsibility of all employees to protect government property in their custody. Use locking supply cabinets or a lockable supply room to secure office machines such as laptop computers, hand held computers (HHC), calculators, cassette tape players, VCRs, DVDs and projectors overnight and for periods when they are not being used.

- Cameras are prohibited in Census operations unless the Regional Director gives advance approval. Under no circumstances are confidential materials to be photographed or otherwise reproduced, i.e., photocopied, except as required for normal Census operations.
- Copying copyright protected computer software is strictly prohibited. The creation of additional copies of commercial copyright protected software packages for use on a personal computer at work, for use at home, or for distribution to friends or others is prohibited. To the extent practical, original software should be kept in a locked cabinet when not in use.
- Personal use of Government computer equipment is prohibited.
- Given the increasing reliance on the internet, the Census Bureau has reviewed and revised its policy on authorized use of Census Bureau- provided computer resources. The Census Bureau provides Internet access and related

computer resources to Census Bureau employees for authorized uses and is explained in further detail at *http://cww2.census.gov/inetPolicy.asp*

- Carrying computer disks or tapes in or out of the office, except as authorized to complete official tasks, is prohibited. An example of an exception to this might be if a local purchase of disks was necessary – they would be carried into the office.
- All computers, printers, other computer accessories, and related software (CDs) must be kept in compliance with security requirements.
- Verify any removal of equipment before a repair person leaves your office.

Inspection of Personal Property

The Regional Director shall make the decision to search personal property. Searches may be made upon leaving the building to protect against removal of Title 13 data and government property. Searches also may be made upon entry to the building when there is a reason to suspect that weapons, drugs, or other prohibited items may be brought into the office.

Whenever searches are conducted, the following procedures must always be observed:

- All people must be treated equally. In other words, everyone must be searched or no one can be searched.
- There must be a reason for initiation of the search documented by the Regional Director.
- Whenever prohibited items are discovered, they must not be touched or otherwise disturbed. If they are, legal procedures regarding preservation of evidence may be compromised and any prosecution is unlikely. The local police or other law enforcement agency should be contacted. They know how to deal with the evidence.
- If there is any disturbance because of the search, or after prohibited items are discovered, Census Bureau employees are not to get physically involved except for self defense. Police must be immediately notified that an emergency situation exists. Let the person escape if necessary.
- Hand-held metal detectors may be used to "search" people entering the building. Any other physical search of a person is prohibited. Physical contact must not take place.
- If police are summoned and arrive on the scene, they will

make the decision regarding what action to take. They know how and when to search people and property.

- A sign shall be posted at each entrance advising everyone who enters the building (or office) that they are subject to search.

Personal Security

Employees should be advised to:

- Not bring attractive and/or expensive items into the office.
- Not leave purses where the public can see them.
- Not leave purses or money in desk drawers or file cabinets when absent from the work area.
- Not walk to parking lots alone at night, if possible.
- Not work alone after hours.
- Not hang coats, sweaters, or umbrellas near a corridor door.
- Ensure locks for desk drawers are operational.

Note: The Census Bureau will not be responsible for the loss or theft of personal articles in the office.

Signs

Signs must be posted on "Strategic" doors (strategic determination will be made by the Regional Director or designee) stating: " RESTRICTED AREA - Authorized Personnel Only." A small sign must be placed on strategic doors directing visitors to the main entrance. The main entrance must be clearly marked with signs instructing visitors to register at the receptionist's desk. A large sign must be placed near the receptionist's desk stating: "VISITORS MUST REGISTER HERE." A sign denoting the location of fire extinguishers must be placed above each fire extinguisher. The sign "WARNING U.S. GOVERNMENT PROPERTY" must be posted on all entrances to the office.

Topic 2: Confidentiality of Census Data

Provisions of Law and Oath of Office

The basic law under which the U.S. Census Bureau was established prohibits employees from revealing orally, or by exhibit or records, any schedule or report obtained from individual respondents. A copy of the law, Title 13, U.S. Code should be kept in the administrative files of each regional census center (RCC) under "Title 13 U.S. Code – Census" (http://cww.census.gov/po/13usc.htm) and should be referred to for more details/

The oath of office of the U.S. Census Bureau contains Affidavit of Nondisclosure. This places a legal binding agreement upon the employee. The nondisclosure statement is as follows:

"I will not disclose any information contained in the schedules, lists, or statements obtained for or prepared by the U.S. Census Bureau to any person or persons either during or after employment" (under Title 13, U.S.C. Section 214, one penalty for unlawful disclosure is a fine of not more than $250,000 or imprisonment for not more than five years or both)."

Background and Use of Term "Census Confidential"

"Census Confidential" is a term applied to data given special treatment for the purpose of protecting the individual respondent rather than for the purpose of national security. The term, "Census Confidential" has been used by the U.S. Census Bureau to identify information which Census Bureau employees are legally and morally bound to refrain from disclosing except for statistical totals or as otherwise authorized.

The Census Bureau informs each respondent through a statement on all questionnaires, schedules, and public use forms, that the data they provide are required by law to be kept in strict confidence.

The Census Bureau's reputation for nondisclosure of data is a major factor in obtaining the cooperation of respondents.

Transporting "Census Confidential Material"

All "Census Confidential" material which are to be transferred from one office to another, except for routine survey transmittals, must be enclosed in a nontransparent inner and outer cover before transmitting. The inner cover should be sealed with a plain

wrapper or envelope, and marked "DISCLOSURE PROHIBITED-13 USC", and addressed to the appropriate official by title, if known. The outer cover must be sealed and addressed in the same manner without the Disclosure designation.

Responsibility

RCCs are responsible for:

- Developing internal procedures for handling Title 13 data. The procedures must be in compliance with guidelines below and the Policies & Procedures Manual (PPM), Section S, Security Administration at http://cww.census.gov/amsd/services/ppm/s_sec.html.
- Reviewing existing procedures to assure compliance with regulations.
- Consulting with the Office of Security (OSY) at the Census Bureau through the Assistant Division Chief (ADC) for Administration, Field Division (FLD), when problems occur in preparing procedures for handling "Census Confidential" material.
- Immediately reporting all security incidents and incorrect shipments involving "Census Confidential" data to the OSY through the ADC for Administration, FLD.

The OSY is responsible for the Census Bureau's security program including the handling of "Census Confidential" data. In that capacity, the OSY will provide security recommendations and guidelines to all offices. They will also review existing procedures for compliance with regulations.

Guideline

Labeling

- Use the term "Disclosure Prohibited-13 USC" for nonpublic use documents. When preparing reports or memoranda of more than one page, the cover page must be marked: "THIS (report, memorandum) CONTAINS INFORMATION, THE RELEASE OF WHICH IS PROHIBITED BY TITLE 13 USC, AND IS FOR U.S. CENSUS BUREAU OFFICIAL USE ONLY".

  Do not use "CONFIDENTIAL". This term is only used for information affecting the national security.

Never label, mark, or stamp "Census Confidential" on the outer cover or wrapping of any census mail or shipment.

Mail

- Never mail "Census Confidential" material less than first class (11 ounces and under) or priority (first class and over 11 ounces).
- Certified mail and registered mail are authorized when mail-tracing services are needed (such as magnetic media or microforms).
- Whenever possible, mail "Census Confidential" material in double cover. The inner cover (envelope or wrapping) should be sealed, addressed, and labeled using the instructions above.
- When sending materials containing social security numbers or PII to applicants, employees, other Regional Census Centers, headquarters, etc., they must be sent via Federal Express. By using Federal Express all shipments will be traceable. ***Note: "The social security number and date of birth have been removed from the SF-50, Notification of Personnel Action. These documents should now be sent by first class mail."***

Shipping

- Use only shipping contractors who provide tracking services. (For overnight delivery, use the authorized package shipping service.)
- Ensure carriers understand that multiple packages containing "Census Confidential" material must travel and be delivered as a unit.

Mail and Shipping

- Seal and reinforce all packages being transmitted.
- Enclose a list of contents being transmitted.
- Notify the addressee of the shipment and its contents.

Use of Personal Email

Never use your personal e-mail account (i.e. your AOL, Yahoo, Hotmail, or any other personal e-mail account) to send Title 13 data, such as information about the addresses you are working with or the information collected from a census respondent. Never use your personal e-mail account to send Personally Identifiable Information (PII), such as the name and address, name and Social Security number, or other information that could be used to identify another person. Also, never send e-mail with attachments to your Local

Census Office. These attachments may contain hidden computer viruses that damage census files or create a security risk. Finally, be aware that if you use your personal e-mail account for work related business, the messages could be used as evidence in an investigation (for example, if a complaint is filed by another employee). The Census Bureau does not require you to use your personal e-mail to do your job and will NOT provide reimbursement for your Internet connection or the use of your personal e-mail account. If you have questions about the definition of Title 13 or PII, please refer to the Title 13 or PII materials you received when you were hired.

Topic 3: Published and Unpublished Information

Published Information

Publications, in summary forms issued by the U.S. Census Bureau, are prepared for public use and may be properly released upon request. The data released in these publications has been completely disassociated from the individual sources that furnish it.

Unpublished Information

The term "Unpublished Information" refers to all statistical data as collected by the Census Bureau. These data are unprocessed and identify respondents with the individual information they have furnished.

To safeguard against inadvertent breach of confidentiality, the following rules must be strictly observed:

- All address lists, questionnaires, etc, containing data furnished by individual respondents must be stored in locked filing cabinets or other containers. When these data are in an open office, employees must exercise care to prevent the data from being exposed to public view.
- All office door(s) must be locked when the office space is not occupied by a Census Bureau employee.
- The enumerators and other Census Bureau employees who have questionnaires, HHC's, laptops and other data collected under Title 13 in their possession, must keep these items protected and confidential. It is important that the following is understood:
- The field staff (FOS, CL, CLA, Enumerators) may be prosecuted for disclosures, even if such disclosures are made after their employment with the U.S. Census Bureau has ended.
- They must not, without prior permission, assign any part of their work to anyone else.
- No one, except an authorized Census Bureau employee, may accompany enumerators while they are engaged in an official interview.
- No one, except an authorized Census Bureau employee, may see the address lists or questionnaires collected.
- Address lists taken from enumerators must not be examined by other Census Bureau employees except those having official reason for doing so.

- The enumerators are forbidden to write the name of any fictitious or untruthful statement concerning any person, business establishment on the address list.
- The enumerators must never reveal, either in conversation or by allowing someone to look at a questionnaire, HHC or laptop, any information about a respondent.
- When asking neighbors, apartment managers, or others when they expect someone to be home, enumerators must not mention the specific name of the operation they are conducting.
- The enumerators must notify their supervisor immediately if material containing census confidential information is missing, stolen, or destroyed. (More information can be found in Chapter 19).
- The enumerators must not permit persons other than sworn U.S. Census Bureau employees to listen to an interview. When conducting an interview by telephone, they must not allow unauthorized persons to listen to conversations.
- Questionnaires, Laptops, HHC's and other materials containing Title 13 data must be stored out of sight in homes, motel rooms, or other places to prevent unauthorized persons from looking at them. Do not leave census materials in view in vehicles and keep vehicles locked when unattended.
- Voided material containing census confidentiality information must be sent to the RCC for destruction.

Topic 4: Disposition of Confidential Material

Requirements for Destruction

Each RCC will destroy all sensitive material, in accordance with approved record disposition schedules, as soon as possible after it has served its purpose. Sensitive material should never be disposed of by depositing it in the trash or recycle containers.

Each RCC should have central "document destruction containers" (formally called "burn bags") to store sensitive materials.

Each RCC should have a secure centralized area where the collected "document destruction materials" can be stored until they are destroyed by one of the recommended methods.

Methods of Destruction

Destroy sensitive material by shredding, chemical decomposition, pulverizing or burning only in a facility approved by the Environmental Protection Agency (EPA).

The destruction process must prevent recognition or reconstruction of the information.

Each RCC shall follow the instructions contained in this chapter.

Witness to Destruction

A Census Bureau employee shall either destroy the sensitive material or be present during its destruction. In all cases, the individual destroying material shall be a responsible individual briefed on the destruction provisions of this chapter. A listing of individuals or position titles of persons authorized to destroy sensitive material should be documented.

Sensitive Waste

Destroy sensitive waste as soon as practical, under the provisions of this policy and in accordance with approved records disposition schedules. This applies to such sensitive waste material as preliminary drafts, carbon sheets, carbon ribbons, plates, stencils, stenographic notes, worksheets, and similar items. Most magnetic storage media (including hard disks) can be desensitized by using approved degaussing devices.

Contact the Census Security Office for further information on degaussing methodology.

National Security Information

Regional Census Centers that handle and store National Security Information (i.e., information classified as Confidential, Secret, and Top Secret) must adhere to the policies of the information's agency of origin. National Security Information cannot be destroyed by Census Bureau personnel unless the agency of origin has delegated this authority to the Census Bureau. When the Census Bureau has been delegated destruction authority, the appropriate Certificate of Destruction will be accomplished according to the agency of origin's policies. Further information is available in Departmental Administrative Order (DAO) 207-2, National Security Information. The OSY will monitor and provide technical assistance regarding the destruction of National Security Information.

Alternate Procedures

The Regional Census Centers are authorized to destroy sensitive material with the approval of the Regional Director or designee, and through coordination with the OSY. If destruction equipment does not exist on site, Regional Directors or designee may hire contractors, vendors, or suppliers specializing in the destruction of sensitive information.

Those with direct access to the sensitive material must be sworn in before they can destroy this material. A Census Bureau employee must be present if contract personnel destroy the material. When it is determined to be more efficient or appropriate for temporary field offices, the Regional Director may send sensitive materials to other approved sites for disposition.

Contacts

Contact the Office of Security on (301) 763-1716 for clarification and advice on destroying sensitive waste or National Security material and information on hiring contractors.

The Office of Security is responsible for the Census Bureau's security program including the handling of "Census Confidential" data. In that capacity, the Division will provide security recommendations and guidelines to all divisions and offices.

Contact the Administrative Customer Services Division (ACSD) Records Office at (301) 763-5494 to determine if records are eligible for disposal and for clarification and advice on disposal procedures, especially for those records that contain sensitive material.

Destruction of Sensitive Material

Each RCC shall follow these instructions to destroy sensitive material.

- Destroy sensitive material the same day it is delivered to the facility that will perform the destruction.
- Destroy sensitive material by: burning, shredding, chemical, decomposition, and pulverizing (for example, hammer mills, choppers, and hybridized disintegrating equipment).
- Use EPA approved public incinerators only with the prior approval of, and under conditions prescribed by, the Field Office Manager, OSY.
- If burning sensitive material, examine ash residue if possible. If there are any large pieces of unburned material, reburn them until totally destroyed.
- If shredding sensitive material, the paper must be shredded to 1/32 inch or smaller strips with a cross cut.
- Shredded material meeting the above specifications needs no further destruction and can be thrown in the trash. They should not be used for other purposes, such as packaging.
- Only use the equipment listed on the General Services Administration (GSA) Federal Supply Schedule and approved by the OSY.
- When pulverizing sensitive material, such as microforms, use equipment with security screens that have perforations of 3/32 inch or smaller. If using hammer mills, use security screen perforations that do not exceed 3/16 inch in diameter. If using a chopper or hybridized disintegrator, use 3/32 inch in diameter security screen. Sensitive microform material to be pulverized may be sent to National Processing Center in Jeffersonville, Indiana for destruction.
- Degaussing is the primary method of destroying computer disks with sensitive information; however, depending on the make-up of the disks, they also can be shredded.
- Contact the OSY for help in developing procedures that comply with the manufacturer's instructions for operating destruction equipment.
- These procedures shall include an inspection of the equipment after each use to assure that the destruction process is completely effective.

- RCCs also may be provided with special instructions by memorandums at the appropriate time for items not covered in specific manuals.

Topic 5: Access Control

General

One entrance to the RCC should be designated as the main entrance and have a receptionist's desk located close by. A designated employee must be stationed at the receptionist's/secretary's desk at all times when the office is open. The entrance and the receptionist/secretary will be used for checking employee's badges, registering visitors, issuing visitors badges and temporary employee's badges.

All visitors to the RCC must register at the receptionist's desk and obtain a Temporary Visitor Pass, Form BC-1515.

All persons in the RCC office work areas must display their identification (ID) badge above the waist at all times in such a manner as to be easily visible. Should an employee report for work without his/her ID badge, a Temporary Employee Pass Form BC-1515A, must be obtained from the receptionist's desk located at the main entrance.

For control purposes, the Receptionist must maintain the Employee Register, Form D-1145, and the Visitor Register, Form BC-1204. All temporary passes must have an expiration date. The visitor pass is valid only from 6:30 am to 5:30 pm of the day issued. The temporary employee pass is valid 24 hours of the day issued. It allows access during working hours as well as during building security hours. All visitors including headquarters personnel must check in at the receptionist's desk and sign the Visitor Register. These passes must be surrendered to the receptionist at the end of the visit.

The Intrusion Detection System for the RCC must be functioning and monitored by the Department of Homeland Security (DHS) Megacenter responsible for the RCC. The Security Officer should contact the DHS Megacenter to verify the RCC is being monitored and fully alarmed. Please reference the RCC MARS form for the instructions to contact the DHS Megacenter.

Server Room

Controlling access and maintaining security of the Server Room and the network equipment are significantly important to conducting the missions of the U.S. Census Bureau. Access is limited to Lead Support Coordinator, Support Liaisons, Regional Director and the IT BOC Network Specialist. However, access to

the server room can be decided by the Regional Director. With this purpose in mind, a log was created to record entry to and exit from any Server Room in a U.S. Census Bureau facility.

The Lead Support Coordinator, or an official appointed by the Regional Director, should ensure that only responsible individuals with a legitimate business reason are permitted to enter any Server Room, and every instance of entry is recorded in the log at the time of occurrence. The expectation is that the log will be maintained and kept for as long as the facility continues to operate as an installation of the U.S. Census Bureau.

At the close of the facility, the log will be turned over to the Regional Director. Other employees are permitted only on a need-to-be-there-basis. The Lead Support Coordinator will maintain the "Server Room Access Log", a sign-in and sign-out log for all staff and visitors who enter the automation area. See page 12-14 to view the "Server Room Access Log."

Server Room Access Log

U. S. Census Bureau
Server Room Access Log

Census Office Name & ID Code: | Supervising Manager:

Census Office Address: | Security Officer:

Date of Entry	Time of Entry/Exit		Name(s) of person(s) entering	Reason for Access

Server Room Access Log

Any person(s) gaining entry or access to the server Room must record in the **Server Room Access Log** with their name, date and time of entry and exit, and the purpose or intent of their entry.

The placement of the log will be the discretion of the facility manager, but the recommendation is to post it on or as near as practical to the door of the server room where entry would occur. The placement to be conspicuous and in a manner easily to be seen and convenient enough to encourage compliance with the requirement to record all entry and exit, to and from the server room.

The column heading on this form ask that the following information be provided

- **Census Office Name & ID Code** – the unique numerical designation assigned to the office containing the Server Room.
- **Census Office Address** – the name of the city or descriptive title used to distinguish the office containing the Server Room.
- **Supervising Manager** – the name of the manager, or the designee, whose role and responsibilities include the supervision of the Server Room.
- **Security Officer** – name of the person designated by the Regional Director to be responsible for the safety and security of the Server Room.
- **Date of Entry** – the calendar date the person enters the Server Room.
- **Time of Entry/Exit** – the time a person(s) enters and the time that same person(s) exits the Server Room. Time should be stated using the time zone appropriate for the location of the office.
- **Name(s) of person(s) entering** – the name of the person or persons who are entering the Server Room at any instance.
- **Reason for Access** – the stated purpose for granting access to the sever room the person(s) entering on any occasion.

All automation employees are responsible for confirming that visitors and other office employees who are present in the automation area have legitimate business there. At times, the computer hardware vendor may send a representative to the RCC to repair or provide maintenance on computer equipment. All

vendor representatives must be sworn in as a Special Sworn Status (SSS) visitor. They will receive a visitor's badge from the receptionist, who will notify the Lead Support Coordinator to have them escorted to the automation area.

In summary, all instances of entry into and exit from a Server Room in any U.S. Census Bureau facility are to be accounted for and tracked using the "Server Room Access Log" created for this purpose. At least quarterly, or at ninety-day intervals, the designated manager should review the log for completeness and accuracy of information, and note any irregularities that appear there. To signify this supervisory effort, the designee should initial and date the log. This review may be performed by a person designated by the manager to do so.

Instructions for the Accountability and Control Of Locks and Keys

The integrity of any key system is important to safeguarding property and controlling access. Lost keys minimize a lock's effectiveness. The Regional Census Center Security Officer or designee, appointed by the Regional Director, should ensure that responsible individuals maintain control over a facility's key system by storing, issuing, and accounting for all keys under the facility's control. Issuance of keys needs to be kept to a minimum. Keys should be issued only to persons who have an official need for them. Accurate accountability records must be kept and should contain the information listed and explained below. No keys are to be destroyed or discarded, whether considered to be "no longer needed" or not; rather all keys should remain in the inventory or an issued status.

When stored in a U.S. Census Bureau facility, all cores and keys are to be kept in a securely built and lockable container or safe designed for the purpose of and with sufficient size to completely contain the extra keys and cores. **A separate inventory of all cores and keys needs to be conducted every six months and the inventory results recorded and kept with the distribution logs.**

Access Keys to Lessors for "Emergency Purposes"

There may be cases where it is deemed necessary to issue a key to a lessor for emergency purposes. The following guidelines and precautions should be followed:

- Key is to be placed in a sealed envelope and written across the seal "Only to be used for Emergency Purposes, signed and dated."
- Only entrance keys be issued to the lessor for emergency purposes.

- No "Master Keys" should be granted to the lessor as they under restricted guidelines to even Census personnel.
- No alarm codes issued to lessor under any circumstances.
- No key should be left outside of building in a locked box under any circumstances.
- Guidelines must be instituted for inspecting sealed envelope on a routine basis, and upon request of Census personnel.
- All Title 13 information is properly secured in appropriate and approved containers when unattended.

Ensure handheld devices and server rooms are properly secured to prevent "unauthorized" access.

Lock Core Distribution Log

All lock cores ordered, received and placed in use in any facility of the U.S. Census Bureau will be recorded and inventoried on the **Lock Core Distribution Log.** See next page to view the "Lock Core Distribution Log."

Lock Core Distribution Log

U.S. Census Bureau

Lock Core Distribution Log

Census Office Name & ID Code:

Space Leasing Coordinator/Representative:

Census Office Address:

Core Code ID:	Core location description:	Key ID & Count:	Date installed:	Installed by: (Name of individual)	Exchanged (Y or N):	Date exchanged:	ID code on replacement:

Lock Core Distribution Log Continued

The column headings on this form ask that the following information be provided:

- **Core Code ID** – in manufacture, each core is assigned a code consisting of a letter and a number, the letter specifying an office code, and the number signifying a sub-set code within that office.
- **Core location description** – the door or area where the core is placed in service. (e.g. HHC room door, Server Room door)
- **Key ID & Count** – each core has a matching key or keys that are coded to match that core, and that code, along with the number of keys of the same code is recorded here.
- **Date Installed** - the calendar date a core is placed in a locking mechanism.
- **Installed by** – name of the person who places the core in the locking mechanism.
- **Exchange** – to specify if the core being installed is a first time installation or if it replaces a core previously placed in service by the Census Bureau.
- **Date exchanged** – if the answer to the previous question was yes, specify the date the exchange took place.
- **ID code on replacement** – the Core Code ID of the core installed to replace existing core.

Key Distribution Log

All keys ordered, received and placed in use in any facility of the U.S. Census Bureau will be recorded and inventoried on the **Key Distribution Log**. See next page to view the "Key Distribution Log."

Key Distribution Log

U.S. Census Bureau

Key Distribution Log

Census Office Name & ID Code:

Space Leasing Coordinator/Representative:

Census Office Address:

Key ID:	Initial # of keys received:	# of keys issued:	Keys remaining:	Issued to: (Print name and sign below)	Role of person:	Date returned:	Accepted by:

Key Distribution Log Continued

The column headings on this form ask that the following information be provided:

- **Key ID** - in manufacture, each key is assigned a code that matches the core it will unlock and consisting of a letter and a number, exactly as in the case of the cores. As in the case of the core IDs, the letter specifies an office code, and the number signifies a sub-set code within that office.
- **Initial # of keys received** – whenever a shipment of keys is received, record the number of keys supplied in that one shipment.
- **# of keys issued** – record the count of any one key of the same Key ID issued to the same person.
- **Keys remaining** – record the count of the keys remaining in the inventory control.
- **Issued to** – record the printed name of the person receiving the key(s) and have that person sign on the line below their printed name.
- **Role of the person** – record the title or position of the person receiving the key(s).
- **Date returned** – record the calendar date a person returns a key or keys to the inventory control.
- **Accepted by** – the name of the Security Officer or the designated authority responsible for accepting a key or keys back into the control inventory.

All keys and cores acquired and accepted for any U. S. Census Bureau facility are to be accounted for and tracked in this manner by using the form supplied, or a form designed to provide the very same information. Master keys and Control Keys are to be inventoried and controlled the same as any operational keys. They are, however, not to be issued or assigned beyond the control of a Space Leasing Coordinator or Representative or the management of the office.

Requests for the issuance of new, duplicate, or replacement keys should be monitored and approved or disapproved by the Security Officer. Any key issued on a short term or temporary basis should be promptly returned to the Security Officer who will monitor keys issued on this basis. Any lost, misplaced, or damaged keys are to be reported to the Security Officer or the person's immediate supervisor as soon as the circumstance is known. Any core that might be compromised by any lost, mishandled, or misplaced keys are to be immediately replaced and recorded in the log.

Topic 6: Security Guard Services

General

Federal Protective Service, Department of Homeland Security, provides normal safety, fire, and guard protection for government occupied facilities and their occupants. This protection is provided directly in government owned space and is provided indirectly or not at all in government-leased spaces.

Regional Directors should contact the Space Leasing Coordination Branch, Field Division, at (301) 763-8366, if it is determined that security guard services are required for the RCC office.

Topic 7: Identification Cards

Issuance

The RCC administrative staff will control and issue the BC-312, Identification Card. This is a personal photo identification issued only to Schedule A employees whose duties and responsibilities require documentary evidence of their employment by the Bureau of the Census.

Accountability

An employee is responsible for returning the BC-312, ID Card, to the RCC upon separation. Failure to return the card may result in withholding of the employee's last salary check or lump sum leave pay. If the ID card is lost or stolen, the employee must report it to their supervisor and submit a written statement explaining the facts surrounding the loss and efforts to recover the card.

The RCC will create a BC-1206, Security Incident Report, in the Security Incident Reporting System (SIRS) and fax a copy to the Office Of Security and Decennial Administrative Branch (301) 763-5081.

Disposition

When the employee separates:

- Collect the ID Card
- List the card on the CD-126, Separation Clearance Certificate
- Shred the card and record disposition of the card on Form 11-31

Reissuing of Expired ID cards

Each region will be responsible for developing and documenting a procedure for reissuing of expired ID cards.

Employee Separation Clearance

Clearance of employees is required to assure that any indebtedness to the Federal Government is adjusted and that all property, credentials, and classified materials for which an RCC employee is responsible are returned or accounted for prior to separation. Refer to Chapter 4 for procedures for separation clearance of Schedule A RCC employees.

Topic 8: Emergency Operational Plan (EOP)

General

The purpose of the Emergency Plan is to set forth the responsibilities and procedures to be followed to accomplish an orderly response in case of an emergency. To maintain a comprehensive and effective emergency operational plan, it is the policy of the Census Bureau to:

- Avoid loss of life, injury of personnel, damage to and loss of property.
- Instill safety awareness in all employees.
- Ensure that an organized and systematic approach is used to identify and correct safety problems.
- Encourage safe practices and organize safety promotion.

Consider occupational safety and health an integral part of efficient management and give it full consideration in the planning, development, and operation of every program and activity.

Designated Emergency Management Official

The Federal Property Management Regulations 101-20.003, states that the Designated Emergency Management Official is the highest-ranking official of the primary occupant agency of a Federal facility or a designee selected by mutual agreement of occupant agency officials. The RD should designate one staff member to act as a Management Official if the Census Bureau is the largest agency occupying space in the building. The Designated Emergency Management Official would be responsible for:

- Overseeing all aspects of the Emergency Plan.
- Determining administrative policy and personnel decisions in response to any emergency.
- Providing post-emergency reports to the Regional Director.
- Determining when it is safe for employees to return to the building after consultation with fire officials, building

services representative(s), and the Damage Control Coordinator.

- Reporting to the Command Center during emergency situations.
- Briefing other responding officials.
- The Designated Emergency Management Official Reports to the RD.

Safety Officer

The Regional Director should appoint staff members to assist the Safety Officer. The chain of command for the Emergency Operational Plan staff is as follows:

Regional Director

Designated Emergency Management Official

Medical Coordinator

Safety Officer

Floor Monitors

Area Monitors Damage Control Coordinator

All Other Bureau Personnel

Not all offices may require this expanded hierarchy. There is no set policy on how many people should be on the safety staff. There should be a sufficient number of people so that in the event of an emergency, all personnel and tasks is taken cared safely.

The following guidelines may be used for customizing the chain of command to a particular office:

- When all of the Bureau of the Census's occupied space is on one floor of a particular building, the safety officer may eliminate the floor monitor position and interact directly with the area monitors. The duties and responsibilities listed for the floor monitors (see page 20-18) should then be fulfilled by the safety officer, or assigned to the area monitors as deemed acceptable to the safety officer or Regional Director.
- If there are multiple floors, but only a few individuals on each floor, then floor monitors must assign area monitors. If Emergency Operational Plan (EOP) duties are assigned to an employee, he or she must be considered an area monitor. This should be reported to the safety officer for recording on the Emergency Operation Plan Team Worksheet. Refer to Illustration 20-1 for an example.
- In very small offices located on only one floor, the safety

officer may choose to handle all of the responsibilities of the office as well as those of the floor and area monitors. HOWEVER, THIS PRACTICE IS NOT RECOMMENDED. Each room within even the smallest office has its own unique set of safety considerations. Sufficient area monitors should be assigned to adequately monitor safety on a day-to-day basis and react effectively in an emergency (see page 20-19).

- The responsibilities of the medical coordinator (see Page 20-19) may be taken over by the safety officer. If the building has a federal nurses' office, the safety officer may coordinate with that office to have them perform the duties of the medical coordinator.
- The responsibilities of damage control coordinator (see page 20-20) may be taken over by the safety officer.

Safety Officer Responsibility

- Organize and train an adequate staff. The staff may include floor monitors, area monitors, a damage control coordinator, and a medical coordinator. Keep records of the staff members and their areas of operation on the Emergency Team Worksheet. See Illustration 20-1 for an example.
- Communicate with section heads to develop and tailor the EOP to accommodate the special needs of various employees and workspaces. Develop a working relationship with the security force and explain their responsibilities in case of emergencies.
- Coordinate evacuation plans with office managers of other businesses in the building if not solely occupied by the Bureau of the Census.
- Manage and coordinate emergency response activities as prescribed in the EOP.
- Develop communications and working relationships with Federal, State, and Local authorities that have authority in the area of the office.
- Inform employees how to react in case of emergencies and explain what to expect when an emergency occurs.
- Supervise and direct activities during an emergency in such a way as to ensure the safety of employees and minimize the loss to Census Bureau property.
- Provide employees with information about the EOP and their safety related responsibilities to themselves, their co-workers, and the Bureau of the Census.

- Maintain an accurate emergency phone call list (see Illustration 20-2). Keep copies of the list at or near the main entrance and accessible to all RCC employees.
- Fill out and disseminate appropriate safety forms as specified in this chapter. Maintain records of completed forms.
- Escort emergency response technicians from the main entrance to the emergency location unless doing so puts the Safety Officer at risk.
- Maintain records of individuals having special medical skills, such as CPR or EMT training, on the Emergency Operation Plan Team Work sheets in the EOP file (see Illustration 20-1).
- Conduct periodic inspections of all the Census Bureau's occupied space to identify potential problems and make plans for handling them. Discuss safety concerns with supervisors.
- Evaluate the need for emergency lights and/or flashlights. Take appropriate steps to obtain emergency lighting systems. (Emergency lighting systems should already be installed in leased space.)
- Evaluate the need for a "limited use" phone line to be used for emergency calls. If one is deemed necessary, make arrangements for its assignment and promotion.
- Cooperate with emergency response technicians to allow emergency access when no staff is present.
- Maintain a list of employees requiring special assistance during an emergency

Floor Monitor Responsibilities

If the RCC has offices on more than one floor, appoint a floor monitor for each floor. Their duties are to:

- Report to Safety Officer regarding any safety procedures, violations, and emergencies on their floor.
- Notify the Safety Officer of periods when they will be absent from the floor for prolonged periods of time. Recommend a replacement floor monitor to fill in during the absence.
- Control planned movement and other activities of personnel on the floor according to the EOP.
- Designate and control area monitors. Assign each area monitor specific tasks to complete in case of an

emergency.

- Arrange for a separate individual monitor, or other designated personnel, to be responsible for helping handicapped individuals in the event of an evacuation.
- Maintain personnel listings for the entire floor, preferably broken down by area, so a roll call may be taken after an evacuation. In the event that all personnel are not available for the roll call and can not be identified by other employees as being on leave, then emergency response technicians (fire department, ambulance, police, etc.) should be notified immediately.
- Be on continuous alert for safety violations and hazards. Take measures to correct them as quickly as possible. If they can not be corrected promptly, limit access to the hazard area. Report any problems that cannot be easily solved to the Safety Officer.
- Educate employees of the evacuation routes from their particular work area. Familiarize them with alternate routes.

Area Monitor Responsibilities

- Perform tasks as assigned by the floor monitor.
- Keep floor monitor informed of special needs of employees. This refers to not only disabled individuals, but those who have sustained temporary disabilities such as broken limbs, recovering from an operation, etc.
- Make sure that the floor monitor has an accurate list of the employees working in the area. Be familiar with those on leave.
- The area monitor should notify the floor monitor when they are going to be on leave so arrangements may be made to take care of area personnel in the event of an emergency.
- Promptly report any safety problems to the floor monitor.

Medical Coordinator Responsibilities

- Report to the safety officer.
- Identify and keep records of medical emergency services. Maintain copies of these records at the main entrance and make them available to supervisory personnel.
- Maintain sufficient first aid equipment in good, well-stocked condition. Educate employees as to where the first aid equipment is located.

- Identify which employees have special medical skills, such as CPR or EMT training, and supply the information to the Safety Officer, floor monitors, and supervisory personnel.

Damage Control Coordinator Responsibilities

- Report to the Safety Officer.
- Organize and maintain floor plans of Bureau of the Census occupied space. The plans should include utilities, fire protection systems, communication systems, other emergency equipment, doors and windows, and furnishings. The plans should also identify chemical storage rooms and high fire risk areas such as those with a large amount of paper goods. Make copies of all floor plans and keep them at, or near, the main entrance for use by emergency response technicians.
- Organize and maintain an up-to-date emergency call list for utilities and hazardous substances (see Illustration 20-2).
- Arrange for copies of floor plans and emergency call lists to be located at, or near, the main entrance so emergency response technicians may have ready access to them.
- Arrange employees into damage control teams for clean up after emergency response technicians have given clearance for re-entry.
- Make recommendations regarding use, and upgrading, of facilities and equipment.
- Organize movement of office space and/or office supplies to new location as determined by office contingency plans and disaster recovery plans.

Emergency Operational Plan (EOP) Command Center

The EOP Command Center will be the office in charge of maintaining and administering the EOP. Unless otherwise specified by the Regional Director, the Command Center will be the location of the designated Safety Officer. An alternate Command Center should be identified in the event the primary one is unusable.

The phone number of the Command Center may be the normal line for the person designated, as the Safety Officer, if a roll-over extension system is in operation, or a separate line reserved for emergencies.

In establishing the location for the Command Center, use an area closest to an exit. In the event of a bomb threat, establish an

alternate Command Center location outside of the building.

The purpose of this center is to have a single, well known location for employees to contact in case of an emergency. Maintain copies of the office's Emergency Operational Plan at the primary and alternate Command Center.

Emergency Forms

EOP Team Worksheet

This worksheet is maintained by the Safety Officer, and used to keep track of team responsibilities and other pertinent information needed during an emergency. Refer to Illustration 20-1 for an example.

Emergency Call List

This list contains the numbers of the safety staff as well as local emergency numbers such as police, fire, utility companies, and the Federal Protective Service. Refer to Illustration 20-2 for an example.

Building Information Sheet

This sheet will provide vital information to local authorities in the event of an emergency. Refer to Illustration 20-3.

Emergency Situations

This section provides guidelines to employees on what to do in the event of an emergency. Refer to Illustration 20-4. It should be photocopied and provided to all office employees. The Safety Officer should fill in the blanks prior to distributing the form. He/she should also conduct periodic refresher training for all office employees.

After Hours Emergencies

The Safety Officer should establish a phone tree list with home numbers of all office employees. This way, all office employees can be notified of emergencies that may affect the operation of the RCC. The Regional Director will decide when to contact employees.

Topic 9: Emergency Preparedness Plan for Decennial RCC and LCO Field Staff

General

When community evacuations become necessary, local officials provide information to the public through the media. In some circumstances, other warning methods, such as sirens or telephone calls, also are used. Additionally, there may be circumstances under which you and your family feel threatened or endangered and you need to leave your home, school, or workplace to avoid these situations.

The amount of time you have to leave will depend on the hazard. If the event is a weather condition, such as a hurricane that can be monitored, you might have a day or two to get ready. However, many disasters allow no time for people to gather even the most basic necessities, which is why planning ahead is essential.

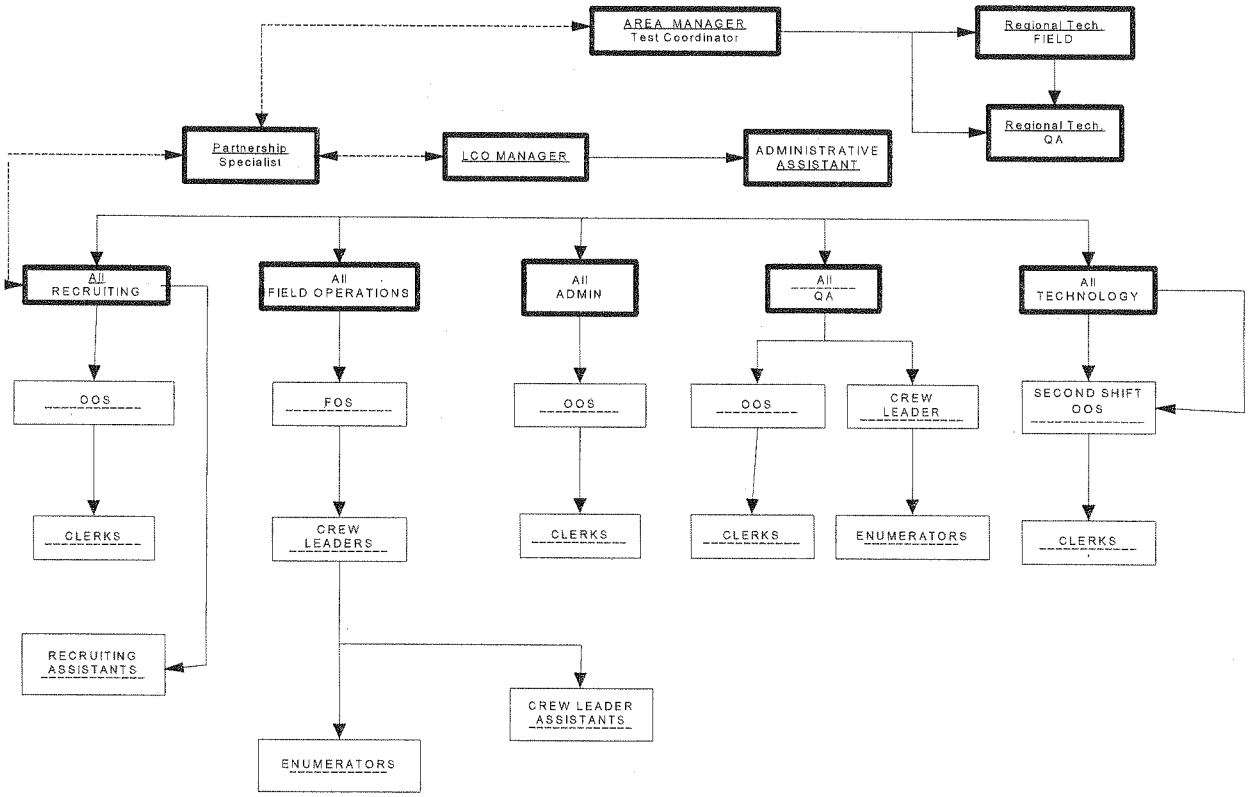
Evacuation: More Common Than You Realize

Evacuations are more common than many people realize. Hundreds of times each year, transportation and industrial accidents release harmful substances, forcing thousands of people to leave their homes. Fires and floods cause evacuations even more frequently. Almost every year, people along the Gulf and Atlantic coasts evacuate in the face of approaching hurricanes.

Decennial Contact Procedures

During Decennial, most of the staff work out of their homes therefore a communication plan in place prior to an emergency evacuation is critical to ensure all field staff have been accounted for in an emergency. The supervisory structure that currently exists creates a phone tree that is to be used in case of emergency. That structure is represented in the Figure 20-1.

Figure 20-1: Decennial Organizational Chart



Field Emergency Contact Procedure

The box in Figure 20-1 signifies staffs that work from their homes. The Assistant Manager for Field Operations (AMFO) receives a weekly roster printed from the Decennial Applicant, Personnel and Payroll System (DAPPS), which includes the contact numbers for all field staff. The AMFO is responsible for contacting the Field Operations Supervisors and, like the AMFO, the FOS has a roster for their Crew Leaders (CL) and enumerators to contact their crews to ensure they as well as their employees are accounted for. Each supervisor is responsible for contacting each employee. If an employee can not be reached at the contact number on the roster then they are to contact the LCO or the RCC, if the LCO has been evacuated as well, for an alternate phone number.

If they are unable to contact an employee with their alternate contact number the LCO staff will pull the employee's CD-415, Record of Employee's Address and Emergency Information, from the working personnel/payroll folder (WPPF) for the emergency contact name, number and address for follow-up.

Office Emergency Contact Procedure

The office follows a similar procedure for accounting for employees' safety. Each supervisor should contact their employees to ensure they are safe. If the supervisor is unaccounted for then the RCC has the ability to access all employees' primary and secondary contact numbers and can assume the role of the LCO.

The LCOM is responsible for maintaining contact with the RCC and providing regular updates on a daily basis to the Area Manager who in turn provides updates to the Regional Director until the emergency has passed.

Evacuation Guidelines

Table 20-1 provides guidelines when evacuation is necessary.

Table 20-1: Evacuation Guidelines

ALWAYS:	IF TIME PERMITS:
Keep a full tank of gas in your car if an evacuation seems likely. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.	Gather your disaster supplies kit.
Make transportation arrangements with friends or your local government if you do not own a car.	Wear sturdy shoes and clothing that provides some protection, such as long pants, long-sleeved shirts, and a cap.
Listen to a battery-powered radio and follow local evacuation instructions.	Secure your home: • Close and lock doors and windows. • Unplug electrical equipment, such as radios, televisions and small appliances, such as toasters and microwaves. Leave freezers and refrigerators plugged in unless there is a risk of flooding.
Gather your family and go if you are instructed to evacuate immediately.	Let others know where you are going.
Leave early enough to avoid being trapped by severe weather.	
Follow recommended evacuation routes. Do not take shortcuts; they may be blocked.	
Be alert for washed-out roads and bridges. Do not drive in flooded areas.	
Stay away from downed power lines.	

Topic 10: Reporting Security Incidents using SIRS

General

Updated 8/4/10

When the BC-1206 report is received in the RCC for a situation of lost/missing or stolen equipment containing Personally Identifiable Information (PII), the administrative staff needs to enter this information into an automated BC-1206, which is accessed via the Security Incident Report System (SIRS) through the Commerce Business Systems (CBS).

The Security Incident Reporting System (SIRS) is a database designed for users to create an electronic incident report entering information from a hardcopy of the BC-1206, Security Incident Report. The system provides a means for the Regional Census Center (RCC) to input security incidents. The incident report is immediately forwarded electronically to the Office of Security (OSY) at the Census Bureau.

In the event a security incident occurs, you should immediately send an electronic mail message to the ADC for Administration, FLD and follow up with a completed BC-1206. If medical assistance is needed, call 911 immediately.

Submit an automated BC-1206, Security Incident Report , within 2 workdays of the incident. The purpose of the immediate timeframe is to provide the details while the events are fresh and can be more accurately recalled. This form is designated for reporting all types of violations.

If a police report is forthcoming, state it in the remarks section and forward it promptly upon receipt, but do not delay any paperwork submission of the incident.

Attach any additional paperwork regarding the security incident, i.e., victims' statement, witness statement, police report, and a copy of CD-52, Report of Review of Property.

The automated SIRS allows OSY to respond to each incident, as appropriate, track all reported security incidents, and add additional information as needed.

Additionally, a copy of the package must be faxed to the Decennial Administrative Branch, at (301) 763-5081.

In the event of a personal security violation, such as an assault, follow the steps described in this section. However, if you encounter an assault victim who is reluctant to report the incident, inform the victim that the matter will be handled in the strictest of confidence. It is important to report any violation to authorities, but, if the victim is emphatic about not reporting the incident, do

not insist.

For further information in the case of Lost/Missing or Stolen HHC's, Laptops or Paper containing Personally Identifiable Information (PII), the RCC needs to follow the steps outlined in Chapter 19, Topic 9 of this manual.

The Regional Director and the OSY at headquarters are to be notified immediately of any security incident or security violation in an office or field environment.

Break in or Vandalism

Notify the police department, or, if in a Federal building with a GSA-lease, the Federal Protective Office. If Federal property is vandalized, also notify the Federal Bureau of Investigation (FBI). Submit a copy of the police report along with the BC-1206.

Other Incidents

- Complaints - Personal threats to employee(s) relative to the performance to their work.
- Assaults - Seek medical treatment if applicable. Notify police. Complete worker's compensation paperwork as appropriate.
- Animal bites - Medical treatment should be obtained and the police notified. Ownership and verification of animal vaccination for rabies is necessary.

Missing Property

When an office determines that property is missing, immediately search the area and make inquiries in the general work place about the missing property. If the property can not be located and theft is suspected; notify the police department; or if applicable, the Federal Protective Service, the FBI, and HQ, Field Division.

Contact the RCC Logistics Point of Contact (POC), to secure control numbers to track accountable items. Use this number on the BC-1206 and the CD-52, Report of Review of Property.

In addition to the BC-1206, complete a CD-52. A complete description includes: model name and number if known, serial number, and bar code number if available. In the space provided for explanation, provide any facts that may aid in determining the location of the property.

Send the original CD-52 to the RCC Logistics POC. If applicable, attach the police report.

Also forward copies with the BC-1206 to the following:

Bureau of the Census
Office of Security
4600 Silver Hill Road, Room 2J243
Washington, DC 20233
Attention: Bob Drew

And

Bureau of the Census
4600 Silver Hill Road, Room 5H038
Attention: Decennial Administrative Branch
Washington, DC 20233

Topic 11: ADP Disaster Recovery Plan

General

The ADP (Automatic Data Processing) Disaster Recovery Plan provides that in the event that your region cannot complete payroll for an extended period due to computer problems caused by fires, earthquakes, and so forth, the work may be sent to another region. This plan also provides details for the recovery from disaster and should be referred to as necessary.

The Regional Director is responsible for contacting the Assistant Division Chief for Administration, Field Division, as soon as a problem is detected. Field Division will provide instructions on where and how to send the data.

Illustration 20-1

EMERGENCY OPERATION PLAN (EOP) TEAM WORKSHEET

(Page 1 of 2)

General Information

TYPE OF OFFICE: □ RCC □ LC0 □ Other _____ OFFICE CODE: _____

NAME AND ADDRESS OF BUILDING:

_____

_____

TYPE OF BLDG. (COMMERCIAL, GOVERNMENT, ETC.): _____

_____

SECURITY FOR CENSUS SPACE (CHECK THOSE THAT APPLY):

- □ Federal Protective Service
- □ Contract Guards
- □ Automated
- □ Employee on Duty
- □ Guards Under Contract of Lessor
- □ OTHER

NUMBER OF FLOORS IN BLDG: _____FLOORS OCCUPIED BY CENSUS: _____

NORMAL WORKING HOURS OF CENSUS STAFF: _____

Safety Staff

Position	Name/Title	Telephone
Safety Officer		
Safety Officer Alternate		
Damage Control Coordinator		
Medical Coordinator		
Security Officer		
Office Manager		

Illustration 20-1 con't
EMERGENCY OPERATION PLAN TEAM WORKSHEET
(Page 2 of 2)

TEAM ASSIGNMENT DATE: _____/_____/_____ TO BE REVIEWED: _____/_____/_____

BUILDING: _____ FLOOR: _____ SECTION/WING: _____

OFFICE MANAGER: _____ TITLE: _____

TELEPHONE NUMBER: _____ OR _____

NORMAL WORK HOURS: _____ SPECIAL SKILLS: _____

ALTERNATE/PHONE NUMBER: _____

AREA: _____ MONITOR: _____

PHONE NUMBER: _____ WORK HOURS: _____

SPECIAL SKILLS: _____

AREA: _____ MONITOR: _____

PHONE NUMBER: _____ WORK HOURS: _____

SPECIAL SKILL _____

AREA: _____ MONITOR: _____

PHONE NUMBER: _____ WORK HOURS: _____

SPECIAL SKILLS: _____

AREA: _____ MONITOR: _____

PHONE NUMBER: _____ WORK HOURS: _____

SPECIAL SKILLS _____

DISABLED HELPERS. (Match Name of Disabled Person with Helper):

Employees with Special Skills (CPR, EMT, Fire Extinguishers, etc.)

SKILL: _____ NAME: _____ PHONE: _____

SKILL: _____ NAME: _____ PHONE: _____

SKILL: _____ NAME: _____ PHONE: _____

Illustration 20-2

EMERGENCY CALL LIST

Command Center Team	NAME	TELEPHONE	HOME #	
Designated Safety Officer	_____	_____	_____	
Alternate Safety Officer	_____	_____	_____	
Medical Coordinator	_____	_____	_____	
Damage Control Coordinator	_____	_____	_____	
Security Officer	_____	_____	_____	
On-Site Medical Staff	_____	_____	_____	
Site Manager	_____	_____	_____	
Regional Director	_____	_____	_____	
Building Manager (Commercial)		_____	_____	_____
Lease Management (Commercial)		_____	_____	_____

Emergency Response Technicians Phone Numbers (If not 911)

Local Police _____
Fire Department _____
Bomb Squad _____
Hazardous Materials Disposal _____
Para Medical Services _____
Ambulance Services _____
Local Hospital _____
Animal Control _____

Utilities: Name of Company and Phone Numbers

Gas _____ _____
Electric _____ _____
Water _____ _____
Special Contract Utility Service: (Utility _____)
_____ _____

Security Service	Phone Number
F.P.S.	_____
Contract Guards	_____
Front Desk	_____

Illustration 20-3
BUILDING INFORMATION SHEET

BUILDING NAME: _____

BUILDING NUMBER: _____

ADDRESS: _____

AGE OF ORIGINAL BUILDING STRUCTURE: _____

NUMBER OF FLOORS ABOVE GROUND: _____

BASEMENTS: _____

MEZZANINE(S): _____

GROSS FLOOR AREA (IN SQUARE FEET): _____

NET ASSIGNABLE FLOOR AREA (IN SQUARE FEET): _____

FLOORS OCCUPIED BY CENSUS: _____

TYPE OF BUILDING CONSTRUCTION: _____

LOCATION OF EMERGENCY CONTROL SYSTEMS MONITORS AND CONTROLS: _____

_____

ARE THE MONITORS AND CONTROLS MANNED?: _____

FIRE DETECTION AND SUPPRESSION SYSTEMS: _____

_____

VOICE COMMUNICATIONS: _____

ELEVATOR CAPTURE AND RECALL: _____

EMERGENCY LIGHTING: _____

SECURITY ALARM SYSTEMS: _____

_____

BACK-UP POWER SYSTEMS: _____

MAIN/AUXILIARY WATER VALVES: _____

MAIN/AUXILIARY GAS VALVES: _____

REQUIRED AUTHORIZATION FOR ACCESS, APPROVALS: _____

_____

NUMBER OF OCCUPANTS PER FLOOR: _____

NUMBER OF OCCUPANTS PER FLOOR AFTER MAIN WORK HOURS: _____

Illustration 20-4
CALL CHECKLIST FOR BOMB THREATS
Page 1 of 2

When a bomb threat is received, the person answering the phone should attempt to obtain as much information as possible. Employees in the Washington DC metropolitan area should immediately report the threat to the Federal Protection Service (FPS) at (202) 708-1111 or TTY (301) 763-0126. Those outside the Washington DC metropolitan area should contact their local Law Enforcement Agency. The FPS, in conjunction with the appropriate officials, will determine if the building should be evacuated.

- **Do not hang the telephone up after finishing the call.** The telephone company may be able to trace the call. Put the call on hold or lay the receiver down.
- Using **another** phone line in the office, immediately call the FPS on (202) 708-1111 or TTY (301) 763-0126, or if outside the Washington, DC area, call your local Law Enforcement Agency and give your location and all the information you were able to obtain. A follow-up report must then be made to the Security Office. During duty hours, contact the Security Office on (301) 763-1716 or TTY (301) 457-8360. During non-duty hours, contact the Census Security Duty Agent at pager (888) 471-3495 or (800) 877-8339 (Federal Relay Service). Do not take any other action.
- Stay calm and courteous when talking to the caller and obtaining information.

Time call received_____ Incoming Extension_____ Number_____
Exact words of the caller_____

_____

QUESTIONS TO ASK THE CALLER:

1. What type of bomb is it?_____
2. When is the bomb to go off? Date: _____ Time: _____
3. Where is the bomb right now? Building:_____ Floor: _____
   Room:_____
4. Who put it there? _____
5. What does the bomb look like?_____
6. What will trigger it? _____
7. Who made the bomb? _____
8. Why are you doing this? _____
9. What is your name? _____
10. What is your phone number/address?_____

DESCRIPTION OF CALLER'S VOICE (circle all that apply)

Male	Female	Unknown
Young	Old	Middle Aged
Calm	Excited	Refined
Accent	Slang	Rough
Nervous	Impaired Speech	Background Noises

Describe noises, if any? _____

Illustration 20-4
Page 2 of 2

CALL CHECKLIST FOR BOMB THREATS

Name(s) of person(s) receiving the call: _____
Call reported to: _____

Illustration 20-5
Page 1 of 2

CALL CHECKLIST FOR CHEMICAL/BIOLOGICAL/RADIOLOGICAL THREATS

When a chemical/biological/radiological threat is received, the person answering the phone should attempt to obtain as much information as possible. Employees in the Washington DC metropolitan area should immediately report the threat to the Federal Protective Service (FPS) at (202) 708-1111 or TTY (301) 763-0126. Employees outside the Washington DC metropolitan area should contact their local Law Enforcement Agency. The FPS, in conjunction with the appropriate officials, will determine if the building should be evacuated.

- **Do not hang the telephone up after finishing the call.** The telephone company may be able to trace the call. Put the call on hold or lay the receiver down.
- Using **another** phone line in the office, immediately call the FPS on (202) 708-1111 or TTY (301) 763-0126, or if outside the Washington, DC area, call your local Law Enforcement Agency and give your location and all the information you were able to obtain. A follow-up report must then be made to the Security Office. During duty hours, contact the Security Office on (301) 763-1716 or TTY (301) 457-8360. During non-duty hours, contact the Census Security Duty Agent at pager (888) 471-3495 or (800) 877-8339 (Federal Relay Service). Do not take any other action.
- Stay calm and courteous when talking to the caller and obtaining information.

Time call received_____ Incoming Extension_____ Number_____
Exact words of the caller_____

_____

QUESTIONS TO ASK THE CALLER:

1. What chemical or biological agent is it?_____
2. When is the agent going to be released? Date: _____Time: _____
3. Where is it right now? Building:_____ Floor: _____ Room:_____
4. Who put it there? _____
5. What does it look like? _____
6. What will cause it to spread? _____
7. What will trigger it? _____
8. Where did you get the agent? _____
9. What is your name? _____
10. What is your phone number/address? _____

Illustration 20-5
Page 2 of 2

CALL CHECKLIST FOR CHEMICAL/BIOLOGICAL/RADIOLOGICAL THREATS

DESCRIPTION OF CALLER'S VOICE (circle all that apply)

Male	Female	Unknown
Young	Old	Middle Aged
Calm	Excited	Refined
Accent	Slang	Rough
Nervous	Impaired Speech	Background Noises

Describe noises, if any? _____
Name(s) of person(s) receiving the call: _____
Call reported to: _____

Illustration 20-6
Page 1 of 4
Emergency Situation Guidelines

This section provides guidelines to employees on what to do in the event of an emergency. It should be photocopied and provided to all office employees. The Safety officer should fill in the blanks prior to distributing.

A. **In The Event of a Fire** - Avoid Panic

1. Immediately activate the fire alarm, if possible.

2. Notify the nearest fire department as soon as possible from an area where you are out of danger. **Remain on the line until told to hang up.**
   Inform them of:
   - correct building address: _____
   - nearest streets intersecting: _____
   - floor number: _____
   - suite number: _____
   - nature of fire and location: _____
   - telephone number: _____
   - name: _____

3. Alert the safety officer and your supervisor.

   1. Close all doors and windows if it can be done safely.

   2. Turn off all appliances.

   3. Walk--**do not run**--to the nearest fire exit and leave the building immediately.

   4. Do not use elevators during a fire emergency.

   5. NEVER SMOKE DURING A FIRE EMERGENCY.

B. **Fire Extinguisher Requirements**

Of all major threats, fire has the greatest potential for significant loss to the RCC. Even a small fire in the RCC can cause substantial loss and disruption. To minimize injuries and property losses resulting from fire:

1. Ensure that fire extinguishers are placed throughout the office and that this placement meets requirements in the lease as well as state and local fire codes.
2. Place portable fire extinguishers so that they are immediately available to the office staff and other to provide the capability of controlling small fires.

Illustration 20-6
Page 2 of 4
Emergency Situation Guidelines

3. Install fire extinguishers in each break room.

4. Place a sign denoting the location of fire extinguishers adjacent to each portable fire extinguisher.

5. Maintain the fire extinguishers on a regular basis, in accordance with local fire codes and manufacturer's recommendations.

6. Ensure that staff are knowledgeable in the operation of the equipment.

C. **Earthquake** - If an earthquake occurs, above all:

1. Remain calm.

2. Do not panic or run.

3. Stay where you are.

If you are inside when the earthquake happens, **stay** inside. Do not attempt to leave the building. Take shelter under a desk or table, in an elevator lobby, a stairwell, or doorway. Do not go outside, near a window or any furnishings or fixtures that could fall on you.

If you are outside, **stay** there. Stand clear of utility poles and overhead power lines. Do not stand too close to buildings since there is a danger of windows or building fragments falling.

Stay in a sheltered area until you are told it is safe to leave. Aftershocks may occur following the initial earthquake. Although not as intense as the primary quake, they can cause severe damage to already weakened structures.

D. **Power Failure**

In case of total or partial power failure, stay in your office until you receive instruction from the Regional Director or his/her designee.

If a fire or other emergency occurs along with the power failure, follow the instructions in the appropriate section of this chapter.

If there is a fire on your floor, stay calm and lead every on the floor down using the stairwells.

If there is a fire in the building and an alarm does not sound on your floor, stay where you are and wait for instructions from the Fire Department or other designated officials.

Illustration 20-6
Page 3 of 4
Emergency Situation Guidelines

E. **Civil Disturbances/Demonstrations**

If a riot or demonstration takes place, do not become a spectator. Remain in your office, close your window coverings and stay away from any window areas.

Only in the event of extreme necessity should you attempt to leave the building. If such a necessity exists, ask the Police for assistance in leaving the building.

F. **Bomb Threats**

It is very important for the person who receives the call to be the person who continues to handle the call. **Do not** transfer the call to anyone. Persons making bomb threats are usually very egotistical - sympathize with them. Keep them talking as long as possible. If there is time, get someone else to listen in. Record conversation using the
Call Checklist for Bomb Threats (see Illustration 20-4).

2 Guidelines to follow:

- Keep calm.
- Record every word **(no detail is too small)**
- Pay attention to accents, tone of voice, sex of caller, and other speech characteristics.
- Listen for background noises.
- Determine when bomb will explode and its location.
- Ask what type of bomb it is and what it looks like. Ask why they placed the bomb.

3. In the event of a bomb threat, the most important decision management must make is whether to evacuate or not evacuate. Management's first consideration must be for the safety of the employees. The cost of interruption of work operations from shut-down to start-up and the reduction of productivity during this period also must be considered. To assure that proper response is made to the threat, many things must be taken into consideration. Some of these are:
   - Credibility of threat
   - Time of threat
   - Specificity of threat (place, time of explosion, etc.)
   - Identity of caller (child, sex, age, etc.)
   - Characteristics of caller's voice (loud, soft, anger, accent, etc.)
   - Ability of caller to have put the device in the location claimed (security)

   Options after a threat
   - Conduct limited search of specific area

Illustration 20-6
Page 4 of 4
Emergency Situation Guidelines

- Conduct general search to check for strange or unusual packages, boxes, etc. Report the location of same to the Safety Officer (or Designated Management Official)
- Order limited evacuation with limited search

Management must now decide on the option to follow and have a prepared plan for each of the options discussed. All employees should be given training in each area of search and evacuation. Those persons whose job it is to take incoming calls should be trained in screening and evaluation of bomb threats. The best method of eliminating panic is with education of the bomb threat.

G. **Medical**

In Case of a medical emergency, call the Fire Department (911) and give the following information:

- Address of building.
- Patient location.
- Brief description of the problem.
- Your Name.

H. **In the Event of Sudden, Severe Storms or Weather Emergency**

- Listen to the radio for information.
- Promptly inform supervisors. Inform other personnel to act only on command of the supervisory staff to minimize panic.
- If time permits, start backup procedures on computer equipment.
- If time permits, secure all loose objects (papers, pencils books, etc.)in drawers or cabinets.
- If time permits, turn off all equipment.
- Move into restrooms, halls, stairwells, or an elevator lobby. Avoid locations where you could be struck by a swinging door, a door blown off its hinges, or by glass and other objects blown through doorways.
- Dismissal of employees is the decision of management. Everyone will be notified via the safety officer.

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Chapter 21: Records Retention

Topic 1: General Policy

This chapter outlines the retention and disposal of payroll and accounting records including listings and reports generated by the Decennial Applicant Personnel Payroll System (DAPPS). Records applicable to fiscal transactions will be retained then transferred to the National Personnel Records Center (NPRC) or destroyed according to procedures provided by Administrative and Customer Services Division (ACSD) and appropriate General Records Schedules (GRS). The General Accounting Office (GAO) requires that certain payroll records be maintained to provide information needed to comply with requirements of other administering agencies and for management purposes.

Topic 2: Payroll Folders

Current Employees

Maintain a separate folder for each employee, in alphabetical order. These folders will contain all payroll records relating to the employee. See Chapter 4 for more information.

Separated Employees

When an employee is separated, remove the folder from the current files and place it in a section for 'separated employees.' Maintain folders in alphabetical order. See Chapter 4 for more information.

Topic 3: Retention and Disposition

Schedules

The schedules for the retention and disposition of leave, payroll and accounting records are under the jurisdiction of the General Services Administration (GSA), subject to the requirements of the GAO. The authority for the retention and disposition of Payrolling and Pay Administrative Records is determined in GRS 2 and in GRS 6, item 1. These schedules were amended by National Archives and Records Administration, dated August 10, 1988, to authorize the disposal of most payroll records and certain accountable officers' account records which must be retained for longer periods. These schedules are updated by a GRS Transmittal when necessary.

Retain all pay records, leave records, and other records in your payroll office until the records have met the required retention period and are no longer needed for administrative purposes, or, you receive a clearance letter from the GAO after having completed a site audit. Upon having met either of these conditions, the records may be either transferred to the appropriate records center or destroyed as instructed in this chapter.

References for most leave, payroll, and accounting records for retention and disposition are located in Illustration 21-1.

EEO Grievances

Do not dispose of records pertaining to an Equal Employment Opportunity (EEO) case, grievance, and/or any claim against the United States Government that has not been settled, or adjudicated, by the GAO (if applicable).

Topic 4: Transfer or Disposal of Records

General Information

The age and the confidentiality of the records will determine whether they are to be transferred to the NPRC or to be destroyed by the payroll office.

Closing the RCC

Records need to be held at the Regional Census Center (RCC) until closing of that office at which time they can be forwarded to the Regional Office (RO) or other storage area as identified by the RO. (At the appropriate time, records can be destroyed.) Records or other documents that are ready to be destroyed and are restricted due to the Privacy Act of 1974, which includes such information as, birth dates and social security numbers shall be shredded or burned by a federal employee.

Illustration 21-1

Records Retention

ITEM	DESCRIPTION OF RECORDS	
1	Payroll Reports * D-43IJ- Employee Earnings Record	As needed (These reports are on-line DAPPS and are retrievable at any time until DAPPS is defunct. Thereafter reports can be retrieved from a CD-ROM
	D-431I-Earnings Snapshot D-431E- Deductions in Arrears D-431A – Deductions Register D-432GG- Direct Deposit (DDP) Advice Register D-432II- Direct Deposit (DDP) Register D-432A – Payroll Summary D-432F- Local Tax Deposit Summary D-431D – Other Earnings Register D-431B – Payroll Register D-432A- Tax Deposit Summary D-432G – Quarterly Tax Summary D-432D- Quarterly Federal Tax Summary	As needed (These reports are on-line DAPPS and are retrievable at any time until DAPPS is defunct. Thereafter reports can be retrieved from a CD-ROM).
	W-2 Data Audit Report State W-2 Tax Totals Report	Maintain all reports through 2011 (This data will be obtainable on-line thereafter).
2	Time and Attendance Report Files *D-308 – Daily Pay and Work Record BC-27 – Time, Attendance and Cost Record BC-27A – Field Employee's Travel Expenses CD-440 – Time and Attendance Daily Report	Destroy after 6 years.
3	CD-81 – Authorization for Paid Overtime and/or Holiday Work	Maintain in separate folders for 6 years.
4	SF-50B – Notification of Personnel Action Payroll Copy-Only	Maintain in payroll folder at the LCO
5	CD-126 – Clearance of Employee	Maintain in payroll folder.

	Accountability	
6	D-1199 – Direct Deposit Authorization	Destroy when superseded or after employee transfers or separates.
7	SF-71- Application for Leave	Destroy when 3 years old (Optional keep for 6 years).
8	Payroll Files for Separated Employees	Destroy when 6 years old or after GAO Audit, whichever is earlier.
9	Tax Report Files W-4 Employee's Withholding Allowance Certificate W-5 Earned Income Credit Advance Payment Certificate State Withholding Exemption Certificate Form 941- Employer's Quarterly Federal Tax Return Form 941C- Correction to Form 941	Maintain in payroll folder. Destroy when 4 years old.
10	Levy and Garnishment Files	Destroy when 3 years old.
11	Wage Survey File Reports and data, background includes; documents, correspondence affected area, analysis, authorization	Destroy after 2nd completion of wage survey.
12	CD-370- Travel Voucher	Destroy after one year.
13	Accountable Officers' Files (GRS 6) SF-1098 – Schedule of Canceled or Undelivered Check SF-1164 – Claim for Reimbursement for Expenditures on Official Business SF-1166 – Voucher and Schedule of Payment SF-1184 – Requesting Treasury to Cancel TFS-145- Schedule of Cancelled EFT Items SF-1185- Schedule of Undeliverable Checks to Government Agencies	Destroy 6 years 3 months after period covered by account.
14	Administrative Claim Files Claims against the U.S. Records relating to claims against the U.S. for monies	Destroy 6 years, 3 months after close of fiscal year.

	which have been administratively 1. disallowed in full or 2. allowed in full or part, and final payment.	
15	Waivers of Overpayment Claim Files Approved Waivers Denied Waivers: 1. Claims which the agency administratively determines are not owed to the U.S. after the collection action was initiated. 2. Claims for which the Government is entitled (per 28 U.S.C. 23415) to additional time to initiate legal action.	Destroy 3 months after the end of the extended period.

*These reports will be retained on Compact Disc for future referencing after the 2010 Census.

APPENDIX A: THE MERIT SYSTEM PRINCIPLES

The Merit Principles listed below are adapted from the statutory language that appears in Title 5 U.S.C. 2301 (b).

1. Recruit qualified individuals from all segments of society, and select and advance employees on the basis of merit after fair and open competition.
2. Treat employees and applicants fairly and equitably, without regard to political affiliation, race, color, religion, national origin, sex, marital status, age, or handicapping condition.
3. Provide equal pay for equal work and reward excellent performance.
4. Maintain high standards of integrity, conduct, and concern for the public interest.
5. Manage employees efficiently and effectively.
6. Retain or separate employees on the basis of their performance.
7. Educate and train employees when it will result in better organizational or individual performance.
8. Protect employees from improper political influence.
9. Protect employees against reprisal for lawful disclosure of information in "whistleblower" situations (i.e., protect people who report things illegal and/or wasteful activities).

APPENDIX B: THE PROHIBITED PERSONNEL PRACTICES

(Adapted from 5 U.S.C. 2302(b))

Employees who have the authority to take, direct others to take, recommend, or approve personnel actions shall not:

1. Discriminate on the basis of race, color, religion, sex, national origin, age, handicapping condition, marital status, or political affiliation.
2. Solicit or consider employment recommendations based on factors other than personal knowledge or records of job related abilities or characteristics.
3. Coerce an employee's political activity.
4. Deceive or willfully obstruct a person's a right to compete for employment.
5. Influence any person to withdraw from competition for any position to improve or injure the employment prospects of any other person.
6. Give unauthorized preference or advantage to any person to improve or injure the employment prospects of any particular employee or applicant.
7. Engage in nepotism (hire or promote or advocate the hiring or promotion of relatives within the same agency component).
8. Retaliate against a whistle blower, whether an employee or an applicant.
9. Retaliate against employees or applicants who exercise their appeal rights, testify or cooperate with an Inspector General or the Special Counsel, or refuse to break a law.
10. Discriminate based on personal conduct that is not adverse to on-the-job performance of the employee, applicant, or others.
11. Violate any law, rule, or regulation that implements or directly concerns the merit principles.

APPENDIX C: QUICK - FIX

Simplifying the Recruitment Process

To simplify the recruiting process, you are no longer required to develop extensive Recruiting Bulletins for each position. Instead, you may develop one-page flyers and/or publish newspaper advertisements to announce open positions.

Flyers

One-page flyers are intended to attract a number of candidates to the various positions. Design one-page flyers to advertise all RCC/LCO job opportunities, not necessarily specific positions. In other words, job opportunities could reflect categories of work (i.e., managers, clerical staff, technicians, computer specialists). At a minimum, flyers should indicate the following:

- Types of Positions available
- Work location(s)
- EEO Statement
- Contact Information (Name, Address, Phone, Fax and Internet address)

Advertisements

To recruit applicants for a specific position, you may post advertisements in local newspapers and periodicals. Targeted advertisements should generate applicants for specific positions (i.e., Regional Technician, Administrative Specialist, Computer Specialist). At a minimum, each advertisement should include the following:

- Title (grade and series optional)
- Pay Range
- Work Location
- EEO Statement
- Basic job description or skills needed
- Contact Information (telephone number, fax number, e-mail address, mail address)
- Application instructions (e.g., To apply, mail cover letter and resume with Social Security number)

Unranked Order

Staff may choose not to apply numerical order if the applicant pool for a specific position contains applicants of equal preference.

In other words, the applicant pool consists of all 10 pt. compensable preference eligibles with a service connected disability of 10% or greater, but less than 30% or the applicant pool consists of all non-preference eligibles.

If this occurs, qualified candidates may be selected from an unranked list. Eligible applicants are certified in alphabetical order and there is no limit to the number of names referred. Any eligible applicant(s) may be selected for the position.

Appendix D: Creating an Official Personnel Folder (OPF) for Local Census Office (LCO) Employees

Establishment and Maintenance of the SF-66, Official Personnel Folder (OPF) and Working Personnel/Payroll Folder (WPPF) for Local Census Office Employees

A. The SF-66, Official Personnel Folder (OPF)

All personnel documents for LCO Decennial Applicant, Personnel, and Payroll System (DAPPS) employees will be kept in the OPF, which is maintained in the Regional Census Center (RCC). The RCC administrative staff is responsible for ensuring the Privacy Act Provisions of 1974 are implemented and personnel records are secured against unauthorized access.

The personnel documents for National Finance Center (NFC) employees will be kept in the OPF at Headquarters, Human Resources Division (HRD).

B. Storage and Safekeeping

Using an estimated 70,000 workforce per RCC, we determined that you will need approximately 72 five-drawer file cabinets to store the OPFs. If you put all of these file cabinets in one place, we estimate you will need appropriately 1152 square feet. However, if space is limited in your existing RCC location, you can put some of these files cabinets in another location and set up an inactive file process, that is, once an employee separates and you receive notification from the LCO, the OPF file becomes inactive and gets sent to the other storage area for safekeeping until such time that the folder can be sent to the National Personnel Records Center for permanent storage. If you will need additional space (no space currently exists to keep any and/or all of these files in the RCC), notify the Modeling and Analysis Branch at Census Headquarters.

Access to OPFs must be strictly controlled. At a minimum, the administrative staff should establish a sign/sign out log that records the date, name of the employee, the name of the requester, the reason for the request, and the date the record is returned to the file. Only supervisors and other administrative staff should be authorized access on a need to know basis.

C. Creating the OPF

Prepare a label using the information provided. Upon completion, affix the label to the right side of the folder. Do not add any markings, notations, or tabs to the OPF or label. The label must have the following three items:

> **NAME:** Type the employee's name exactly as it is on the Standard Form 50, Notification of Personnel Action.

DATE OF BIRTH: Type the date of birth in month, day, and year order in six numerals with dashes between day, month, and year. The date of birth should be typed several spaces to the right of the name.

Example: March 22, 1951 is typed 03-22-51.

SOCIAL SECURITY NUMBER: Type the employee's social security number (SSN) directly under the name.

Example: Doe, Jane R. DOB: 03-22-51
SSN: 999-99-9999

D. Filing Guidelines

Use this guidance outlined in this section and on pages D-4 & D-5 when creating and filing in the OPF and LCO WPPF. Records are filed in the OPF to document events in an individual's federal employment history that have long-term consequences for the employee and the government. File documents correctly to ensure that all personnel actions pertaining to an employee are documented in the personnel folder. The OPF documents are either long-term or temporary documents. Certain documents must never be filed in the personnel folder.

1. **Long-Term:** Long-term documents are records kept for the life of the folder, usually 115 years from the employee's date of birth. These documents are filed in chronological order by the effective date on the **right** side of the personnel folder. File the document with the more recent effective date on top of the document with the earlier effective date.

   However, when forms have no effective date file them by completion date. Also, if more than one form has the same effective date, file them in any order by the effective date.:

2. **Temporary:** Temporary documents are documents that are **not** kept for the life of the personnel folder. These documents are filed on the **left** side of the folder. Other material may be filed on the left side as long as:

- The document pertains to the individual. For example, employee's position description or SF-1152, Designation of Beneficiary for Unpaid Compensation.
- The document is a personnel record. Travel, payroll, and financial disclosure records are not personnel records.
- Prohibited documents are never placed in a personnel folder. The prohibition may come from law, such as the Privacy Act, or from regulation such as Title 29, Code of Federal Regulations. **For example, a D-168, New Employee Data, should never be filed in a personnel folder.**

E. LCO Working Personnel/Payroll Folder

The Assistant Manager for Administration (AMA) in the LCO is responsible for establishing a WPPF. The WPPF is created by merging documents from the appointment folder into the employee's applicant folder. After the hire action is processed in DAPPS, the new employee ID number is entered on the WPPF. File WPPFs alphabetically by last name into a locking file cabinet.

Use this folder to maintain all payroll copies of the SF-50, Notification of Personnel Action, and other personnel/payroll related documents such as, the D-308, Daily Pay and Work Record in chronological order. The LCO WPPF will serve as a reference folder when answering personnel/payroll related questions from the employee and their supervisor. This folder should be maintained in the LCO and should be safeguarded by keeping them in a locked file cabinet or room in or near the administrative area.

F. Disposition of Records

1. If an employee transfers from one RCC to another RCC, forward the OPF via Federal Express to the gaining RCC.

2. LCO administrative staff will use the Form 11-100, Transmittal, as a cover sheet to document via regular mail the transferring of personnel forms (includes subsequent OPF copies of the SF-50), payroll, or other administrative forms or materials to the RCC.

OFFICIAL PERSONNEL FOLDER (OPF) AND LCO WORKING PERSONNEL/PAYROLL (WPPF) FILING INSTRUCTIONS FOR LOCAL CENSUS OFFICE WORKERS

Forms to be filed on the RIGHT (Permanent) side of the OPF: (File documents in chronological order)

Must be in every OPF

- BC-170D, Census Employment Inquiry
- BC61, Appointment Affidavits
- SF-50, Notification of Personal Action, OPF Copy
- Excepted Service Employment Agreement (D-186A through D-186I)
- OF-306, Declaration of Federal Employment

If applicable

- DD-214, Report of Transfer or Discharge
- SF-15, Claim for Veterans' Preference
- D-299, Selective Service Registration

Forms to be filed on the LEFT (Temporary) side of the OPF:

- SF-1152, Designation of Beneficiary
- CD-415, Record of Employee's Address and Emergency Information (pink copy)
- Copy of D-247, Federal Civilian and Military Annuitants Offset Waiver Request (If applicable) (The original D-247 is maintained in a separate folder in the RCC.)

Dissemination of other forms:

- I-9, Employment Eligibility Verification

  The I-9 is NOT to be filed in the OPF. They are filed in a separate folder in the office. Retain I-9s for three years after a person enters on duty (eod) or one year after a person's employment is terminated whichever is later. Forms I-9 completed by an agency must be retained by that agency; they should not be transferred to the next employer.
- D-168, New Employee Data

The D-168 is NOT filed in the OPF. It is to be destroyed after processing. (This form replaces SF-181, Race and National Original, SF-256, Self-Identification of Handicap, and the OPM-1635, Welfare to Work.)

LCO WPPF Filing Instructions:
(File documents in chronological order)

- D-155, Applicant Data Sheet
- D-291, DAPPS Personnel Update Form
- CD-415, Record of Employee's Address and Emergency Information (white copy)
- SF-50, Notification of Personnel Action, (payroll copy)
- D-1199, Direct Deposit Authorization (if applicable)
- D-260, Waiver Electronic Salary Payment (if applicable)
- W-4, Employee's Withholding Allowance Certificate (if applicable)
- W-5, Earned Income Credit Advance Payment Certificate (if applicable)
- D-308, Daily Pay and Work Record
- D-289, Notice of Withheld Paycheck (if applicable)

Appendix E: Commonly Used Personnel Actions

Excepted Service (Temporary):

Excepted Appointment NTE (NOAC 171) - An appointment to an excepted service position on a temporary basis.

Extension of Appointment NTE (NOAC 760) - Extends an employee's temporary appointment.

Conversion to Excepted Appointment NTE (NOAC 571) - Changes an employee from one appointment to an excepted service appointment on a temporary basis.

Termination Expiration of Appointment (NOAC 355) - Terminates employee's temporary appointment when the appointment expires. The effective date of the personnel action is the employee's NTE date.

Competitive Service & Excepted Service (Permanent):

Reassignment (NOAC 721) - Changes employee from one position to another without promotion or change to lower grade.

Promotion (NOAC 702) - Changes employee to a position at a higher grade level within the same pay schedule.

Promotion NTE (NOAC 703) - Changes employee to a position at a higher grade level within the same pay schedule on a temporary basis not-to-exceed one year. (Exceptions may be granted for decennial activities according to Title 13.)

Extension of Promotion NTE (NOAC 769) - Extends the temporary promotion of an employee.

Excepted Service (All) & Competitive Service:

Detail NTE (NOAC 922) - A temporary assignment to a different position for a specific period, with the employee returning to his/her regular duties at the end of the detail. An employee's salary does not change on a detail. Details can be made to positions with classified or unclassified duties. Details to unclassified duties cannot exceed 120 days.

Name Change (NOAC 780) - A personnel action that changes the name documented on an employee's personnel records when the change results from marriage or court order.

Change in Work Schedule (NOAC 781) - Changes employee's tour of duty from or to intermittent, part-time or full-time.

Resignation (NOAC 317) - A separation action initiated by the employee because of their desire to leave the organization.

FOR A COMPLETE LIST OF PERSONNEL ACTIONS AND ADDITIONAL PROCESSING GUIDANCE, REFER TO *THE GUIDE TO PROCESSING PERSONNEL ACTIONS.*

APPENDIX F: FORM LETTER #1 USED TO NOTIFY SEPARATED OR NON PAY STATUS EMPLOYEES OF OVERPAYMENTS

US Census Bureau
Your Regional Census Center
Your Street Address
Your City, State, Zip Code

Date:_____
Bill Number:_____
Control Number:_____
Amount Due:_____

Name of Employee
Street Address
City, State Zip Code

During your employment with the Census Bureau from (date) to (date), our records indicate that you were overpaid due to (fill in the reason). The pay period(s) of overpayment include (fill in the dates). The amount of your overpayment is $(fill in the amount).

Remittance is due within 30 days from the date shown above on this invoice. After the due date, administrative charges, interest, and penalties will be assessed on the balance due for each 30 day period or portion thereof and computed at the current percentage rate prescribed by the U.S. Department of Treasury.

If you cannot remit payment in full, you may request that the amount be paid in installments. After 30 days, the installments will be assessed with charges as stated above. Please call this office to notify us of your intention.

Make check or money order payable to Commerce-Census. Please write the Bill Number, which is shown above, on your remittance so that it can be properly identified and your account credited. Mail all remittance and correspondence to the address shown at the top of this form.

As a federal employee, you have the right to:

- Inspect and copy the records relating to the debt.
- Enter into a written agreement for a repayment schedule different from that proposed so long as your terms of repayment are agreeable with the agency.
- Request a waiver of salary overpayment under 5 USC 5584, 10 USC 2774, or 32 USC 716. You may also question the amount or validity of a salary overpayment or general debt by submitting a claim to the agency.

- Have any monies paid on or deducted for the debt, which are later waived or found not owed to the United States, to be promptly refunded to you unless there are applicable contractual or statutory provisions to the contrary.

Any knowingly false or frivolous statements, representation, or evidence may subject you to disciplinary procedures under 5 USC Chapter 75, 5 CFR part 752; penalties under the False Claims Act 31 USC 3729-3731; or criminal penalties under 18 USC 286, 287, 1001, and 1002.

If you have any question or wish to exercise any of your rights as stated above, you must notify the office within 30 days from the receipt of this letter or within 15 days in writing if you wish a hearing.

Sincerely,

Signature of RD/ARCM
Typed name of RD/ARCM
Title
Your Telephone Number

Appendix F: FORM LETTER #2 USED TO NOTIFY ACTIVE EMPLOYEES OF OVERPAYMENT

US Census Bureau
Your Regional Census Center
Your Address
Your City, State, Zip Code

Date:_____
Bill Number:_____
Amount Due:_____

Employee's Name
Street Address
City, State Zip Code

Dear (Employee's Name)

Our records indicate that you have been overpaid a total of $(fill in the amount), as a result of (fill in the reason), which was processed during pay period (fill in the pay period date). In accordance with the Census Bureau overpayment procedures, we will collect this amount from your salary on pay period (fill in the date in which the money will taken out).

As a federal employee, you have the right to:

- Inspect and copy the records relating to the debt.
- Enter into a written agreement for a repayment schedule different from that proposed so long as your terms of repayment are agreeable with the agency.
- Request a waiver of salary overpayment under 5 USC 5584, 10 USC 2774, or 32 USC 716. You may also question the amount or validity of a salary overpayment or general debt by submitting a claim to the agency. This must be done within 30 days from the receipt of this letter.
- Have any monies paid on or deducted for the debt, which are later waived or found not owed to the United States, to be promptly refunded to you unless there are applicable contractual or statutory provisions to the contrary.

Any knowingly false or frivolous statements, representation, or evidence may subject you to disciplinary procedures under 5 USC Chapter 75, 5 CFR part 752; penalties under the False Claims Act 31 USC 3729-3731; or criminal penalties under 18 USC 286, 287, 1001, and 1002. If you would like to make other arrangements to repay this overpayment, exercise any of your rights as stated above, or have any other questions concerning this overpayment please contact

your payroll office immediately (insert RCC telephone number).

Sincerely,

Signature of RD/ARCM
Typed name of RD/ARCM
Title
Your Telephone Number

Appendix F: FORM LETTER # 3 USED FOR 1ST FOLLOW-UP OF OVERPAYMENT NOTICE

US Census Bureau
Your Regional Census Center
Your Address
Your City, State, Zip Code

Date:_____
Bill Number:_____
Amount Due:_____

Employee's Name
Street Address
City, State Zip Code

Dear (Employee's Name)

As indicated in our previous correspondence with you our records show you have not responded to an overdue indebtedness existing in your name.

Payment in full, if made within 30 days, is the total amount shown above. If payment is not made within 30 days, interest and other late charges will continue to accumulate. The reason for this debt was explained in our previous letter. If you wish an opportunity to dispute any information in our records concerning this debt, or wish an administrative review it must be requested within 30 days of receipt of this letter, to the address above.

The Debt Collection Act of 1982; as amended by the Debt Collection Improvement Act of 1996 authorizes the Federal Government to actively pursue delinquent debt by using the debt management tools set forth by the Department of Treasury's Debt Management Service Unit (DMS). If your debt is not paid within 60 days from the date of this letter, all information related to this debt will be forwarded to the Finance Debt Management Office for referral to DMS. The information to be released is your name, address, taxpayer identification number, the amount, status, and history of the claim.

To avoid further action please prepare a check or money order for full payment, made payable to Commerce/Census. Please write the bill number, which is shown above, on your remittance so that it can be properly identified and credited to your account.

Should you have any other questions related to the repayment of this debt, contact your payroll office (your RCC telephone number).

Sincerely,

Signature of RD/ARCM
Typed name of RD/ARCM
Title
Your Telephone Number

Appendix F: FORM LETTER #4 USED FOR FINAL FOLLOW-UP OF OVERPAYMENT NOTICE

US Census Bureau
Your Regional Census Center
Your Address
Your City, State, Zip Code

Date:_____
Bill Number:_____
Amount Due:_____

Employee's Name
Street Address
City, State Zip Code

Dear (Employee's Name)

As indicated in our previous correspondence with you our records show that an overdue indebtedness exits in your name. This is our second and final notice before the debt will be assigned to the Debt Management Office for referral to the Department of Treasury's Debt Management Services Unit (DMS) for collection.

Payment in full, if made within 30 days, is the total amount shown above. If payment is not made within the 30 days, interest and other late charges will continue to accumulate in addition to an increase of 29% assessed the collection agency.

The Debt Collection Act of 1982; as amended by the Debt Collection Improvement Act of 1996 authorizes the Federal Government to actively pursue delinquent debt by using debt management tools set forth by the Department of Treasury's DMS. Once your debt is transferred to DMS, Treasury may comment with aggressive collection activity.

- Offsetting of any payments the debtor is due, including tax refunds and salary.
- Referring the debt to a Private Collection Agency.
- Referring the debt to the Department of Justice or agency counsel for litigation.
- Reporting the debt to a credit bureau.
- Reporting the debt, if discharged, to the Internal Revenue Service as potential taxable income.

To avoid these actions and satisfy your debt immediately, prepare a check or money order for payment in full, made payable to Commerce-Census. Please write the bill number, which is shown above, on your remittance so that it can be properly identified and your account credited.

Should you have other questions related to the repayment of this debt, contact your payroll office (your RCC telephone number).

Sincerely,

Signature of RD/ARCM
Typed name of RD/ARCM
Title
Your Telephone Number

Appendix F: Form Letter # 5 Used for Notifying Debtor that Debt has been transferred to Debt Management

US Census Bureau
Your Regional Census Center
Your Address
Your City, State, Zip Code

Date:_____
Bill Number:_____
Amount Due:_____

Employee's Name
Street Address
City, State Zip Code

Dear (Employee's Name)

After several attempts to assist you in repayment of your indebtedness, we regret to inform you that your debt has been transferred to the Finance Division, Debt Management Office. They will assess your case then begin procedures to ensure collection of your debt through the Department of Treasury's Debt Management Services.

We can no longer accept payment from you at this point. All further correspondence must be done with the Debt Management Office. The contact information is:

U.S. Census Bureau
Finance Division-RRMS
ATTN: Debt Management Office
Room #2K112
4600 Silver Hill Road
Washington, DC 20233
(301) 763-9567

Sincerely,

Signature of RD/ARCM
Typed name of RD/ARCM
Title
Your Telephone Number

Appendix F: Debt Cover Letter Used For When forwarding a case to Finance Division.

To: Debt Management Office
Finance Division

From: (Debt Contact Person)

Subject: Claim of Indebtedness to The U.S. Census Bureau (BOC)

It has been determined that this claim exists for debt owed to the BOC for the following:

Debtor Name:
Address/phone number/email address:
SSN:
Amount of debt:
Date of indebtedness
Description of circumstances leading to the claim:
Organization code:
Project number:
Fund Code Fiscal Year charged:
Object class:

Copies of any supporting documents or correspondence that support this claim have been attached. If you need further information, I may be contacted on _____.

Appendix G: Per Diem Rates

Per diem is the allowance for lodging (excluding taxes), meals and incidental expenses. The General Services Administration (GSA) establishes per diem rates for destinations within the Continental United States (CONUS). The State Department establishes the foreign rates (for example, Russia, Aruba, Bahamas, Europe, etc.). The Department of Defense (DOD) establishes non-foreign rates such as Alaska, Hawaii, Puerto Rico, and Guam.

Most of the lodging rates in the CONUS are covered under the standard CONUS rate which is currently $60. Non-standard areas are established for locations whose lodging rates are higher than standard CONUS.

Refer to the following website to get up-to-date per diem rates:

http://www.gsa.gov

REGIONAL ADMINISTRATIVE MANUAL

APPENDIX H

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BC-22, Request for Supplies, Equipment or Service

FORM BC-22
(5-28-00)
PRES. BY
A.M. CH. 1.10

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REQUEST FOR SUPPLIES, EQUIPMENT OR SERVICE

ADMINISTRATIVE AND CUSTOMER SERVICES DIVISION

Requisition number

Division name and code
ACSD 19

Project number | Telephone number

Date of request

REQUESTING DIVISION APPROVAL

Signature

Title

Deliver to:

INSTRUCTIONS

Describe articles or services as accurately and completely as possible. Do not list more than one item on each line. The stock numbers as shown in the Stock Catalog should be listed in the proper column. Do not use column marked "Code."

A separate request must be submitted for each project.

Received

Shipped

Government B/L number

Filled by – | Checked by –

Code	Stock or form number	Description	Quantity	Unit of issue

I certify that the items coded "S" have been received and accepted unless otherwise noted	Signature	Date

BC-27, Time, Attendance, and Cost Report

Employee certification – I certify that: (1) I prepared this report; (2) I have worked the hours indicated; (3) reimbursements were incurred on official business; (4) hours absent are correct; and (5) sick leave was used following regulations.

2. Employee signature (Schedule A only) | Date

Form BC-27 (6-15-88) | U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

TIME, ATTENDANCE, AND COST REPORT

All information furnished will be treated according to the Privacy Act of 1974. No information will be released except as authorized by the Act.

3. Social Security Number | 4. Pay period dates – From/To | 5. Office code | 6. Tour of duty | 7. AWS (Mark X) | 8. Schedule no. | 9. Certified by (Supervisor's signature) | Date

10. PREPARED BY (Office use only): Timekeeper's signature | Date

11. Work/Leave	Project code (a)	Operation code (b)	Shift (c)	FIRST WEEK (Enter date) SUN	MON	TUE	WED	THU	FRI	SAT	Total (d)	SECOND WEEK (Enter date) SUN	MON	TUE	WED	THU	FRI	SAT	Total (e)	Pay period totals (f)
A. REGULAR			1																	
			1																	
			1																	
			1																	
			1																	
			1																	
			1																	
			1																	
B. NIGHT DIFF			2																	
			2																	
			2																	
			2																	
C. OVERTIME			6																	
			6																	
			6																	
D. N/D/O			7																	
			7																	
E. AL	0810	11	8																	
SL	0810	13	8																	

14. REIMBURSEMENTS (Sched. A only)	Mileage cost (a)	Per diem/Subsistence (b)	Other (c)	Telephone (d)
TOTAL	TOTAL	TOTAL	TOTAL	

15. AUDITED BY: Initials | Date

17. PAYROLL OFFICE USE

18. REMARKS

19. INTERMITTENT DAYS

Balance forward (a)	This period (b)	Bal. end of period (c)

16. LEAVE RECORD	Code	Annual (a)	Sick (b)	Comp (c)	AWOP (d)	Mil. (AD/LE) (e)
A. Balance forward						
B. Earned this period						
C. Used this period						
D. Leave credit reductions						
E. Leave balance at end of pay period						

12A. N.D. time worked/TOD: FROM / TO

B. Time absent: FROM / TO

C. Employee initials

13. Total regular hours (Shifts 0, 1, 2, 3, 8, 9)

BC-27A, Field Employee's Travel Expense

FORM BC-27A — U.S. DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS

FIELD EMPLOYEE'S TRAVEL EXPENSES

1. Employee name	2. Office code
3. Pay period dates – From/To	4. Post of duty

All information [illegible] in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

Section I – OFFICIAL MILEAGE

Dates of travel (1)	Points of travel – From (2)	Points of travel – To (3)	Total miles claimed (4)	Miles by project and operation code (5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

TOTAL [illegible]

TOTAL MILEAGE [illegible]

[illegible]

Section II – [illegible] (Per Diem)

Departure – Date	Departure – Time	[illegible] From	[illegible]	Arrival – Date	Arrival – Time	[illegible]	[illegible]	[illegible]	Cost by project and operation code	[illegible]	[illegible]
	a.m. p.m.				a.m. p.m.						
	a.m. p.m.				a.m. p.m.						
	a.m. p.m.				a.m. p.m.						
	a.m. p.m.				a.m. p.m.						
	a.m. p.m.				a.m. p.m.						
	a.m. p.m.				a.m. p.m.						

TOTAL PER DIEM CLAIMED – Enter here and on BC-27, column [illegible]

Section III – OTHER REIMBURSABLE ITEMS

Date (1)	Description of Expenditure (2)	Cost by project and operation code (3)	(4)	(5)	Date (6)	Description of Expenditure (7)	Cost by project and operation code (8)	(9)	(10)

TOTAL OTHER CLAIMED Enter here and on BC-27, column [illegible]

[illegible] fares; road, bridge or ferry tolls; parking fees; [illegible] common carriers [illegible]

Section IV – GOVERNMENT TRANSPORTATION REQUEST USED – RECORD PURPOSE ONLY
(Attach buff copy – No entry to BC-27)

GTR number (1)	Amount (2)	Vendor (3)	Date of travel (4)	Points of travel – From (5)	Points of travel – To (6)	Cost by project and operation code (7)	(8)	(9)

Copy distribution: WHITE (Submit with BC-27) – Payroll YELLOW – Employee Copy

BC-61, Appointment Affidavits

FORM BC-61 (9-15-2006)
DESCRIPTION TO SF-61
APPROVED BY OFFICE OF
PERSONNEL MANAGEMENT (PSC)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

APPOINTMENT AFFIDAVITS

_____ (Position to which appointed) _____ (Date of appointment)

Commerce (Department or agency) Census (Bureau) _____ (Place of employment)

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; and 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 participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

D. AFFIDAVIT OF NONDISCLOSURE

I will not disclose any information contained in the schedules, lists, or statements obtained for or prepared by the Bureau of the Census, to any person or persons either during or after employment. (Under title 13, U.S.C. section 214, the penalty for unlawful disclosure is a fine of not more than $250,000 or imprisonment for not more than 5 years, or both.)

_____ (Signature of appointee)

Subscribed and sworn (or affirmed) before me this _____ day of _____ A.D. 20 ____,

at _____ (City) _____ (State)

[SEAL] _____ (Signature of officer)

Commission expires _____ (If by a Notary Public, the date of expiration of his/her Commission should be shown.) _____ (Title)

NOTE — *The oath must be administered by a person specified in 5 U.S.C. 2903. If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act.*

USCENSUSBUREAU

BC-188, Request for Labor Force Services

SHEET _____ OF _____ SHEETS

FORM BC-188(ef)
(2-4-2000)
REFER TO
CENSUS ADMIN. MEMO
ADMIN. SERVICES – 5

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

REQUEST FOR LABOR FORCE SERVICES

1. Date of request

2. Date work is required

3. REQUESTED BY			**4. PERSON TO CONTACT**		
Name			Name		
Division and/or office			Division and/or office		
Building	Room No.	Telephone Ext.	Building	Room No.	Telephone Ext.

5. MATERIAL TO BE MOVED

Quantity	Description	Stock number	Location	
			From	To

6. Special services – *Specify*

7. JOB COMPLETED

Signature of person accepting job	Date	Time	Signature of foreman

BC-1204, Visitor's Register

Date prepared:

FORM BC-1204(sf)
11-90

VISITOR REGISTER

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Sheet _____ of _____ sheets

Time (1)	Name (Last, first, and middle initial) (2)	Name of person to be visited (3)	Vehicle tag number (4)	State (5)	Purpose of visit (6)	Location (7) Bldg.	Location (7) Room No.	Bureau telephone number (8)

BC-1206, Security Incident Report

FORM BC-1206 (11-8-99)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SECURITY INCIDENT REPORT

1. Incident		CENSUS SECURITY OFFICE USE ONLY
Date	Time ☐ a.m. ☐ p.m.	
2. Report		
Date	Time ☐ a.m. ☐ p.m.	Date received – *Stamp*

3. Complete address where incident happened *(Street, city, State, ZIP Code) OR (Room/Building)* →

4. Person completing report →

a. Name			b. Signature		
c. Telephone number	Area code	Number	d. Division or Region	e. Building	f. Room No.

5. Type of incident
- ☐ ADP
- ☐ Assault
- ☐ Theft – Government
- ☐ Theft – Personal
- ☐ Other – *Explain*

6. Was medical attention received?
- ☐ Yes
- ☐ No

7. Details of incident – *If additional pages are needed, mark (X) this box and attach.* ☐

8. Who was notified of incident – *Mark (X) all boxes that apply*
- ☐ Police
- ☐ F.B.I.
- ☐ Sheriff
- ☐ FPO
- ☐ Supervisor
- ☐ Census Security Office
- ☐ Division/Regional Security Representative
- ☐ Administrative Office
- ☐ Other – *Specify*

9. Police report number *(If applicable)*
- ☐ Attached
- ☐ Will follow

10. Persons involved in incident – *Attach additional pages, if necessary.*
Codes for column (a): **W** – Witness **V** – Victim or Complaintant **O** – Investigated by **M** – Medical personnel

Code (a)	Name (b)	Telephone (c) Area code	Telephone (c) Number	Street, city, State, ZIP Code (d)

CENSUS SECURITY OFFICE USE ONLY

11. Disposition of incident – *If additional pages are needed, mark (X) this box and attach.* ☐

12. Signature of person closing this incident	13. Date incident was closed	14. Incident number →

BC-1503, Telephone Reference Check for Personal Reference and Former/Current Employer(s)
Page 1 of 2

FORM BC-1503
(2-26-2003)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TELEPHONE REFERENCE CHECK FOR PERSONAL REFERENCES AND FORMER/CURRENT EMPLOYER(S)

1. Name of applicant
2. Name of person conducting telephone call
3. Date call is placed

INSTRUCTIONS

Telephone the former or current employer(s) (if authorized) or a personal reference: introduce yourself, and tell why you are calling.

4. Reference check for – *Mark (X) one*

☐ Former employer(s) } *Complete section A*
☐ Current employer(s) }
☐ Personal reference – *Complete section B*

SAMPLE INTRODUCTION

(Name of applicant) **has applied for a job with us as a census interviewer. This job would require (him/her) to work very independently, mostly from (his/her) home. (Mr./Ms.)** *(Name of applicant)* **would be interviewing by telephone and in person. The job requires working well with people, scheduling time well, and following very detailed procedures for completing all types of forms. Interviewers don't report to an office, but mail their work in to us each week. To help us determine how (Mr./Ms.)** *(Name of applicant)* **would be at this job, would you please give me some information?**

Section A – FORMER/CURRENT EMPLOYER(S)

Name of employer | Telephone number

Name of company/organization

1a. (Were/Are) you (his/her) – ☐ **Supervisor?** ☐ **Coworker?**

b. When?

2. How was the quality of (his/her) work?

3a. How do you think (he/she) would do completing detailed forms?

b. Did (he/she) do any work like this? ☐ Yes ☐ No

4. How was (his/her) attendance?

5. Do you believe (he/she) would be able to work on (his/her) own without close supervision? ☐ Yes ☐ No

6. How do you think (he/she) would get along with different types of people?

7. Why did (he/she) leave the job (he/she) had with you?

8. Would you rehire (him/her)? ☐ Yes ☐ No

9. Would you recommend (him/her) for this job? ☐ Yes ☐ No

Section B – PERSONAL REFERENCE

Name of personal reference

Telephone number

1. How long have you know (him/her)? _____ Years _____ Months

2. Are you related? ☐ Yes ☐ No

3. Do you belive (he/she) would be able to work on (his/her) own without close supervision? ☐ Yes ☐ No

4. How do you think (he/she) would get along with different types of people?

5a. How do you think (he/she) would do completing detailed forms?

b. Has (he/she) ever done this type of work? ☐ Yes ☐ No

6. Would you recommend (him/her) for this job? ☐ Yes ☐ No

Remarks

THANK YOU

BC-1503, Telephone Reference Check for Personal Reference and Former/Current Employer(s)
Page 2 of 2

If additional reference check is required, please use sections A and B below.

Section A – FORMER/CURRENT EMPLOYER(S)

Name of employer | Telephone number

Name of company/organization

1a. (Were/Are) you (his/her) – ☐ Supervisor? ☐ Coworker?

b. When?

2. How was the quality of (his/her) work?

3a. How do you think (he/she) would do completing detailed forms?

b. Did (he/she) do any work like this? ☐ Yes ☐ No

4. How was (his/her) attendance?

5. Do you believe (he/she) would be able to work on (his/her) own without close supervision? ☐ Yes ☐ No

6. How do you think (he/she) would get along with different types of people?

7. Why did (he/she) leave the job (he/she) had with you?

8. Would you rehire (him/her)? ☐ Yes ☐ No

9. Would you recommend (him/her) for this job? ☐ Yes ☐ No

Section B – PERSONAL REFERENCE

Name of personal reference

Telephone number

1. How long have you know (him/her)? _____ Years _____ Months

2. Are you related? ☐ Yes ☐ No

3. Do you belive (he/she) would be able to work on (his/her) own without close supervision? ☐ Yes ☐ No

4. How do you think (he/she) would get along with different types of people?

5a. How do you think (he/she) would do completing detailed forms?

b. Has (he/she) ever done this type of work? ☐ Yes ☐ No

6. Would you recommend (him/her) for this job? ☐ Yes ☐ No

Remarks

Additional remarks

FORM BC-1503 (2-26-2003)

BC-1515, Temporary Visitor Pass

TEMPORARY
VISITOR PASS

U.S. DEPT. OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

VALID THROUGH:

This pass must be shown to the guard for admittance to Census occupied space weekdays from 6:30 a.m. to 6:30 p.m.
Admittance at any other hour is by form BC-120 only.

FORM BC-1515 (10-24-2000)

BC-1759, Special Sworn Status

FORM BC-1759(D)
[illegible]

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SPECIAL SWORN STATUS

PART A – IDENTIFICATION

1. Name – Last, first, middle	
2. Place of birth – City and State or Country	
Citizenship	
3. Local home address	Home telephone number
4. Name and address of present employer	

PART B – WAIVER OF COMPENSATION

I, the undersigned, offer my services to the U.S. Census Bureau with Special Sworn Status on a voluntary/contractor basis without compensation. On behalf of myself and my heirs and assigns, I release and discharge the Government of the United States from any claims, suits, or demands that I or my heirs or assigns may, can, or shall have in connection with compensation for my volunteer/contractor services for the Government of the United States.

Signature	Date
Witness signature	Date

PART C – AFFIDAVIT OF NON-DISCLOSURE

I, _____, do solemnly swear (or affirm) I will not disclose any information contained in the schedules, lists, or statements obtained for or prepared by the U.S. Census Bureau to any person or persons either during or after appointment. (Under title 13, U.S.C. section 214 and title 18, U.S.C. 3551, et. seq., the penalty for unlawful disclosure is a fine of not more than $250,000 or imprisonment for not more than 5 years, or both.)

_____
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____,

at _____ (City) _____ (State)

[SEAL] _____
(Signature)

My commission expires _____ _____
Title (Officer/Notary Public)

NOTE – The oath of nondisclosure must be administered by a person specified in 5 U.S.C. §2903. The word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavit; only these words may be stricken and only when the appointee elects to affirm the affidavit.

PART D – DIVISION/OFFICE AUTHORIZATION

1. Work location	a. HQ/Division/RCC/LCO	2. Date	Start
	b. Office telephone number		Proposed end
3. Approving Census Official	a. COTR/Manager		b. Approver's telephone number
	c. Signature		d. Date of request

U S C E N S U S B U R E A U

BC-1797, Miscellaneous Obligation Agreement Transmittal

FORM **BC-1797(ef)**
(6-05-97)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

MISCELLANEOUS OBLIGATION AGREEMENT TRANSMITTAL

1. Date prepared

2. Identification Information

a. Type of agreement	**b.** Reference number	**c.** Project number

d. Organization's name	**e.** Division name	**f.** Project title

3. Type of Agreement

4. Total obligation		**5.** Period covered	**6.** Payment schedule
a. Fiscal year	**b.** Amount	**a.** From	*Mark (X) one box.* ☐ Total annual
		b. To	☐ Other – *Provide details in item 3 above or in the MOA.*

7. Principal Contacts

a. Other organization name	**c.** Census name
b. Telephone number	**d.** Telephone number

8. Internal Routing

Name (a)	Office/ Room number (b)	Take action below (c)	Initials/ Date (d)

Action Items

1–Approval/Signature
2–Clearance/Initials
3–Recommendation or comment
4–Return with more details
5–Note and return
6–Your information
7–Per our conversation
8–As requested
9–Necessary Action
10–Answer directly

Comments

CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay (COP)/Compensation
Page 1 of 4

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle)
2. Social Security Number
3. Date of birth Mo. Day Yr.
4. Sex ☐ Male ☐ Female
5. Home telephone
6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)
8. Dependents
   ☐ Wife, Husband
   ☐ Children under 18 years
   ☐ Other

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)
10. Date injury occurred Mo. Day Yr. Time ☐ a.m. ☐ p.m.
11. Date of this notice Mo. Day Yr.
12. Employee's occupation
13. Cause of injury (Describe what happened and why)
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)

a. Occupation code
b. Type code
c. Source code
OWCP Use - NOI Code

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☐ b. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ a. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness | Signature of witness | Date signed

Address | City | State | ZIP Code

Form CA-1
Rev. Apr. 1999

CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay (COP)/Compensation
Page 2 of 4

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report

17. Agency name and address of reporting office (include city, state, and zip code) | OWCP Agency Code

OSHA Site Code

ZIP Code

18. Employee's duty station (Street address and ZIP code)

19. Employee's retirement coverage ☐ CSRS ☐ FERS ☐ Other, (identify)

20. Regular work hours From: ☐ a.m. ☐ p.m. To: ☐ a.m. ☐ p.m.

21. Regular work schedule ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

22. Date of Injury Mo. Day Yr.

23. Date notice received Mo. Day Yr.

24. Date stopped work Mo. Day Yr. Time: ☐ a.m. ☐ p.m.

25. Date pay stopped Mo. Day Yr.

26. Date 45 day period began Mo. Day Yr.

27. Date returned to work Mo. Day Yr. Time: ☐ a.m. ☐ p.m.

28. Was employee injured in performance of duty? ☐ Yes ☐ No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes (If "Yes," explain) ☐ No

30. Was injury caused by third party? ☐ Yes ☐ No (If "No," go to item 32.)

31. Name and address of third party (include city, state, and ZIP code)

32. Name and address of physician first providing medical care (include city, state, ZIP code)

33. First date medical care received Mo. Day Yr.

34. Do medical reports show employee is disabled for work? ☐ Yes ☐ No

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? ☐ Yes ☐ No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.

37. Pay rate when employee stopped work $ Per

Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)

Signature of supervisor Date

Supervisor's Title Office phone

39. Filing instructions
- ☐ No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
- ☐ No lost time, medical expense incurred or expected: forward this form to OWCP
- ☐ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- ☐ First Aid Injury

Form CA-1.

Rev. Apr. 1999

CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay (COP)/Compensation
Page 3 of 4

Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (Or person acting on the employees' behalf)

13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: if you fell, how far did you fall and in what position did you land?)

14) Nature of injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

Supervisor

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

33) First date medical care received

The date of the first visit to the physician listed in item 31.

36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

a) The disability was not caused by a traumatic injury.

b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;

c) The employee is not a citizen or a resident of the United States or Canada;

d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;

e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;

f) The injury was not reported on Form CA-1 within 30 days following the injury;

g) Work stoppage first occurred 45 days or more following the injury;

h) The employee initially reported the injury after his or her employment was terminated; or

i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines.

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Form CA-1
Rev. Apr. 1999

CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay (COP)/Compensation
Page 4 of 4

Benefits for Employees under the Federal Employees' Compensation act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

(1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continue's the employee's pay, the pay must not be interrupted unless one of the provision's outlined in 20 CFR 10.222 apply.

(2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.

(3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defringement of the head, face, or neck.

(4) Vocational rehabilitation and related services where directed by OWCP.

(5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN), and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior | Title | Date (Mo., Day, Yr.)

*U.S. GPO: 1999-454-845/12704

Form CA-1
Rev. Apr. 1999

CA-2, Notice of Occupational Disease and /or Payment
Page 1 of 4

Notice of Occupational Disease and Claim for Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle)
2. Social Security Number
3. Date of birth Mo. Day Yr.
4. Sex
5. Home telephone ( )
6. Grade as of date of last exposure Level Step
7. Employee's home mailing address (include city, state, and ZIP code)
8. Dependents
   - ☐ Wife, Husband
   - ☐ Children under 18 years
   - ☐ Other

Claim Information

9. Employee's occupation
a. Occupation code
10. Location (address) where you worked when disease or illness occurred (include city, state, and ZIP code)
11. Date you first became aware of disease or illness Mo. Day Yr.
12. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr.
13. Explain the relationship to your employment, and why you came to this realization
14. Nature of disease or illness

OWCP Use - NOI Code
b. Type code
c. Source code

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.
16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.
17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representatives). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

For sale by the Superintendent of Documents, U.S. Government Printing Office Washington, DC 20402

Form CA-2
Rev. Jan. 1997

CA-2, Notice of Occupational Disease and /or Payment
Page 2 of 4

Official Supervisor's Report of Occupational Disease: Please complete information requested below

Supervisor's Report

19. Agency name and address of reporting office (include city, state, and ZIP Code) | OWCP Agency Code | OSHA Site Code | ZIP Code

20. Employee's duty station (Street address and ZIP Code) | ZIP Code

21. Regular work hours From: ☐ a.m. ☐ p.m. To: ☐ a.m. ☐ p.m.

22. Regular work schedule ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

23. Name and address of physician first providing medical care (include city, state, ZIP code)

24. First date medical care received Mo. Day Yr.

25. Do medical reports show employee is disabled for work? ☐ Yes ☐ No

26. Date employee first reported condition to supervisor Mo. Day Yr.

27. Date and hour employee stopped work Mo. Day Yr. Time : ☐ a.m. ☐ p.m.

28. Date and hour employee's pay stopped Mo. Day Yr. Time : ☐ a.m. ☐ p.m.

29. Date employee was last exposed to conditions alleged to have caused disease or illness Mo. Day Yr.

30. Date returned to work Mo. Day Yr. Time : ☐ a.m. ☐ p.m.

31. If employee has returned to work and work assignment has changed, describe new duties

32. Employee's Retirement Coverage ☐ CSRS ☐ FERS ☐ Other, (Specify)

33. Was injury caused by third party? ☐ Yes ☐ No If "No," go to item 34.

34. Name and address of third party (include city, state, and ZIP code)

Signature of Supervisor

35. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of Supervisor (Type or print)

Signature of Supervisor | Date

Supervisor's Title | Office phone

Form CA-2
Rev. Jan. 1997

CA-2, Notice of Occupational Disease and/or Payment
Page 3 of 4

Disability Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following general benefits for employment-related occupational disease or illness:

(1) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians of the employee's choice.

(2) Payment of compensation for total or partial wage loss.

(3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.

(4) Vocational rehabilitation and related services where necessary.

The first three days in a non-pay status are waiting days, and no compensation is paid for these days unless the period of disability exceeds 14 calendar days, or the employee has suffered a permanent disability. Compensation for total disability is generally paid at the rate of 2/3 of an employee's salary if there are no dependents, or 3/4 of salary if there are one or more dependents.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

If an employee is in doubt about compensation benefits, the OWCP District Office servicing the employing agency should be contacted. (Obtain the address from your employing agency.)

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN), and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Occupational Disease or Illness

This acknowledges receipt of notice of disease or illness sustained by:
(Name of injured employee)

I was first notified about this condition on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior | Title | Date (Mo., Day, Yr.)

This receipt should be retained by the employee as a record that notice was filed.

Form CA-2
Rev. Jan. 1997

CA-2, Notice of Occupational Disease and/or Payment
Page 4 of 4

INSTRUCTIONS FOR COMPLETING FORM CA-2

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. In addition to the information requested on the form, both the employee and the supervisor are required to submit additional evidence as described below. If this evidence is not submitted along with the form, the responsible party should explain the reason for the delay and state when the additional evidence will be submitted.

Employee (or person acting on the employee's behalf)

Complete items 1 through 18 and submit the form to the employee's supervisor along with the statement and medical reports described below. Be sure to obtain the Receipt of Notice of Disease or Illness completed by the supervisor at the time the form is submitted.

1) **Employee's statement**

In a separate narrative statement attached to the form, the employee must submit the following information:

a) A detailed history of the disease or illness from the date it started.

b) Complete details of the conditions of employment which are believed to be responsible for the disease or illness.

c) A description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as the number of hours per day and days per week of such exposure or stress.

d) Identification of the part of the body affected. (If disability is due to a heart condition, give complete details of all activities for one week prior to the attack with particular attention to the final 24 hours of such period.)

e) A statement as to whether the employee ever suffered a similar condition. If so, provide full details of onset, history, and medical care received, along with names and addresses of physicians rendering treatment.

2) **Medical report**

a) Dates of examination or treatment.

b) History given to the physician by the employee.

c) Detailed description of the physician's findings.

d) Results of x-rays, laboratory tests, etc.

e) Diagnosis.

f) Clinical course of treatment.

g) Physician's opinion as to whether the disease or illness was caused or aggravated by the employment, along with an explanation of the basis for this opinion. (Medical reports that do not explain the basis for the physician's opinion are given very little weight in adjudicating the claim.)

3) **Wage loss**

If you have lost wages or used leave for this illness, Form CA-7 should also be submitted.

Supervisor (Or appropriate official in the employing agency)

At the time the form is received, complete the Receipt of Notice of Disease or Illness and give it to the employee. In addition to completing items 19 through 34, the supervisor is responsible for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form must be sent to OWCP within ten working days after it is received. In a separate narrative statement attached to the form, the supervisor must:

a) Describe in detail the work performed by the employee. Identify fumes, chemicals, or other irritants or situations that the employee was exposed to which allegedly caused the condition. State the nature, extent, and duration of the exposure, including hours per days and days per week, requested above.

b) Attach copies of all medical reports (including x-ray reports and laboratory data) on file for the employee.

c) Attach a record of the employee's absence from work caused by any similar disease or illness. Have the employee state the reason for each absence.

d) Attach statements from each co-worker who has first-hand knowledge about the employee's condition and its cause. (The co-workers should state how such knowledge was obtained.)

e) Review and comment on the accuracy of the employee's statement requested above.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

Item Explanations. Some of the items on the form which may require further clarification are explained below.

14. **Nature of the disease or illness**
Give a complete description of the disease or illness. Specify the left or right side if applicable (e.g., rash on left leg; carpal tunnel syndrome, right wrist).

19. **Agency name and address of reporting office**
The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

23. **Name and address of physician first providing medical care**
The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

24. **First date medical care received**
The date of the first visit to the physician listed in item 23.

32. **Employee's Retirement Coverage.**
Indicate which retirement system the employee is covered under.

33. **Was the injury caused by third party?**
A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the disease. For instance, manufacturer of a chemical to which an employee was exposed might be considered a third party if improper instructions were given by the manufacturer for use of the chemical.

Employing Agency - Required Codes

Box a (Occupational Code), Box b, (Type Code), Box c (Source Code), OSHA Site Code
The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Record Keeping and Reporting Guidelines.

OWCP Agency Code
This is a four digit (or four digit two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Form CA-2

CA-2A, Notice of Recurrence
Page 1 of 4

Notice of Recurrence

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Complete Part A below.

Employing Agency (Supervisor or Compensation Specialist): Complete Part B.

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0[illegible]
Expires: 08-31-[illegible]

Part A - Employee

1. Name of employee (Last, First, Middle)
2. Social Security Number
3. OWCP file number for original injury
4. Date of birth Mo. Day Yr
5. Sex ☐ Male ☐ Female
6. Home telephone ( )
7. Home mailing address (include city, state, and ZIP code)
8. Dependents
   - ☐ Wife, Husband
   - ☐ Children under 18 years
   - ☐ Other
9. Name and Address of Employing Agency at time of original injury (number, street, city, state, ZIP code)
10. Name and Address of Employing Agency at time of recurrence. If other than shown in B, if you are no longer employed with the Federal Government, complete Part C also.
11. Date and Hour of original injury (mo., day, year)
12. Date and Hour of recurrence (mo., day, year)
13. Date and Hour stopped work after recurrence (mo., day, year)
14. Date and Hour pay stopped after recurrence (mo., day, year)
15. Date and Hour returned to work (mo., day, year)
    - ☐ Medical Treatment Only
    - ☐ Time Loss From Work
17. Date of first medical treatment following recurrence (mo., day, year)
18. Name and address of treating physician
19. After returning to work following the original injury, were you in any way limited in performing your usual duties? ☐ Yes ☐ No (If so, explain. Also state how long these limitations continued.)
20. Describe your condition since you returned to work, including the nature and frequency of all medical treatment received
21. Describe how and when the recurrence happened. Explain why you believe your current condition is related to the original injury.
22. Describe all injuries and illnesses which you suffered between the date you returned to work after the original injury, and the date of recurrence. Arrange for the submission of all relevant medical records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the Federal Employees' Compensation Act (FECA), or who knowingly accepts compensation to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

I hereby claim medical treatment if needed, and up to 45 days Continuation of Pay if disabled for work.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

I certify, under penalty of law, that the information provided on this form is true and correct to the best of my knowledge.

23. Signature of employee
24. Date (mo., day, year)

Form CA-2a
Rev. Sept. 1996

CA-2A, Notice of Recurrence
Page 2 of 4

Part B - Federal Employing Agency

21. Name and address of reporting office (include city, state, and ZIP Code)

ZIP Code

OWCP Agency Code

OSHA Site Code

26. Employee's duty station (street address and ZIP Code)

ZIP Code

27. Date of first return to FULL - TIME REGULAR duty following original injury

Mo. Day Yr.

28. Regular work hours From: ; ☐ a.m. ☐ p.m. To: ; ☐ a.m. ☐ p.m.

29. Regular work days ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri ☐ Sat.

30. Date of injury Mo. Day Yr.

31. Date of recurrence Mo Day Yr.

32. Date stopped work after recurrence Mo. Day Yr. Time : ☐ a.m. ☐ p.m.

33. Date pay stopped after recurrence Mo. Day Yr.

34. Dates COP paid for recurrence From Mo. Day Yr. To

35. Date returned to work after recurrence Mo. Day Yr. Time : ☐ a.m. ☐ p.m.

36. Did the employee receive medical care at an agency facility due to the recurrence? If so, please attach all relevant medical records. ☐ Yes ☐ No

37. At the time of the recurrence did your agency authorize medical treatment on Form CA-16? ☐ Yes ☐ No

38. After the original injury, did you make any accommodations or adjustments in the employee's regular duties due to injury-related limitation? ☐ Yes ☐ No If so, provide full details.

39. After return to work, did the employee sustain any other injury or illness which affected performance of his or her duties? If so, provide full details.

40. Please review the statements made by the employee in Part A of this form and provide any relevant comments and additional information.

A supervisor or compensation specialist who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

41. Signature of Supervisor or Compensation Specialist (at time of recurrence)	42. Title	43. Work phone ( )	44. Date (mo., day, year)

Form CA-2a
Rev. Sept. 1994

CA-2A, Notice of Recurrence
Page 3 of 4

INSTRUCTIONS FOR COMPLETING FORM CA-2a
NOTICE OF RECURRENCE

DEFINITION OF RECURRENCE

A Recurrence of the Medical Condition is the documented need for additional medical treatment after release from treatment for the work-related injury. Continuing treatment for the original condition is not considered a recurrence.

A Recurrence of Disability is a work stoppage caused by:

- A spontaneous return of the symptoms of a previous injury or occupational disease without intervening cause;
- A return or increase of disability due to a consequential injury (defined as one which occurs due to weakness or impairment caused by a work-related injury); or
- Withdrawal of a specific light duty assignment when the employee cannot perform the full duties of the regular position. This withdrawal must have occurred for reasons other than misconduct or non-performance of job duties.

IF A NEW INJURY OR EXPOSURE TO THE CAUSE OF AN OCCUPATIONAL ILLNESS OCCURS, AND DISABILITY OR THE NEED FOR MEDICAL CARE RESULTS, A NEW FORM CA-1 OR CA-2 SHOULD BE FILED. This is true even if the new incident involves the same part of the body as previously affected.

INSTRUCTIONS FOR EMPLOYEE

- Review the definition of "recurrence" given above. If you believe that you have sustained a recurrence, complete Part A of this form. Attach a separate sheet of paper if needed to provide full details.
- If you worked for the Federal Government at the time of the recurrence, submit Form CA-2a to your employing agency. If you no longer work for the Federal Government, complete Parts A and C of this form and submit all materials directly to the Office of Workers' Compensation Programs (OWCP).
- If you are claiming a recurrence of disability for an occupational illness, or if all 45 days of continuation of pay (COP) have been used, you may claim wage loss on Form CA-7. The OWCP will pay compensation if the claim is approved.
- Arrange for your attending physician to submit a detailed medical report. The report should include: dates of examination and treatment; history as given by you; findings; results of x-ray and laboratory tests; diagnosis; course of treatment; and the treatment plan. **The physician must also provide an opinion, with medical reasons, regarding causal relationship between your condition and the original injury.** Finally, the physician should describe your ability to perform your regular duties. If you are disabled for your regular work, the physician should identify the dates of disability and provide work tolerance limitations.
- If other physicians treated you after you returned to work following the original injury, obtain similar medical reports from each of them.

INSTRUCTIONS FOR EMPLOYING AGENCY

- After the employee has completed Part A, promptly complete Part B and submit the form to OWCP, unless: the claimant is still receiving continuation of pay (COP); the recurrence is for medical care only and the claim is still open, or the claimant is currently requesting neither wage-loss compensation nor payment of medical expenses. In these instances, file the form in the Employee Medical Folder.
- If COP is being paid, obtain medical evidence using Form CA-17,"Duty Status Report", as often as circumstances indicate.
- For a recurrence less than 90 days after the employee's return to work following the original injury, you may authorize required medical care using Form CA-16. For a recurrence more than 90 days after the employee's return to work, OWCP must authorize further medical care.
- For recurrences of disability which continue after the 45 days of COP have expired or which involve occupational illness, instruct the employee to file Form CA-7.

Public Burden Statement

Completion of this collection of information is estimated to vary from 15 to 45 minutes per response with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, DC 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

CA-2A, Notice of Recurrence
Page 4 of 4

Part C - Employee
(To be completed by the employee if not employed with the Federal Government at the time of the claimed recurrence.)

1. For all jobs held since you left the job held when the initial injury occurred, list the full name and address of your employers, and the inclusive dates of employment. Include any self-employment.

2. For all jobs listed in item 1 above, provide your job title, nature of duties performed, number of hours worked per week and rate of pay.

3. Describe all educational and/or vocational training received since your original injury. Include any licenses or certificates earned.

4. What was your rate of pay if you stopped work due to this recurrence?

   $ _____ per _____

5. Do you claim compensation for lost wages? ☐ Yes ☐ No

   If so, for what period? _____ through _____.

6. Have you received any pay during the period claimed? ☐ Yes ☐ No

   If so, how much and from what source? _____

Section 8101, et seq., Title 5 to the U.S. Code authorizes collection of this information. Completion of this form is mandatory in order to ensure the timely filing of a notice of recurrence of disability and claim for benefits under the Federal Employees' Compensation Act (FECA). The information will be used to initiate and assist in the adjudication of the claim and failure to provide the information may prevent or delay claim processing. Additional disclosures of this information may be to: third parties in litigation; employing agencies; various individuals and organizations providing related medical rehabilitation and other services; insurance plans which may have paid related bills; labor unions; various law enforcement officials; other federal, state and local agencies (including the GAO and IRS) as appropriate; data processing contractors to the Department of Labor; debt collection agencies and credit bureaus.

7. Signature of Employee

8. Date (mo., day, year)

*U.S. Government Printing Office: 1998 - 442-496/60092

CA-3, Report of Termination of Disability and/or Payment
Page 1 of 2

Report of Termination of Disability and/or Payment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Part - A General

1. Name of Injured Employee (last, first, middle)	2. Social Security Number	3. OWCP File Number (If known)
4. Department or Agency	5. Bureau or Office	

6. Name and Address of Reporting Office (Include Zip Code)

7. Date and Hour of injury (Mo., day, year)	8. Date and Hour Stopped Work (Mo., day, year)	9. Date and Hour Pay Stopped (Mo., day, year)	10. Date and Hour Returned to Work (Mo., day, year)
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

11. Employee's Work Week On Return To Duty If Other Than Monday Through Friday

S M T W T F S

12. Present Pay Rate If Different From That Received At Time Employee Stopped Work

a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)

13. Inclusive Dates Employee Received Pay For Any Part of The Period of Absence Because of:

a. Annual Leave	b. Sick Leave	c. Other (Specify)
From: Through:	From: Through:	From: Through:

14. Has Employee's Work Assignment Been Changed Because of Disability Resulting From This Injury?

☐ Yes ☐ No If Yes, Describe The Type of Work Employee Is Performing.

15. If Interrupted, Show Dates Deductions For Health Benefits and/or Optional Insurance Were Resumed (Mo., day, year)

Health Benefit Optional Insurance

16. If Health Benefits Option Has Changed Since Disability Began, Show New Code Number and Date of Change (Mo., day, year)

Number _____ Date _____

17. Remarks:

Part - B Continuation of Pay

18. Inclusive Dates That The Employee's Regular Pay Continued During The Period Of Disability. Do not include period of sick or annual leave (Mo., day, year)

From: Through:

19. Show The Gross Dollar Amount Of Regular Pay Which The Employee Received During The Period Of Disability. Do not include pay received for sick leave or annual leave.

$

20. If Pay Rate Changed During The Period Employee Was Receiving Continuation Of Pay, Show The Date of Change (Mo., day, year)

21. If Pay Rate Changed During The Period Employee Was Receiving Continuation of Pay, Give New Rate

a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)

22. Signature of Supervisor	23. Title and Office Phone Number	24. Date (Mo., day, year)

Form CA-3
Rev. June 1988

CA-3, Report of Termination of Disability and/or Payment
Page 2 of 2

INSTRUCTIONS FOR COMPLETING FORM CA-3 WHEN EMPLOYEE RETURNS TO WORK

PART - A

REQUIRED WRITTEN REPORT

- When disability ceases and/or employee returns to work, the official superior shall immediately report that fact to the OWCP on Form CA-3 unless this information has been previously submitted on Form CA-1 or CA-2 or otherwise. This form should be submitted for each injury resulting in time lost from work whether or not claim for compensation is made.

TELEPHONE/ TELEGRAPH REPORT

- If the employee is receiving disability compensation periodically each four weeks, the official superior should immediately telephone or telegraph the OWCP advising the date employee returned to work. This will avoid an overpayment of compensation. Follow-up should then be made with Form CA-3.

PAY RATE INFORMATION

- Employee's base pay in items 12a or 21a should not include value of subsistence, quarters or other pay. These should be shown separately in their own columns.

PART - B

CONTINUATION OF PAY

- In most traumatic injury cases, the employee will have qualified for and received continuation of pay under 5 USC 8118 (FECA). When this occurs, items 9, 13, and 15 in Part A will usually be left blank. When there is a continuation of pay, Part B must always be completed, unless the information has been submitted on Form CA-7, Claim for Compensation on Account of Traumatic Injury.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

*U.S. GPO: 1998-621-384/93074

CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
Page 1 of 4

Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

OMB No. 1215-0155
Expires: 04-30-01

1. Name of deceased employee (Last, first, middle)	2. Date of Birth (Mo., day, year)	3. Date of Injury (Mo., day, year)	4. Date of Death (Mo., day, year)	5. Social Security Number

6. Name and address of employing agency (include ZIP Code)	7. Nature of injury which caused death

8. Name of dependent (Last, first, middle)	9. Dependent's address (include ZIP Code)	10. Dependent's birth date (Mo., day, year)

11. Dependent's Occupation	12. Dependent's Social Security Number	13. Dependent's relationship to employee	14. Extent of dependency on employee ☐ Total ☐ Partial

15. Total amount employee contributed to dependent's support during 12 months immediately prior to death. $ _____	16. Did employee live with dependent during the 12 months immediately prior to death? ☐ Yes ☐ No If "Yes", Complete 17 & 18.	17. Total amount employee paid dependent in money or service for room and board in addition to amount shown in 15. $ _____ Per _____	18. If no fixed amount was paid for room and board, what is the fair value of such room and board? $ _____ Per _____

19. If dependent was employed during 12 month period prior to employee's death, give:	20. Show dependent's income from all sources other than employment during 12 month period prior to employee's death:
Type of work performed:	Investments $
Period of employment:	Pensions
Monthly pay rate:	Persons other than employee
Name and address of employer:	Other _____
	Total $

Information about dependent's husband or wife (Items 21 through 25)

21. Birth Date (Mo., day, year)	22. Occupation	23. Monthly pay rate $ _____	24. Total income from all sources for 12 months prior to employee's death. $ _____

25. List all property owned by dependent and husband or wife (omit clothing, furniture, personal items).

Description	Date Acquired	Value

26. If an application has been made for U.S. Civil Service Annuity or any other Federal Retirement or Disability Law because of employee's death, give:	27. If an application has been made for Veterans Administration (VA) benefits because of employee's death, give:
Retirement System: ☐ CSRS ☐ FERS ☐ SSA ☐ Other	Service number: VA Claim number:
	Address of VA office where claim is filed:
Claim number for each claim: a. _____ b. _____	28. If a claim has been made against a third party because of employee's death, give:
Date each benefit began: a. _____ b. _____	Amount of recovery: $ _____
Amount of each benefit paid per month: $ a. _____ b. _____	Name and address of third party:

29. Total burial expense $ _____	30. Amount of burial expense paid or payable by VA $ _____	31. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: $ _____

I hereby certify that each and every statement made above is true to the best of my knowledge. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

32. Signature of person filing claim	33. Address (include ZIP Code)	34. Date (Mo., day, year)

Form CA-5b
Rev. Jan. 1997

CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

Attending Physician's Report

1. Name of deceased employee (Last, first, middle)

2. Date of death (Mo., day, year)

3. What history of injury or employment related disease was given to you?

4. If treated for disease, give diagnosis.

5. If death was not instantaneous, describe the treatment you provided.

6. Show dates on which treatment was given.

7. What was the direct cause of death?

8. What were the contributory causes of death, if any?

9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? Give the medical reasons for your opinion, unless causal relationship is obvious. ☐ Yes ☐ No

10. Was a biopsy or an autopsy performed? Arrange for a copy of the report to be submitted. ☐ Yes ☐ No

11. Name and address (Please type - include ZIP Code)

I certify that all statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any knowingly false or misleading statement or concealment of material fact may subject me to felony criminal prosecution.

12. Signature

13. Date signed (Mo., day, year)

CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
Page 3 of 4

INSTRUCTIONS FOR COMPLETING FORM CA-5b, CLAIM FOR COMPENSATION BY PARENTS, BROTHERS, SISTERS, GRANDPARENTS OR GRANDCHILDREN

Who Should File Claim	This claim form should be completed and filed by the deceased employee's parents, grandparents or representative (custodian or guardian) of minor brothers, sisters or grandchildren. A separate form is required for each person claiming benefits.
When Should Claim Be Filed	Claim must be filed within three years following date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days; or written notice of the injury or death was given within 30 days. The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury.
What Documents Are Required	The birth certificate of the deceased employee; also a death certificate if not previously submitted; birth certificates for minor brothers, sisters and grandchildren. If claim is made on behalf of a grandparent, birth certificate of decedent's mother or father, as appropriate. If claim is made on behalf of a grandchild, birth certificate of decedent's son or daughter as appropriate. Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. They should then be attached to the claim form when it is filed.
How to Complete Claim	All items on the claim form should be completed. If an item is not applicable, indicate by showing "NA". Note that the claim form requests information about several categories of persons, i.e., items 1-7 make inquiry about the decedent; 8-20 the dependent; 21-25 the dependent's husband or wife, if married at the time of employee's death. The attending physician's report on the reverse of the form must also be completed before the form is submitted to the OWCP.
Funeral/Burial Allowance	Submit original itemized funeral and burial bills. If paid, so indicate and give name and address of person making payment. If an Administrator or Executor has been appointed, give such person's name and address and attach a copy of the appointment document.

See the reverse of this page for a definition of dependents and a description of benefits.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Worker's Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
Page 4 of 4

DEATH BENEFITS FOR PARENTS, BROTHERS, SISTERS, GRANDPARENTS AND GRANDCHILDREN UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

Eligible Dependents	• Benefits are payable on behalf of partially or totally dependent parents, brothers, sisters, grandparents and grandchildren.
Period Of Entitlement	• Parents and grandparents: Payments continue until death, remarriage or termination of dependency. Minor brothers, sisters and grandchildren: Payments continue until death, marriage or attainment of 18 years of age. Payments may continue beyond 18 if the child is mentally or physically incapable of self-support or is a "full-time" student. Student benefits terminate on: marriage, completion of 4 years of education beyond high school level, or at age 23, whichever occurs first.
Compensation Rates	• For parent - 25% of the employee's monthly pay, if one is wholly dependent and the other is not dependent at all. If both are wholly dependent - 20% each. A proportionate amount is paid if either or both are partially dependent. Brothers, sisters, grandparents, and grandchildren - 20% if only one is wholly dependent. If more than one is wholly dependent - 30% shared equally. If one or more is partially dependent - 10% shared equally if more than one. Federal payments are made through Direct Deposit. Therefore a completed Form SF-1199A, Direct Deposit Sign-up must be submitted with Form CA-5b. If the employee was covered under the Federal Employees's Retirement System (FERS), 5 USC 811(d)(2) requires that Social Security benefits payable to beneficiaries, which are attributable to the deceased employee's Federal Service, are deducted from the beneficiary's compensation entitlement.
Payment Priorities	• Monthly payments for all beneficiaries cannot exceed 75% of the employee's monthly salary or 75% of the top step of GS-15 of the General Schedule. The surviving widow or widower and children have first priority. Other eligible dependents may receive payment only if the widow or widower and children's percentages are less than 75%.
Funeral/Burial Allowance	• Funeral and burial expense up to a maximum of $800 may be paid. Amount paid by the VA will be deducted. If death occurs away from the employee's duty station, transportation costs may be paid to return the deceased employee to his home or last place of residence. In addition to any funeral or burial expenses, a sum of $200 may be paid for reimbursement of the costs of termination of the decedent's status as an employee of the United States.
Third Party Action	• If the employee's death was caused by a person or party other than the Federal Government, a "third party action" or lawsuit may be indicated. In such instances the Department of Labor will provide further instructions.

Privacy Act Notice

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN), and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.
DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

CA-6, Official Superior's Report of Employee's Death
Page 1 of 2

Official Superior's Report of Employee's Death

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

1. Name of Deceased Employee (Last, first, middle)
2. Date of Birth (Mo., day, year)
3. ☐ Male ☐ Female
4. Social Security No.

5. Department or Agency
6. OWCP Agency Code
7. OSHA Site Code

8. Name and Address of Reporting Office
9. Name and Office Phone Number of Employee's Official Superior

10. Date and Hour of Injury (Mo., day, year) ☐ AM ☐ PM
11. Date and Hour of Death (Mo., day, year) ☐ AM ☐ PM
12. Date and Hour Employee's Pay Stopped (Mo., day, year) ☐ AM ☐ PM

13. Describe how injury occurred
14. Was employee in performance of duty when injury occurred? ☐ Yes ☐ No (If No, explain)

15. Location where injury occurred
16. Location where death occurred
17. Immediate cause of death (Attach medical and autopsy report if available)

18. Employee's pay rate as of

	a. Base pay	b. Subsistence	c. Quarters	d. Other
A. Date of injury	$ per	$ per	$ per	$ per
B. Date pay stopped	$ per	$ per	$ per	$ per

19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? ☐ Yes ☐ No
20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? ☐ Yes ☐ No

21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates)
From To
22. a. Occupation code
b. Type code
c. Source code
OWCP use - NOI code

23. Did employee receive continuation of pay (COP) during period prior to death?
a. Pay rate used for COP
$ per
b. Inclusive dates of COP
From To
24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number:

25. Show date through which HBS deductions were last made (Mo., day, year)
26. Identify employee's Federal Retirement Plan ☐ CSRS ☐ FERS ☐ Other _____
27. If employee received medical care prior to death, give name and address of attending physician

28. If injury was caused by a third party, give name and address of third party
29. Give name and address of the attorney representing the survivors if legal action is instituted against the third party
30. Show amount of third party recovery, if any
$

31. If employee was a member of the Armed Services of the United States, show
Branch of Service
Serial No. (If known)
32. Has claim for survivor's benefits been filed with the Office of Personnel Management? ☐ Yes ☐ No

33. Name and address of employee's spouse or next of kin (Show relationship, if other than spouse)

34. Signature of Official Superior
35. Title
36. Date (Mo., day, year)

Form CA-6
Rev. Jan. 1997

CA-6, Official Superior's Report of Employee's Death
Page 2 of 2

Instructions for Completing Form CA-6

When a Federal employee dies as a result of injury in performance of duty or because of an employment related disease, the death should be reported on this form. This form eliminates the need to complete and file the official superior's report on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.

The form is to be completed by the deceased employee's official superior or other authorized official of the employing agency. It should be accompanied by a certified copy of the death certificate, when submitted to OWCP.

Form CA-5 or CA-5b should be supplied to the employee's spouse or next of kin.

If additional space is required, attach separate sheets and number the answers to correspond with the items on the form.

For additional information about death benefits, see 20 CFR 1.1 and/or Chapter 810, Injury Compensation, Federal Personnel Manual.

Box 22a (Occupation Code), Box 22b (Type Code), Box 22c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Recordkeeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

CA-7, Claim for Compensation On Account of Traumatic Injury or Occupational Disease
Page 1 of 3

Claim for Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

SECTION 1 **EMPLOYEE PORTION**

a. Name of Employee Last First Middle

OMB No.: 1215-0103
Expires: 10/31/99

b. Mailing Address *(Including City, State, ZIP Code)*

c. OWCP File Number

d. Date of Injury Month Day Year

e. Social Security Number

E-Mail Address *(Optional)*

f. Telephone No./FAX No.
( ) –
( ) –

SECTION 2 Compensation is claimed for:

	Inclusive Date Range From	To	Intermittent?	
a. ☐ Leave without pay			☐ Yes ☐ No	*Go to Section 3*
b. ☐ Leave buy back			☐ Yes ☐ No	*Go to Section 3, and Complete Form CA-7b*
c. ☐ Other wage loss; specify type, such as downgrade, loss of night differential, etc. Type:			☐ Yes ☐ No	*Go to Section 3*
d. ☐ Schedule Award *(Go to Section 4)*			If intermittent, complete Form CA-7a, Time Analysis Sheet	

SECTION 3 Have you worked outside your federal job during the period(s) claimed in Section 2? *(Include salaried, self-employed, commissioned, volunteer, etc.)*

☐ Yes Name and Address of Business:

☐ No *Go to Section 4*

Name Address City State ZIP Code

Dates Worked: Type of Work:

SECTION 4 Is this the first CA-7 claim for compensation you have filed for this injury?

☐ Yes *Complete Sections 5 through 7 and a Form SF-1199A, "Direct Deposit Sign-up"*

☐ No Has there been any change in your dependents, or has your direct deposit information changed, or has there been a claim filed with U.S. Civil Service Retirement, another federal retirement or disability law, or with the Department of Veterans Affairs since your last CA-7 claim?

☐ Yes — *Complete Sections 5 through 7 or a new SF-1199A to reflect change(s)* ☐ No — *Complete Section 7*

SECTION 5 List your dependents *(including spouse)*:

Name	Social Security #	Date of Birth	Relationship	Living with you? Yes	No
		/ /		☐	☐
		/ /		☐	☐
		/ /		☐	☐

For dependents not living with you, complete items a and b below.

a. Are you making support payments for a dependent shown above? ☐ Yes ☐ No If Yes, support payments are made to:

Name Address City State ZIP Code

b. Were support payments ordered by a court? ☐ Yes ☐ No If Yes, attach copy of court order.

SECTION 6 a. Was/Will there be a claim made against a 3rd party? ☐ Yes ☐ No

b. Have you ever applied for or received disability benefits from the Department of Veterans Affairs?

☐ Yes ☐ No	Claim Number	Full Address of VA Office Where Claim Filed	Nature of Disability and Monthly Payment

c. Have you applied for or received payment under any Federal Retirement or Disability law?

☐ Yes ☐ No	Claim Number	Date Annuity Began	Amount of Monthly Payment	Retirement System (CSRS, FERS, SSA, Other)

SECTION 7 I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States. I certify that the information provided above is true and accurate to the best of my knowledge and belief.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation as provided by the FECA, or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both. In addition, a felony conviction will result in termination of all current and future FECA benefits.

Employee's Signature _____ Date *(Mo., day, year)* _____

Form CA-7
Rev. Nov. 1996

CA-7, Claim for Compensation On Account of Traumatic Injury or Occupational Disease
Page 2 of 3

Employing Agency Portion
For first CA-7 claim sent, complete sections 8 through 15.
For subsequent claims, complete sections 12 through 15 only.

SECTION 8 Show Pay Rate as of

Date of Injury:	Base Pay	Additional Pay	Additional Pay	Additional Pay
Date: ___/___/___	$ _____ per _____	Type _____ $ _____ per _____	Type _____ $ _____ per _____	Type _____ $ _____ per _____
Grade: _____ Step: _____				
Date Employee Stopped Work:		Type _____	Type _____	Type _____
Date: ___/___/___	$ _____ per _____	$ _____ per _____	$ _____ per _____	$ _____ per _____
Grade: _____ Step: _____				

Additional pay types include, but are not limited to: Night Differential (ND), Sunday Premium (SP), Holiday Premium (HP), Subsistence (SUB), Quarters (QTR), etc. *(List each separately)*

SECTION 9

a. Does employee work a fixed 40-hour per week schedule? Yes ☐ No ☐

1. If Yes, circle scheduled days: S M T W TH F S
2. If No, show scheduled hours for the two week pay period in which work stopped. Circle the day that work stopped.

FOR EXAMPLE ONLY

	S	M	T	W	TH	F	S
WEEK 1 From 5/14 to 5/20		8	4	6	(6)		
WEEK 2 From 5/21 to 5/27		8		6	6		4

	S	M	T	W	TH	F	S
WEEK 1 From _____ to _____							
WEEK 2 From _____ to _____							

b. Did employee work in position for 11 months prior to injury? ☐ Yes ☐ No

If No, would position have afforded employment for 11 months but for the injury? ☐ Yes ☐ No

SECTION 10 On date pay stopped, was employee enrolled in:

a. Health Benefits under the FEHBP? ☐ No ☐ Yes Code ☐☐☐

b. Basic Life Insurance? ☐ No ☐ Yes

c. Optional Life Insurance? ☐ No ☐ Yes Class _____ *(D-Z only)*

d. A Retirement System? ☐ No ☐ Yes Plan _____ *(Specify CSRS, FERS, Other)*

SECTION 11 Continuation of Pay (COP) Received *(Show inclusive dates)*:

From ___/___/___ To ___/___/___

Intermittent? ☐ Yes — Complete Time Analysis Sheet, Form CA-7a ☐ No

SECTION 12 Show pay status and inclusive dates for period(s) claimed:

			Intermittent?	
Sick Leave	From ___/___/___	To ___/___/___	☐ Yes	☐ No
Annual Leave	From ___/___/___	To ___/___/___	☐ Yes	☐ No
Leave without Pay	From ___/___/___	To ___/___/___	☐ Yes	☐ No
Work	From ___/___/___	To ___/___/___	☐ Yes	☐ No

If intermittent, complete Form CA-7a, Time Analysis Sheet.

If leave buy back, also submit completed Form CA-7b.

SECTION 13 Did employee return to work? ☐ Yes ☐ No

If Yes, date ___/___/___

If returned, did employee return to the pre-date-of-injury job, with the same number of hours and the same duties?

☐ Yes ☐ No If No, explain: _____

SECTION 14 Remarks:

SECTION 15 An employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on this form is true to the best of my knowledge, with any exceptions noted in Section 14, Remarks, above.

Signature _____ *(Agency Official)* Title _____ Date ___/___/___

Name of Agency _____

If OWCP needs specific pay information, the person who should be contacted is:

Name _____ Title _____

Telephone No. ( ) - _____ Fax No. ( ) - _____ E-Mail Address _____

CA-7, Claim for Compensation On Account of Traumatic Injury or Occupational Disease
Page 3 of 3

INSTRUCTIONS FOR COMPLETING FORM CA-7

If the employee does not qualify for continuation of pay (for 45 days), the form should be completed and filed with the OWCP as soon as pay stops. The form should also be submitted when the employee reaches maximum improvement and claims a schedule award. If the employee is receiving continuation of pay and will continue to be disabled after 45 days, the form should be filed with OWCP 5 working days prior to the end of the 45-day period.

The CA-7 also should be used to claim continuing compensation, when a previous CA-7 claim has been made.

Collection of this information is required to obtain a benefit and is authorized by 20 C.F.R.10.106.

EMPLOYEE (or person acting on the employee's behalf) — Complete sections 1 through 7 as directed and submit the form to the employee's supervisor.

SUPERVISOR (or appropriate official in the employing agency) — Complete sections 8 through 15 as directed and promptly forward the form to OWCP.

EXPLANATIONS — Some of the items on the form which may require further clarification are explained below:

Section Number	Explanation
2d. Schedule Award	Schedule awards are paid for permanent impairment to a member or function of the body.
5. List your dependents	Your wife or husband is a dependent if he or she is living with you. A child is a dependent if he or she either lives with you or receives support payments from you, and he or she: 1) is under 18; or 2) is between 18 and 23 and is a full-time student; or 3) is incapable of self-support due to physical or mental disability.
6a. Was/will there be a claim made against 3rd party?	A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer who gave improper instructions for the use of a chemical to which an employee is exposed, could all be considered third parties to the injury.
8. Additional Pay	"Additional Pay" includes night differential, Sunday premium, holiday premium, and any other type (such as hazardous duty or "dirty work" pay) regularly received by the employee, but does not include pay for overtime. If the amount of such pay varies from pay period to pay period (as in the case of holiday premium or a rotating shift), then the total amount of such pay earned during the year immediately prior to the date of injury or the date the employee stopped work (whichever is greater) should be reported.
11. Continuation of pay (COP) received	If the injury was not a traumatic injury reported on Form CA-1, this item does not apply.
14. Remarks	This space is used to provide relevant information which is not present elsewhere on the form.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 13 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

CA-7a, Time Analysis Form
Page 1 of 2

Time Analysis Form

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee Statement — Please carefully read instructions on reverse *before* filling out this form.

1. Name of Employee: *(Last, First, Middle)*	2. SSN	3. OWCP File Number

4. Period Covered by This Form:
From: _____ / _____ / _____ To: _____ / _____ / _____

5. Total Hours Claimed
for LWOP: _____
for Leave BuyBack: _____

6. In "Type of Leave Used" column, use codes "S" = Sick, "A" = Anual, "O" = Other. If compensation is claimed for date, indicate "Yes" in "Compensation Claimed" column.

Date(s)	Compensation Claimed?	Number of Hours				Type of Leave Used	Reason for Leave Use/Remarks (*e.g.*, doctor visit, therapy, etc.)
		LWOP	Worked	Hol	Leave		
Totals							

Signature of Claimant _____ Date Signed _____

7. **Agency Statement/Certification:** I certify the above is accurate, except as follows:

Signature of Agency Official _____ Date Signed _____

Form CA 7a
June 1996

CA-7a, Time Analysis Form
Page 2 of 2

Instructions for Completing Form CA–7A
Time Analysis

General: This form is used when claiming FECA compensation, including repurchase of paid leave. It must be used when claiming compensation for more than one consecutive period of leave.

Instructions for Employee:

Blocks 1, 2, and 3: Self-explanatory.

Block 4: Indicate beginning and ending dates covered by this form. These must be the same as on Forms CA–7 and CA–7b.

Block 5: If claiming compensation for any dates detailed in block 4, state total number of hours claimed for leave without pay and total number of hours of leave. This should be at least 10 hours unless this is your final claim.

Block 6:

1st Column:	Show full date.
2nd Column:	For each date noted in column 1, state "Y" if you are claiming compensation for that date and "N" if you are not.
3rd, 4th, 5th and 6th Columns:	Show the number of hours of LWOP, number of hours worked, paid holiday hours, and number of hours of paid leave.
7th Column:	Using the legend provided, indicate the type of leave used.
8th Column:	State the reason you were off work. For each date for which compensation is claimed, there must be medical evidence supporting entitlement.

Sign and Date Form and Submit to the Appropriate Agency Official.

Instructions for Employing Agency:

Block 7: Verify accuracy of hours and status for each date listed. If challenging entitlement for any date, attempt to resolve discrepancies prior to submitting claim to OWCP. If discrepancy cannot be resolved, indicate the specific basis for the challenge in the space provided.

*U.S.GPO:1999-750-120/80203

CA-16, Authorization for Examination and/or Treatment
Page 1 of 4

Authorization for Examination And/Or Treatment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

The following request for information is required under (5 USC 8101 et seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No.: 1215-0103
Expires: 10-31-99

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employee's Name (last, first, middle)

3. Date of Injury (mo. day, yr.)

4. Occupation

5. Description of Injury or Disease:

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

10. Local Employing Agency Telephone Number:

11. Date (mo., day, year)

12. Send one copy of your report: (Fill in remainder of address)

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

13. Name and Address of Employee's Place of Employment:

Department of Agency

Bureau or Office

Local Address (including ZIP Code)

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Form CA-16
Rev. Jan. 1997

CA-16, Authorization for Examination and/or Treatment
Page 2 of 4

PART B – ATTENDING PHYSICIAN'S REPORT

14. Employee's Name (last, first, middle)

15. What History of Injury or Disease Did Employee Give You?

16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe)
☐ Yes ☐ No

16a. ICD-9 Code

17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)

18. What is Your Diagnosis?

18a. ICD-9 Code

19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt)
☐ Yes ☐ No

20. Did Injury Require Hospitalization? ☐ Yes ☐ No
If yes, date of admission (mo., day, year)
Date of discharge (mo., day, year)

21. Is Additional Hospitalization Required?
☐ Yes ☐ No

22. Surgery (If any, describe type)

23. Date Surgery Performed (mo., day, year)

24. What (Other) Type of Treatment Did You Provide?

25. What Permanent Effects, If Any, Do You Anticipate?

26. Date of First Examination (mo., day, year)

27. Date(s) of Treatment (mo., day, year)

28. Date of Discharge from Treatment (mo., day, year)

29. Period of Disability (mo., day, year) (If termination date unknown, so indicate)
Total Disability: From To
Partial Disability: From To

30. Is Employee Able to Resume
☐ Light Work Date:
☐ Regular Work Date:

31. If Employee is Able to Resume Work, Has He/She been Advised? ☐ Yes ☐ No If Yes, Furnish Date Advised

32. If Employee is Able to Resume Only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.

33. General Remarks and Recommendations for Future Care, if Indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.

34. Do You Specialize? ☐ Yes ☐ No (If yes, state speciality)

35. SIGNATURE OF PHYSICIAN I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

36. Address (No., Street, City, State, ZIP Code)

37. Tax Identification Number

38. National Provider System Number

39. Date of Report

MEDICAL BILL: Charges for your services should be presented to the AMA standard "Health Insurance Claim Form" (AMA CP 407/408/409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.

CA-16, Authorization for Examination and/or Treatment
Page 3 of 4

INSTRUCTIONS FOR AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical officer/hospital or any duly qualified physician/ hospital of the employee's choice.

  If the employee elects to be treated by a private physician, a copy of the American Medical Association standards billing form (AMA OF 407/408/409; OWCP-1500a) should be supplied together with Form CA-16.

  A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee.

  Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

PERIOD OF AUTHORIZATION

- Form CA-16 is valid for up to sixty days from date of issuance, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

FEDERAL MEDICAL FACILITIES

- U.S. medical facilities include Public Health Service, Military, or VA hospitals. Federal health service facilities (health units) established under 5 USC 7901 are not U.S. medical facilities as used herein (see 20 CFR 10.400).

DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which required medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP.

DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination, related laboratory tests and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

FORM COMPLETION

- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item 8. Check B1 or B2 or Item 6, whichever is appropriate. In case of illness or disease, only Box B2 may be checked.

  Show the address of the proper OWCP Office in Item 12. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.

ADDITIONAL INFORMATION

- See 20 CFR and/or Chapter 810; Federal Personnel Manual (FPM).

Information for Physician – See Reverse Side

CA-16, Authorization for Examination and/or Treatment
Page 4 of 4

INFORMATION FOR PHYSICIAN

YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authoreized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of issuance, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, apply to the office shown in Part A, Item 12.

USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. Authorize semi-private accomodations unless a private room is medically necessary. Ancillary treatment may be provided to a hospitalized employee as necessary.

REPORTS

- After examination, complete items 14 through 39, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, Item 12. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA 17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

BILLING FOR SERVICES

- OWCP requires that charges be itemized using the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500, or HCFA-1500). Each procedure must be identified, in Column 24 C of the form, by the applicable Current Procedural Terminology (4th edition) Code CPT 4). A copy of the form may be supplid by the employee at the time treatment is sought.

- Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

TAX IDENTIFICATION NUMBER

- The provider's Tax Identification Number (TIN) is an important identifier in the OWCP system. To speed processing and to reduce inaccuracy of payment, the provider's TIN (Employer Identification Number or SSN) should be shown on all reports and billings submitted to OWCP. If possible, providers should decide on a single TIN - either corporate or personal - which is used consistently on OWCP claims.

ADDITIONAL INFORMATION

- Contact the OWCP shown in Item 12 of Part A.

Please Remove These Instructions Before Submitting Your Report.

*U.S. Government Printing Office: 1998 - 621-362/93073

CA-17, Duty Status Report
Page 1 of 2

Duty Status Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0103
Expires: 10-31-99

OWCP File Number (If known)

SIDE A - Supervisor: Complete this side and refer to physician

1. Employee's Name (Last, first, middle)
2. Date of Injury (Month, day, yr.)
3. Social Security No.
4. Occupation
5. Describe How the Injury Occurred and State Parts of the Body Affected
6. The Employee Works
   Hours Per Day Days Per Week
7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

Activity	Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day
b. Sitting			Hrs Per Day
c. Standing			Hrs Per Day
d. Walking			Hrs Per Day
e. Climbing			Hrs Per Day
f. Kneeling			Hrs Per Day
g. Bending/Stooping			Hrs Per Day
h. Twisting			Hrs Per Day
i. Pulling/Pushing			Hrs Per Day
j. Simple Grasping			Hrs Per Day
k. Fine Manipulation (includes keyboarding)			Hrs Per Day
l. Reaching above Shoulder			Hrs Per Day
m. Driving a Vehicle (Specify)			Hrs Per Day
n. Operating Machinery (Specify)			Hrs Per Day
o. Temp. Extremes			range in degrees F
p. High Humidity			Hrs Per Day
q. Chemicals, Solvents, etc., (Identify)			Hrs Per Day
r. Fumes/Dust (Identify)			Hrs Per Day
s. Noise (Give dBA)			dBA Hrs Per Day

t. Other (Describe)

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? ☐ Yes ☐ No (If not, describe)
9. Description of Clinical Findings
10. Diagnosis Due to Injury
11. Other Disabling Conditions
12. Employee Advised to Resume Work?
    ☐ Yes, Date Advised _____ ☐ No
13. Employee Able to Perform Regular Work Described on Side A?
    ☐ Yes, If so ☐ Full-Time or ☐ Part-Time _____ Hrs Per Day
    ☐ No, If not, complete below:

Continuous	Intermittent	
#lbs.	#lbs.	Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
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		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		range in degrees F
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		dBA Hrs Per Day

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) ☐ Yes ☐ No (Describe)
15. Date of Examination
16. Date of Next Appointment
17. Specialty
18. Tax Identification Number
19. Physician's Signature
20. Date

Form CA-17
Rev. Jan. 1997

CA-17, Duty Status Report
Page 2 of 2

INSTRUCTIONS FOR COMPLETING DUTY STATUS REPORT (CA-17)

SUPERVISOR: Complete Side A and refer the form to the physician to complete Side B. Fill in the address of the Employing Agency and the appropriate OWCP District Office in the spaces below. Enter the OWCP file number in the top right corner.

PHYSICIAN: Complete Side B, sign and return to the employing agency within 2 days to prevent interruption of the employee's income. Fill in your name and address.

Medical Facility Name and Address

Send Original Report to:

Employing Agency Address

Send a Copy of This Report to:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

CERTIFICATION: BY SIGNING BLOCK 19 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-17 ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

I FURTHER UNDERSTAND THAT THIS REQUEST DOES NOT CONSTITUTE AUTHORIZATION FOR PAYMENT OF MEDICAL EXPENSES BY THE DEPARTMENT OF LABOR, NOR DOES IT INVALIDATE ANY PREVIOUS AUTHORIZATION ISSUED IN THIS CASE.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the OWCP, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

*U.S. GPO: 1996-621-412/93079

CA-20, Attending Physician's Report

Attending Physician's Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Record of Examination

1. Patient's name Last First Middle
2. Date of injury mo. day yr.
3. OWCP File Number

OMB No. 1215-0103
Expires: 10-31-99

4. What history of injury (including disease) did patient give you?

5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe)
☐ Yes ☐ No

ICD-9 Code

6. What are your findings? (Include results of X-Rays, laboratory reports, etc.)

7. What is your diagnosis?

ICD-9 Code

8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer)
☐ Yes ☐ No

9. Did injury require hospitalization? If no, go to item #13
☐ Yes ☐ No
10. Date of admission mo. day yr.
11. Date of discharge mo. day yr.
12. Additional Hospitalization required If Yes, describe in "Remarks" (Item 25) ☐ Yes ☐ No

13. What treatment did you provide?

14. Date of first examination mo. day yr.
15. Date(s) of treatment mo. day yr. mo. day yr. mo. day yr.
16. Date of discharge from treatment mo. day yr.

17. Period of total disability From mo. day yr. Thru mo. day yr.
18. Period of Partial Disability From mo. day yr. Thru mo. day yr.
19. Date employee able to resume light work mo. day yr.

20. Date employee is able to resume regular work mo. day yr.
21. Has employee been advised that he/she can return to work? ☐ Yes ☐ No
22. If yes, on what date was he/she advised? mo. day yr.

23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #25 if necessary.)
24. Are any permanent effects expected as a result of this injury? If yes, describe in item #25. ☐ Yes ☐ No

25. Remarks

26. If you have referred the employee to another physician provide the following:
Name
Address
City State ZIP
Specialty
27. What was the reason for this referral?
☐ Consultation ☐ Treatment

Signature

28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

Signature of Physician _____ Date _____

29. Name of Physician
Address
City State ZIP
30. Tax ID Number
31. Do you specialize? ☐ Yes ☐ No
32. If yes, indicate specialty

Form CA-20
Rev. Jan. 1997

CD-29, Travel Order

FORM CD-29 (Rev. 6-08) U.S. DEPARTMENT OF COMMERCE

TRAVEL ORDER

1. TYPE OF AUTHORIZATION
☐ TEMPORARY DUTY ☐ RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.

2. TRAVEL ORDER NO.

3A. BUREAU NAME/ORGANIZATIONAL UNIT

3B. PRESENT OFFICIAL STATION

4A. TRAVELER'S NAME

4B. TRAVELER'S TITLE

4C. SOCIAL SECURITY NO. (Last 4 digits Only)

5. PURPOSE AND JUSTIFICATION STATEMENT

6A. TYPE OF TRAVEL CODE

6B. PURPOSE OF TRIP CODE

6C. BUREAU CODE NO.

7. ITINERARY

8. PERIOD OF TRAVEL

8A. BEGIN ON OR ABOUT

8B. END ON OR ABOUT

9. REQUISITION NUMBER

10. ACCOUNTING CLASSIFICATION CODE

FCFY (XXXX)	PROJECT–TASK (XXXXXXX-XXX)	ORGANIZATION (XX-XX-XXXX-XX-XX-XX-XX)	OBJECT CLASS (XX-XX-XX-XX)

11. MODE OF TRANSPORTATION
- ☐ COMMON CARRIER
  - ☐ BUS ☐ RAIL ☐ EXTRA FARE *(Justify in Item 15)*
  - ☐ AIR-COACH ☐ AIR-EXTRA FARE *(Attach CD-334)*
- ☐ PRIVATELY-OWNED VEHICLE
  - ☐ AUTO ☐ PLANE ☐ RATE PER MILE _____ CENTS *(See FTR 301-10.303 OR 302-4.300)*
  - ☐ DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT
  - ☐ FOR CONVENIENCE OF TRAVELER *(See FTR 301-10.309 AND 301-10.310)*
- ☐ RENTED MOTOR VEHICLE *(See FTR 301-10.450)* ☐ OTHER MEANS *(Specify)*

12. ESTIMATED COST

A. TRANSPORTATION *(Billed directly to Government)*	$
B. OTHER TRANSPORTATION INCLUDING POV MILEAGE	$
SUBSISTENCE EXPENSE *(Per Diem/Actual)*	$
OTHER EXPENSES *(Item 14)*	$
TEMPORARY QUARTERS SUBSISTENCE EXPENSE	$
RELOCATION EXPENSES *(Other than listed above)*	$
SUB-TOTAL B	$
TOTAL A & B	$

COMMON CARRIER REFUNDS
When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.

ACCOUNTING OFFICE ADDRESS:

TRAVELER'S POTENTIAL LIABILITY NOTICE — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for.

13. SUBSISTENCE EXPENSE
In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.

RATES AUTHORIZED

14. OTHER EXPENSES AUTHORIZED
- ☐ MEETING REGISTRATION FEES
- ☐ HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS
- ☐ EXCESS BAGGAGE *(Justify in Item 15)* *(See FTR 301-12.2)*
- ☐ OTHER *(Specify and Justify in Item 15)*

15. SPECIAL PROVISIONS/REMARKS

15A. INTERNATIONAL CLEARANCE *(To be completed for all international travel authorized by this travel order)*
☐ Laptop *(provided)* ☐ Blackberry *(AutoBerry Pre-travel Scan)* ☐ OSY Briefing

CIO (signature) CIO (signature) DATE (completed)

Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.

16. PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL | TITLE | DATE

17. PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER | TITLE | DATE

PRIVACY ACT NOTIFICATION
The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300–304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.

CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER
You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.

CD-36, Smart Bonus Idea Registration
Page 1 of 2

SUGGESTER - *Complete all numbered items in Parts I and II*

FORM CD-36 (REV. 4-89) PRESCR. BY DAO 202-451

S'M'A'R'T BONUS

U.S. DEPARTMENT OF COMMERCE

IDEA REGISTRATION

*Save Money And Reduce Taxes

Part I - Complete Items 1 through 9

1. DATE SUBMITTED

CONTROL NO. *(Do Not Use)*

2. SUGGESTION TITLE

SEND TO ⇨ **Suggestion Program Coordinator**

3. SUGGESTER *(Type or print name)*

4. SEND COMMUNICATIONS TO: *(Office or home address)*

5. POSITION TITLE

6. GRADE

7. ORGANIZATION UNIT

8. OFFICE PHONE *(Code and ext.)*

9. CERTIFICATION- I hereby agree that the use of this suggestion by the United States shall not form the basis for a claim of any nature upon the United States by me, my heirs, or assigns.

Signature of Employee

This information is held confidential until suggestion is recommended for adoption or until employee agrees to release any or all of it to an evaluator.

10. INELIGIBLE SUGGESTIONS:

Suggestions are not considered for adoption and are returned to the suggester if they:

- Merely call attention to the need for maintenance or repair work on buildings, grounds, or parking lots, such as painting, replacing or cleaning;
- Relate only to improved employee benefits, such as vending machines, cafeteria services, restroom or parking facilities, holidays, or insurance;
- Relate to ordinary safety practices such as protective devices, removal of obstructions, or installation of warning or trafic signals;
- Relate only to cosmetic preferences, such as in layout or color of facilities, forms, or publications;
- State vaguely a complaint or describe a problem without proposing a solution;
- Enhance working conditions, such as air conditioning, decorations, or furniture;
- Are within the scope of the employee's normal job expectations and within the authority of the employee to approve or adopt; or
- Are primarily for the personal benefit of the suggester.

11. COMMENTS *(For Suggestion Program Coordinators Use Only)*

U.S. DEPARTMENT OF COMMERCE

S'M'A'R'T BONUS

"Save Money and Reduce Taxes"

A MESSAGE FOR COMMERCE EMPLOYEES

Through the **S'M'A'R'T BONUS** program, we are getting ideas and advice from people with hands-on experience...the people who deal with day-to-day activities in the Department and who can best see where savings -- economic and productivity-improving -- can be achieved.

Every Commerce employee can play an important role in the **S'M'A'R'T BONUS** program. No one knows better than the employees involved in each of the Department's units and programs how their operations work, and, therefore, the best ways to save money and improve efficiency.

Thousands of dollars have been awarded to employees for suggestions that have saved the Department many times as much.

We hope those who have participated in the program will keep on participating, and that those who have good ideas will submit them.

The benefit comes back in many ways -- through saving tax dollars, through improving efficiency and through the **S'M'A'R'T BONUS** to you.

CD-36, Smart Bonus Idea Registration
Page 2 of 2

INSTRUCTIONS AND DEFINITIONS

1. **Name of Employee(s)**—If it is a group award, put "See Attached List" in this Block (and **Blocks 2, 3, and 4**) and in the cash award amount part of **Block** 6 and attach a separate sheet of paper with the information from **Blocks 2, 3, 4, and 6** for each nominee.
5. **Period of Recognition**—*(Does not apply to On-the-Spot Awards).* The period of time in which the contribution was made. For Cash-in-a-Flash Awards, this may be as little as one hour or one day.
6. **Type and Amount of Recognition**—Use this form *ONLY* for the types of awards indicated.
7. **Estimated First-Year Benefits**—*(For Special Act or Service Awards ONLY).* To calculate the estimated first-year benefits, you may use the scales listed below.

SCALE FOR COMPUTING AWARDS FOR TANGIBLE BENEFITS

If the amount of the benefit is	**then the amount of the award is**
less than $250	no cash award.
$250 – $10,000	10% of benefits.
$10,001 – $100,000	$1,000 plus 3% to 10% of benefits over $10,000.
$100,000 or more	$3,700 to $10,000 for the first $100,000 plus 0.5% to 1% of benefits over $100,000.

Notes: 1. Round off the amount of awards and benefits to the nearest $1.
2. Awards are based on estimated first-year benefits.
3. Presidential approval is required for all awards more than $25,000.

SCALE FOR COMPUTING AWARDS FOR INTANGIBLE BENEFITS

STEP 1	**If the contribution affects functions, mission, or personnel of**
Limited	One office or facility.
Extended	Several offices, facilities, locations, or an Area Service Center (ASC).
Broad	All ASCs or an operating unit of the Department.
General	Several operating units, the Department, or in the public interest of the nation.

AND

STEP 2	**The Benefit is**
Moderate	A change which has rather limited impact.
Substantial	Significant change in a policy, procedure, or service.
High	Complete revision of a policy, procedure, or service.
Exceptional	Initiation of a new policy or major procedure, or service.

THEN

STEP 3 **The Award amount is**

	Limited	**Extended**	**Broad**	**General**
Moderate	$25– $125	$125– $325	$325– $650	$650– $1,300
Substantial	$125– $325	$325– $650	$650– $1,300	$1,300– $3,150
High	$325– $650	$650– $1,300	$1,300– $3,150	$3,150– $6,300
Exceptional	$650– $1,300	$1,300– $3,150	$3,150– $6,300	$6,300– $10,000

NOTES: An award from $10,001 to $25,000 may be granted only with approval of OPM. An award above $25,000 may be granted only with approval of the President.

8. **Narrative**—The narrative must be brief and to the point. Describe in concise, non-bureaucratic language what the employee did to deserve this award. The narrative must address the specific award criteria. Cite specific examples to clearly support the nomination.
13. **Imprest Fund Cashier**—*(For Cash-in-a-Flash Awards ONLY).* The imprest fund cashier must sign documenting the disbursement of the cash payment.
14. **Employee/Receipt of Cash**—*(For Cash-in-a-Flash Awards ONLY).* The awardee must sign this form after he or she has been presented the cash payment. The date the employee receives the cash payment is the EFFECTIVE DATE.

CD-81, Authorization for Paid Overtime and/or Holiday Work, and for Compensatory Overtime

FORM CD-81 LF
(8-71)
DAO 202-551

U.S. DEPARTMENT OF COMMERCE

AUTHORIZATION FOR PAID OVERTIME AND/OR HOLIDAY WORK, AND FOR COMPENSATORY OVERTIME

NOTE—Personnel in operating units requiring copies in addition to the two indicated, refer to internal procedures.
INSTRUCTIONS—Prepare original and one (1) copy. Forward original to Payroll Section and copy to Time Clerk responsible for certification of time and attendance reports.

1. INCLUSIVE DATES OF AUTHORIZATION	
FROM	THROUGH
2. OPERATING UNIT	
3. DIVISION	4. BRANCH OR SECTION

NAMES OR NUMBER OF EMPLOYEES 5	GRADE (Indicate GS, WS, etc.) 6	MAXIMUM HOURS PER PAY PERIOD			SIGNATURE OF EACH EMPLOYEE ELECTING ALL OR PART COMPENSATORY TIME (Not needed if salary is above the maximum rate of GS-10.) 10
		PAID OVER-TIME OR HOLIDAY WORK 7	ESTIMATED COST 8	COMPEN-SATORY TIME 9	

11. DESCRIBE SPECIAL WORK TO BE PERFORMED AND CIRCUMSTANCES REQUIRING OVERTIME OR HOLIDAY WORK

12. COMPLETE ITEMS a, b, AND c, IF REQUIRED BY OPERATING UNIT OR DIVISION PROCEDURES

a. PROJECT(S) OR APPROPRIATION CHARGEABLE	b. TOTAL ESTIMATED COST	c. FUNDS AVAILABLE (Appropriate signature)

Certification—I (We) hereby certify that the above described work is essential to carry out an approved program responsibility and that it cannot be done by available personnel during regular hours of work. I (We) further certify that the performance of this work on an overtime or holiday basis is more economical than the employment of an additional employee qualified to render the service, and if performance is approved on the basis of compensatory time off in lieu of payment of overtime, it will not require additional expenditures for services of a substitute employee at a later date.

REQUESTED BY (Signature)	DATE	APPROVED (Signature of authorized official)	DATE

CD-126, Separation Clearance Certificate
Page 1 of 3

Form CD-126
(REV. 4-08)
DAO 202-299

U.S. Department of Commerce

SEPARATION CLEARANCE CERTIFICATE

Section I. To be completed by IMMEDIATE SUPERVISOR

1. Initiate this form 1 (one) week prior to the employee's separation date, according to Departmental and bureau instructions.
2. Complete Section I of this form.
3. Advise the employee of his/her responsibility regarding the clearance process and give the form to the employee.
4. Upon the employee's receipt of all clearance signatures AND his/her completion of Section III, you must complete Section IV of this form and hand carry to the Servicing HR Office.

NAME OF SEPARATING EMPLOYEE	SEPARATION DATE	DATE CD-126 INITIATED

FULL NAME OF ORGANIZATION

TYPE OF SEPARATION

☐ Leaving Federal Service ☐ Transfer to Another Agency ☐ Reassignment within Commerce

REQUEST FOR PERSONNEL ACTION, SF-52 ☐ Submitted ☐ Attached ☐ Not Required

INTERIM SUMMARY PERFORMANCE APPRAISAL, CD-430 (APS/APMS employees)
CD-541 (APS/APMS employees)
☐ Attached ☐ Not Required

Required when employee is reassigned to another position in the Department or transfers to another Federal agency after serving in his/her position for 120 days or more during the appraisal cycle (90 days or more for SES).

LEAVE AUDIT, CD-527	☐ Attached	☐ Not Required
LUMP SUM LEAVE PAYMENT, CD-529	☐ Attached	☐ Not Required

Section II. Clearance Required for All Employees

Instructions for Employees:

1. Follow your supervisor's instructions and your organizations clearance procedures as soon as you receive this form from your supervisor.
2. To avoid delay in your final paycheck, this form must be completed and submitted to your servicing HR Office before your final paycheck, lump sum leave or any other monies due you can be released. You MUST clear each office/function that has been determined by your supervisor.
3. Upon receipt of all signatures return this form to your supervisor.
4. Your supervisor will complete Section IV of the form and submit to the Servicing HR Office.

Instructions for Clearance Officials:

1. Indicate clearance of chargeable items by printing in and signing the applicable block with your full name, date and phone number.
2. Note the reason any chargeable item was not accounted for or returned and if appropriate, indicate the dollar value of the unaccounted items to be collected from the employee.
3. Follow bureau/office clearance procedures to ensure designated authorizing official(s) has cleared.

CD-126, Separation Clearance Certificate
Page 2 of 3

Name:

Page 2 of 3

OFFICE/FUNCTION	CLEARED BY: (Printed Name and Signature)	DATE	PHONE
1. SECURITY			
a. CD-43 or other official identification	----------		
b. Door Keys and/or Electronic Door Key Cards	----------		
c. Investigative Credential and Badge	----------		
d. Security Debriefing/Courier Authorization, CD-75	----------		
2. INFORMATION TECHNOLOGY ACCESS			
a. Financial – CBS, CRS	----------		
b. HRIT – NFC, HRDS, EPIC, LMS, ACS, Hiring Management	----------		
c. Administrative – Phone listing, e-mail account	----------		
d. Phone Card	----------		
3. PERSONAL PROPERTY			
a. Property Custodian	----------		
b. Property Accountibility Officer	----------		
c. Bureau Property Management Office	----------		
4. FINANCE			
a. Travel Advance	----------		
b. Imprest Fund (where applicable)	----------		
5. ACQUISITION MANAGEMENT			
a. Purchase Card	----------		
6. ADMINISTRATIVE SERVICES			
a. Metro Subsidy	----------		
b. Library	----------		
c. Passports	----------		
d. Parking	----------		

CD-126, Separation Clearance Certificate
Page 3 of 3

Name: Page 3 of 3

OFFICE/FUNCTION	CLEARED BY: (Printed Name and Signature)	DATE	PHONE
7. EMPLOYEE'S IMMEDIATE OFFICE			
a. Travel Card (Employee is not delinquent on their Government issued travel card)	----------		
b. Continued Service Agreements (i.e. Student Loan Repayment, Recruitment Bonus, etc)	----------		
c. Timekeeper Certification – T&A coded final	----------		
d. T&A Access terminated	----------		
8. HUMAN RESOURCES			
a. Receipt of Lump Sum leave form	----------		
b. Receipt of Leave Audit form	----------		

SECTION III. EMPLOYEE CERTIFICATION

I certify that, except as otherwise indicated, I have no Government property, records or documents, including classified material issued or furnished by the Department of Commerce or reproduced by me, and I am not otherwise indebted to the United States Government.

I certify that I have reviewed all the non-record documents (defined in Department Administrative Order (DAO) 205-3) that I plan to remove from the Department. None of these documents contain national security information or other information afforded protection under various statures or regulations, such as privacy act information or trade secrets; related to any pending or contemplated civil, criminal, or administrative proceeding or other program activity where their release could prejudice the matter; if removed, would hinder the efficient continued functioning of an office or my successor; if removed, would diminish the records or other documentary information needed for the official business of the Department; if removed, would violate the confidentiality of any interest protected by law, such as national security, privacy, trade secrets; if removed, would exceed normal administrative economies (i.e., impose an unreasonable cost or burden created by copying or removing the materials from the building); or if removed, would unnecessarily expose, or risk exposing, to the public any internal deliberations, opinions, legal or policy advise, law enforcement materials, or other professional work-product of any office or employee of the Department. In addition, I understand that I must obtain clearance from the appropriate official possessing authority under Section 4 of DAO 205-12 before I will be permitted to remove any documents that would not normally be released to a third party under the Freedom of Information Act.

SIGNATURE	DATE

SECTION IV. SUPERVISOR CERTIFICATION

The supervisor's failure to comply with the requirements of CD-126, Separation Clearance Certificate and/or the policies as stated in DAO 202-299, Clearance of Employee Accountability, may result in disciplinary action.

☐ I certify that the employee has personally cleared each office as indicated in Section II of this form as well as any other office identified in the supplemental clearance procedures.

☐ Employee has not cleared as indicated above and I have not certified the employee's time and attendance record. (Note: Supervisor must notify the HR Servicing HR office to initiate debt collection).

SIGNATURE (Print Name and Sign)	DATE

SECTION V. SERVICING HR OFFICE (Check appropriate response)

I acknowledged receipt of the CD-126. This form ☐ was ☐ was not completed in its entirety. Action will be taken to collect the debt.

SIGNATURE (Print Name and Sign)	DATE

CD-137, Report of Accident /Illness
(Updated 09/2009)

FORM CD-137 - (Census)
(Rev. 7/04)
DAO 209-3

U.S. DEPARTMENT OF COMMERCE

Case: _____ Control: _____
Date Received: _____
Type/Source: _____/_____
Org Code: _____

Report of Injury, Illness, Accident or Fatality

SAFETY & HEALTH MANAGEMENT INFORMATION

Section 1 **Information About the Employee**

Reason for Report: ☐ Injury ☐ Illness ☐ Accident ☐ Fatality

Name: _____ (Last, First, M.I.)

Date of Birth: _____

Occupation: _____

Phone: _____

Sex: ☐ Male ☐ Female

Date/Time of Accident/Illness: _____ Time: _____ ☐ AM ☐ PM

Duty Station Address, including Line Office and Region:

Location of Incident (be specific):

Description of Incident:

Extent of Injury or Illness and Body Parts Affected:

Section 2

Was Medical Treatment provided? ☐ Yes ☐ No
If so, describe? (e.g., medication, treatment, procedures, etc.) _____

Did employee lose days away from work? ☐ Yes ☐ No
Number of days? _____

Did this incident result in employee being placed on restricted or light duty, or transfer to another job? ☐ Yes ☐ No If so, describe _____

Number of days of transfer or job restriction? _____

Supervisor's Name: _____ Investigation Date: _____

Findings:

Did this incident result in the death of one or more persons, or hospitalization of three or more persons? ☐ Yes ☐ No
If so, notify the Headquarters Safety Office immediately at (301) 763-3711.

Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes ☐ No If yes, describe (additional sheet)

Was the incident a result of violation of established safety policies? ☐ Yes ☐ No If yes, explain (additional sheet)

Has the employee received training to perform this procedure safely? ☐ Yes ☐ No If no, explain (additional sheet)

Are changes necessary in the operations or procedures to prevent this type incident in the future? ☐ Yes ☐ No If yes, explain (Use reverse)

Amount of Property Damage: $

Section 3 Describe corrective action taken:

Date of Completion of corrective action: _____

Supervisor's Signature: _____ Date: _____
Title: _____ Phone: _____

Distribution: Employee, Employee Supervisor, Headquarters Safety Office

CD-170, Official Suggestions Evaluation Incentive Awards Program
Page 1 of 2

FORM CD-170
REV. 12/83

U.S. DEPARTMENT OF COMMERCE

OFFICIAL SUGGESTION EVALUATION INCENTIVE AWARDS PROGRAM TO EVALUATORS: Please complete all Sections	SUGGESTION NUMBER AND TITLE

SECTION I - NARRATIVE EVALUATION

- Describe specific reasons supporting adoption or non-adoption.
- Use clear, courteous language with the suggester in mind.
- Start evaluation with a brief summary of suggestion; follow with reasons for decision.
- Conclude with positive expressions of appreciation for participating in program.
- Avoid words that might "turn off" the suggester. (Use "not adopted" rather than rejected, etc.)
- Partial adoption of a suggestion can qualify for an award.

This Section goes to the suggester with no other identifying information about the evaluator. If additional information is needed to evaluate this suggestion, contact the person identified on the covering transmittal.

EVALUATION: (If additional space is needed, continue on plain bond and attach to this form.)

CD-170, Official Suggestion Evaluation Incentive Awards Program
Page 2 of 2

SECTION II - EVALUATOR'S RECOMMENDATION

- Indicate your action by marking appropriate boxes.
- If you recommend adoption, describe actions necessary to effect proposal in Section I.

A. ☐ ADOPTION

☐ Totally ☐ Partially
☐ With Modifications

Date to be Effected _____

ESTIMATED FIRST-YEAR BENEFITS
(As described in DAO 202-451)

☐ Tangible $ _____
☐ Intangible Benefits (Value of):
☐ Moderate ☐ Substantial
☐ High ☐ Exceptional

(Extent of Application)
☐ Limited ☐ Extended
☐ Broad ☐ General

Type of Recognition

Monetary $ _____

Non-Monetary _____
Describe

Appropriation code to be charged
_____

B. REFERRAL

☐ Consider elsewhere for adoption:
☐ Other area of Operating Unit
☐ Department-Wide
☐ Government-Wide

C. NON-ADOPTION

☐ Reasons indicated in Narrative Evaluation (Section 1)

D. ☐ ADOPTION RECOMMENDED, but approval not within jurisdiction of this office

☐ Suggestion requires further evaluation by another office:

Refer to:

☐ Other DOC Organization
_____
Name

☐ Other Government Agency
_____
Name

SECTION III - APPROVING AUTHORITIES

- Sign your name as evaluator.
- Obtain supervisor's signature as approving official.
- If adoption is recommended, obtain higher level management or budget officer approval as official authorized to adopt suggestion.

EVALUATED BY: _____
Signature

_____
Title & Organization

_____
Date Telephone

APPROVED BY: _____
Signature

_____
Title & Organization

_____
Date Telephone

AUTHORIZED OFFICIAL TO ADOPT SUGGESTION:

_____
Signature Title & Organization

_____
Date Telephone

USCOMM-DC 84-1525

CD-224, Employee Claim for Loss of our Damage to Personal Property

FORM CD-224
(REV 7-17-72)
PRESCRIBED BY
DAO 203-22

U.S. DEPARTMENT OF COMMERCE

EMPLOYEE CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY
(P. L. 88-558)

INSTRUCTIONS: Submit in duplicate to Operating Unit Claims Officer. **Please type.**

NAME OF EMPLOYEE	OPERATING UNIT OR DEPARTMENTAL OFFICE	
	CITY	TEL. NO. AND AREA CODE
NAME AND ADDRESS OF CLAIMANT *(If claimant is other than employee, submit names and addresses of all parties in interest (See DAO 203-22 Section 5)*	LOCATION OF LOSS OR DAMAGE	
	DATE OF LOSS OR DAMAGE	TOTAL AMOUNT OF CLAIM

DESCRIPTION OF PROPERTY

ITEMIZED LISTING	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED REPAIR COST

CLAIM IS FOR ☐ LOSS ☐ DAMAGE *(Check One)* BRIEF STATEMENT OF CIRCUMSTANCES:

WAS PROPERTY INSURED?	IF ANSWER IS "YES," GIVE NAME OF INSURER, AMOUNT OF INSURANCE CARRIED, AND RESULTS OF EFFORTS TO COLLECT IT.
☐ YES ☐ NO	

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATMENTS: 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)

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 R. S. Sec. 3490, 5438; 31 U. S. C. 231.)

ADMINISTRATIVE PENALTY: Removal from the service.

I make this claim with full knowledge of the penalties for making a false claim, and certify that I am entitled to any payments.

DATE	IF CLAIMANT IS NOT OWNER, STATE RELATIONSHIP	SIGNATURE OF CLAIMANT

☆U.S. GPO:1993-441-261/85037

CD-314, Statement Relating to Employee Responsibilities and Conduct

FORM CD-314 LF
(REV 11-92)
5 CFR Part 2635

U.S. DEPARTMENT OF COMMERCE

STATEMENT RELATING TO EMPLOYEE RESPONSIBILITIES AND CONDUCT

Please Type or Print

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

I have read the regulations and pamphlet about employee responsibilities and conduct as set forth in 5 CFR Part 2635.

I have also been informed of the names of my personnel representatives and legal advisor and how to contact them in the event that I should need legal advice about conflict-of-interest or other aspects of these standards of conduct. I acknowledge my obligation to continue to review these standards of conduct.

(Please check appropriate box below)

☐ I have a private activity or interest about which I request advice and guidance. *(See Special Instructions below for obtaining advice).*

☐ I do not presently believe that I have any need for advice on employee responsibilities and conduct. However, I recognize my responsibility to bring any question that may arise to the attention of my personnel representative or to the legal advisor for my operating unit.

Signature	Date

(Tear Along this line, keep lower portion for your records)

SPECIAL INSTRUCTIONS

Please place any inquiry concerning your circumstances - outside employment, financial interest, or other private activities - in a sealed envelope addressed to your personnel officer. This is to assure confidentiality. Envelopes should be marked: "PERSONAL - 5 CFR Part 2635".

The address is as follows:

Personnel Office:

Bureau of the Census
Employee Relations Branch, HRD
Room 3280, FOB #3
Washington, D.C. 20233
(301-457-3701)

Legal Advisor:

Office of General Counsel
for Administration
U.S. Department of Commerce
Room 5898 HCHB
Washington, D.C. 20230
(201-482-5387)

Individuals serviced by field personnel officers should submit their sealed envelopes to their respective personnel officers.

USCOMM-DC 89-1558
*U.S.GPO:1998-850-067/80013

CD-326, Recommendation for Recognition
Page 1 of 2

FORM CD-326
(REV. 9-97) LF

U.S. DEPARTMENT OF COMMERCE

☐ INDIVIDUAL
☐ GROUP

RECOMMENDATION FOR RECOGNITION

1. NAME OF EMPLOYEE	2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. APPROPRIATION CODE
	5. PERIOD OF RECOGNITION

6. TYPE AND AMOUNT OF RECOGNITION: *(Guidance available on reverse side, see Item 7.)*

☐ SPECIAL ACT OR SERVICE AWARD $ _____ ☐ SPECIAL OPERATING UNIT AWARD _____ IF CASH $ _____

☐ CASH-IN-A-FLASH AWARD (CIAF) (☐ $50 ☐ $100 ☐ $150 ☐ $200 ☐ $250 TOTAL YEAR-TO-DATE _____
☐ $300 ☐ $350 ☐ $400 ☐ $450 ☐ $500) *(Does not include current amount)*

☐ ON-THE-SPOT AWARD (OTS) – ITEM _____ ☐ TIME OFF AWARD – NUMBER OF HOURS _____

7. ESTIMATED FIRST-YEAR BENEFITS *(For Special Act or Service Awards ONLY)*

☐ TANGIBLE $ _____ ☐ INTANGIBLE BENEFITS (Check one box on each line.)

☐ MODERATE ☐ SUBSTANTIAL ☐ HIGH ☐ EXCEPTIONAL

☐ LIMITED ☐ EXTENDED ☐ BROAD ☐ GENERAL

8. NARRATIVE *(If you need additional space, attach another sheet. Please print or type.)*

TYPE NAME AND SIGN:

9. IMMEDIATE SUPERVISOR	DATE
10. REVIEWING OFFICIAL *(If required)*	DATE
11. APPROVING OFFICIAL *(If required)*	DATE
12. HUMAN RESOURCES OFFICE REPRESENTATIVE *(If required)*	DATE
13. IMPREST FUND CASHIER *(Cash-in-a-Flash Award ONLY)*	DATE
14. EMPLOYEE/RECEIPT OF CASH *(Cash-in-a-Flash Award ONLY)*	DATE

Provide a copy as follows: **Servicing Human Resources Office & Originating Office—*ALL AWARDS***
Finance Office—*CASH-IN-A-FLASH & ON-THE-SPOT AWARDS*
Imprest Fund Cashier—*CASH-IN-A-FLASH AWARD*
Inventory Control—*ON-THE-SPOT AWARD*

CD-326, Recommendation for Recognition
Page 2 of 2

INSTRUCTIONS AND DEFINITIONS

1. **Name of Employee(s)**—If it is a group award, put "See Attached List" in **this** Block (and **Blocks 2, 3, and 4**) and in the cash award amount part of **Block 6** and attach a separate sheet of paper with the information from **Blocks 2, 3, 4, and 6** for each nominee.
5. **Period of Recognition**—*(Does not apply to On-the-Spot Awards).* The period of time in which the contribution was made. For Cash-in-a-Flash Awards, this may be as little as one hour or one day.
6. **Type and Amount of Recognition**—Use this form ***ONLY*** for the types of awards indicated.
7. **Estimated First-Year Benefits**—*(For Special Act or Service Awards **ONLY**).* To calculate the estimated first-year benefits, you may use the scales listed below.

SCALE FOR COMPUTING AWARDS FOR TANGIBLE BENEFITS

If the amount of the benefit is	**then the amount of the award is**
less than $250	no cash award.
$250 – $10,000	10% of benefits.
$10,001 – $100,000	$1,000 plus 3% to 10% of benefits over $10,000.
$100,000 or more	$3,700 to $10,000 for the first $100,000 plus 0.5% to 1% of benefits over $100,000.

Notes: 1. Round off the amount of awards and benefits to the nearest $1.
2. Awards are based on estimated first-year benefits.
3. Presidential approval is required for all awards more than $25,000.

SCALE FOR COMPUTING AWARDS FOR INTANGIBLE BENEFITS

STEP 1	**If the contribution affects functions, mission, or personnel of**
Limited	One office or facility.
Extended	Several offices, facilities, locations, or an Area Service Center (ASC).
Broad	All ASCs or an operating unit of the Department.
General	Several operating units, the Department, or in the public interest of the nation.

AND

STEP 2	**The Benefit is**
Moderate	A change which has rather limited impact.
Substantial	Significant change in a policy, procedure, or service.
High	Complete revision of a policy, procedure, or service.
Exceptional	Initiation of a new policy or major procedure, or service.

THEN

STEP 3 **The Award amount is**

	Limited	**Extended**	**Broad**	**General**
Moderate	$25– $125	$125– $325	$325– $650	$650– $1,300
Substantial	$125– $325	$325– $650	$650– $1,300	$1,300– $3,150
High	$325– $650	$650– $1,300	$1,300– $3,150	$3,150– $6,300
Exceptional	$650– $1,300	$1,300– $3,150	$3,150– $6,300	$6,300– $10,000

NOTES: An award from $10,001 to $25,000 may be granted only with approval of OPM. An award above $25,000 may be granted only with approval of the President.

8. **Narrative**—The narrative must be brief and to the point. Describe in concise, non-bureaucratic language what the employee did to deserve this award. The narrative must address the specific award criteria. Cite specific examples to clearly support the nomination.
13. **Imprest Fund Cashier**—*(For Cash-in-a-Flash Awards **ONLY**).* The imprest fund cashier must sign documenting the disbursement of the cash payment.
14. **Employee/Receipt of Cash**—*(For Cash-in-a-Flash Awards **ONLY**).* The awardee must sign this form after he or she has been presented the cash payment. The date the employee receives the cash payment is the EFFECTIVE DATE.

CD-370, Travel Voucher
Page 1 of 2

(Exception to SF-1012, Approved GSA 2-82)

FORM CD-370 (Rev. 9-93) — U.S. DEPARTMENT OF COMMERCE

TRAVEL VOUCHER

SECTION A — IDENTIFICATION

SOCIAL SECURITY NUMBER | NAME (Last) (First) (Middle Initial)

BUREAU CODE | CD-29 TRAVEL ORDER | PURPOSE CODE

DATES FOR TRAVEL EXPENSES — FROM (MO DAY YEAR) THRU (MO DAY YEAR)

TYPE CODE (Indicate One Type Only): 1 – DOMESTIC TRAVEL — 48; 2 – FOREIGN TRAVEL; 3 – TRANSFER, HOUSEHUNT; 4 – TRANSFER, OTHER; 5 – DOMESTIC TRVL — OTHER

RECLAIM AMOUNT INCLUDED $

ORGANIZATION | OFFICIAL DUTY STATION (City and State) | RESIDENT CITY AND STATE (If other than Official Duty Station)

MAILING ADDRESS OF CHECK

SALARY CHECK ADDRESS ☐

SPECIAL ADDRESS (Non-Government Traveler or New Hire)

SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)

	AMOUNT	VENDOR	NUMBER OF TRAVELERS	CLASS	EXPLANATION OF TRAVEL FROM	TO
1.	$					
2.	$					
3.	$					
4.	$					
	$	← TOTAL — SECTION B				

IMPORTANT: Return unused tickets to your travel services provider

SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursable Expenses)
(Distribute Total Claim Amount from Section D to the Applicable Accounting Classification Code(s) as indicated on the Travel Order)

	FOPY (9999)	PROJECT-TASK (XXXXXX-XX)	ORGANIZATION (XX-XX-XXXX-XX-XX-XX-XX)	OBJECT CLASS (XX-XX-XX-XX)	CLAIM AMOUNT
1.					$
2.					
3.					
4.					
5.					
6.					
7.					
			TOTAL CLAIM AMOUNT (This Amount Must Agree with Block 11) →		$

SECTION D — CLAIMS

			FINANCE USE
1. PER DIEM NO. DAYS	[ ]	$	
2. MILEAGE TOTAL MILES	[ ]		
3. OTHER TRAVEL			
4. CAR RENTAL (Paid by Traveler)			
5. COMMON CARRIER TRANSPORTATION			
6. ACTUAL SUBSISTENCE NO. DAYS	[ ]		
7. MISCELLANEOUS EXPENSES			
8. REAL ESTATE EXPENSE (Form CD-371)			
9. TEMPORARY QUARTERS (Form CD-372)			
10. RELOCATION INCOME TAX ALLOWANCE	[ ]		
11. TOTAL CLAIM (Lines 1 thru 10)		$	
12. TRAVEL ADVANCE AMOUNT OUTSTANDING			
13. AMOUNT OF VOUCHER (Line 11) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 12)			
14. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14)			
16. NET TO TRAVELER (Line 11 minus Line 13)		$	
AUDITED BY (Examiner's initials)		TOTAL DIFFERENCE	

SECTION E — CERTIFICATIONS

FRAUDULENT CLAIM — Falsification of an item in an expense account works a forfeiture of the claim (26 U.S.C. 6514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; 18 U.S.C. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (41 CFR 101-41.203-2).
I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.

CLAIMANT'S SIGNATURE | DATE | PHONE (Area Code and Number)

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 as amended and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR, Chapters 300–304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or filing of a security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.

APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE

In approving this voucher, I have determined that:
(1) Reimbursement is claimed for official travel only.
(2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage.
(3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government.

☐ CD-29 ATTACHED ☐ CD-29 SUBMITTED WITH PREVIOUS VOUCHER

APPROVING OFFICER'S SIGNATURE | NAME AND TITLE (Type or Print) | DATE | PHONE (Area Code and Number)

FORM CD-370 (Rev. 9-93) USCOMM-DC 85-0247

CD-370, Travel Voucher
Page 2 of 2

TRAVELER'S NAME

FORM CD-370 (Rev. 9-03) — U.S. DEPARTMENT OF COMMERCE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES →	MO. DAY	MO. DAY	MO. DAY	MO. DAY	MO. DAY	MO. DAY	MO. DAY	MO. DAY	MO. DAY	MO. DAY	TOTALS
ITINERARY	FROM	CITY AND STATE											TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A)
		TIME (a.m. or p.m.)											
		CARRIER											
		FLIGHT NUMBER											
	TO	CITY AND STATE											
		TIME (a.m. or p.m.)											
1. PER DIEM	MEALS												1. TOTAL NO. DAYS
	LODGING AMOUNT												TOTAL PER DIEM CLAIM $
	TOTAL												
2. POV	MILEAGE												2. TOTAL NO. MILES
	CENTS PER MILE												TOTAL MILEAGE AMOUNT $
	AMOUNT												
3. OTHER TRAVEL	PARKING, TOLLS, ETC.												3. TOTAL OTHER TRAVEL $
	STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT OF GOODS		ACTUAL CHARGES $		COMMUTED RATE $		CLAIM LESSER AMOUNT					
4. CAR RENTAL	(Receipt and Car Rental Agreement Required)												4. TOTAL CAR RENTAL $
5. COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)											
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. OF TRIPS											
		DAILY EXPENSE											5. TOTAL COMMON CARRIER $
	TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED		COMMUTED RATE × $		TOTAL = $		ADDITIONAL ALLOWANCES −		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS = $			
6. ACTUAL SUBSISTENCE	BREAKFAST (include Tips)												
	LUNCH (include Tips)												
	DINNER (include Tips)												
	LODGING (Receipt Required)												6. TOTAL NO. DAYS
	TIPS (Porter, etc.)												
	OTHER (Laundry, etc.)												TOTAL ACTUAL SUBSISTENCE $
	TOTAL (Cannot exceed amount authorized. See DOC Travel Handbook.)												
7. MISCELLANEOUS EXPENSES	(Supplies, Telephone, Lodging Taxes, Laundry, etc.)												7. TOTAL MISC. $

REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS

FORM CD-370 (Rev. 9-03) — USCOMM-DOC 85-22447

CD-415, Record of Employee's Address and Emergency Information

FORM CD-415 LF
(9-84)

U.S. DEPARTMENT OF COMMERCE

RECORD OF EMPLOYEE'S ADDRESS AND EMERGENCY INFORMATION

NAME (Last, First, Middle Initial—Type or Print) ☐ MR. ☐ MRS. ☐ MS.		SOCIAL SECURITY NUMBER	
AGENCY AND ORGANIZATION	TELEPHONE NO.	ROOM NO.	MAIL DROP ROOM NO.
IMMEDIATE OFFICE OR STAFF	DUTY STATION (Location)		
HOME ADDRESS (Include ZIP Code)		HOME TELEPHONE NO. (Include Area Code)	
IN CASE OF EMERGENCY NOTIFY		RELATIONSHIP	
ADDRESS (Include ZIP Code)		TELEPHONE NO. (Include Area Code) HOME: WORK:	
EMPLOYEE'S SIGNATURE		DATE	

FORWARD CARD TO ROOM NO. _____

This form is subject to provisions of the Privacy Act of 1974.

COPIES TO: --EMPLOYING OFFICE --ADMINISTRATIVE OFFICE --OFFICIAL PERSONNEL FOLDER (Left side)

CD-425, Leave Analysis
Page 1 of 2

FORM CD-425
(REV. 1-07)
DAO 202-630

U.S. DEPARTMENT OF COMMERCE

LEAVE ANALYSIS—2007

INSTRUCTIONS—Indicate the type of leave and number of hours taken, i.e., A/8, S/4, OT/4, etc., using the following codes:

Annual	A	Overtime	OT	Compensatory earned	CE
Sick	S	Emergency Annual	EA	Compensatory used	CU
LWOP	L	Excused	EX	Restored annual	RA
AWOL	O	Advanced leave	AL	Credit Earned	CRE
Other	OR			Credit Used	CRU

1. Name of employee

2. Organization

3. Grade

4. Entrance on duty date

5. Service computation date

6. LEAVE SUMMARY

	ANNUAL	SICK
Brought forward 1-07-2007		
Restored leave as of 1-07-2007		
Leave to accrue — 2007		
Potential leave — 2007		

7. Number of hours of annual leave earned per pay period—*Mark (X)*

8. LWOP used in 2006

9. Type of appointment—*Mark (X)*

10. Career status—*Mark (X)*

Leave year consists of 26 bi-weekly pay periods
Sunday, January 7, 2007—Saturday, January 5, 2008
(a)

Pay Period beginning date			Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	ANNUAL (b) Earned	Avail-able	Used	Bal-ance	SICK (c) Earned	Avail-able	Used	Bal-ance	OTHER (d) Bal-ance
1	January	7									H										4				
2	January	21																			4				
3	February	4																			4				
4	February	18		H																	4				
5	March	4																			4				
6	March	18																			4				
7	April	1																			4				
8	April	15																			4				
9	April	29																			4				
10	May	13																			4				
11	May	27		H																	4				
12	June	10																			4				
13	June	24											H								4				
14	July	8																			4				
15	July	22																			4				
16	August	5																			4				
17	August	19																			4				
18	September	2		H																	4				
19	September	16																			4				
20	September	30									H										4				
21	October	14																			4				
22	October	28																			4				
23	November	11		H										H							4				
24	November	25																			4				
25	December	9																			4				
26	December	23			H							H									4				
																	TOTALS								

Please use reverse side for remarks

CD-425, Leave Analysis
Page 2 of 2

FORM CD-425

LEAVE ANALYSIS

Pay period number	Remarks, explanations, supervisor's comments, etc.
1	
2	
3	
4	
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CD-430, Performance Management Record

CD-430
(10/05)

U.S. Department of Commerce

PERFORMANCE MANAGEMENT RECORD

Coverage	Bureau Appraisal Cycle	Appraisal Year
☐ General Schedule ☐ Federal Wage System ☐ Wage Marine	☐ October 1 – September 30 ☐ June 1 – May 31 ☐ November 1 – October 31	From: _____ To: _____

Employee's Name: _____ SSN: _____

Position Title: _____ Pay Plan, Series, Grade/Step: _____

Organization: 1. _____ 3. _____

2. _____ 4. _____

PERFORMANCE PLAN CERTIFICATION

This plan is an accurate statement of the work that will be the basis for the employee's performance appraisal.

Signature/Title (Rating Official)	Date
Signature/Title (Approving Official)	Date
Employee Signature **My signature acknowledges discussion and receipt of the plan, and does not necessarily signify agreement. It also certifies the following: a) I understand how my individual performance is linked to the organization's mission and goals and b) my supervisor has discussed this with me upon presentation of my performance plan.**	Date

Privacy Act Statement - Disclosure of your social security number is voluntary. The number is linked with your name in the official personnel records to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

CD-430, Performance Management Record
Page 2 of 10

CD-430(b)

PERFORMANCE PLAN AND APPRAISAL RECORD

Employee Name:	Date	Element No. ____ of ____

Cascaded Organizational Goals

Each element must be cascaded from the DOC Strategic Goals. All Goals must be identified for each element. First, select the appropriate DOC Strategic Goal, then list the Bureau Goal, and the SES Manager Goal to complete the cascade.

DOC Strategic Goals:

- ☐ Strategic Goal 1: Provide the information and tools to maximize U.S. competitiveness and enable economic growth for American industries, workers and consumers
- ☐ Strategic Goal 2: Foster science and technology leadership by protecting intellectual-property, enhancing technical standards and advancing measurement science
- ☐ Strategic Goal 3: Observe, protect and manage the Earth's resources to promote environmental stewardship
- ☐ Management Integration Goal: Achieve Organizational and Management Excellence
- ☐ **Bureau Goal:**
- ☐ **SES/Organizational Goal:**

Critical Element and Objective

Customer Service
To respond to internal and external customers, stakeholders, and the public.

Weighting Factor (The weight for each element should reflect the significance within the framework of the Department's or bureau's organization goals. Weights should not be assigned based on the percentage of time an employee spends working on that element.) **Enter the weight for this element in the adjacent box:→**	Element Weight

Results of Major Activities: Identify results that need to be accomplished in support of the performance element. A minimum of 3 and a maximum of 6 measurable results must be listed.

Criteria for Evaluation: Supplemental Standards are required for each element and must be defined at Level 3 performance in terms of quality, quantity, timeliness, and/or cost-effectiveness. Attached Generic Performance standards also apply.

CD-430, Performance Management Record
Page 3 of 10

CD-430(b) continued

Employee Name:
Final Element Rating and Justification
☐ **Level 5** ☐ **Level 4** ☐ **Level 3** ☐ **Level 2** ☐ **Level 1**

CD-430, Performance Management Record
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CD-430(d)

Employee Name:

PERFORMANCE SUMMARY RATING

- List each element in the performance plan.
- All elements are critical.
- Assign a rating level for each element:
  - (5) Level 5 (highest level of performance); (4) Level 4; (3) Level 3; (2) Level 2; (1) Level 1 (unacceptable performance)
- Score each element by multiplying the weight by the rating level.
- Interim ratings should be considered when you prepare the final summary rating.
- After each element has been scored, compute the total point score by adding the individual scores.
- Rating officials must provide either an overall narrative justification of the summary rating or a written justification for each element rating.
- A written justification is required for any element rated below Level 3.

Performance Element	Individual Weights (Total must equal 100)	Element Rating (5, 4, 3, 2, 1)	Score
Customer Service			0
			0
			0
			0
			0
		TOTAL SCORE	0

PERFORMANCE RATING

☐ **Level 5** (470 – 500) ☐ **Level 4** (380 – 469) ☐ **Level 3** (290 – 379) ☐ **Level 2** (200 – 289) ☐ **Level 1** (100 – 199)

Rating Official's Signature/Title	Date
Approving Official's Signature/Title	Date
Employee's Signature (indicates appraisal meeting held) Employee comments attached? ☐ Yes ☐ No	Date

PERFORMANCE RECOGNITION

☐ **Performance Award** $_____ (%) *Appropriation Code*_____
☐ **QSI** (Level 5 Required)

Rating Official's Signature/Title	Date
Approving Official's Signature/Title	Date

CD-430, Performance Management Record
Page 5 of 10

CD-430(e)

Summary Rating
Narrative Documentation

Employee Name:

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U.S. DEPARTMENT OF COMMERCE

APPENDIX A
GENERIC PERFORMANCE STANDARDS

INSTRUCTIONS

The generic performance standards (GPS) and supplemental performance standards are used to assign an element rating in the Department of Commerce. The summary rating is determined by using the summary derivation scheme. When evaluating an employee's overall performance, the rater should:

1. Read carefully each performance standard level beginning with Level 3. (It is considered the base level standard.)
2. Determine which level best describes the employee's performance on the element. (Each and every criterion in the standards does not have to be met by the employee in absolute terms for the rater to assign a particular rating level. The sum of the employee's performance on the elements must, in the rater's judgment, meet the assigned level's criteria.)
3. Provide in writing, on the appraisal form, specific examples of accomplishments which support the assigned summary level. Rating officials must provide either an overall narrative justification of the summary rating or a written justification for each element rating. They must do one or the other, and may do both. A written justification is required for any element rated below Level 3. To assign a Level 3 summary rating, the rating official need only document in writing that: (1) the Level 3 standards were met, and (2) that the rating was discussed in detail with the employee.

Occasionally, when rating some elements, a rating official may determine that an employee's performance on an element was not consistent. For example, the employee may have performed at Level 4 on several major activities within a critical element and at Level 2 on several others. In such a case, the rating official must consider the overall effect of the employee's work on the element and make a judgment as to the appropriate rating level he or she will assign. The rationale for the decision must be documented on the rating form, citing specific accomplishments which support the decision. Supplemental standards must be written at Level 3 for all elements.

The nonsupervisory standards apply to all employees including team leaders and supervisors. The team leader and supervisory standards are in addition to the broader standards set forth in the nonsupervisory standards.

LEVEL 5

NONSUPERVISORY

This is a level of rare, high-quality performance. The quality and quantity of the employee's work substantially exceed Level 3 standards and rarely leave room for improvement. The impact of the employee's work is of such significance that organizational objectives were accomplished that otherwise would not have been. The accuracy and thoroughness of the employee's work on this element are exceptionally reliable. Application of technical knowledge and skills goes beyond that expected for the position. The employee significantly improves the work processes and products for which he or she is responsible. Thoughtful adherence to procedures and formats, as well as suggestions for improvement in these areas, increase the employee's usefulness.

This person plans so that work follows the most logical and practical sequence; inefficient backtracking is avoided. He or she develops contingency plans to handle potential problems and adapts quickly to new priorities and changes in procedures and programs without losing sight of the longer-term purposes of the work. These strengths in planning and adaptability result in early or timely completion of work under all but the most extraordinary circumstances. Exceptions occur only when delays could not have been anticipated. The employee's planning skills result in cost-savings to the government.

In meeting element objectives, the employee handles interpersonal relationships with exceptional skill, anticipating and avoiding potential causes of conflict and actively promoting cooperation with clients, co-workers, and his or her supervisor.

The employee seeks additional work or special assignments related to this element at increasing levels of difficulty. The quality of such work is high and is done on time without disrupting regular work. Appropriate problems are brought to the supervisor's attention; most problems are dealt with routinely and with exceptional skill.

The employee's oral and written expression are exceptionally clear and effective. They improve cooperation among participants in the work and prevent misunderstandings. Complicated or controversial subjects are presented or explained effectively to a variety of audiences so that desired outcomes are achieved.

TEAM LEADER

The employee is a superior team leader. Performs a variety of coordinating, coaching, facilitating, and planning functions for the team in a way that not only facilitates the accomplishment of organizational goals, but also results in substantial innovation in work processes that results in improvements in the overall quality, quantity, and timeliness of products, services, and/or work products assigned to the team. Applies an in-depth, expert knowledge of functions led, as well as superior leadership and team building skills and techniques in the day-to-day accomplishment of work priorities.

SUPERVISORY

The employee is a strong leader who works well with others and handles difficult situations with dignity and effectiveness. The employee encourages independence and risk-taking among subordinates, yet takes responsibility for their actions. Open to the views of others, the employee promotes cooperation among peers and subordinates, while guiding, motivating, and stimulating positive responses. The employee's work performance demonstrates a strong commitment to fair treatment, equal opportunity, and the affirmative action objectives of the organization.

LEVEL 4

NONSUPERVISORY

This is a level of unusually good performance. The quantity and quality of work under this element are consistently above average. Work products rarely require even minor revision. Thoroughness and accuracy of work are reliable. The knowledge and skill the employee applies to this element are clearly above average, demonstrating problem-solving skill and insight into work methods and techniques. The employee follows required procedures and supervisory guidance so as to take full advantage of existing systems for accomplishing the organization's objectives.

The employee plans the work under this element so as to proceed in an efficient, orderly sequence that rarely requires backtracking and consistently leads to completion of the work by established deadlines. He or she uses contingency planning to anticipate and prevent problems and delays. Exceptions occur when delays have causes outside the employee's control. Cost savings are considered in the employee's work planning.

The employee works effectively on this element with co-workers, clients, as appropriate, and his or her supervisor, creating a highly successful cooperative effort. He or she seeks out additional work or special assignments that enhance accomplishment of this element and pursues them to successful conclusion without disrupting regular work. Problems which surface are dealt with; supervisory intervention to correct problems occurs rarely.

The oral and written expression applied to this element are noteworthy for their clarity and effectiveness, leading to improved understanding of the work by other employees and clients of the organization. Work products are generally given sympathetic consideration because they are well-presented.

TEAM LEADER

The team leader effectively distributes work and monitors team members' work performance to ensure completion of work in accordance with the supervisor's work plans. The team leader coordinates, coaches, and facilitates work of the team in a way that enables the team to consistently deliver services and/or work products that exceed established standards of performance of quality and timeliness, and contribute significantly to the accomplishment of organizational goals and objectives.

SUPERVISORY

The employee is a good leader, establishes sound working relationships and shows good judgment in dealing with subordinates, considering their views. He or she provides opportunities for staff to have a meaningful role in accomplishing organizational objectives and makes special efforts to improve each subordinate's performance.

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CD-430(f) continued

LEVEL 3

NONSUPERVISORY

This is the level of good, sound performance. The quality and quantity of the employee's work under this element are those of a fully competent employee. The performance represents a level of accomplishment expected of the great majority of employees. The employee's work products fully meet the requirements of the element. Major revisions are rarely necessary; most work requires only minor revision. Tasks are completed in an accurate, thorough, and timely way. The employee's technical skills and knowledge are applied effectively to specific job tasks. In completing work assignments, he or she adheres to procedures and format requirements and follows necessary instructions from supervisors.

The employee's work planning is realistic and results in completion of work by established deadlines. Priorities are duly considered in planning and performing assigned responsibilities. Work reflects a consideration of costs to the government, when possible.

In accomplishing element objectives, the employee's interpersonal behavior toward supervisors, co-workers, and users promotes attainment of work objectives and poses no significant problems.

The employee completes special assignments so their form and content are acceptable and regular duties are not disrupted. The employee performs additional work as his or her workload permits. Routine problems associated with completing assignments are resolved with a minimum of supervision.

The employee speaks and writes clearly and effectively.

TEAM LEADER

The team leader successfully leads subordinate team members in the accomplishment of assigned projects and workload. The leader ensures adequate understanding of the work requirements and coordinates, coaches, and facilitates accomplishment of the team's work. The team leader ensures that the unit provides timely and quality services and/or work products that contribute to the accomplishment of the organization's goals and objectives.

SUPERVISORY

The employee is a capable leader who works successfully with others and listens to suggestions.

The employee rewards good performance and corrects poor performance through sound use of performance appraisal systems, performance-based incentives and, when needed, adverse actions; and selects and assigns employees in ways that use their skills effectively.

The employee's work performance shows a commitment to fair treatment, equal opportunity, and the affirmative action objectives of the organization.

LEVEL 2

NONSUPERVISORY

This level of performance, while demonstrating some positive contributions to the organization, shows notable deficiencies. It is below the level expected for the position, and requires corrective action. The quality, quantity or timeliness of the employee's work is less than Level 3, jeopardizing attainment of the element's objective.

There is much in the employee's performance that is useful. However, problems with quality, quantity or timeliness are too frequent or too serious to ignore. Performance is inconsistent and problems caused by deficiencies counterbalance acceptable work. These deficiencies cannot be overlooked since they create adverse consequences for the organization or create burdens for other personnel. When needed as input into another work process, the work may not be finished with such quality, quantity and timeliness that other work can proceed as planned.

Although the work products are generally of usable quality, too often they require additional work by other personnel. The work products do not consistently and/or fully meet the organization's needs. Although mistakes may be without immediate serious consequences, over time they are detrimental to the organization.

A fair amount of work is accomplished, but the quantity does not represent what is expected of Level 3 employees. Output is not sustained consistently and/or higher levels of output usually result in a decrease in quality. The work generally is finished within expected timeframes but significant deadlines too often are not met.

The employee's written communication usually considers the nature and complexity of the subject and the intended audience. It conveys the central points of information important to accomplishing the work. However, too often the communication is not focused, contains too much or too little information, and/or is conveyed in a tone that hinders achievement of the purpose of the communication. In communication to co-workers, the listener must question the employee at times to secure complete information or avoid misunderstandings.

TEAM LEADER

The team leader's performance while demonstrating some positive contributions to the success of the organization shows notable deficiencies. Performance is below the level expected for the position. The quality, quantity or timeliness of the team leader's work is less than Level 3. Performance is inconsistent and problems caused by deficiencies counterbalance acceptable work. The team leader does not always provide specific direction to team members on how to carry out assignments and/or adequately convey performance expectations; and/or provide an understanding of the goals of the organization or their team member roles in meeting those goals. The team leader does not always motivate the team and promote a team spirit. Performance at this level indicates that improvement or additional development is needed for the team leader to operate at an acceptable level.

SUPERVISORY

Inadequacies surface in performing supervisory duties. Deficiencies in areas of supervision over an extended period of time affect adversely employee productivity or morale, or organizational effectiveness. The Level 2 employee does not provide strong leadership or take the appropriate initiative to improve organizational effectiveness. For example, he or she too often fails to make decisions or fulfill supervisory responsibilities in a timely manner, to provide sufficient direction to subordinates on how to carry out programs, to give clear assignments and/or performance requirements, and/or to show an understanding of the goals of the organization or subordinates' roles in meeting those goals.

LEVEL 1

NONSUPERVISORY

The quantity and quality of the employee's work under this element are not adequate for the position. The employee's work products fall short of requirements of the element. They arrive late or often require major revision because they are incomplete or inaccurate in content. The employee fails to apply adequate technical knowledge to complete the work of this element. Either the knowledge applied cannot produce the needed products, or it produces technically inadequate products or results. Lack of adherence to required procedures, instructions, and formats contributes to inadequate work products.

Because the employee's work planning lacks logic or realism, critical work remains incomplete or is unacceptably late. Lack of attention to priorities causes delays or inadequacies in essential work; the employee has concentrated on incidental matters.

The employee's behavior obstructs the successful completion of the work by lack of cooperation with clients, supervisor, and/or co-workers, or by loss of credibility due to irresponsible speech or work activity.

In dealing with special projects, the employee either sacrifices essential regular work or fails to complete the projects. The employee fails to adapt to changes in priorities, procedures, or program direction and, therefore, cannot operate adequately in relation to changing requirements.

The oral and written expression the employee uses in accomplishing the work of this element lacks the necessary clarity for successful completion of required tasks. Communication failures interfere with completion of work.

TEAM LEADER

The team leader does not meet performance expectations on one or more critical elements. The team leader fails to properly distribute, monitor, and ensure completion of the team's workload. Due to these deficiencies, the team is unsuccessful in delivering work products that meet standards for quality, timeliness, and accuracy.

SUPERVISORY

Most of the following deficiencies are typically, but not always, common, characteristics of the employee's work:

- Inadequate guidance to subordinates;
- Inattention to work progress; and
- Failure to stimulate subordinates to meet goals.

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CD-430(g)

Summary Rating Derivation

To derive a final, or summary, performance rating at the end of the appraisal cycle, each critical element must be assessed against the generic (and supplemental) performance standards established at the beginning of the cycle or as modified and documented during a progress review. Each element is evaluated and translated into a score using the following scale:

Level 5 (the highest level of performance)	= 5 points
Level 4	= 4 points
Level 3	= 3 points
Level 2	= 2 points
Level 1 (unacceptable performance)	= 1 point

After each critical element has been rated, multiply the score for each element by the weight assigned to it. No fractional scores or weights may be used.

Example:

Critical Element 1 is 30% of plan	Rated at Level 4	30 x 4 = 120 points
Critical Element 2 is 30% of plan	Rated at Level 3	30 x 3 = 90 points
Critical Element 3 is 20% of plan	Rated at Level 5	20 x 5 = 100 points
Critical Element 4 is 20% of plan	Rated at Level 4	20 x 4 = 80 points
TOTAL		**390 points**

Total the individual scores to determine the overall score. In the example above, the sum of 120 + 90 + 100 + 80 =390.

Using the ranges below, determine what range the overall score (example 390) falls within.

Overall Score	**Summary Rating**
470 – 500 points	Level 5
380 – 469 points	Level 4
290 – 379 points	Level 3
200 --289 points	Level 2
100 – 199 points	Level 1

This becomes the employee's summary rating for that performance appraisal cycle. In the example cited, the final summary rating would be a Level 4 since the score of 390 falls within the range for Level 4.

Note: If one critical element is rated Level 1, the summary rating must be Level 1.

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INTERIM RATINGS

Overview

Interim ratings are prepared during the course of a rating period when an employee has spent the minimum appraisal period (120 days) in a covered position and then changes to another position. This may happen more than once during the rating period. These ratings must be completed within 30 days of the change of position and are prepared in the same manner as a summary rating. In fact, the interim rating may become the summary rating when an employee changes positions toward the end of the rating period (i.e., where the time remaining in the appraisal cycle is less than 120 days).

When an Interim Rating Should Be Completed:

- After a detail which lasts at least the minimum appraisal period (120 days);
- After a temporary promotion/assignment which lasts at least 120 days;
- When an employee changes positions after serving at least 120 days;
- When a supervisor leaves his/her position and an employee has been under a performance plan for 120 days;
- When an employee transfers from the Department to another federal agency after serving in a position for at least 120 days; or
- After an assignment in a federally-sponsored program, such as an Intergovernmental Personnel Act (IPA) assignment.

Benefits of Interim Ratings:

- To provide input from a departing supervisor to assist a new supervisor who is preparing a final rating of record;
- To provide a final rating of record to an employee who changes positions during the last 120 days of the rating period;
- To provide a final rating of record to an employee who moves more than once during the rating period or is on a detail; and
- To provide appropriate performance credit for work performed on a detail or temporary promotion/assignment.

Consideration of Interim Ratings When Completing Final Appraisals

An interim rating that was completed for an employee for service in another position should be considered when you prepare the final summary rating for the position of record. If there is more than one rating:

- Ratings at Different Levels: When an interim rating(s) and the rating for the current position are different, the current rating official must prepare a written narrative that explains/justifies the assignment of the summary rating level.

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CD-430(h) continued

INTERIM RATINGS (Continued)

- When an employee receives an interim rating of Level 1 without further action and then receives a Level 3 or above on a rating for another position in the same performance period, the summary rating is not reduced by the interim rating. Instead, the summary rating is assigned in accordance with the Performance Management Handbook based solely on the individual critical element ratings for the current position.
- When an employee receives an interim rating of Level 3 or above and then receives a rating of Level 1 for another position in the same performance period, the summary rating is not raised by the interim rating. Instead, the summary rating is assigned in accordance with the Performance Management Handbook and based on the individual element for the current position.
- When an employee has received an interim rating that is less than Level 3, but the rating for service in the current position is Level 3 or higher, the final rating cannot be less than Level 3.
- When an employee changes positions toward the end of the rating period (*i.e.*, where the time remaining in the appraisal cycle is less than the minimum appraisal period), the interim rating becomes the rating of record for that appraisal period. The time remaining in the rating cycle is added on to the next rating cycle.

Transfers From Other Federal Agencies

- If an employee has served in a position for more than the minimum appraisal period in another federal agency, that agency should provide an interim summary rating and forward it to the Department's employing office with the employee's Official Personnel Folder.
- If the employee transfers to the Department toward the end of the rating period (i.e., where the time remaining in the appraisal cycle is less than the minimum appraisal period), the employee's interim rating, prepared when he or she transferred, will become his/her rating of record for the appraisal period.
- If no interim rating can be obtained from the employee's former agency, the employee's last rating of record becomes their current rating of record. If no rating can be obtained, then the employee will be considered unratable.

CD-466, Documentation of Request for Advanced Leave or Leave Without Pay
Page 1 of 2

FORM CD-466
(2-94)

U.S. DEPARTMENT OF COMMERCE

DOCUMENTATION OF REQUEST FOR ADVANCED LEAVE OR LEAVE WITHOUT PAY

INSTRUCTIONS: This form should be used to support an SF-71, "Request for Leave," when an employee requests advanced leave or leave without pay. A form CD-425, "Leave Analysis" may also be required by local delegations of authority to support leave requests.

EMPLOYEE INFORMATION

1. NAME	2. ORGANIZATIONAL UNIT
3. WORK SCHEDULE: ☐ FULL-TIME ☐ PART-TIME IF PT, _____ HOURS SCHEDULED PER PAY PERIOD	4. SERVING A PROBATIONARY OR TRIAL PERIOD? ☐ YES ☐ NO
5. APPOINTMENT: ☐ PERMANENT ☐ TIME-LIMITED IF TIME-LIMITED, NTE DATE: _____	6. LEAVE CATEGORY ☐ 4 ☐ 6 ☐ 8
7. LEAVE REQUESTED: ☐ Advanced Annual ☐ Advanced Sick ☐ LWOP FROM (DATE/TIME): _____ TO (DATE/TIME): _____	8. LEAVE BALANCES AS OF PAY PERIOD ENDING _____ ANNUAL: _____ HOURS SICK: _____ HOURS

9. BRIEFLY STATE THE REASONS FOR THE REQUEST:

10. CHECK IF APPLICABLE:

☐ ATTACHED IS A COPY OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN OR OTHER PRACTITIONER. (REQUIRED FOR ADVANCED SICK LEAVE.)

☐ I HAVE NOT FILED NOR DO I NOW INTEND TO FILE AN APPLICATION FOR DISABILITY RETIREMENT.

☐ I HAVE READ AND UNDERSTAND THE NOTICE TO EMPLOYEES PRINTED ON THE REVERSE SIDE.

EMPLOYEE SIGNATURE	DATE

DISPOSITION OF THE REQUEST

RECOMMENDATION	PLEASE READ THE NOTICE TO SUPERVISORS ON THE REVERSE SIDE BEFORE COMPLETING THIS PART.
☐ APPROVE ☐ DISAPPROVE	SIGNATURE OF SUPERVISOR _____ DATE _____
☐ APPROVE ☐ DISAPPROVE	SIGNATURE OF REVIEWING OFFICIAL (As required by local delegations of authority) _____ DATE _____
☐ APPROVE ☐ DISAPPROVE	SIGNATURE OF PERSONNEL OFFICER (As required by local delegations of authority) _____ DATE _____

PRIVACY ACT ADVISORY STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS AUTHORIZED BY CHAPTER 63 OF TITLE 5, U.S. CODE. THE PURPOSE OF THE FORM IS TO DOCUMENT REQUESTS FOR ADVANCED LEAVE OR LEAVE WITHOUT PAY, AND INTERMEDIATE REVIEWS. THE FAILURE TO DISCLOSE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF THE LEAVE REQUEST

USCOMM-DC 65-1568

CD-466, Documentation of Request for Advanced Leave or Leave Without Pay
Page 2 of 2

Notice to Employees

1. Requesting advanced annual leave: If you do not have enough annual leave to repay an advance by the end of the leave year, you will be required to pay off the value of any outstanding negative balance, unless the debit results from a reduction in leave credits due to absence without pay, or from your separation from the service due to death, disability, disability retirement, or entrance on military service.

2. Requesting advanced sick leave: If you are indebted for advanced sick leave when you separate from the service (except in case of death, disability, or active military service with restoration rights), you will be liable for payment of the value of any outstanding negative balance.

Notice to Supervisors and Approving Officials

1. Considering requests for advanced annual leave:

   (1) Employees are eligible to be advanced only as much annual leave as they are expected to accrue in the current leave year.

   (2) Advances of annual leave to temporary employees may be made only with the concurrence of an official at a higher organizational level than the immediate supervisor.

2. Considering requests for advanced sick leave:

   (1) Every advanced sick leave request must be supported by a medical certificate signed by a physician or other practitioner.

   (2) Permanent, full-time, non-probationary employees may be granted up to 240 hours' advanced sick leave. The limit is prorated for part-time employees.

   (3) An employee may not be advanced more than 13 days' sick leave during the probationary or trial period.

   (4) Temporary employees may not be advanced more sick leave than they are expected to earn during their employment.

   (5) Sick leave should *not be* advanced to an employee who has filed or is expected to file an application for disability retirement.

3. Considering Requests for leave without pay (LWOP):

   (1) This form must be used for requests for LWOP or advanced leave, as required by local delegations of authority. Before acting on a request, check with your servicing personnel officer to ascertain your delegation of authority.

   (2) If a request for LWOP of over 30 days is approved, you must prepare an SF-52, "Request for Personnel Action," and forward it with this form to your servicing personnel office.

CD-479, Request for Restoration of Annual Leave
Page 1 of 2

FORM CD-479
(REV. 1-95) LF
DAO 202-630

U.S. DEPARTMENT OF COMMERCE

REQUEST FOR RESTORATION OF ANNUAL LEAVE

YEAR LEAVE WAS FORFEITED

BASIS OF REQUEST *(See reverse for definitions)*

- ☐ EXIGENCY OF THE SERVICE
- ☐ ILLNESS OR INJURY
- ☐ ADMINISTRATIVE ERROR

INSTRUCTIONS: This form must be completed for all requests for restoration of annual leave.

EMPLOYEE'S NAME	TITLE, SERIES, GRADE	HOURS FORFEITED	HOURS REQUESTED FOR RESTORATION
		ORGANIZATION	

REASON FOR REQUEST: Provide specific details on the nature of the exigency or illness, the beginning and ending dates, and the reasons why leave could not be rescheduled and used; or the nature of the error, the date it was discovered, and a summary reconstruction of the employee's leave record.

Except for cases of administrative error, provide the following information for each instance of scheduled annual leave that was not used, and attach copies of the documents on which the leave was requested and approved.

FROM		TO		NO. OF HOURS	DATE OF APPROVAL	DATE OF CANCELLATION
DATE	TIME	DATE	TIME			

PROPOSED SCHEDULE FOR USE OF RESTORED LEAVE *(See reverse of this form)*				LEAVE RESTORED THE PREVIOUS YEAR *(Complete if applicable)*		
FROM		TO		NO. OF HOURS RESTORED	BASIS	NO. OF HOURS USED TO DATE
DATE	TIME	DATE	TIME		☐ EXIGENCY OF THE SERVICE ☐ ILLNESS OR INJURY ☐ ADMINISTRATIVE ERROR	

IMMEDIATE SUPERVISOR	☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL	SIGNATURE AND TITLE	DATE
REVIEWING OFFICIAL (If required by management)	☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL	SIGNATURE AND TITLE	DATE
APPROVING OFFICIAL (See reverse of this form)	☐ APPROVE ☐ DISAPPROVE	SIGNATURE AND TITLE	DATE

PRIVACY ACT NOTICE: The information requested on this form is authorized by 5 USC 6311. Its purpose is to support and document requests and approvals of restoration of annual leave. The disclosure of the information is voluntary. Nondisclosure of the information may result in disapproval of request.

CD-479, Request for Restoration of Annual Leave
Page 2 of 2

APPROVING OFFICIAL

An approving official may approve the restoration of leave which was forfeited as a result of illness, administrative error, or an exigency to service. In the case of annual leave forfeiture resulting from correction of an administrative error, the approving official must be one organziational level higher in authority than the office responsible for the error or correction. In the case of annual leave forfeiture caused by illness or an exigency of the service, the approving official must be one management level higher than the level which scheduled/approved the leave that was forfeited. If an approving official has a personal interest in the leave restoration decision or might benefit from the decision, the decision shall be made by a higher level authority.

CONDITIONS MERITING LEAVE RESTORATION

Illness. Annual leave which was forfeited, may be restored when an illness (or other personal health condition for which sick leave was approved) occurs or lasts so late in the leave year that it is impossible for the employee to use scheduled leave. Discretionary surgery or other situation which could have been foreseen and leave scheduled to accommodate it, is not grounds for leave restoration.

Exigency of the Public Business. An exigency of the public business may be said to exist when circumstances are beyond the control of the employee(s) affected, and the exigency could not have been reasonably anticipated. A sudden call to jury duty or military duty or a project's becoming suddenly visible politically or reaching a critical stage at years end are examples of an exigency of the public business. If other employees can be substituted for those who forfeit leave, an exigency does not exist.

Administrative Error. Leave may be restored when it is forfeited as a result of incorrect leave category assignment, an improper determination of creditable service, failure of a supervisor to act timely on a request for leave, or other administrative error.

SCHEDULING RESTORED LEAVE

Annual leave which is restored based on exigency of the service, administration error, or illness must be credited to a separate account and used no later than the end of the leave year which ends two years after the date the exigency terminated/the leave was restored/or the employee was determined to be fit to return to work, etc. For example, annual leave that was restored in February 1994 has to be used before the 1996 leave year ends.

DISTRIBUTION OF THIS FORM

A copy of an approved request for restoration must be forwarded to the Servicing Human Resources Manager, so that restored hours can be entered into the Personnel/Payroll System.

The approving official or designee is responsible for the leave restoration file. The file should contain a copy of the document approving the restoration, a schedule for use of leave which was restored, a copy of the request for leave restoration and any backup documentation.

CD-491, Honor Awards Nomination

NOTE: BE SURE TO READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THE FORM

FORM CD-491 (REV. 3/88)

U.S. DEPARTMENT OF COMMERCE

HONOR AWARDS NOMINATION

* Fill in all blocks *

TYPE OF RECOGNITION

☐ GOLD ☐ SILVER ☐ BRONZE

☐ INDIVIDUAL ☐ GROUP ☐ ORGANIZATIONAL

(Select one from each column)

For Individual and group awards: The following information is required for each individual nominated to received a medal. For group awards, provide on this form the information on the person whose name should appear first in the program booklet, and the same information for each of the others on form CD-491A in the order of their appearance in the program. Attach each employee's most recent completed Performance Appraisal, (CD-396, "Performance Plan, Progress Review, and Appraisal Record)," and position description. **For organizational awards:** Enter the name of the organization to be recognized in the "Name" block. Then give the name of the person to receive the award on behalf of the organization and the rest of the information for that person. Attach to this form a copy of the Departmental Organization Order covering the organization, or other documentation if the organization is not described in a DOO.

DESCRIPTION OF NOMINEE

1. ☐ Ms. ☐ Dr. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Other *(specify)*:

2. Name *(as it will appear on certificate)*: First Name *(or initial)* | Middle Name *(or initial)* | Last Name | Suffix

3. Empl. SSN

4. Service Comp. Date

5. Pronunciation of Name

6. Nominee's Operating Unit or Departmental Office

7. 1st Subdivision

8. 2nd Subdivision

9. Immediate Organization

10. Classification Title

11. Pay Plan, Series, Grade

12. Organizational Title *(if any)*

13. Other awards or honors received

Work Address

14. Bldg.

15. Rm. No.

16. Phone No.

17. Street Address

18. City, State, ZIP Code

19. DESCRIPTION OF ACCOMPLISHMENT: **Individual and organization.** Attach a narrative justification not to exceed two typewritten single-spaced pages describing the contribution being recognized (in non-technical language) and its impact on the operating unit, Department or Nation. **Group.** Narrative must include no more than one page describing the overall accomplishment and no more than one page justification for each group member.

20. Certificate Citation *(not to exceed 150 characters)*

21. Program Citation *(not to exceed 800 characters for Gold, 500 for Silver)*

APPROVALS OF NOMINATION

22. Name & Title of Nominator	Signature	Date
23. Name & Title of First Reviewer *(if required)*	Signature	Date
24. Name & Title of Second Reviewer *(if required)*	Signature	Date
25. Name of Personnel Officer or Designee	Signature	Date
26. Name of Secretarial Officer	Signature	Date

USCOMM-DC 88-1611

CD-491A, Honor Awards Nomination Addendum

FORM CD-491A (REV. 3/98)

U.S. DEPARTMENT OF COMMERCE

HONOR AWARDS NOMINATION ADDENDUM

(Complete one block of information for each additional nominee)

Group *(List all surnames)*

DESCRIPTION OF NOMINEE

1. ☐ Ms. ☐ Dr. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Other *(specify)*

2. Name *(as it will appear on certificate)*: First Name *(or initial)* | Middle Name *(or initial)* | Last Name | Suffix

3. Empl. SSN.

4. Service Comp. Date

5. Pronunciation of Name

6. Nominee's Operating Unit or Departmental Office

10. Classification Title

11. Pay Plan, Series, Grade

12. Organizational Title *(if any)*

13. Other awards or honors received

7. 1st Subdivision

8. 2nd Subdivision

9. Immediate Organization

Work Address

14. Bldg.

15. Rm. No.

16. Phone No.

17. Street Address

18. City, State, ZIP Code

DESCRIPTION OF NOMINEE

1. ☐ Ms. ☐ Dr. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Other *(specify)*

2. Name *(as it will appear on certificate)*: First Name *(or initial)* | Middle Name *(or initial)* | Last Name | Suffix

3. Empl. SSN.

4. Service Comp. Date

5. Pronunciation of Name

6. Nominee's Operating Unit or Departmental Office

10. Classification Title

11. Pay Plan, Series, Grade

12. Organizational Title *(if any)*

13. Other awards or honors received

7. 1st Subdivision

8. 2nd Subdivision

9. Immediate Organization

Work Address

14. Bldg.

15. Rm. No.

16. Phone No.

17. Street Address

18. City, State, ZIP Code

DESCRIPTION OF NOMINEE

1. ☐ Ms. ☐ Dr. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Other *(specify)*

2. Name *(as it will appear on certificate)*: First Name *(or initial)* | Middle Name *(or initial)* | Last Name | Suffix

3. Empl. SSN.

4. Service Comp. Date

5. Pronunciation of Name

6. Nominee's Operating Unit or Departmental Office

10. Classification Title

11. Pay Plan, Series, Grade

12. Organizational Title *(if any)*

13. Other awards or honors received

7. 1st Subdivision

8. 2nd Subdivision

9. Immediate Organization

Work Address

14. Bldg.

15. Rm. No.

16. Phone No.

17. Street Address

18. City, State, ZIP Code

USCOMM-DC 88-1811

CD-504, Recipient's Leave Transfer Application

Form CD-504 LF
(REV 7-95)

U.S. DEPARTMENT OF COMMERCE

RECIPIENTS'S LEAVE TRANSFER APPLICATION

(Must be typed or printed legibly)

PART I: TO BE COMPLETED BY RECIPIENT

A. IDENTIFYING INFORMATION

1. Name of recipient _____ 2. Social Security # _____
3. Position title, series, grade _____
4. Organization/office _____
5. Office address _____ 6. Office phone # _____
7. Address during personal emergency _____
8. Phone # _____ 9. Timekeeper's name _____ 10. Phone # _____
11. Office address _____

B. LEAVE INFORMATION AS OF PAY PERIOD: _____

1. Current annual leave balance _____ hours. Do not include advanced leave.
2. Current sick leave balance _____ hours.
3. Hours of LWOP year to date _____.
4. Leave category per pay period ☐ 4 hrs. ☐ 6 hrs. ☐ 8 hrs.
5. Anticipated or actual duration of personal emergency:
   Beginning date _____ Ending date _____
6. Amount of leave requested to be donated: _____ hours.
   (Hours of leave requested must agree with physician's certificate)

C. DOCUMENTATION OF THE PERSONAL EMERGENCY

1. Attach a brief description (not to exceed 100 words) of the nature and severity of the personal emergency.
2. Attach other appropriate documentation of personal emergency: in the case of a medical condition, a physicians certificate specifying the medical condition, the prognosis, and anticipated duration of the condition; in other cases, any available documentation, e.g., receipts or family member's medical certificates.
3. Hours of leave requested must agree with physician's certificate.

D. CERTIFICATION OF RECIPIENT'S REPRESENTATIVE *(if applicable)*

I, _____ am applying on behalf of _____ for transferred annual leave. (Attach statement of permission from recipient, immediate family member or other person with power of attorney).

Signature _____

Organization/office _____

Office phone # _____ Fax# _____

E. CERTIFICATION

I certify that I am not receiving unemployment benefits or workers' compensation benefits in connection with the personal emergency for which I am requesting transferred annual leave.

I certify that the information on this application is true and correct to the best of my knowledge.

Signature _____

Date _____

PART II: TO BE COMPLETED BY RECIPIENT'S SUPERVISOR

A. NOTICE OF APPROVAL BY SUPERVISOR/LEAVE APPROVING OFFICAL

I have reviewed this application for transferred annual leave and ☐ approve ☐ disapprove it. I retain the right to approve or deny the use of transferred annual leave in the same manner as if it were the recipient's accrued leave.

Name _____ Title _____

Signature _____ Date _____ Office phone # _____

If disapproved, state reasons for disapproval _____

PRIVACY ACT STATEMENT

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to effect leave transfers, including disclosure, as specified by you, to leave donors. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a state unemployment compensation office regarding a claim; to Federal life insurance or health benefits carriers regarding a claim; to a Federal, state, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security number, is voluntary, but failure to do so may result in disapproval of this request.

WARNING

False statements made in connection with a request for leave transfer may be the basis for disqualification for participation in the leave transfer program, disciplinary action up to and including removal from the Federal service, criminal prosecution, and liability for the amount of leave dishonestly gained.

CD-505, Donor's Leave Transfer Application

FORM CD-505 LF
(REV. 7-9.1)
DAO 202-1.10

U.S. DEPARTMENT OF COMMERCE

DONOR'S LEAVE TRANSFER APPLICATION

(Must be typed or printed legibly)

PART I: DONOR

A. RECIPIENT IDENTIFICATION

1. Name of recipient _____
2. Social security # _____
3. Organization/office _____

B. DONOR IDENTIFICATION

1. Name _____
2. Social security # _____
3. Relationship to recipient: _____
4. Position title, series, grade _____
5. Organization/office _____
6. Office address _____
7. Office phone # _____
8. Timekeeper's name _____
9. Phone # _____
10. Office address _____

C. DONOR'S LEAVE INFORMATION AS OF PAY PERIOD: _____

1. Current annual leave balance _____ hours.
2. Leave category per pay period ☐ 4 hrs. ☐ 6 hrs ☐ 8 hrs.
3. Amount of annual leave to be transferred _____ hours.

D. WAVIERS AND CERTIFICATION

I acknowledge that except for any leave unused by the recipient, I have no right under any circumstances, including my own personal emergency, to have any of the leave I donate restored to me; and

I waive the right to have any unused donated leave restored to me if I leave the Department of Commerce before the end of the recipient's personal emergency.

I certify that the information on this application is true and correct to the best of my knowledge.

Signature _____ Date _____

PART II: APPROVAL BY SUPERVISOR

I acknowledge and ☐ approve ☐ disapprove

this employee's application to donate annual leave

Name _____

Phone # _____ Date _____

Signature _____

PART III: APPROVAL BY DONOR'S SERVICING PERSONNEL OFFICE

I certify that this application ☐ meets ☐ does not meet

all criteria required for annual leave transfer by law and regulation,

and is ☐ approved ☐ disapproved.

Name _____

Phone # _____ Date _____

Signature _____

If disapproved, state reasons for disapproval _____

PART IV: CERTIFICATION BY RECIPIENT'S SERVICING PERSONNEL OFFICE

I certify that this donor's annual leave donation has been accepted in the

amount of _____ hours, which will be credited in pay

period _____

Name _____

Phone # _____ Date _____

Signature _____

If disapproved, state reasons for disapproval _____

PRIVACY ACT STATEMENT

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to effect leave transfers, including disclosure, as specified by you, to leave donors. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a state unemployment compensation office regarding a claim; to Federal life insurance or health benefits carriers regarding a claim; to a Federal, state, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security number, is voluntary, but failure to do so may result in disapproval of this request.

WARNING

False statements made in connection with a request for leave transfer may be the basis for disqualification for participation in the leave transfer program, disciplinary action up to and including removal from the Federal service, criminal prosecution, and liability for the amount of leave dishonestly gained.

CD-525, Employee Address

FORM CD-525
(REV. 05-98) LF

U.S. DEPARTMENT OF COMMERCE

EMPLOYEE ADDRESS

FOR AGENCY USE ONLY		
ACTION CODE	AGENCY	EFFECTIVE DATE

1. NAME *(Last, First, Middle)*			2. SOCIAL SECURITY NUMBER		
CURRENT RESIDENCE ADDRESS	3. FIRST LINE STREET ADDRESS		4. SECOND LINE STREET ADDRESS	5. THIRD LINE STREET ADDRESS	
	6. CITY NAME	7. CITY CODE *(Agency Use)*	8. COUNTY CODE *(Agency Use)*	9. STATE OR COUNTRY NAME	10. STATE OR COUNTRY CODE *(Agency Use)*	11. ZIP CODE

U.S. SAVINGS BONDS ADDRESS CHANGE ONLY

12. IF YOU HAVE BONDS, DO YOU WISH THEM TO BE MAILED TO THIS SAME ADDRESS? ☐ YES ☐ NO

IF MORE THAN 1 BOND, DO YOU WISH TO CHANGE THE ADDRESS ON ALL? ☐ YES ☐ NO

IF THE CHANGE IS FOR SELECTED BONDS ONLY, PLEASE PROVIDE INFORMATION FOR THE BOND(S) YOU WISH TO CHANGE.

BOND OWNER: _____ BENEFICIARY/CODOWNER: _____

SSN# _____ AMOUNT OF BOND: _____ ALLOTMENT AMOUNT: _____

13. SIGNATURE OF EMPLOYEE	14. DATE SIGNED

PRIVACY ACT NOTICE

General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form CD-525.

Authority: 5 USC 301

Purpose and Uses: This form is used to obtain an employee's home address and check mailing address.

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 U.S. Department of Commerce 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 Commerce. The SSN also will be used by the U.S. Department of Commerce 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 birth dates, and whose identities can only be distinguished by the SSN.

☆U.S. GOVERNMENT PRINTING OFFICE: 1996 - 750-126/80186

CD-574, Office Safety Inspection Check List
Page 1 of 4

FORM CD-574
(9/02)

U.S. Department of Commerce
Office Safety Inspection Checklist for Supervisors and Program Managers

Name:	Division:
Location:	Date:
Signature:	

This checklist is intended as a guide to assist supervisors and program managers in conducting safety and health inspections of their work areas. It includes questions relating to general office safety, ergonomics, fire prevention, and electrical safety. Questions which receive a "NO" answer require corrective action. If you have questions or need assistance with resolving any problems, please contact your safety office. More information on office safety is available through the Department of Commerce Safety Office website at http://ohrm.doc.gov/safetyprogram/safety.htm.

Work Environment

Yes	No	N/A	
○	○	○	Are all work areas clean, sanitary, and orderly?
○	○	○	Is there adequate lighting?
○	○	○	Do noise levels appear high?
○	○	○	Is ventilation adequate?

Walking / Working Surfaces

Yes	No	N/A	
○	○	○	Are aisles and passages free of stored material that may present trip hazards?
○	○	○	Are tile floors in places like kitchens and bathrooms free of water and slippery substances?
○	○	○	Are carpet and throw rugs free of tears or trip hazards?
○	○	○	Are hand rails provided on all fixed stairways?
○	○	○	Are treads provided with anti-slip surfaces?
○	○	○	Are step ladders provided for reaching overhead storage areas and are materials stored safely?
○	○	○	Are file drawers kept closed when not in use?
○	○	○	Are passenger and freight elevators inspected annually and are the inspection certificates available for review on-site?
○	○	○	Are pits and floor openings covered or otherwise guarded?
○	○	○	Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 48 inches above any adjacent floor or the ground?
○	○	○	Is any furniture unsafe or defective?
○	○	○	Are objects covering heating and air conditioning vents?

CD-574, Office Safety Inspection Check List
Page 2 of 4

FORM CD-574
(9/02)

Ergonomics

Yes	No	N/A	
○	○	◎	Are employees advised of proper lifting techniques?
○	○	◎	Are workstations configured to prevent common ergonomic problems? (Chair height allows employees' feet to rest flat on the ground with thighs parallel to the floor, top of computer screen is at or slightly below eye level, keyboard is at elbow height. Additional information on proper configuration of workstations is available through the Commerce Safety website at http://ohrm.doc.gov/safetyprogram/safety.htm)
○	○	◎	Are mechanical aids and equipment, such as; lifting devices, carts, dollies provided where needed?
○	○	◎	Are employees surveyed annually on their ergonomic concerns?

Emergency Information (Postings)

Yes	No	N/A	
○	○	◎	Are established emergency phone numbers posted where they can be readily found in case of an emergency?
○	○	◎	Are employees trained on emergency procedures?
○	○	◎	Are fire evacuation procedures/diagrams posted?
○	○	◎	Is emergency information posted in every area where you store hazardous waste?
○	○	◎	Is established facility emergency information posted near a telephone?
○	○	◎	Are the OSHA poster, and other required posters displayed conspicuously?
○	○	◎	Are adequate first aid supplies available and properly maintained?
○	○	◎	Are an adequate number of first aid trained personnel available to respond to injuries and illnesses until medical assistance arrives?
○	○	◎	Is a copy of the facility fire prevention and emergency action plan available on site?
○	○	◎	Are safety hazard warning signs/caution signs provided to warn employees of pertinent hazards?

Fire Prevention

Yes	No	N/A	
○	○	◎	Are flammable liquids, such as gasoline, kept in approved safety cans and stored in flammable cabinets?
○	○	◎	Are portable fire extinguishers distributed properly (less than 75 feet travel distance for combustibles and 50 feet for flammables)?
○	○	◎	Are employees trained on the use of portable fire extinguishers?
○	○	◎	Are portable fire extinguishers visually inspected monthly and serviced annually?
○	○	◎	Is the area around portable fire extinguishers free of obstructions and properly labeled ?
○	○	◎	Is heat-producing equipment used in a well ventilated area?
○	○	◎	Are fire alarm pull stations clearly marked and unobstructed?
○	○	◎	Is proper clearance maintained below sprinkler heads (i.e., 18" clear)?

CD-574, Office Safety Inspection Check List
Page 3 of 4

FORM CD-574
(9/02)

Emergency Exits

Yes	No	N/A	
○	○	◎	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT," "TO BASEMENT," "STOREROOM," etc.?
○	○	◎	Are a sufficient number of exits provided?
○	○	◎	Are exits kept free of obstructions or locking devices which could impede immediate escape?
○	○	◎	Are exits properly marked and illuminated?
○	○	◎	Are the directions to exits, when not immediately apparent, marked with visible signs?
○	○	◎	Can emergency exit doors be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?
○	○	◎	Are exits arranged such that it is not possible to travel toward a fire hazard when exiting the facility?

Electrical Systems

(Please have your facility maintenance person or electrician accompany you during this part of the inspection)

Yes	No	N/A	
○	○	◎	Are all cord and cable connections intact and secure?
○	○	◎	Are electrical outlets free of overloads?
○	○	◎	Is fixed wiring used instead of flexible/extension cords?
○	○	◎	Is the area around electrical panels and breakers free of obstructions?
○	○	◎	Are high-voltage electrical service rooms kept locked?
○	○	◎	Are electrical cords routed such that they are free of sharp objects and clearly visible?
○	○	◎	Are all electrical cords grounded?
○	○	◎	Are electrical cords in good condition (free of splices, frays, etc.)?
○	○	◎	Are electrical appliances approved (Underwriters Laboratory, Inc. (UL), etc)?
○	○	◎	Are electric fans provided with guards of not over one-half inch, preventing finger exposures?
○	○	◎	Are space heaters UL listed and equipped with shutoffs that activate if the heater tips over?
○	○	◎	Are space heaters located away from combustibles and properly ventilated?
○	○	◎	In your electrical rooms are all electrical raceways and enclosures securely fastened in place?
○	○	◎	Are clamps or other securing means provided on flexible cords or cables at plugs, receptacles, tools, equipment, etc., and is the cord jacket securely held in place?
○	○	◎	Is sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance? (This space is 3 feet for less than 600 volts, 4 feet for more than 600 volts)

CD-574, Office Safety Inspection Check List
Page 4 of 4

FORM **CD-574**
(9/02)

Material Storage

Yes	No	N/A	
○	○	◉	Are storage racks and shelves capable of supporting the intended load and materials stored safely?
○	○	◉	Are storage racks secured from falling?
○	○	◉	Are office equipment stored in a stable manner, not capable of falling?

CD-70014-1, Government Card Application & Agreement

AMERICAN EXPRESS GOVERNMENT PROGRAM

GOVERNMENT CARD APPLICATION & AGREEMENT

For Employees of the United States Government

Return White Copy To: American Express
Government Account Unit
P.O. Box 53609
Phoenix, AZ 85072-3609
Facsimile: (602) 492-7499

TO BE COMPLETED BY EMPLOYEE — PLEASE TYPE OR PRINT ALL INFORMATION

First Name	Middle Initial	Last Name	Social Security No. ___ — ___ — ___
Agency Name			Title/Rank
Employee's Mother's Maiden Name (for security purposes)	Home Address		
City		State	ZIP Code / Country
Work Address			
City		State	ZIP Code / Country
Bill to: ☐ Home ☐ Office (check one)	Home Phone No. ( ) Area Code	Office Phone No. ( ) Area Code	

By signing below, I (a) request that a Government Card be issued in my name, (b) agree to use the Card for official travel and official travel-related expenses and to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card, and (c) authorize American Express to verify information supplied on this Application. **PLEASE RETAIN PINK COPY FOR YOUR RECORDS.**

Employee Signature _____ Date _____

TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR — PLEASE TYPE OR PRINT ALL INFORMATION

It is critical that you complete the Control Account information at right.	Control Account ___ — ___ — ___	
Agency Name	FIPS Code	Cost Center
Agency Address	Room No./Mail Stop/Office Symbol	Building
City	State	ZIP Code
Country	Phone No. ( ) Area Code	Fax No. ( ) Area Code
ATM Cash Limit: Every Rolling 7 Days	Daily	

By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. **PLEASE RETAIN CANARY COPY FOR YOUR RECORDS.**

Name of Agency Official _____ Title/Rank _____

Signature _____ Date _____

PRIVACY ACT NOTICE

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the charge card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States Code, for the purpose of monitoring travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the commercial travel and transportation payment and expense control system which provides travelers with charge cards for official travel and related expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigations, (2) pursuant to a request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, classifying a job, letter of contract or issuing a license, grant, or other benefit, (3) to a Member of Congress or to a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained, (4) to officials of labor organizations when necessary to their duties of exclusive representation, (5) to a Federal agency for accumulating reporting data and monitoring the system, (6) GSA contract travel agents assigned to agencies for billing of travel expenses, (7) listings, reports, and records to GSA by the contractor to conduct audits or carrier charges to the Government, and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3," as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a charge card will not be issued to the employee/member.

NOTE: See Reverse Side For Important Information

Distribution: White – American Express Copy Canary – Agency Copy Pink – Employee Copy

CD 70014-0001 (Rev. 3/95) Printed in U.S.A.

D-150, Job Requisition

2010 Census

FORM D-150 (7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

JOB REQUISITION

Part A – POSITION REQUIREMENTS

The Assistant Manager or Supervisor of the position to be filled, must complete the following position requirements.

1. Total number to hire *(maximum 50 per D-150)* _____
2. Class – *Mark (X) one*
   - ☐ Decennial
   - ☐ CCM
3. Operation _____
4. Position – *Mark (X) one*
   - ☐ Clerk
   - ☐ Enumerator
   - ☐ Crew Leader
   - ☐ Crew Leader Asst.
   - ☐ Field Operations Supervisor
   - ☐ Office Operations Supervisor
   - ☐ Recruiting Assistant
5. *For interviewing purposes:*
   - a. Length of job *(weeks or months)* _____
   - b. Pay $ _____ Per hour

Part B – SELECTION CRITERIA

The Assistant Manager or Supervisor must complete the following selection criteria.

1. Office code
   LCO _____
2. CLD number *(if applicable)* _____
3. FIPS codes
   State _____
   County _____
4. Specific assignment area

Tract(s)	Block No.(s)	ZIP Code(s)

▶ ***Complete items 5 – 7 for conditions of employment.***

5. Availability
   - a. Minimum hours per week _____
   - b. Weekday work (8 a.m.–4 p.m.) _____
   - c. Evening work (4 p.m.–9 p.m.) _____
   - d. Weekend work (Saturday and/or Sunday) _____
6. Language requirement _____
7. Transportation type _____

▶ ***Complete items 8 and 9 for conditions of training*** *(if available).*

8. Training date(s) _____
9. Training time _____
10. Training location _____

Part C – ADDITIONAL CRITERIA

Assistant Manager for Administration area must complete the following additional criteria.

1. Position location
   - ☐ Field work
   - ☐ Office work
   - ☐ No preference
2. Test
   - a. ID – *Type* _____
   - b. Minimum score _____
3. Skills
   - ☐ Computer or Data Entry experience
4. Requirement Search Number _____
5. Personnel status:
   - ☐ Experienced only

Part D – REQUESTER INFORMATION

1. Requester name _____ 2. Date _____

(SEE BACK FOR INSTRUCTIONS)

U S C E N S U S B U R E A U

D-168, New Employee Data
Page 1 of 2

FORM D-168
(7-12-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

NEW EMPLOYEE DATA
2010 Decennial Census

U.S. Office of Personnel Management Guide to Personnel Data Standards	**ETHNICITY AND RACE IDENTIFICATION** *Please read the Privacy Act Statement and instructions before completing form.*	
Name *(Last, First, Middle initial)*	Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___	Birthdate Month ☐☐ Year ☐☐☐☐
Agency Use Only		

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the federal government. It is also used by the U.S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Section A – ETHNICITY AND RACE IDENTIFICATION

Specific instructions ▶ The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

1. Are you Hispanic or Latino? *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

☐ Yes ☐ No

2. Racial category – *Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Mark (X) as many as apply.*

RACIAL CATEGORY *Mark (X) all apply*	DEFINITION OF CATEGORY
☐ **A** – American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
☐ **B** – Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
☐ **C** – Black or African American	A person having origins in any of the black racial groups of Africa.
☐ **D** – Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **E** – White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

↓ *Before continuing with section B, tear off here and hand to employee.* ↓

TO THE EMPLOYEE	Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

U S C E N S U S B U R E A U

D-168, New Employee Data
Page 2 of 2

Name *(Last, First, Middle initial)*	Social Security Number	Birthdate Month	Birthdate Year
	___ - __ - ____		

Section B – SELF-IDENTIFICATION OF HANDICAP

Definition of Handicap: A person is handicapped if (s)he has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

ENTER CODE HERE → ☐

01 – I do not wish to identify my handicap status.
05 – I do not have a handicap.
06 – I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 – Severe speech malfunction or inability to speak; hearing is normal *(Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])*

HEARING IMPAIRMENTS

15 – Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)
16 – Total deafness in both ears, with understandable speech
17 – Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 – 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")*
23 – Inability to read ordinary size print, not correctable by glasses *(Can read oversized print or use assisting devices such as glass or projector modifier)*
24 – Blind in one eye
25 – Blind in both eyes *(No usable vision, but may have some light perception)*

MISSING EXTREMITIES

27 – One hand
28 – One arm
29 – One foot
32 – One leg
33 – Both hands or arms
34 – Both feet or legs
35 – One hand or arm *and* one foot or leg
36 – One hand or arm *and* both feet or legs
37 – Both hands or arms *and* one foot or leg
38 – Both hands or arms *and* both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(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)

44 – One or both hands
45 – One or both feet
46 – One or both arms
47 – One or both legs
48 – Hip or pelvis
49 – Back
57 – Any combination of two or more parts of the body

PARTIAL PARALYSIS

(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)

61 – One hand
62 – One arm, any part
63 – One leg, any part
64 – both hands
65 – Both legs, any part
66 – Both arms, any part
67 – One side of body, including one arm and one leg
68 – Three or more major parts of the body *(arms and legs)*

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms and/or trunk)

70 – One hand
71 – Both hands
72 – One arm
73 – Both arms
74 – One leg
75 – Both legs
76 – Lower half of body, including legs
77 – One side of body, including one arm and one leg
78 – Three or more major parts of the body *(arms and legs)*

OTHER IMPAIRMENTS

80 – Heart disease with no restriction or limitation of activity *(History of heart problems with complete recovery)*
81 – Heart disease with restriction or limitation of activity
82 – Convulsive disorder *(e.g., epilepsy)*
83 – Blood diseases *(e.g., sickle cell anemia, leukemia, hemophilia)*
84 – Diabetes
86 – Pulmonary or respiratory disorders *(e.g., tuberculosis, emphysema, asthma)*
87 – Kidney dysfunctioning *(e.g., if dialysis [Use of an artificial kidney machine] is required)*
88 – Cancer – A history of cancer with complete recovery
89 – Cancer – Undergoing surgical and/or medical treatment
90 – 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 Vocation Rehabilitation agency under section 213.3102(t) of Schedule A)*
91 – Mental or emotional illness *(A history of treatment for mental or emotional problems)*
92 – Severe distortion of limbs and/or spine *(e.g., dwarfism, kyphosis [severe distortion of back])*
93 – Disfigurement of face, hands, or feet *(e.g., distortion features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])*
94 – 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)*

FORM D-168 (7-12-2007)

D-186A, 2010 Census Employment Agreement - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service Agreement (With Return Rights)

Page 1 of 3

FORM D-186A
03-12-2009

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Census Bureau Career/Conditional Appointment
Transferring to a Regional Census Center Excepted Service Agreement
(With Return Rights)

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. Is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service and you are also accepting a employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY CENSUS EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made** permanent. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in the Regional Census Center (RCC). By accepting this position you will move from the **competitive service to the excepted service**. After your work on the RCC staff is completed, you will be returned to the competitive service. However, based upon the needs of the Census Bureau, management will decide whether to return you to the position you last held or to place you in a different position that is at the same permanent grade as you held before you began your excepted service agreement.

III. WORK SCHEDULE

This Schedule A appointment has a **mixed-tour work schedule**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your schedule or place you in a non-pay status by use of mixed tour program will be the result of work shortages only.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evenings. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the field in other than a traditional office setting. You are not to work more than 40 hours in a week without advance approval from your supervisor. The overtime and approval must be marked on your timesheet. Failure to comply with this procedural requirement could result in removal from Federal service.

U S C E N S U S B U R E A U

D-186A, 2010 Census Employment Agreement - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service Agreement (With Return Rights)

Page 2 of 3

IV. BENEFITS

If you are working on a full-time or part-time work schedule during your new appointment, you are eligible to earn and use annual (personal) and sick leave. All of your current benefits, if any, will continue only if you have had a three-day or less break in service between appointments.

If you have benefits and move to an **intermittent** work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day, meaning you will not receive wages for the absence. If you **do not** currently have benefits, you will **not** be eligible:

a. for health and life insurance coverage,
b. to receive Federal retirement coverage, and
c. to participate in the Thrift Savings Plan.

V. WORKER'S COMPENSATION

Any employees injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

VI. CAREER TENURE

The time served in this appointment may count in computing total service towards career tenure **subject to various conditions and/or time limitations**

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidelines are in accordance with U.S.C. Title 13, Section 24.

D-186A, 2010 Census Employment Agreement - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service Agreement (With Return Rights)

Page 3 of 3

VII. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race**, **color**, **religion**, **sex (including sexual harassment)**, **national origin**, **age (40 years and older)**, **mental or physical disability**, or **sexual orientation**. **Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VIII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186A (3-12-2008) Page 3

D-186B, 2010 Census Employment Agreement - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service Agreement (Without Return Rights)

Page 1 of 3

FORM D-186B
(3-13-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Census Bureau Career/Conditional Appointment
Transferring to a Regional Census Center Excepted Service Agreement
(Without Return Rights)

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. Is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the expected service and you are also accepting a employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY NATURE of EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made** permanent. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in the Regional Census Center (RCC). By accepting this position you will move from the **competitive service to the excepted service**. After your work on the RCC staff is completed, you will have ***no commitment*** from the Census Bureau for another position.

III. WORK SCHEDULE

This Schedule A appointment has a **mixed-tour work schedule**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your schedule or place you in a non-pay status by use of mixed tour program will be the result of work shortages only.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evenings. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the field in other than a traditional office setting. You are not to work more than 40 hours in a week without advance approval from your supervisor. The overtime and approval must be marked on your timesheet. Failure to comply with this procedural requirement could result in removal from Federal service.

U S C E N S U S B U R E A U

D-186B, 2010 Census Employment Agreement - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service Agreement (Without Return Rights)

Page 2 of 3

IV. BENEFITS

If you are working on a **full-time or part-time work schedule** during your new appointment, you are eligible to earn and use annual (personal) and sick leave. All of your current benefits, if any, will continue only if you have had a three-day or less break in service between appointments.

If you have benefits and move to an **intermittent** work schedule, you will not be able to earn or use annual (personal) or sick leave during this period. If you are on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day meaning you will not receive wages for the absence If you **do not** currently have benefits, you will **not** be eligible:

- **a.** for health and life insurance coverage.
- **b.** to receive Federal retirement coverage, and
- **c.** to participate in the Thrift Savings Plan.

V. WORKER'S COMPENSATION

Any employees injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

VI. CAREER TENURE

The time served in this appointment may count in computing total service towards career tenure **subject to various conditions and/or time limitations**

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidelines are in accordance with U.S.C. Title 13, Section 24.

Form D-186B (2-18-2009) Page 2

D-186B, 2010 Census Employment Agreement - Census Bureau Career/Conditional Appointment Transferring to a Regional Census Center Excepted Service Agreement (Without Return Rights)

Page 3 of 3

VII. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race, color, religion, sex (including sexual harassment), national origin, age (40 years and older), mental or physical disability**, or **sexual orientation**. **Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VIII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186B (9-13-2008) Page 3

D-186C, 2010 Census Employment Agreement - Census Bureau Temporary/Term Competitive Appointment Transferring to a Regional Census Center Excepted Service Agreement

Page 1 of 3

FORM **D-186C**
(1-24-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Census Bureau Temporary/Term Competitive Appointment Transferring to a Regional Census Center Excepted Service Agreement

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. Is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the expected service and you are also accepting a employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY NATURE of EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made** permanent. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an expected service position in the Regional Census Center (RCC). By accepting this position you will move from the **competitive service to the excepted service**. After your work on the RCC staff is completed, you will be returned to the competitive service. However, based upon the needs of the Census Bureau, management will decide whether to return you to the position you last held or to place you in a different position that is at the same permanent grade as you held before you began your excepted service appointment.

This appointment does not extend your original term or temporary appointment. **If your original appointment expires while on this appointment, you will *not* be returned for employment.** Instead, you will be released from Federal service upon expiration of this temporary appointment, or prior to the not-to-exceed date of your appointment due to a lack of work or funds.

III. WORK SCHEDULE

This Schedule A appointment has a **mixed-tour work schedule**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your schedule or place you in a non-pay status by use of mixed tour program will be the result of work shortages only.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evenings. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the field in other than a traditional office setting. You are not to work more than 40 hours in a week without advance approval from your supervisor. The overtime and approval must be marked on your timesheet. Failure to comply with this procedural requirement could result in removal from federal service.

U S C E N S U S B U R E A U

D-186C, 2010 Census Employment Agreement - Census Bureau Temporary/Term Competitive Appointment Transferring to a Regional Census Center Excepted Service Agreement

Page 2 of 3

IV. BENEFITS

If you are working on a **full-time or part-time work schedule** during your new appointment, you are eligible to earn and use annual (personal) and sick leave. All of your current benefits, if any, will continue only if you have had a three-day or less break in service between appointments.

If you have benefits and move to an **intermittent** work schedule, you will not be able to earn or use annual (personal) or sick leave during this period. If you are on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day meaning you will not receive wages for the absence. If you **do not** currently have benefits, you will **not** be eligible:

a. for health and life insurance coverage
b. to receive Federal retirement coverage, and
c. to participate in the Thrift Savings Plan.

V. WORKER'S COMPENSATION

Any employees injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

VI. CAREER TENURE

The time served in this appointment may count in computing total service towards career tenure **subject to various conditions and/or time limitations**

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidelines are in accordance with U.S.C. Title 13, Section 24.

D-186C, 2010 Census Employment Agreement - Census Bureau Temporary/Term Competitive Appointment Transferring to a Regional Census Center Excepted Service Agreement

Page 3 of 3

VII. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race, color, religion, sex (including sexual harassment), national origin, age (40 years and older), mental or physical disability**, or **sexual orientation. Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

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EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VIII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186C (1-24-2008) Page 3

D-186D, 2010 Census Employment Agreement – Census Bureau Temporary/Team Competitive Appointment Transferring to a Regional Census Center Excepted Service Appointment (Without Return Rights)

Page 1 of 3

FORM D-186D
(1-25-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Census Bureau Temporary/Team Competitive Appointment Transferring to a Regional Census Center Excepted Service Appointment (Without Return Rights)

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. It is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service and you are also accepting the employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY NATURE OF EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made permanent**. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in the Regional Census Center (RCC). By accepting this position you will move from the **competitive service to the excepted service**. After your work in this position is finished, you will have no **commitment** from the Census Bureau for another position.

III. WORK SCHEDULE

This Schedule A appointment has a **mixed-tour work schedule**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-toured work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your work schedule or place you in non-pay status by use of the mixed tour program will be the result of work shortage only.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evening. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the filed in other than a traditional office setting. You are not to work more than 40 hours in a week without advance approval from your supervisor. The overtime and approval must be marked on your timesheet. Failure to comply with this procedural requirement could result in removal from federal service.

IV. BENEFITS

If you are working on a **full-time or part-time work schedule** during your new appointment, you are eligible to earn and use annual (personal) and sick leave. All of your current benefits, if any, will continue only if you have had three-day or less break in service between appointments.

If you have benefits and move to an **intermittent** work schedule, you will not be able to earn or use annual (personal) or sick leave during this period. If you are on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a

U S C E N S U S B U R E A U

D-186D, 2010 Census Employment Agreement – Census Bureau Temporary/Team Competitive Appointment Transferring to a Regional Census Center Excepted Service Appointment (Without Return Rights)

Page 2 of 3

"non-work" day, meaning you will not receive wages for the absence. If you **do not** currently have benefits, you will **not** be eligible:

a. for health and life insurance coverage,
b. to receive Federal retirement coverage, and
c. to participate in the Thrift Savings Plan.removal from federal service.

V. WORKER'S COMPENSATION

Any employee injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidelines are in accordance with U.S.C. Title 13. Section 24.

D-186D, 2010 Census Employment Agreement – Census Bureau Temporary/Team Competitive Appointment Transferring to a Regional Census Center Excepted Service Appointment (Without Return Rights)

Page 3 of 3

VI. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race**, **color**, **religion**, **sex (including sexual harassment)**, **national origin**, **age (40 years and older)**, **mental or physical disability**, or **sexual orientation**. **Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

_____ _____
Employee's Signature Date

_____
Printed or Typed Name *(enter full name)*

_____ _____
Signature, Census Bureau Representative Date

_____ _____
Printed or Typed Representative's Name and Title Telephone

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186D (1-25-2008) Page 3

D-186E, 2010 Census Employment Agreement – Census Bureau Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of Less Than One Year

Page 1 of 3

FORM D-186E
(4-16-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Census Bureau Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of Less Than One Year

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. It is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service and are also accepting the employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY CENSUS EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made permanent**. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available. Your signature on this document means you are accepting a **temporary or time-limited appointment in the excepted service for less than one year.**

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in a Regional Census Center (RCC), Local Census Office (LCO), or Early Local Census Office (ELCO). After your work on this appointment is completed, you may be returned to the service of the Regional Office. However, based upon the needs of the Census Bureau, management will decide whether to return you to the position you last held or to place you in a different position that is at the same permanent grade as you held before you began your excepted service appointment.

This agreement does not extend your original appointment. **If your original appointment expires while on this appointment, you will *not* be returned for employment.** Instead, you will be released from Federal service upon expiration of this temporary appointment, or prior to the not-to-exceed date of your appointment due to a lack of work for funds.

III. WORK SCHEDULE

The work schedule for this Schedule A appointment has either a **mixed-tour or intermittent** work schedule:

a. The work schedule for RCC, LCO/ELCO Manager, and Administrative Assistant positions are **mixed tour**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your work schedule or place you in non-pay status by use of the mixed tour program will be the result of work shortages only.

b. The work schedules for all other LCO/ELCO positions are **intermittent**. An intermittent work schedule means that you will be employed **less than full-time and it requires irregular work hours** that cannot be prescheduled.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evenings. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the field in other than a traditional office setting. You are not to work more than 40 hours in a week without advance

U S C E N S U S B U R E A U

D-186E, 2010 Census Employment Agreement – Census Bureau Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of Less Than One Year

Page 2 of 3

approval from your supervisor. The overtime and approval must be marked on your timesheet. Failure to comply with this procedural requirement could result in removal from Federal service.

IV. BENEFITS

If you are working on a **full-time or part-time work schedule** during your new appointment, you are eligible to earn and use annual (personal) and sick leave. All of your current benefits, if any, will continue only if you have had a three-day or less break in service between appointments.

If you have benefits and move to an **intermittent** work schedule, you will not be able to earn or use annual (personal) or sick leave during this period. If you are on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day, meaning you will not receive wages for the absence. If you **do not** currently have benefits, you will **not** be eligible:

a. for health and life insurance coverage,
b. to receive Federal retirement coverage, and
c. to participate in the Thrift Savings Plan.

V. WORKER'S COMPENSATION

Any employee injured on the job will be eligible to file for Worker's Compensation. Should you beccome hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidelines are in accordance with U.S.C. Title 13, Section 24.

D-186E, 2010 Census Employment Agreement – Census Bureau Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of Less Than One Year

Page 3 of 3

VI. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race**, **color**, **religion**, **sex (including sexual harassment)**, **national origin**, **age (40 years and older)**, **mental or physical disability**, or **sexual orientation**. **Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
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Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186E (4-16-2009) Page 3

D-186F, 2010 Census Employment Agreement – Temporary Excepted Service

Page 1 of 3

FORM D-186F
(1-24-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT
Temporary Excepted Service

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. It is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service and you are also accepting the employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY NATURE OF EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made permanent**. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in a Regional Census Center (RCC), Local Census Office (LCO), or Early Local Census Office (ELCO). After your work in this position is finished, you will have **no commitment** from the Census Bureau for another position.

III. WORK SCHEDULE

The work schedule for this Schedule A appointment has either a **mixed-tour or intermittent** work schedule:

a. The work schedules for RCC, LCO, Manager, and Administrative Assistant positions are **mixed tour**. Amixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your work schedule or place you in non-pay status by use of the mixed tour program will be the result of work shortages only.

b. The work schedules for all other LCO position are intermittent. An intermittent work schedule means that you will be employed **less then full-time** and it requires **irregular work hours** that cannot be prescheduled.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evenings. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the field in other than a traditional office setting. You are not to work more than 40 hours in a week without advance approval from your supervisor. The overtime and approval must be marked on your timesheet. Faillure to comply with this procedural requirement could result in removal from Federal service.

IV. BENEFITS

If you are working on a **full-time or part-time work schedule** during your new appointment and have a not-to-exceed date greater than 90 days, you are eligible to earn and use annual and sick leave. If you are transferring from another Federal appointment and have had a four-day or greater break in service between appointments, then **eligibility for benefits will not continue** from your previous appointment.

U S C E N S U S B U R E A U

D-186F, 2010 Census Employment Agreement – Temporary Excepted Service

If you have benefits and more to an **intermittent** work schedule, you will not be able to earn or use annual (personal) or sick leave during this period. If you ar on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day, meaning you will not receive wages for the absence. If you **do not** currently have benefits, you will **not** be eligible:

a. for health and life insurance coverage,
b. to receive Federal retirement coverage, and
c. to participate in the Thrift Savings Plan.

V. WORK'S COMPENSATION

Any census employee injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

VI. CAREER TENURE

The time served in this appointment may count in computing total service towards career tenure **subject to various conditions and/or time limitations**.

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidielines are in accordance with U.S.C. Title 13, Section 24.

D-186F, 2010 Census Employment Agreement – Temporary Excepted Service

VII. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race, color, religion, sex (including sexual harassment), national origin, age (40 years and older), mental or physical disability**, or **sexual orientation. Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VIII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186F (1-24-2008) Page 3

D-186G, 2010 Census Employment Agreement – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year

Page 1 of 3

FORM **D-186G**
(1-29-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. It is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service and you are also accepting the employment conditions for this appointment. You must read, understand, and agree to these conditions before your are appointed.

I. TEMPORARY NATURE OF EMPLOYMENT

This job is strictly **temporary**. Census operations are short. This appointment **cannot be made permanent**. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in a Regional Census Center (RCC), Local Census Office (LCO), or Early Local Census Office (ELCO). After your work on this appointment is completed, you may be returned to the service of the Regional Office. However, based upon the needs of the Census Bureau, management will decide whether to return you to the position you last held or to place you in a different position that is at the same permanent grade as you held before you began your excepted service appointment.

This agreement does not extend your original appointment. **If your original appointment expires while on this appointment, you will not be returned for employment**. Instead, you will be released from federal service upon expiration of this temporary appointment, or prior to the not-to-exceed date of your appointment due to a lack of work or funds.

III. WORK SCHEDULE

This Schedule A appointment has a **mixed-tour work schedule**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on the workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your work schedule or place you in non-pay status by use of the mixed tour program will be the result of work shortage only.

You will be paid only for the hours you work, and the number of hours can vary depending upon the assignment. Your position may require you to work on weekends, holidays, and evenings. Given the temporary nature of your position and the fast pace of the census operation, you may be required to meet in and work out of sites in the field in other than a traditional office setting. You are not to work more than 40 hours in a week without advance approval from your supervisor. The overtime and approval must be marked on your timesheet. Failure to comply with this procedural requirement could result in removal from federal service.

U S C E N S U S B U R E A U

D-186G, 2010 Census Employment Agreement – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year

Page 2 of 3

IV. BENEFITS

All of your current benefits, if any, will continue only if you have had a three-day or less break in service between appointments. If you are on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day, meaning you will not receive wages for the absence. If you are working on a **full-time or part-time work schedule** during your new appointment, you are eligible.

a. to earn or use annual (personal) or sick leave,
b. for health and life insurance coverage,
c. for Federal retirement coverage, and
d. to participate in the Thrift Savings Plan.

If you have benefits and move to an **intermittent** work schedule, you will **not** be eligible:

a. to earn or use annual (personal) or sick leave,
b. for health and life insurance coverage,
c. for Federal retirement coverage, and
d. to participate in the Thrift Savings Plan.

V. WORKER'S COMPENSATION

Any census employee injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above quidelines are in accordance with U.S.C. Title 13, Section 24.

D-186G, 2010 Census Employment Agreement – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year

Page 3 of 3

VI. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race**, **color**, **religion**, **sex (including sexual harassment)**, **national origin**, **age (40 years and older)**, **mental or physical disability**, or **sexual orientation**. **Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186G (1-29-2008) Page 3

D-186H, 2010 Census Employment Agreement – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year (Without Return Rights)

Page 1 of 3

FORM **D-186H**
(1-28-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2010 CENSUS EMPLOYMENT AGREEMENT

Non-Decennial Except Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year (Without Return Rights)

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. It is important that you have a clear understanding of what decennial employment offers you as an employee. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service and you are also accepting the employment conditions for this appointment. You must read, understand, and agree to these conditions before you are appointed.

I. TEMPORARY NATURE OF EMPLOYMENT

This job is strictly temporary. Census operations are short. This appointment **cannot be made permanent**. You may be released from this appointment before the not-to-exceed date if work or funds are no longer available.

II. RETURN RIGHTS

You have applied and been selected for an excepted service position in a Regional Census Center (RCC), Local Census Office (LCO), or Early Local Census Office (ELCO). After your work in this position is finished, you will have **no commitment** from the Census Bureau for another position.

III. WORK SCHEDULE

This schedule A appointment has as **mixed-tour work schedule**. A mixed-tour work schedule provides for **periods of full-time, part-time, and intermittent work**, as well as periods in a **non-pay status**, depending on workload. The mixed-tour work schedule for any employee may be changed whenever there is an increase or decrease in the workload. The decision to change your work schedule or place you in non-pay status by use of the mixed tour program will be the result of work shortages only.

IV. BENEFITS

All of your current benefits, if any, will continue only if you have had a three-day or less break in service between appointments. If you are on an intermittent work schedule and do not report to work due to illness or personal matter, it is treated as a "non-work" day, meaning you will not receive wages for the absence. If you are working on a **full-time or part-time work schedule** during your new appointment, you are eligible:

a. to earn and use annual (personal) and sick leave,
b. for health and life insurance coverage,
c. for Federal retirement coverage, and
d. to participate in the Thrift Savings Plan.

If You have benefits and move to an **intermittent** work schedule, you will **not** be eligible:

a. to earn and use annual (personal) and sick leave,
b. for health and life insurance coverage,
c. for Federal retirement coverage, and
d. to participate in the Thrift Savings Plan.

U S C E N S U S B U R E A U

D-186H, 2010 Census Employment Agreement – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year (Without Return Rights)

Page 2 of 3

V. WORKER'S COMPENSATION

Any census employee injured on the job will be eligible to file for Worker's Compensation. Should you become hurt on the job, any compensation would be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other federal or private sector jobs.

If you have any questions, please contact the Census Bureau representative listed on the following page.

The above guidelines are in acaccordance with U.S.C. Title 13, Section 24.

D-186H, D-186H, 2010 Census Employment Agreement – Non-Decennial Excepted Service Appointment Transferring to a Decennial Excepted Service Appointment of More Than One Year (Without Return Rights)

Page 3 of 3

VI. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race**, **color**, **religion**, **sex (including sexual harassment)**, **national origin**, **age (40 years and older)**, **mental or physical disability**, or **sexual orientation**. **Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

U.S. Census Bureau
EEO Office
4600 Silver Hill Rd
Washington, DC 20233
301–763–2853, then select 2 for EEO Program Assistance
1–800–872–6096, then select 2 for EEO Program Assistance
TTD call 301–457–2540
Fax 301–457–1160

VII. CERTIFICATION

I have read, fully understand, and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM D-186H (1-25-2008)

D-186I, Excepted Service Employment Agreement for the 2008 Census Dress Rehearsal Dual Employment

Page 1 of 3

Form DX-186I
(3-17-2008)

U.S. DEPARTMENT OF COMMERCE
Economic and Statistics Administration
U.S. CENSUS BUREAU

EXCEPTED SERVICE EMPLOYMENT AGREEMENT FOR THE 2008 CENSUS DRESS REHEARSAL DUAL EMPLOYMENT

2008 Census Dress Rehearsal

Please read this agreement carefully and discuss any questions you may have with the Census Bureau representative before you sign this agreement. Your signature on this document means you are accepting a temporary or time-limited appointment in the excepted service, and you are also accepting the employment conditions for this appointment.

TEMPORARY CENSUS EMPLOYMENT

It is important to the success of this operation that you, as a potential employee, have a clear understanding of what 2008 Census Dress Rehearsal employment offers you as an employee. You must read, understand, and agree to these conditions **before you are appointed.**

I am currently employed by _____ *(Agency*)*

*Enter the name of the department and agency for which you work and the locale. For example:

Dept. of Veteran's Affairs, Charlotte, NC;

or

DoD, Dept. of the Air Force, Randolph AFB TX

By signing this agreement, I am certifying that the position in which I am presently employed is in the Federal government and that I have received the supervisory/agency approval from my other Federal job that is required for me to be employed with the Census Bureau. As a dual Federal employee, I will not allow my employment in this position to interfere with the successful performance of duties for my primary Federal employer.

EXPLANATIONS

1. This job is strictly temporary. Census operations are short. This appointment cannot be made permanent. You may be released from service with the Census Bureau before the not-to-exceed date on your appointment if work or funds are no longer available. You will have no commitment from the Census Bureau for another competitive or excepted service position.

2. Any 2008 Census Dress Rehearsal employee injured on the job will be eligible to file for Worker's Compensation at a rate equivalent to the pay from this appointment only. Should you become hurt on the job, any compensation will be based on pay associated with this appointment only. This is true even if your injury prevents you from performing another job that you have at the time, including other Federal or private sector jobs.

U S C E N S U S B U R E A U

D-186I, Excepted Service Employment Agreement for the 2008 Census Dress Rehearsal Dual Employment
Page 2 of 3

BENEFITS

1. As a temporary, intermittent employee, you will retain your health benefits, retirement coverage, and entitlement to earn annual and sick leave from your other Federal appointment only. On this appointment with the Bureau of the Census you will be paid only for the hours you work, and the number of hours can vary depending on assignment needs. Under this appointment, you will:

   a. Not earn or use paid annual (personal) or sick leave,
   b. Not be eligible for health and life insurance coverage,
   c. Not be eligible for Federal retirement coverage, and
   d. Not be eligible to participate in the Thrift Savings Plan.

2. As an employee who is assigned to an intermittent work schedule and is not eligible to earn or use annual and sick leave, you will not receive wages for any absence due to illness or a personal matter. Such absences are treated as "non-work days" rather than being charged to annual and sick leave, or leave without pay.

WORK SCHEDULE

This SCHEDULE A appointment has an intermittent work schedule. An intermittent work schedule means that you will be employed less than full-time and have irregular work hours which cannot be prescheduled.

If you have any questions, please contact the Census Bureau representative listed on the "Certification" page which follows.

The above guidelines are in accordance with U.S.C. Title 13, Section 24.

D-186I, Excepted Service Employment Agreement for the 2008 Census Dress Rehearsal Dual Employment
Page 3 of 3

EQUAL EMPLOYMENT OPPORTUNITY (EEO)

U.S. Department of Commerce, U.S. Census Bureau, policy prohibits discrimination against any employee or applicant for employment based on **race, color, religion, sex (including sexual harassment), national origin, age (40 years and older), disability** or **sexual orientation. Retaliation** based upon participation in the equal employment opportunity (EEO) process is also prohibited. These policies are and will continue to be strictly enforced.

Employees or applicants for employment with the U.S. Census Bureau who believe that they have been discriminated or retaliated against, may contact an EEO Counselor. To preserve your rights under the law, you must contact the EEO Office within **45 CALENDAR DAYS of the alleged discrimination**. For more information, contact

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301-763-2853, then select 2 for EEO Program Assistance
1-800-872-6096, then select 2 for EEO Program Assistance
TTD call 301-457-2540
Fax 301-457-1160

CERTIFICATION

I have read, fully understand and agree to the conditions for employment stated in this agreement and I accept this position.

Employee's Signature _____ Date _____

Printed or Typed Name *(enter full name)* _____

Signature, Census Bureau Representative _____ Date _____

Printed or Typed Representative's Name and Title _____ Telephone _____

THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR OFFICIAL PERSONNEL FOLDER.

FORM 006 vsd (1-01-2008)

D-224, Report on Reemployment of Buyout Recipient

FORM DX-224
(3-28-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

REPORT ON REEMPLOYMENT OF BUYOUT RECIPIENT

2008 Census Dress Rehearsal

The Agency must complete separate copies of this report for each instance of reemployment, whether under a personal services contract, or with the Government of the United States.

Reemployment was with
(Mark (X) appropriate box)

☐ The agency (or)
☐ Employed under Personal Services Contract issued by the agency

Date employee received buyout

Month	Day	Year

Amount of buyout

Amount
$

Type of separation

☐ Regular retirement
☐ Early retirement
☐ Resignation

Agency that paid buyout _____

Date of reemployment

Month	Day	Year

Agency that reemployed buyout recipient (or agency having Personal Services Contract arrangement with employee) _____

Was the buyout repaid?

☐ Yes
☐ No

Summary – *Describe the agency's actions to collect buyout from this individual if the same agency paid the buyout. If the buyout was paid to the individual by another agency, note whether or not that agency was notified of the obligation to collect repayment.*

_____
_____
_____
_____
_____

U S C E N S U S B U R E A U

Sheet _____ of _____ sheets

FORM **D-228**
(7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

LONG DISTANCE TELEPHONE LOG

2010 Census

INSTRUCTIONS – Outgoing long distance calls or incoming collect calls must be authorized by the office manager and listed below.

1. Office name | Code

2. Station telephone number

Date (a) Month	Date (a) Day	Time (b)	Employee name (c)	Division/ Office (d)	Telephone number called (e) Area code	Telephone number called (e) Number	City called (f)	Remarks (g)
		a.m. p.m.						
		a.m. p.m.						
		a.m. p.m.						
		a.m. p.m.						
		a.m. p.m.						
		a.m. p.m.						
		a.m. p.m.						
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		a.m. p.m.						
		a.m. p.m.						

U S C E N S U S B U R E A U

D-228, Long Distance Telephone Log

D-229, Pre-Appointment Certification Statement for Selective Service Registration

FORM D-229

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
BUREAU OF THE CENSUS

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION
2010 Census

IMPORTANT NOTICE

If you are a male born after December 31, 1959, and you want to be employed by the federal government, you must (subject to certain exemptions) be registered with the Selective Service System.

PRIVACY ACT STATEMENT

We need information on your registration with the Selective Service System to see whether you are affected by the laws we must follow in deciding who may be employed by the federal government.

CRIMINAL PENALTY STATEMENT

A false statement by you may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

CERTIFICATION OF REGISTRATION STATUS – *Please use ink*

Mark (X) ***ONE*** *box*

☐ I certify that **I am registered** with the Selective Service System.

☐ I certify that **I am not required** to be registered with the Selective Service System.

Legal signature	Date signed

U S C E N S U S B U R E A U

D-237, Certification of Voluntary Separation Incentive Payment (VSIP) or Buyout

FORM **D-237**
(7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

CERTIFICATION OF VOLUNTARY SEPARATION INCENTIVE PAYMENT (VSIP) OR "BUYOUT"

2010 Census

What Is a Voluntary Separation Incentive Payment (VSIP) or "BUYOUT"?

A buyout is a payment made to federal employees from the employing agency as an incentive to separate from federal service. The purpose of the buyout program was to decrease the federal workforce. There have been several different buyout laws. Some buyouts were only offered to employees who were ready for an "early out." Other buyouts were offered to all employees. The amount of the buyout payment was based on an employee's salary and years of service.

How Would I Know If I Have Ever Received a Buyout?

If you, as a prior federal employee, received a buyout, you would have received an amount of money above your last salary check and any annual leave lump sum payment (if eligible). Most agencies required employees to sign a buyout agreement acknowledging the terms of the buyout. The buyout would have been documented on your separation SF-50, Notification of Personnel Action and/or a separate SF-50 showing "Voluntary Separation Incentive Payment" as the Nature of Action in block 5-B of the Notification of Personnel Action.

If I Received a Buyout, How Would It Affect a Temporary, Census Position With the Census Bureau?

The buyout laws require that if an employee who received a buyout was re-employed with the federal government within five (5) years of receiving the buyout, the buyout must be paid back in full. It must be repaid in full **before** you may be hired.

After reading and understanding the above, I certify that: *Mark (X) appropriate box*

1. ☐ I have NOT received a buyout from a prior federal appointment within the past 5 years.

2. ☐ I have received a buyout from a prior federal appointment within the past 5 years. I understand that I must repay the full buyout amount before I may be appointed.

_____ _____
Signature of Applicant Date

U S C E N S U S B U R E A U

D-244, Decennial Administrative Grievance Intake Form
Page 1 of 2

FORM **D-244**
(7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

LCO ADMINISTRATIVE GRIEVANCE INTAKE FORM
2010 Census

TO BE COMPLETED BY GRIEVANT (Items 1–8)

1. TO Deciding Official *(First, Middle Initial, Last)*

2. FROM Grievant *(First, Middle Initial, Last)*

3. Subject of Grievance:

4. Date of Incident(s) or Date Grievant Became Aware of Issues Cited Under Section 3:

5. Date of Submission of Grievance Intake Form:

Month Day Year

6. Date of Grievance Meeting (if different from date of submission):

Month Day Year

7. Relief Requested:

8. Grievant's Signature _____

By signing this form, I certify that the information is true to the best of my knowledge and that I have not filed a complaint on the same issues under another system (e.g., EEO).

U S C E N S U S B U R E A U

D-244, Decennial Administrative Grievance Intake Form
Page 2 of 2

TO BE COMPLETED BY DECIDING OFFICIAL (Item 9, and, if applicable, item 10)

9. Acceptance/Rejection of the Grievance *(The deciding official must check the appropriate box.)*

1 ☐ This grievance meets the requirements set forth in the LCO Administrative Grievance Procedure and is accepted for processing and decision.

2 ☐ This grievance does not meet the requirements set forth in the LCO Administrative Grievance Procedure and must be rejected *(Please cite the reason(s) below for the rejection).*

10. Grievance Decision:

D-247, Federal Civilian and Military Annuitants Waiver

FORM D-247
(5-14-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FEDERAL CIVILIAN AND MILITARY ANNUITANTS WAIVER

2010 Census

I, _____, request that
(Name of Employee)
the income annuity provision be waived for my federal appointment on

_____ .

I understand that I am not eligible for the supplemental annuity based on the period of service in which the waiver is granted.

_____
Signature of Employee

_____
Signature of Regional Director or Designee

_____
Date

(Complete information)

Name of Appointee: _____

CSA Number: _____

Appointed Position: _____

Duty Station: _____

Civilian Retiree: _____
(Federal Agency from which retired)

U S C E N S U S B U R E A U

D-282, Declaration of Performance and/or Conduct Problems
Page 1 of 2

FORM D-282 (7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DOCUMENTATION OF CONDUCT AND/OR PERFORMANCE PROBLEMS

(Schedule A and LCO Mixed Tour Employees)

2010 Census

Local Census Office (LCO)

Office code

Section A – EMPLOYEE BACKGROUND INFORMATION

1. Name *(Last, first, middle initial)*

2. Position title

3. Assignment area

DATES

4. Appointment effective date

Month	Day	Year

5. NTE date

Month	Day	Year

INSTRUCTIONS – Supervisors should complete this form for **each** conduct action and **each** performance action they recommend

Section B – CONDUCT/PERFORMANCE PROBLEM

1. CONDUCT/PERFORMANCE	2. DATE OF INCIDENT Month	Day	Year
☐ Unauthorized absence from the worksite			
☐ Recurring/unwarranted tardiness			
☐ Insubordination			
☐ Use of improper or obscene language			
☐ Striking/hitting another person			
☐ Falsification – ☐ Application ☐ Data			
☐ Improper political activities			
☐ Violation of security regulations			
☐ Possession/selling of alcohol/ drugs on premises occupied by the Census Bureau			
☐ Gambling on Government premises or while in duty status			
☐ Conducting personal business while in duty status			

1. CONDUCT/PERFORMANCE	2. DATE OF INCIDENT Month	Day	Year
☐ Failure or excessive delay in carrying out orders or assignments			
☐ Unauthorized use of Government funds, equipment, or property			
☐ Creating a disturbance in the workplace or on premises occupied by the Census Bureau			
☐ Threat to safety of self and/or others			
☐ Refusing an assignment			
☐ Performance is less than satisfactory			
☐ Other – *Specify*			

3. ADDITIONAL DETAIL FOR CONDUCT/PERFORMANCE PROBLEMS – *Attach additional pages if necessary.*

a. Provide ample details of unacceptable performance and/or conduct problems for each date of incident marked in items 1 and 2. List each incident separately.

b. Cite the rule or policy which the employee violated. List work materials including training manuals and employee handbooks that provide this rule or policy to employees.

c. Cite any prior counseling or formal disciplinary action including dates of occurrence or action.

FILE IN DISCIPLINARY/ADVERSE ACTION FILE

U S C E N S U S B U R E A U

D-282, Declaration of Performance and/or Conduct Problems
Page 2 of 2

Section B – CONDUCT/PERFORMANCE PROBLEM – Continued

4. Recommended Action – *Mark (X) one box.*

☐ Verbal counseling
☐ Termination

For verbal counseling OR termination – *Contact the Decennial Administrative Branch, Washington, DC, before taking any action against a preference eligible with at least 10 months service.*

5. State reason for recommended action.

Section C – NOTICE OF RESIGNATION INFORMATION
(Only complete if employee resigns in lieu of termination.)

1. Did employee submit a resignation notice? – *Mark (X) one.*

☐ Yes
☐ No

2. How was the resignation notice submitted? – *Mark (X) one.*

☐ Verbal resignation
☐ Written resignation

Print name of person who was given notice	Date of resignation

Section D – REVIEW BY SUPERVISOR

1. Immediate supervisor	**a.** Signature of immediate supervisor	**c.** Date
	b. Title	
2. LCOM	**a.** Signature of LCOM	**c.** Date
	b. Title	

REMARKS

FORM D-282 (7-26-2007)

D-283, Documentation of Termination for Performance and/or Conduct Problems

FORM D-283 (10-16-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DOCUMENTATION OF TERMINATION FOR CONDUCT AND/OR PERFORMANCE PROBLEMS

2010 Census

1. Local Census Office name | Office code

2. EMPLOYEE INFORMATION
a. Name *(Last, first, middle initial)*
b. Employee ID number
c. Position title

INSTRUCTIONS – This form will serve as documentation for terminations taken "for cause" for Local Census Office intermittent employees. Completed forms will be used to help the Census Bureau respond to unemployment insurance claims, Congressional inquiries, EEO complaints, and other inquiries. A D-283 must be completed for each termination action taken for conduct and/or performance reasons. Completed forms will be maintained in the employee's Disciplinary Adverse Action File.

3. DATES

	Month	Day	Year
a. Appointment effective date			
b. NTE date			
c. Resignation/termination date			
d. Last day worked			

4. REASON(S) FOR TERMINATION – *Mark (X) all that apply and describe situation in item 6, "REMARKS."*

	5. DATE(S) OF INCIDENT(S) Month	Day	Year
☐ Unauthorized absence from the worksite			
☐ Recurring/unwarranted tardiness			
☐ Insubordination			
☐ Use of improper or obscene language			
☐ Striking/hitting another person			
☐ Falsification – 1 ☐ Application 2 ☐ Data			
☐ Improper political activities			
☐ Violation of security regulations			
☐ Possession/selling of alcohol/drugs on premises occupied by the Census Bureau			
☐ Gambling on government premises or while in duty status			
☐ Conducting personal business while in duty status			

	5. DATE(S) OF INCIDENT(S) Month	Day	Year
☐ Failure or excessive delay in carrying out orders or assignments			
☐ Unauthorized use of government funds, equipment, or property			
☐ Creating a disturbance in the workplace or on premises occupied by the Census Bureau			
☐ Threat to safety of self and/or others			
☐ Refusing an assignment			
☐ Performance is less than satisfactory			
☐ Other – *Specify*			

6. SUMMARY OF CONDUCT PROBLEMS – *Attach additional pages if necessary, or use item 8, REMARKS.*
a. Provide ample details of unacceptable performance and/or conduct problems for each date of incident marked in items 4 and 5. List each incident separately.
b. Cite the rule or policy which the employee violated. List work materials including training manuals and employee handbooks that provide this rule or policy to employees.
c. Cite any prior counseling or formal disciplinary action including dates of occurrence or action.

7. NOTICE OF RESIGNATION INFORMATION

	Mark (X) one YES	NO
a. Did employee submit a resignation notice? *If "NO," skip to c.*		
b. How was the resignation notice submitted? – *Mark (X) one.* ☐ Verbal resignation ☐ Written resignation		
Print name of person who was given notice / Date of notice		
c. Were there any changes in the conditions of employment, for example, change in hours, salary, location, or duties? *If "YES," provide details.*		
d. Was continuing work available with same duties and salary?		

8. REMARKS – *Attach additional pages if necessary.*

9. REVIEW
a. Signature of Local Census Office Manager or Designee
b. Title
c. Date

Copy distribution: **WHITE** – Regional Office Disciplinary Adverse Action File **YELLOW** – Local Census Office Disciplinary Adverse Action File

U S C E N S U S B U R E A U

D-287, Post Employment Restrictions Under 18 U.S.C. 207 Decennial Census

D-287
(7-26-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

POST EMPLOYMENT RESTRICTIONS UNDER 18 U.S.C. 207
2010 Census

The law (18 U.S.C. 207) places certain restrictions on the post employment activities of former federal employees. The penalties for violating the provisions of the law are criminal in nature.

The post employment restrictions are basically as follows:

1. A lifetime bar from representing any other person before the United States in any particular matter involving specific parties in which you participated personally and substantially as an official.

2. A two year bar from representing any other person before the United States in any particular matter involving specific parties that was pending under your official responsibility within one year before leaving office.

3. A one year bar on using nonpublic information regarding an ongoing trade or treaty negotiation.

The four other major restrictions apply only to those occupying "senior employee," or "senior political appointee" positions, i.e., certain designated executive and policymaking positions.

These statutory restrictions are more fully explained in 5 Code of Federal Regulations Parts 2637 and 2641. If you have any questions, you may write the Assistant General Counsel for Administration, Department of Commerce, or call (202) 482–5384.

U S C E N S U S B U R E A U

D-288, Notice of Suspension of Work

Privacy Act Notice – All information furnished will be treated in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

1. Date prepared →	Month	Day	Year 19 ____	2. Time a.m. p.m.

FORM D-285 (6-3-94) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

NOTICE OF SUSPENSION OF WORK

Decennial Census

3. Method of delivery – *Mark (X) one*

☐ Under door ☐ Mailed ☐ Given in person

4. Effective date of notice →	Month	Day	Year 19 ____

TO	Enumerator name – *Please print or type*	Enumerator Social Security number
FROM	Office manager name – *Please print or type*	

Since you did not meet with your crew leader as instructed, you are not authorized to work on the census beyond the date in item 4 above. You will **not** be paid for work past this date.

Your final payroll will not be processed until you meet with your crew leader so he/she can review your assignment.

Contact your crew leader by tomorrow at the telephone number in item 5 below, and arrange to meet with him/her. Bring your assignment, payroll form, ID card, and any unused forms and materials.

5. Crew leader name – *Please print or type*	Telephone number: Area code	Number

6. Census office address – *Number and street*			Telephone number: Area code	Number
City	State	ZIP Code		

Copy distribution: WHITE – Enumerator **YELLOW** – Payroll folder **PINK** – Crew Leader **GOLDENROD** – AMFO

D-291, DAPPS Update Form

FORM D-291 (10-5-2007)

DAPPS UPDATE FORM
2010 Census

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

INSTRUCTIONS FOR OFFICE AND FIELD SUPERVISORS: *Use as an official request to process a personnel action and to document changes to or update employee data.*

FILL IN ALL ITEMS THAT APPLY

PERSONNEL ACTION REQUEST

1. Employee ID number

2. Employee name *(Last, First, MI)*

3. Current office code

4. New office code

5. Proposed effective date of action → Month | Day | Year

6. Type of personnel action – *Mark (X) all that apply.*

a. ☐ Extension of appointment → Month | Day | Year

b. ☐ Cancellation

c. ☐ Conversion

1 ☐ Position change – *Specify new position* →

2 ☐ Work location change

(a) ☐ LCO

(b) ☐ County

d. ☐ Termination – *Mark (X) one.*

1 ☐ Lack of work

2 ☐ Expiration of appointment

3 ☐ Resignation – *Attach copy of employees written reason(s) or D-225.*

4 ☐ Conduct and/or performance – *Attach copy of completed D-283.*

NOTE – *"Yes"* **or** *"No" box* ***must*** *be marked (X).*

HHC returned to CL –

1 ☐ Yes – *Specify date returned.* Month | Day | Year

2 ☐ No – *Withhold pay.*

e. ☐ Death

1 ☐ Work-related injury

2 ☐ Date of death – *Specify* → Month | Day | Year *and attach copy of death certificate, if available.*

f. ☐ Name change – *Attach copy of marriage certificate or divorce decree or other legal document authorizing change.*

PERSONAL DATA UPDATE

7. NEW ADDRESS → ☐ Residence ☐ Mailing

Street address

City | State | ZIP Code

8. New telephone number *(Day and/or evening)*

Day ( ) | Evening ( )

9. Change in taxes – *Attach Form W-4 and/or W-5.*

Federal

State

Local

10. Change in race, national origin or handicap – *Enter code* → *and attach copy of completed D-168.*

CORRECTIONS

11. Name – *Spelling only*

12. Corrected Social Security Number – –

13. Birth date Month | Day | Year

14. Veterans' preference – *Form DD-214 and/or SF-15 required.*

☐ 5pt. ☐ 10pt.

☐ Disability ☐ Other

☐ Compensable ☐ Compensable/30%

15. REQUIRED SIGNATURES

a. Requested by

Signature of supervisor

Name of supervisor – *Print*

Title | Date

b. Approved by

Signature of manager

Name of manager – *Print*

Title | Date

NOTES

FOR ADMINISTRATIVE AREA USE ONLY

User ID number | Date(s) Received | Processed

Copy distribution: **WHITE** – Employee Personnel/Payroll File **YELLOW** – Assistant Manager **PINK** – FOS/CL

U S C E N S U S B U R E A U

D-292, Batch Transmittal

FORM D-292
(7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

BATCH TRANSMITTAL
2010 Census

DAPPS PAYROLL TRANSACTIONS

Batch ID

Pay period end date

Total D-308s

HOURS

Regular

Night Differential

Night Differential Overtime

Training

Overtime

Continuation of Pay

REIMBURSEMENTS

Mileage

Other Expenses

Telephone

Per Diem

U S C E N S U S B U R E A U

D-301, Batch Control Log

FORM D-301
(7-23-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

BATCH CONTROL LOG
2010 Census

A. Pay period No.	B. Pay period ending date	C. LCO No.

Batch No.	No. of documents	Batch prepared by (Initials)	Hours worked						Reimbursements			
			Regular	Training	ND	OT	NDO	Continuation of pay	Miles	Telephone	Other	Per diem
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Subtotal												
TOTAL												

U S C E N S U S B U R E A U

D-302, Paysheet Adjustments Control Log

Form D-302
(6-7-2007)

Page ___ of ___

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Pay period

From _____ to _____

PAYSHEET ADJUSTMENTS CONTROL LOG

2010 Census

INSTRUCTIONS

1. Record adjustments to paysheets in the applicable columns. The entry recorded is the difference resulting between the original entry and the correction entry. ***(Recording example: If changing 8 regular hours to 7 on the paysheet, the entry on the Control Log is a negative one, (-1), in the Regular hours column.)***

2. Sum each column and add the results to the totals on the final Control of Hours and Expenses Summary Report.

3. Run the Preliminary Pay Calculation routine (but only at the proper time according to the work schedule!) and print a Payroll Register.

4. Compare the adjusted totals on the Control of Hours and Expenses Summary Report to the totals on the Payroll Register. If totals do not match, make the necessary corrections to paysheets and repeat these steps. Do not proceed to final Pay Calculation until totals are reconciled.

LOG CODE	EMPLOYEE ID	EMPLOYEE NAME	TASK CODE	Ded. CODE	Ded. Amount	REG	TRNG	ND	OT	NDO	MILES	PHONE	OTHER EXP	FEDERAL TAX	STATE TAX	STATE CODE	COF	PER DIEM
Total																		

USCENSUSBUREAU

D-308, Daily Pay and Work Record

FORM D-308 (7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DAILY PAY AND WORK RECORD
2010 Census

Part A – EMPLOYEE INFORMATION

1. **Social Security Number** . . . . . — —

2. **Name**
Last Name

First Name MI

3. **Date worked** . . .
Month Day Year

Day worked – *Mark (X)* . . . . . Sun Mon Tue Wed Thu Fri Sat

If **Reclaim** – *Mark (X) this box.* ⟶

4. **Task code** **Name of operation**

5. **Office Code** **Office name**

6. **Points of travel**

From	To

Remarks

Part B – PAY INFORMATION

1. **Hours worked** FOR OFFICE USE ONLY

Regular		
Training		
Night Differential (6 pm–6 am)		
Overtime		
Night Differential/ Overtime (6 pm–6 am) . .		
TOTAL		

2. **Times of day worked** – *Do not include breaks.*

START	a.m. . . . . p.m.	a.m. . . . . p.m.	a.m. . . . . p.m.	a.m. . . . . p.m.	a.m. . . . . p.m.
FINISH	a.m. . . . . p.m.	a.m. . . . . p.m.	a.m. . . . . p.m.	a.m. . . . . p.m.	a.m. . . . . p.m.

3. **Have you claimed ALL hours worked?** If not – *Please list number of hours, date(s) hours were worked, and an explanation of why you are not claiming them for payment.*

4. **Reimbursements** FOR OFFICE USE ONLY

Miles driven . . .		
Telephone	$	$
Other – *Specify in Remarks and attach receipts where required.* . .	$	$

Cases Completed – *Filled by supervisor.*

CLD number Cases submitted Cases accepted

Part C – CERTIFICATION

Privacy Act Notice – All information furnished will be treated in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

Employee's Certification – Under penalty of fine and/or imprisonment, I certify that the information on this form is true and correct to the best of my knowledge.

Supervisor's Certification – I certify that I have reviewed the entries made and they appear to be reasonable and accurate.

Signature	Date	Signature	Date

FOR OFFICE USE ONLY	Audited by *(initial and date)*	Remarks

Copy distribution: **ORIGINAL** – Payroll **COPY** – Employee

U S C E N S U S B U R E A U

D-308A, Per Diem Expense Record

PRINT HARD - USE BLUE OR BLACK BALLPOINT PEN

Sheet____of____sheets

FORM D-308A (R-7-2007)

U.S. DEPARTMENT OF COMMERCE
Economic and Statistics Administration
U.S. CENSUS BUREAU

PER DIEM EXPENSE RECORD
2010 Census

Privacy Act Notice - All information furnished will be treated in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

WARNING AGAINST FALSE, FICTITIOUS, OR FRAUDULENT CLAIMS - Whoever knowingly makes a false, fictitious, or fraudulent claim against the U.S. Government shall be subject to a fine, imprisonment, or both.

1. Social Security number	2. Name *(Last, first, middle initial)*	
3. Post of duty City / State		4. Office code
5. GTA number	6. Amount of transportation	7. Date submitted Month / Day / Year

This document is used to claim per diem expenses for authorized official travel, in most cases more than 50 miles one-way from your official duty station or residence. For enumerators, crew leaders, and field operations supervisors, your post of duty is your home city and State. For all other employees, your post of duty is the local census office city. Per diem is a reimbursement based on the amount paid for meals and incidental expenses (M&IE) and/or lodging. Per diem begins and ends when you leave or arrive at your office, home, or other authorized point.

You will receive payment of three-fourths of the applicable M&IE rate on the first and last day of travel. For each day between the first and last days of travel, you are authorized the full fixed amount for M&IE. The totals for lodging and M&IE must not exceed the maximum daily rate set by locality. Your local census office will inform you of your limits and the per diem regulations.

NOTE: When your trip is completed, give the original and all receipts for lodging to your supervisor. Only one grand total will be accepted at the completion of your trip. Your supervisor will submit the Form D-308A to the payroll office for processing.

See reverse for detailed instructions.

Section I - PER DIEM EXPENSES

Departure		Points of travel		Arrival		Maximum per diem rate allowed		Amount claimed		
Date (1)	Time (2)	From (3)	To (4)	Date (5)	Time (6)	Lodging (7)	M&IE (8)	Lodging (9)	M&IE (10)	Total (11)
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
	a.m. p.m.				a.m. p.m.					
					(12) **TOTAL PER DIEM CLAIMED** →					

Section II - CERTIFICATION STATEMENTS	EMPLOYEE'S CERTIFICATION – I certify that this information is true and correct; that I have traveled the days indicated, and claimed reimbursements incurred only on official business.	Signature of employee	Date
	SUPERVISOR'S CERTIFICATION – I certify that I have reviewed the entries made and they appear to be reasonable and accurate. The amount shown for per diem expense should be paid.	Signature of supervisor	Date
Section III - AUDITED BY	Signature of auditor		Date

Copy distribution: WHITE – LCO Payroll **YELLOW** – Employee

U S C E N S U S B U R E A U

D-311, Checklist of Forms for New Appointments in the Regional Census Center
Page 1 of 2

FORM D-311
(3-27-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

CHECKLIST OF FORMS FOR NEW APPOINTMENTS IN THE REGIONAL CENSUS CENTERS
2010 Census

1. Name

2. EOD date

3. NTE date

INSTRUCTIONS Prepare for new employee. Enter dates in columns (c) and/or (d) as appropriate. When an appointment originally for less than 90 days is extended, complete additional forms in Section III, as required.

Form number (a)	Title (b)	Sent for processing *(Enter date)* (c)	Provided to employee *(Enter date)* (d)
Section I – MANDATORY TO GET EMPLOYEE PAID *(Original forms must be received in HRD no later than the 2nd Tuesday of the EOD pay period.)*			
BC-61	Oath of Office		
CD-525	Employee Address		
OF-306	Declaration for Federal Employment		
SF-52	Request for Personnel Action		
D-1199 or D-260	Direct Deposit Authorization or Waiver of Electronic Funds Transfer		
INS Form I-9	Employment Eligibility Verification		
SF-256	Self-Identification of Reportable Handicap		
SF-75 Information*	Personnel information obtained from current federal agency (*applies to Schedule A employees without a break in service between agencies).		
SF-181	Race and National Origin Identification		
BC-170, OF-612, SF-171, SF-172, etc.	Application or Resume		
RI 20-53	(Annuity Adjustment Statement) – Applicable to re-employed annuitants whose salaries are subject to offset.		
CD-314	Statement Relating to Employee's Responsibilities and Conduct		
Section II – OPTIONAL			
DD-214	Discharge Certificate (Military) *(If applicable – mandatory if appt. is based on vet. pref.)*		
D-186 A-I	Employment Agreement		
SF-15	Application for 10-Point Veteran Preference *(If applicable – mandatory if appt. is based on vet. pref.)*		
SF-144	Statement of Prior Federal Service (if not completed by the employee, credit for all prior federal government service cannot be guaranteed).		
SF-2817	Life Insurance Election *(Must have if applicable)*		
SF-2809	Health Benefits Registration Form *(Must have if applicable)*		
State Tax Form	State Tax Withholding Certificate		
W-4	Employee's Withholding Allowance Certificate (Federal)		

U S C E N S U S B U R E A U

D-311, Checklist of Forms for New Appointments in the Regional Census Center
Page 2 of 2

Form number (a)	Title (b)	Sent for processing *(Enter date)* (c)	Provided to employee *(Enter date)* (d)
SF-1152	Designation of Beneficiary – Unpaid Comp.		
SB-2362E	Savings Bond Authorization for Purchase and Request for Change		
SF-2802/3102	Designation of Beneficiary for CSRS or FERS (as appropriate)		
SF-2823	Designation of Beneficiary – Life insurance		
TSP-1	Thrift Savings Plan Election (package sent by HRD when eligible)		
TSP-3	Designation of Beneficiary for TSP (mail directly to TSP)		
W-5	Earned Income Credit Advance Payment Certificate		
Section III – MISCELLANEOUS			
	Issuance of Identification Card		
CD-415	Record of Employee's Address and Emergency Information		
Section IV – INFORMATIONAL (Provide to employee only)			
BC-1804	Performance and Appraisal Record		
D-287	Revised Post Employment Restrictions		

FORM D-311 (9-27-2005)

D-312, Decennial EAP Phone Liaison
Phone Log

FORM D-312
(7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DECENNIAL EAP LIAISON PHONE LOG
2010 Census

A. Liaison

B. Region

Office Organization Code (a)	Date (b)	Problem Category (drug, alcohol, or emotional) (c)	Referral Information Provided (d) Yes	No
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
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			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

U S C E N S U S B U R E A U

D-315, Testing Summary

FORM D-315 (8-23-97)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

TESTING SUMMARY
UNITED STATES CENSUS 2000

1. Testing Date
Month / Day / Year

2. Time of test
: a.m. p.m.

3. Office name

4. Recruiter name

5. Testing location

6. Class (Testing type) – *Mark (X) ONE*
☐ Decennial ☐ ICM ☐ RO

	Number
7a. How many Applicant Folders are in this transmittal?	
b. How many applicants were retested?	
c. How many people left from the reception area?	
d. How many people left from the testing area?	

8. Name(s) and address(es) of more recruiting contacts and telephone number

Name	Address	Telephone No.

Remarks

Copy distribution: **WHITE** – Transmittal **YELLOW** – Tester

D-316, Occupational Worker's Compensation Program

FORM D-316
(3-4-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCCUPATIONAL WORKERS' COMPENSATION PROGRAM
United States Census 2000

1. OWCP file No.	2. Agency code (chargeback No. 1)	3. Job classification/assignment
4. Supervisor's name	Telephone number ( )	5. Work schedule
6. Physician's name	Telephone number ( )	
7. Employer name	Home telephone number ( )	8. Social Security number — —
9. Address *(Number and street)*	City	State / Zip Code
10. Date of birth	11. Date of injury	12. Nature of injury
13. Cause of Injury		
14. Date stopped work	15. Date last eligible for COP	16. Date pay stopped
17. PRIOR INJURIES	a. Date of injury	b. Nature of injury / c. OWCP file number

20. Date Return to Duty: Month Day Year ☐ Light ☐ Regular

21. CA FORMS	a. Form number	b. Date issued	c. Date WCB	d. Remarks

22. PAYMENTS	COP	a. Date started	b. Date ended	c. Amount $
				$

25. End date of 1 year LWOP

23. RECURRENCES OF INJURIES	☐ Yes *Enter date* Month Day Year ☐ No	24. Approved by WCB *(Sign)*	Date

26. MEDICAL EXPENSES	Provider	Date of service	Type of service	Amount	Date to WCB
				$	

Remarks

D-316A, Log of Federal Occupational Injuries and Illnesses

FORM D-316A
(7-1-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOG OF FEDERAL OCCUPATIONAL INJURIES AND ILLNESSES

United States Census 2000

Date of injury or onsets of illness (a)	Employee's name (b)	Occupation (c)	Agency (d)	Description of injury/illness and body part affected (e)	INJURIES			ILLNESSES/DISEASES		
					Fatal cases (f)	Lost time cases (g)	No lost time cases (h)	Fatal cases (i)	Lost time cases (j)	No lost time cases (k)

D-349, Request for Information for Voluntary Separation Incentive Payment

FORM D-349
(1-23-98)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REQUEST FOR INFORMATION FOR VOLUNTARY SEPARATION INCENTIVE REPAYMENT (VSIP) OR "BUYOUT"

United States Census 2000

This is a request of infomation for an applicant considered for employment with the Census Bureau who was issued a buyout by your agency. Please complete bottom portion and return as directed on the facsimile (FAX) cover sheet.

PART A – TO BE COMPLETED BY THE CENSUS BUREAU

1. Name of employee	2. Social Security Number	3. Date employee rehired
	- -	

4. NEW AGENCY INFORMATION

Name of new agency

BUREAU OF THE CENSUS

Address *(Number and street)*

City	State	ZIP Code

5. Name of contact person	Telephone number
	( )

6. Signature of Assistant Manager of Administration	Date

PART B – TO BE COMPLETED BY AGENCY THAT ISSUED VSIP

1. Date of separation	2. Gross amount of separation incentive

3. OLD AGENCY INFORMATION

Name of old agency

Address *(Number and street)*

City	State	ZIP Code

4. Name of contact person	Telephone number
	( )

5. Agency location code number (ALC)	6. Treasure fund symbol

D-426, Administrative Record of Returned Documents

Sheet _____ of _____ sheets

FORM D-426 (7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

ADMINISTRATIVE RECORD OF RETURNED DOCUMENTS
2010 Census

Local Census Office | Code

Instructions: Return personnel/payroll documents with errors or missing information to employee's supervisor to obtain signature or corrective action from employee. Supervisor will return corrected document to the administrative staff of the LCO.

Employee ID number / Employer name (Last and first initial) (a)	Date: Pay period ended (b)			Date: Returned to employee's supervisor (c)			Date: Received from employee's supervisor (d)			Form number (e)	Reason rejected (f)
	Mo.	Day	Yr.	Mo.	Day	Yr.	Mo.	Day	Yr.		
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											
Employee ID number: / Name:											

Copy distribution: **White** – Transmit with document **Yellow** – LCO files

U S C E N S U S B U R E A U

D-438, Data Sheet

Form D-438
(10-6-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DATA SHEET
United States Census 2000

Employee name: _____ Social Security number: _____

Organization/Geographical code: _____

Entry on duty date (Eod): _____ Not to exceed date: _____

Base hourly pay: _____

NIGHT DIFFERENTIAL SINCE EOD:

Total dollar: _____

Total hours: _____

Total weeks: _____

Note: Any portion of weeks equals one week

Prepared by: _____

Date prepared: _____

Telephone number (Area code): _____

Fax number (Area code): _____

DISPOSITION: Please send this completed form and Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, front and back, by fax to the OWCP office at 202-273-3333.

Once these two documents have been faxed, please send by U.S. Postal Service the original Form CA-1 and all Forms D-308, Daily Pay and Work Record, or equivalent to:

Department of Commerce
Workers' Compensation Branch
Room H-5102, 14th & Constitution Avenue NW
Washington, D.C. 20230

☆U.S. GOVERNMENT PRINTING OFFICE: 1998 - 759-126/80114

D-477, Contract For Interpreter Services

FORM D-477
(10-8-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

CONTRACT FOR INTERPRETER SERVICES
2010 Census

Date of contract _____

Contract between U.S. Census Bureau and _____
(Name of interpreter)

_____
*(Social Security Number – **Required**)*

1. I, the undersigned, agree to perform an interpreting service for the U.S. Census Bureau on a (paid/nonpaid) basis.

2. Title 13 of the United States Code requires that data collected by the Government from both individuals and establishments must be used only as statistical totals and no identification of individuals or establishments may be made.

I agree that although I am not an employee of the United States Government, I will not disclose, directly or indirectly, any information contained in the statements obtained or prepared by the Government or otherwise coming to me in the course of my service to any person unless authorized to do so by law.

_____
(Signature of interpreter) *(Date)*

_____
(Address – Number and street)

_____
(City, State, and ZIP code)

_____
(Telephone number)

3a. I acknowledge the receipt of $ _____ as payment in full for interpreter services.

OR

b. I acknowledge _____ hours of work at $ _____ per hour as payment for services.

I forever release the Government of the United States from any claims, suits, or demands which I or my heirs or representatives may make in connection with this compensation and service.

_____
(Signature of interpreter) *(Date)*

TO BE COMPLETED BY ENUMERATOR	
Name of Enumerator	Number of hours
Interpreter's language	Total amount paid $
Recommended for future services ☐ Yes ☐ No	

This invoice is true and correct to the best of my knowledge. I approve this invoice for full payment.

_____
(Signature of AMFO) *(Date)*

Copy distribution: **WHITE** – Payroll/Finance **YELLOW** – Crew Leader **PINK** – Interpreter

U S C E N S U S B U R E A U

D-931
Travelers Check Register and Receipt Log

FORM D-931
(7-25-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRAVELERS CHECK REGISTER AND RECEIPT LOG
2010 Census

1. RCC
2. LCO
3. Trainer name
4. Approval Date
5. Area Manager Signature

Check serial number (a)	Amount of check (b)	Date check issued (c)	Social Security Number (d)	Employee name (e)	Employee signature *(I agree to have the full amount deducted from my first check.)* (f)	Date check received (g)	Comments (h)

Copy distribution: Before training ▸ WHITE/YELLOW – Trainer **PINK** – Area Manager **GOLDENROD** – Admin. Officer
After training ▸ WHITE – Admin. Officer **YELLOW** – Area Manager

U S C E N S U S B U R E A U

D-932
Monthly Inventory Reconciliation Sheet

FORM D-932
(8-7-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

MONTHLY INVENTORY RECONCILIATION SHEET
2010 Census

A. REGIONAL CENSUS CENTER	B. MONTH/YEAR	C. PROGRAM	D. DENOMINATION *(If applicable)*

RECONCILIATION

				AMOUNT	NUMBER
1. Checks in safe at beginning of month					
2. Checks received this month	New checks received Month	Day	Year	(+)	
3. Voided/Mutilated checks this month				(-)	
4. Checks issued this month				(-)	
5. **Checks remaining this month** *Add items 1 and 2, then subtract items 3 and 4*					
6. Actual physical count of checks remaining in safe					
7. Difference between items 5 and 6 – *If greater than 0, explain in Comments below.*					

Comments

CERTIFICATION

Program Coordinator – *Signature*	Date
Safe Controller – *Signature*	Date

ACTION

FAX this completed form to Finance and Field Division at Headquarters to arrive no later than the 5th of each month.

- Finance Division, Financial Reporting Staff on (301) 763–4504
- Field Division, Decennial Administrative Branch on (301) 763–8107

U S C E N S U S B U R E A U

D-954
Travelers Check Control Log

FORM D-954
(7-26-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRAVELERS CHECK CONTROL LOG
2010 Census

NOTE Use to document information on travelers checks coming into the office. Refer to this Control Log when making reports of lost or stolen checks.

CHECK IDENTIFICATION INFORMATION

SERIAL NUMBER (a)	NUMBER OF CHECKS (b)	CHECK DENOMINATION (c)	TOTAL AMOUNT (d)	DATE RECEIVED (e)

U S C E N S U S B U R E A U

HCAF, Health Insurance Claim Form

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 2. 3. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS CODE	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. EMG	J. COB	K. RESERVED FOR LOCAL USE
1										
2										
3										
4										
5										
6										

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

PIN# GRP#

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) *PLEASE PRINT OR TYPE* FORM HCFA-1500 (12-90) FORM OWCP-1500 FORM RRB-1500

USCIS Form I-9, Employment Eligibility Verification
(1 of 5)

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

USCIS Form I-9, Employment Eligibility Verification
(2 of 5)

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3.**

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS

USCIS Form I-9, Employment Eligibility Verification
(3 of 5)

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

USCIS Form I-9, Employment Eligibility Verification (4 of 5)

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature | Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

Form I-9 (Rev. 08/07/09) Y Page 4

USCIS Form I-9, Employment Eligibility Verification
(5 of 5)

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		
		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
		8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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OF-69, Assignment Agreement
Page 1 of 4

OF 69 (Rev. 2-89)
U.S. Office of Personnel Management
FPM Chapter 334

ASSIGNMENT AGREEMENT

Title IV of the Intergovernmental Personnel Act of 1970 (5 U.S.C. 3371 - 3376)

INSTRUCTIONS

This agreement constitutes the written record of the obligations and responsibilities of the parties to a temporary assignment arranged under the provisions of the Intergovernmental Personnel Act of 1970.

The term "State or local government," when appearing on this form, also refers to an institution of higher education, an Indian tribal government, and any other eligible organization.

Copies of the completed and signed agreement should be retained by each signatory.

Within 30 days of the effective date of the assignment, two copies of this form must be sent to:

U.S. Office of Personnel Management
Personnel Mobility Program
Staffing Operations Division/CEG
1900 E Street, NW
Washington, D.C. 20415

Procedural questions on completing the assignment agreement form or on other aspects relating to the mobility program should be addressed to either mobility program coordinators in each Federal agency or to the staff of the Personnel Mobility Programs in the U.S. Office of Personnel Management.

PART 1 - NATURE OF THE ASSIGNMENT AGREEMENT

1. Check Appropriate Box

☐ New Agreement ☐ Modification ☐ Extension

PART 2 - INFORMATION ON PARTICIPATING EMPLOYEE

2. Name *(Last, First, Middle)*

3. Social Security Number

4. Home Address *(Street, City, State, ZIP Code)*

5. - A. Have you ever been on a mobility assignment?

☐ YES ☐ NO

5. - B. If "YES", date of each assignment *(Month and Year)*

From To

PART 3 - PARTIES TO THE AGREEMENT

6. Federal Agency *(List office, bureau or organizational unit which is party to the agreement)*

7. State or Local Government *(Identify the governmental agency)*

8. Is assignment being made through a faculty fellows program? If "YES", give name of the program.

☐ YES ☐ NO

PART 4 - POSITION DATA

A - Position Currently Held

9. Employment Office Name and Address *(Street, City, State and ZIP Code)*

10. Employee's Position Title

11. Office Telephone Number *(Include the Area Code)*

12. Immediate Supervisor *(Name and Title)*

B - Type of Current Appointment

13. Federal Employees *(Check appropriate box.)*

☐ Career Competitive
☐ Other *(Specify)*:

Grade Level

14. State and Local Employees

State or Local Annual Salary

Original Date Employed by the State or Local Government *(Month, Day, Year)*

C - Position To Which Assignment Will Be Made

15. Employment Office Name and Address *(Street, City, State and ZIP Code)*

16. Assignee's Position Title

17. Office Telephone Number *(Include the Area Code)*

18. Immediate Supervisor *(Name and Title)*

Previous edition is usable

SO 69 - 101

OF-69, Assignment Agreement
Page 2 of 4

PART 5 - TYPE OF ASSIGNMENT

19. Check Appropriate Boxes

- ☐ On detail from a Federal agency
- ☐ On leave without pay from a Federal agency
- ☐ On detail to a Federal agency
- ☐ On appointment in a Federal agency

- ☐ Full Time
- ☐ Part Time
- ☐ Intermittent

20. Period of Assignment *(Month, Day, Year)*

From	To

PART 6 - REASON FOR MOBILITY ASSIGNMENT

21. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating governments. In addition, indicate how the employee will be utilized at the completion of this assignment.

PART 7 - POSITION DESCRIPTION

22. List the major duties and responsibilities to be performed while on the mobility assignment.

PART 8 - EMPLOYEE BENEFITS

23. Rate of Basic Pay During Assignment

24. Special Pay Conditions *(Indicate any conditions that could increase the assigned employee's compensation during the assignment period)*

25. Leave Provisions *(Indicate the annual and sick leave benefits for which the assigned employee is eligible. Specify the procedures for reporting, requesting and recording such leave.)*

Page 2

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Page 3 of 4

PART 9 - FISCAL OBLIGATIONS

Identify, where appropriate, the office to which invoices and time and attendance records should be sent

26. Federal Agency Obligations *(If paying more than 50 percent of a Federal employee's salary beyond a 6-month period, specify rationale for cost-sharing decision.)*

27. State or Local Government Agency Obligations

PART 10 - CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT

☐ 28. Applicable Federal, State or local conflict-of-interest laws have been reviewed with the employee to assure that conflict-of-interest situations do not inadvertently arise during this assignment.

☐ 29. The employee has been notified of laws, rules and regulations, and policies on employee conduct which apply to him/her while on this assignment.

PART 11 - OPTIONS

30. Indicate coverage "N/A", if not applicable

A. Federal Employees Group Life Insurance

☐ Covered ☐ N/A

B. Federal Civil Service Retirement System or Federal Employees Retirement System

☐ Covered ☐ N/A

C. Federal Employee Health Benefits

☐ Covered ☐ N/A

31. State or Local Agency Benefits *(Indicate all State employee benefits that will be retained by the State or local agency employee being assigned to a Federal agency. Also include a statement certifying coverage in all State and local employee benefit programs that are elected by the Federal employee on leave without pay from the Federal agency to a State or local agency.)*

32. Other Benefits *(Indicate any other employee benefits to be made part of this agreement)*

PART 12 - TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES

33. Indicate: (1) Whether the Federal agency or State or local agency will pay travel and transportation expenses to, from, and during the assignment as specified in Chapter 334 of the Federal Personnel Manual, and (2) which travel and relocation expenses will be included.

OF-69, Assignment Agreement
Page 4 of 4

PART 13 - APPLICABILITY OF RULES, REGULATIONS AND POLICIES

34. Check Appropriate Boxes

☐ A. The rules and policies governing the internal operation and management of the agency to which my assignment is made under this agreement will be observed by me.

☐ B. I have been informed that my assignment may be terminated at any time at the option of the Federal agency or the State or local government.

☐ C. I have been informed that any travel and transportation expenses covered from Federal agency appropriations may be recoverable as a debt due the United States, if I do not serve until the completion of my assignment (unless terminated earlier by either employer) or one year, whichever is shorter.

☐ D. I have been informed of applicable provisions should my position with my permanent employer become subject to a reduction-in-force procedure.

☐ E. I agree to serve in the Civil Service upon the completion of my assignment for a period equal to that of my assignment. Should I fail to serve the required time, I have been informed that I will be liable to the United States for all expenses (except salary) of my assignment. *(For Federal employees only)*

PART 14 - CERTIFICATION OF ASSIGNED EMPLOYEE

In signing this agreement, I certify that I understand the terms of this agreement and agree to the rules, regulations and policies as indicated in Part 13 above.

35. Location of Assignment *(Name of Organization)*	36. Date *(Month, Day, Year)* From / To
37. Signature of Assigned Employee	38. Date of Signature *(Month, Day, Year)*

PART 15 - CERTIFICATION OF APPROVING OFFICIALS

In signing this agreement, we certify that:

- the description of duties and responsibilities is current and fully and accurately describes those of the assigned employee;
- this assignment is being entered into to serve a sound, mutual public purpose and not solely for the employee's benefit;
- at the completion of the assignment, the participating employee will be returned to the position he or she occupied at the time this agreement was entered into or a position of like seniority, status and pay.

State or Local Government Agency	Federal Agency
39. Signature of Authorizing Officer	40. Signature of Authorizing Officer
41. Date of Signature *(Month, Day, Year)*	42. Date of Signature *(Month, Day, Year)*
43. Typed Name and Title	44. Typed Name and Title

PRIVACY ACT STATEMENT

Sections 3373 and 3374, Assignment of Employees To or From State or Local Governments, of Title 5, U.S. Code, authorizes collection of this information. The data will be used primarily to formally document and record your temporary assignment to or from a State or local government, institution of higher education, Indian tribal government, or other eligible organization. This information may also be used as the legal basis for personnel and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law enforcement agencies, or by State, local, or Federal income taxing agencies.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permitted use of the SSN as an identifier of individual records maintained by Federal agencies. Furnishing your SSN or any other data requested is voluntary. However, failure to provide any of the requested information may result in your being ineligible for participation in the Intergovernmental Assignment Program.

Page 4

U.S. GPO:1989-248-776/00251

OPM- 71, Request for Leave Approved Absence

Request for Leave or Approved Absence

1. Name *(Last, first, middle)*

2. Employee or Social Security Number

3. Organization

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature

7b. Date signed

8a. Official action on request ☐ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature

8d. Date signed

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Office of Personnel Management
5 CFR 630

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Print Form | Clear Form | Save Form

OPM Form 71
June 2001
Formerly Standard Form (SF) 71

OPM-1635, Welfare to Work Program

Welfare to Work Program

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number
		- -

Specific Instructions:

The categories below are designed to identify whether or not you are receiving assistance under the Temporary Assistance to Needy Families Program. Place an "X" in the box next to the appropriate category.

Category (Mark ONE only)	DEFINITION OF CATEGORY
A ☐	I am an adult, or teen parent under age 19, receiving assistance under: a) The Temporary Assistance for Needy Families (TANF) program administered by a State under the Federal block grant; **OR** b) Aid to Families with Dependent Children (AFDC); **OR** c) Tribal Temporary Assistance for Needy Families program administered by an eligible Indian tribe.
B ☐	I am not currently receiving this type of assistance.

Privacy Act Statement

Furnishing this information is voluntary. Solicitation of this information is authorized by President Clinton's Memorandum of March 8, 1997 entitled "Government Employment for Welfare Recipients." This information will be used for workforce analysis and for monitoring agencies' compliance with the President's Memorandum. This information may also be used for statistical reports. It will not be used to make any personnel decisions about individuals.

Executive Order 9397 (November 22, 1943) authorizes use of your Social Security Number (SSN). That Order requires agencies to use the SSN for the orderly administration of personnel records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you.

U.S. Office of Personnel Management
AUTHORIZED FOR LOCAL REPRODUCTION

OPM 1635
April 1997

PPSB-1199, Direct Deposit Authorization

PPSB-1199

Issued 6/98

Direct Deposit Authorization

Please deposit my Federal payment(s) through Electronic Funds Transfer directly into the account indicated below.

I have verified with my financial institution and confirmed that the following information is correct.

SECTION A - *Information required about you.*

1. Employee Name (*last, first, middle initial*)			2. Social Security Number
3. Street Address			
4. City	State	ZIP Code	5. Telephone Number (*include area code*)

SECTION B - *Information required about your financial institution (your bank or credit union).*

1. Name of Financial Institution			
2. Street Address			
3. City	State	ZIP Code	4. Telephone Number (*include area code*)

SECTION C - *Information required about your account.*

1. Type of Account. (*Indicate by X below*)	2. Account Number
Checking ☐ Savings ☐	3. Financial Institution Routing Number ***Must be 9-Digit Number***

Note: Call your financial institution for the routing number. We cannot pay by Direct Deposit without a routing number. If your financial institution indicates the information on your personal check is correct for Direct Deposit, you may attach a voided check instead of entering the information above.

SECTION D - EMPLOYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understand the form. In signing this form, I authorized my payment to be sent to the financial institution named above to be deposited to the designated account.

Signature	Date

PLEASE READ THIS CAREFULLY

All information on this form, including the Social Security number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and will be used to process payroll data to your financial institution. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

SF-8, Notice to Federal Employer's about Unemployment Compensation

TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM

UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM

NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to FILE A CLAIM, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. You ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for any benefits.

To help EXPEDITE your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

FEDERAL AGENCY will insert in the box:
1st line - Parent Federal Agency Name and 3 digit code number
2nd line - Major Component (if any)
3rd and 4th line - complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)

3 Digit Identification FEDERAL AGENCY
CODE NO. 913

U.S. Department of Commerce
Bureau of the Census
Decennial

Send all forms to: The TALX Company
P.O. Box [illegible]
St. Louis, MO [illegible]

To be completed by the *Federal Agency*:

Contact Name/Office
Administrative Staff

Telephone No. *(include area code)*
1-877-233-4776

KEEP THIS FORM and **TAKE IT WITH YOU** if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the REVERSE SIDE of this form.

NSN 7540-00-634-3964

STANDARD FORM 8 (Rev. 6-87)
Prescribed by Dept. of Labor
20 CFR 609

SF-15, Application for 10-Point Veteran Preference
Page 1 of 2

Standard Form 15 (Rev. 2/90) (EG)
U.S. Office of Personnel Management
FPM Supplement 296-33
FPM Chapter 211

APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF

Form Approved:
O.M.B. No. 3206-0001

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle)
2. Name and Announcement Number of Civil Service or Postal Service Exam You Have Applied For or Position Which You Currently Occupy
3. Home Address (Street Number, City, State and ZIP Code)
4. Social Security Number
5. Date Exam Was Held or Application Submitted

VETERAN INFORMATION *(to be provided by person applying for preference)*

6. Veteran's Name (Last, First, Middle) Exactly As It Appears on Service Records
7. Veteran's Periods of Service

Branch of Service	From	To	Service Number

8. Veteran's Social Security Number
9. VA Claim Number, If Any

TYPE OF 10-POINT PREFERENCE CLAIMED

INSTRUCTIONS: Check the box which indicates the type of preference you are claiming. Answer all questions associated with that block. The "DOCUMENTATION REQUIRED" column refers you to the back of this form for the documents you must have to support your application. (PLEASE NOTE: Eligibility for veterans' preference is governed by 5 U.S.C. § 2108, 5 CFR Part 211, and FPM chapter 211. All conditions are not fully described in this form because of space restrictions. The office to which you apply can provide additional information. Instructions on how to apply for five-point preference are on SF 171, Application for Federal Employment, or PS Form 2591, Application for Employment (U.S. Postal Service Application).)

		DOCUMENTATION REQUIRED (See reverse of this form.)
☐	10. VETERAN'S CLAIM FOR PREFERENCE based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the VA.	A and B
☐	11. VETERAN'S CLAIM FOR PREFERENCE based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a service-connected disability.	A and C
☐	12. PREFERENCE FOR A SPOUSE of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job, or any other position along the lines of his/her usual occupation. (If your answer to item "a" is "NO", you are ineligible for preference and need not submit this form.)	C and H
☐	13. PREFERENCE FOR WIDOW OR WIDOWER of a veteran. (If your answer is "NO" to item "a" or "YES" to item "b", you are ineligible for preference and need not submit this form.)	A, D, E, and G (Submit G when applicable.)
☐	14. PREFERENCE FOR (NATURAL) MOTHER of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, and — your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled; or — you are now widowed, divorced, or separated from the veteran's father and have not remarried; or — you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (If your answer is "NO" to item "c" or "d", you are ineligible for preference and need not submit this form.)	DISABLED VETERAN: C, F, and H (Submit F when applicable.) DECEASED VETERAN: A, D, E, and F (Submit F when applicable.)

	YES	NO
a. Are you presently married to the veteran?		
a. Were you married to the veteran when he or she died?		
b. Have you remarried? (Do not count marriages that were annulled.)		
a. Are you married?		
b. Are you separated? If "YES", do not complete "c". Go to "d".		
c. If married now, is your husband totally and permanently disabled?		
d. If the veteran is dead, did he/she die in active service?		

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other national security purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration; and, if you are on an Office of Personnel Management list of eligibles, I authorize under 92[illegible] Federal agencies to use the Social Security Number (SSN) to identify individual records in Federal personnel records systems. Your SSN may be used to ensure accurate retention of records pertaining to you and may also be used to identify you or others from whom information about you is sought. Furnishing your SSN and the other information sought is voluntary. However, failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415, and to the Office of Management and Budget, Paperwork Reduction Project (3206-0001), Washington, D.C. 20503.

I certify that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are made in good faith. (A false answer to any question may be grounds for not employing you, or for dismissing you after you began work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001).

This Form Must Be Signed By All Persons Claiming 10-Point Preference

Signature of Person Claiming Preference	Date Signed (Month, Day, Year)

FOR USE BY APPOINTING OFFICER ONLY

Signature and Title of Appointing Officer

☐ Preference Entitlement Was Verified

Name of Agency

Date Signed (Month, Day, Year)

PREVIOUS 7-63 EDITION USABLE 15-110 NSN: 7540-00-634-3972
Designed using Perform Pro, WHSDOS, Apr 96

SF-15, Application for 10-Point Veteran Preference
Page 2 of 2

DOCUMENTATION REQUIRED - READ CAREFULLY
(PLEASE SUBMIT PHOTOCOPIES OF DOCUMENTS BECAUSE THEY WILL **NOT** BE RETURNED)

A. DOCUMENTATION OF SERVICE AND SEPARATION UNDER HONORABLE CONDITIONS

Submit any of the documents listed below as documentation, provided they are dated on or after the day of separation from active duty military service.

1. Honorable or general discharge certificate
2. Certificate of transfer to Navy Fleet Reserve, Marine Corps Fleet Reserve, or enlisted Reserve Corps.
3. Orders of Transfer to Retired List.
4. Report of Separation from a branch of the Armed Forces
5. Certificate of Service or release from active duty, provided honorable separation is shown.
6. Official Statement from a branch of the Armed Forces showing that honorable separation took place.
7. Notation by the Department of Veterans Affairs or a branch of the Armed Forces on an official statement, described in B or C below, that the veteran was honorably separated from military service.
8. Official statement from the Military Personnel Records Center that official service records show that honorable separation took place.

B. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (NON-COMPENSABLE, I.E., LESS THAN 10%); PURPLE HEART; AND NONSERVICE-CONNECTED DISABILITY PENSION

Submit one of the following documents:

1. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
2. An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart for wound or injuries received in action.
3. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.

C. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (COMPENSABLE, I.E., 10% OR MORE)

Submit one of the following documents, if you checked item 11 on the front of this form:

1. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the veteran's present receipt of compensation for service-connected disability or disability retired pay.
2. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.
3. An official statement or retirement orders from a branch of the Armed Forces, showing that the retired serviceman was retired because of permanent service-connected disability or was transferred to the permanent disability retirement list. The statement or retirement orders must indicate that the disability is 10% or more.

For spouses and mothers of disabled veterans checking items 12 or 14, submit the following:

An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying: 1) the present existence of the veterans service-connected disability, 2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage), 3) a notation as to whether or not the veteran is currently rated as "unemployable" due to the service-connected disability, and 4) a notation as to whether or not the service-connected disability is rated as permanent and total.

D. DOCUMENTATION OF VETERAN'S DEATH

1. If on active military duty at time of death, *submit* official notice, from a branch of the Armed Forces, of death occurring under honorable conditions.
2. If death occurred while not on active military duty, *submit* death certificate.

E. DOCUMENTATION OF SERVICE OR DEATH DURING A WAR, IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE IS AUTHORIZED, OR DURING THE PERIOD OF APRIL 28, 1952 THROUGH JULY 1, 1955

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

F. DOCUMENTATION OF DECEASED OR DISABLED VETERAN'S MOTHER'S CLAIM FOR PREFERENCE BECAUSE OF HER HUSBAND'S TOTAL AND PERMANENT DISABILITY.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. DOCUMENTATION OF ANNULMENT OF REMARRIAGE BY WIDOW OR WIDOWER OF VETERAN

Submit either:

1. Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment.
2. A certified copy of the court decree of annulment.

H. DOCUMENTATION OF VETERAN'S INABILITY TO WORK BECAUSE OF A SERVICE-CONNECTED DISABILITY

Answer questions 1 - 7 below.

1. Is the veteran currently working? ☐ YES ☐ NO
If "NO", go to item 2.

2. If currently working, what is the veteran's present occupation?

3. What was the veteran's occupation, if any, before military service?

4. What was the veteran's military occupation at the time of separation?

5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government? ☐ YES ☐ NO

A. Title and Grade of Position Most Recently, or Currently, Held	B. Name and Address of Agency	C. Dates of Employment From	To

6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D.C. Government along the lines of his/her usual occupation because of service-connected disability? ☐ YES ☐ NO
If "YES", submit documentation of the resignation, disqualification, or separation.

7. Is the veteran receiving a civil service retirement pension? ☐ YES ☐ NO
If "YES", give the Civil Service or Federal Employee retirement annuity number → CSA _____

STANDARD FORM 15 (REV. 2/90) BACK

SF-52, Request for Personnel Action
Page 1 of 2

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

1. Actions Requested
2. Request Number
3. For Additional Information Call (Name and Telephone Number)
4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

1. Name (Last, First, Middle)
2. Social Security Number
3. Date of Birth
4. Effective Date

5-A. Code | 5-B. Nature of Action
5-C. Code | 5-D. Legal Authority
5-E. Code | 5-F. Legal Authority

6-A. Code | 6-B. Nature of Action
6-C. Code | 6-D. Legal Authority
6-E. Code | 6-F. Legal Authority

7. FROM: Position Title and Number

8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step or Rate | 12. Total Salary | 13. Pay Basis
13A. Basic Pay | 13B. Locality Adj. | 13C. Adj. Basic Pay | 13D. Other Pay

14. Name and Location of Position's Organization

15. TO: Position Title and Number

16. Pay Plan | 17. Occ. Code | 18. Grade or Level | 19. Step or Rate | 20. Total Salary/Award | 21. Pay Basis
20A. Basic Pay | 20B. Locality Adj. | 20C. Adj. Basic Pay | 20D. Other Pay

22. Name and Location of Position's Organization

23. Veterans Preference
1 – None 3 – 10-Point/Disability 5 – 10-Point/Other
2 – 5-Point 4 – 10-Point/Compensable 6 – 10-Point/Compensable/30%

24. Tenure
0 – None 2 – Conditional
1 – Permanent 3 – Indefinite

25. Agency Use

26. Veterans Preference for RIF
YES NO

27. FEGLI

28. Annuitant Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per Biweekly Pay Period

34. Position Occupied
1 – Competitive Service 3 – SES General
2 – Excepted Service 4 – SES Career Reserved

35. FLSA Category
E – Exempt
N – Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City – County – State or Overseas Location)

40. Agency Data | 41. | 42. | 43. | 44.

45. Educational Level | 46. Year Degree Attained | 47. Academic Discipline | 48. Functional Class | 49. Citizenship (1 – USA, 8 – Other) | 50. Veterans Status | 51. Supervisory Status

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature | Approval Date

CONTINUED ON REVERSE SIDE
52-119

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

SF-52, Request for Personnel Action
Page 2 of 2

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day – midnight – unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)

SF-71, Application for Leave

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME *(Last, First, Middle Initial)*	2. EMPLOYEE OR SOCIAL SECURITY NUMBER
3. ORGANIZATION	

4. TYPE OF LEAVE/ABSENCE *(Check appropriate box(es) below.)*	DATE From:	DATE To:	TIME From:	TIME To:	TOTAL HOURS
☐ Accrued Annual Leave					
☐ Restored Annual Leave					
☐ Advance Annual Leave					
☐ Accrued Sick Leave					
☐ Advance Sick Leave					
Purpose: ☐ Medical/dental/optical examination of requesting employee ☐ Other ☐ Care of family member/bereavement, including medical/dental/optical examination of family member					
☐ Compensatory Time Off					
☐ Other Paid Absence *(Specify in Remarks)*					
☐ Leave Without Pay					

5. FAMILY AND MEDICAL LEAVE

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:

☐ **I hereby invoke my entitlement Family and Medical Leave for:**

☐ Birth/Adoption/Foster Care

☐ Serious Health Condition of Spouse, Son, Daughter, or Parent

☐ Serious Health Condition of Self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.

6. REMARKS:

7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

EMPLOYEE SIGNATURE **DATE**

8. OFFICIAL ACTION ON REQUEST: ☐ **APPROVED** ☐ **DISAPPROVED**

(If disapproved, give reason. If annual leave, initiate action to reschedule.)

SIGNATURE **DATE**

PRIVACY ACT STATEMENT

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

NSN 7540-00-733-5067
PREVIOUS EDITION MAY BE USED

STANDARD FORM 71 (Rev. 12-97)
PRESCRIBED BY OFFICE OF PERSONNEL MANAGEMENT, 5 CFR PART 630

Request for Compensatory Time for Travel

REQUEST FOR COMPENSATORY TIME FOR TRAVEL

EMPLOYEE NAME	DIVISION/BRANCH

Project Code

Time Earned			
Date	From	To	Hours
		TOTAL	

Time Used			
Date	From	To	Hours
		TOTAL	

EMPLOYEE SIGNATURE	DATE

OFFICIAL ACTION OF REQUEST

APPROVED ☐ DISAPPROVED ☐ (If disapproved, enter reason in remarks.)

REMARKS

SUPERVISOR SIGNATURE	DATE

To receive credit for compensatory time off for travel, employees must

(1) Be on authorized official travel during hours that are otherwise not compensable (compensable hours include regular time, overtime, etc.);

(2) Provide to supervisor "Request for Compensatory Time for Travel" form within 10 calendar days of termination of the travel; and

(3) Provide to supervisor a chronological record of specific travel information including the:

* Common carrier itinerary or comparable schedule if using a privately owned vehicle (POV)
* Duration of the normal home-to-work commute.
* Time and place of departure (i.e., the employee's home or official duty station).
* *Actual time spent traveling to and from the transportation terminal (arrival and departure).*
* Time spent waiting at the transportation terminal (or the "usual wait time", 2 hours for domestic flights and up to 4 hours for international flights).
* Time spent for extended delays (e.g., delayed connecting flights), the employee's activities during this time (e.g., eating, sleeping, shopping, etc.) and the duration of these activities.
* *Time of arrival at and departure from the temporary duty station.*

Employees must maintain all of the above information in the same time zone to facilitate calculating the actual time spent in travel.

Prohibition against payment for unused compensatory time off

As provided by 5 U.S.C. 5550b(b), an individual may not receive payment under any circumstances for any unused compenstaory time off he or she earned under this subpart. (5CFR550.1408)

Forfeiture of unused compensatory time off after 26 pay periods

Except under specific circumstances, an employee must use accrued compensatory time off by the end of the 26th pay period after the pay period during which it was credited. If an employee fails to use the compensatory time off within 26 pay periods after it was credited, he or she must forfeit such compensatory time off. (5CFR550.1407)

Document Retention

This completed form must be maintained for the required six years, with all other supporting documentation.

6/8/2007

SF-85, Questionnaire for Non-Sensitive Positions
Page 1 of 6

Standard Form 85
Revised December 1990
U.S. Office of Personnel Management
FPM Chapter 731

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved
O.M.B. No. 3206-0005
NSN 7540-00-634-4035
85-110

OPM USE ONLY | Codes | Case Number

Agency Use Only (Complete items A through K using instructions in FPM Supplement 296-33)

A Type of Investigation: 0 1 B | B Extra Coverage | C Nature of Action Code | D Date of Action: Month Day Year

E Geographic Location | F Position Title | G SOI | H SOI

I OPAC-ALC Number | J Accounting Data and/or Agency Case Number

K Requesting Official: Name and Title | Signature | Telephone Number FTS ( ) ( ) | Date

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME - If you have only initials in your name, use them and state (IO). - If you have no middle name, enter "NMN." - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.

Last Name | First Name | Middle Name | Jr., II, etc.

2 DATE OF BIRTH: Month Day Year

3 PLACE OF BIRTH - Use the two letter code for the State

City | County | State | Country (if not U.S.)

4 SEX: Female Male

5 SOCIAL SECURITY NUMBER

6 OTHER NAMES USED

Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), aliases, or nicknames). If the other name is your maiden name, put "mar" in front of it.

Name | Month/Year Month/Year To | Name | Month/Year Month/Year To

Name | Month/Year Month/Year To | Name | Month/Year Month/Year To

7 CITIZENSHIP

a Mark the box at the right that applies to you and follow the instructions next to the box you marked.

- I am a U.S. citizen by birth in the U.S. — Answer items b and d
- I am a U.S. citizen, but I was NOT born in the U.S. — Answer items b, c, and d
- I am not a U.S. citizen — Answer items b and e

b Your Mother's Maiden Name

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)
Court | City | State | Certificate Number | Month/Day/Year Issued

Citizenship Certificate (Where was the certificate issued?)
City | State | Certificate Number | Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States
Give the date the form was prepared and give an explanation if needed. | Month/Day/Year | Explanation

U.S. Passport
This may be either a current or previous U.S. Passport. | Passport Number | Month/Day/Year Issued

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. | Country

e ALIEN If you are an alien, provide the following information:
Place You Entered the United States | City | State | Date You Entered U.S. Month Day Year | Alien Registration Number | Country of Citizenship

8 WHERE YOU HAVE LIVED

a Fill in your full address for every place you have lived beginning with the present (#1) and working backward 5 years.

	Month/Year Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1 Present	To					
#2	To					
#3	To					
#4	To					

SF-85, Questionnaire for Non-Sensitive Positions
Page 2 of 6

WHERE YOU HAVE LIVED (Continued)

Month/Year Month/Year #5 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year #6 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year #7 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year #8 To	Street Address	Apt. #	City (Country)	State	ZIP Code

b. For the residences you listed above that occurred in the past three years, provide the name and address of a person who can verify your living at that address beside the block number (#1, #2, etc.) for the address that the person verifies.

Block #	Person's Name	Street Address	Apt. #	City	State	ZIP Code
#1						
#2						
#3						

9 YOUR EMPLOYMENT ACTIVITIES

Fill in your employment activities, beginning with the present (#1) and working backward 5 years. INCLUDE:

- all full-time work
- all part-time work
- all paid work
- active military duty
- self-employment
- all periods of unemployment

IN THE NUMBERED ACTIVITY SECTION USE ONE OF THESE CODES IN THE CODE BLOCK:

1 - Active military duty stations
2 - National Guard/Reserve
3 - U.S.P.H.S. Commissioned Corps
4 - Other Federal employment
5 - State Government (Non-Federal) employment
6 - Self-employment (Enter business name and/or name of person who can verify)
7 - Unemployment (Enter name of person who can verify)
8 - Federal Contractor (list Contractor, not Federal agency)
9 - Other

FOR EACH ACTIVITY SECTION, provide information requested. For example, if you had worked at XY Plumbing in Denver, CO, for 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment in the appropriate blocks below that information. (For locations outside the U.S., show city and country.)

#1 Month/Year Month/Year Present To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier		Your Position Title		
Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number ( )
Street Address of Job Location (If different than Employer's Address)		City (Country)		State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (If different than Job Location)		City (Country)		State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year	Your Position Title & Supervisor's Name	Month/Year Month/Year	Your Position Title & Supervisor's Name
To		To	
To		To	

#2 Month/Year Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier		Your Position Title		
Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number ( )
Street Address of Job Location (If different than Employer's Address)		City (Country)		State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (If different than Job Location)		City (Country)		State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year	Your Position Title & Supervisor's Name	Month/Year Month/Year	Your Position Title & Supervisor's Name
To		To	
To		To	

Enter your Social Security Number before going to the next page →

SF-85, Questionnaire for Non-Sensitive Positions
Page 3 of 6

YOUR EMPLOYMENT ACTIVITIES (Continued)

#3 Month/Year Month/Year To | Code | Employer's Name/Military Service/Unemployment or Self-Employment Venture | Your Position Title

Employer's/Venture's Street Address | City (Country) | State | ZIP Code | Telephone Number ( )

Street Address of Job Location (if different than Employer's Address) | City (Country) | State | ZIP Code | Telephone Number ( )

Supervisor's Name & Street Address (if different than Job Location) | City (Country) | State | ZIP Code | Telephone Number ( )

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To | Your Position Title & Supervisor's Name | Month/Year Month/Year To | Your Position Title & Supervisor's Name

#4 Month/Year Month/Year To | Code | Employer's Name/Military Service/Unemployment or Self-Employment Venture | Your Position Title

Employer's/Venture's Street Address | City (Country) | State | ZIP Code | Telephone Number ( )

Street Address of Job Location (if different than Employer's Address) | City (Country) | State | ZIP Code | Telephone Number ( )

Supervisor's Name & Street Address (if different than Job Location) | City (Country) | State | ZIP Code | Telephone Number ( )

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To | Your Position Title & Supervisor's Name | Month/Year Month/Year To | Your Position Title & Supervisor's Name

#5 Month/Year Month/Year To | Code | Employer's Name/Military Service/Unemployment or Self-Employment Venture | Your Position Title

Employer's/Venture's Street Address | City (Country) | State | ZIP Code | Telephone Number ( )

Street Address of Job Location (if different than Employer's Address) | City (Country) | State | ZIP Code | Telephone Number ( )

Supervisor's Name & Street Address (if different than Job Location) | City (Country) | State | ZIP Code | Telephone Number ( )

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To | Your Position Title & Supervisor's Name | Month/Year Month/Year To | Your Position Title & Supervisor's Name

#6 Month/Year Month/Year To | Code | Employer's Name/Military Service/Unemployment or Self-Employment Venture | Your Position Title

Employer's/Venture's Street Address | City (Country) | State | ZIP Code | Telephone Number ( )

Street Address of Job Location (if different than Employer's Address) | City (Country) | State | ZIP Code | Telephone Number ( )

Supervisor's Name & Street Address (if different than Job Location) | City (Country) | State | ZIP Code | Telephone Number ( )

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To | Your Position Title & Supervisor's Name | Month/Year Month/Year To | Your Position Title & Supervisor's Name

Enter your Social Security Number before going to the next page → - -

Page 3

SF-85, Questionnaire for Non-Sensitive Positions
Page 4 of 6

YOUR EMPLOYMENT ACTIVITIES (Continued)

#7 Month/Year Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Venue	Your Position Title

Employer's/Venue's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION – IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To	Your Position Title & Supervisor's Name	Month/Year Month/Year To	Your Position Title & Supervisor's Name
To		To	

#8 Month/Year Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Venue	Your Position Title

Employer's/Venue's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION – IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To	Your Position Title & Supervisor's Name	Month/Year Month/Year To	Your Position Title & Supervisor's Name
To		To	

#9 Month/Year Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Venue	Your Position Title

Employer's/Venue's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION – IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year To	Your Position Title & Supervisor's Name	Month/Year Month/Year To	Your Position Title & Supervisor's Name
To		To	

Enter your Social Security Number before going to the next page →

SF-85, Questionnaire for Non-Sensitive Positions
Page 5 of 6

10 YOUR MILITARY HISTORY

	Yes	No
a. Have you served in the United States military?		
Have you served in the United States Merchant Marine?		

- If your answer to both questions is "No," GO TO QUESTION 11.
- If your answer to either question is "Yes," GO TO b.

b. Starting with the most current (#1) and working backward, enter information for all periods of active service into the table below.
- Mark "O" block for Officer or "E" block for Enlisted.
- In the "Code" block, use one of these codes:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

Month/Year Month/Year	Code	Service Certificate #	O	E	Status (Mark "X" in appropriate block - Use State Code for National Guard)					
					None	Active Duty	Active Reserve	National Guard (show State)	Inactive Reserve	Retired
#1 To										
#2 To										
#3 To										
#4 To										

11 ILLEGAL DRUGS

	Yes	No
In the last year, have you used, possessed, supplied, or manufactured illegal drugs?		

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). *(NOTE: The information you provide in response to this question will not be provided for use in any criminal proceedings against you, unless requested by the Department of Justice in connection with an independent investigation.)*

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year Month/Year	Type of Substance	Explanation
To		
To		
To		

Continuation Space

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 6. Make sure that your attached SF 171, Application for Federal Employment, or other form, is updated and that any information added is initialed and dated.

Certification That My Answers Are True

I read each question asked of me and understood each question. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Signature (Sign in ink) Date

Enter your Social Security Number before going to the next page → ___ - __ - ____

Page 5

SF-85, Questionnaire for Non-Sensitive Positions
Page 6 of 6

Standard Form 85
Revised December 1990
U.S.Office of Personnel Management
FPM Chapter 731

Form approved
O.M.B. No. 3206-0005
NSN 7540-00-634-4036
85-116

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will or may be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in Ink)	Full Name (Type or Print Legibly)	Date Signed

Other Names Used	Social Security Number

Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
			( )

Page 6

SF-87, Fingerprint Chart

SF 87 (REV. 4-84)
U.S. OFFICE OF PERSONNEL MANAGEMENT
FPM CHAPTER 736

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

NAME OF PERSON FINGERPRINTED

ORI OPM WASH., D.C. - USOPM000Z

RESIDENCE OF PERSON FINGERPRINTED

SERIAL NO. (OPM USE ONLY) OCA

DATE OF BIRTH DOB
MONTH DAY YEAR

ALIASES AKA

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

TITLE AND ADDRESS

SCARS, MARKS, AND TATTOOS

LEAVE BLANK

POSITION TO WHICH APPOINTED

FBI NO. FBI

CLASS

REF.

DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)

SOCIAL SECURITY NO. SOC

FEDERAL EMPLOYEE

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE

6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

SUBMIT WITH INVESTIGATIVE PAPERWORK

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

SF-91, Motor Vehicle Accident Report
Page 1 of 4

MOTOR VEHICLE ACCIDENT REPORT

Please read the Privacy Act Statement on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding $500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)
2. DRIVER'S LICENSE NO./STATE/LIMITATIONS
3. DATE OF ACCIDENT
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS
4b. WORK TELEPHONE NUMBER ( )
5. TAG OR IDENTIFICATION NUMBER
6. EST. REPAIR COST $
7. YEAR OF VEHICLE
8. MAKE
9. MODEL
10. SEAT BELTS USED ☐ YES ☐ NO
11. DESCRIBE VEHICLE DAMAGE

SECTION II - OTHER VEHICLE DATA *(Use Section VIII if additional space is needed.)*

12. DRIVER'S NAME (Last, first, middle)
13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS
14a. DRIVER'S WORK ADDRESS
14b. WORK TELEPHONE NUMBER ( )
15a. DRIVER'S HOME ADDRESS
15b. HOME TELEPHONE NUMBER ( )
16. DESCRIBE VEHICLE DAMAGE
17. ESTIMATED REPAIR COST $
18. YEAR OF VEHICLE
19. MAKE OF VEHICLE
20. MODEL OF VEHICLE
21. TAG NUMBER AND STATE
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS
22b. POLICY NUMBER
22c. TELEPHONE NUMBER ( )
23. VEHICLE IS ☐ CO-OWNED ☐ RENTAL ☐ LEASED ☐ PRIVATELY OWNED
24a. OWNER'S NAME(S) (Last, first, middle)
24b. TELEPHONE NUMBER ( )
25. OWNER'S ADDRESS(ES)

SECTION III - KILLED OR INJURED *(Use Section VIII if additional space is needed.)*

A

26. NAME (Last, first, middle)
27. SEX
28. DATE OF BIRTH
29. ADDRESS
30. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN
31. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)
32. LOCATION IN VEHICLE
33. FIRST AID GIVEN BY
34. TRANSPORTED BY
35. TRANSPORTED TO

B

36. NAME (Last, first, middle)
37. SEX
38. DATE OF BIRTH
39. ADDRESS
40. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN
41. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)
42. LOCATION IN VEHICLE
43. FIRST AID GIVEN BY
44. TRANSPORTED BY
45. TRANSPORTED TO

46. Pedestrian

a. NAME OF STREET OR HIGHWAY
b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)

NSN 7540-00-634-4041
Previous edition not usable

91-110

STANDARD FORM 91 PAGE 1 (REV. 9-93)
Prescribed by GSA - FPMR 101-38.6

SF-91, Motor Vehicle Accident Report
Page 2 of 4

SECTION IV - ACCIDENT TIME AND LOCATION *(Use Section VIII if additional space is needed.)*

47. DATE OF ACCIDENT

48. PLACE OF ACCIDENT *(Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).*

49. TIME OF ACCIDENT
AM
PM

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

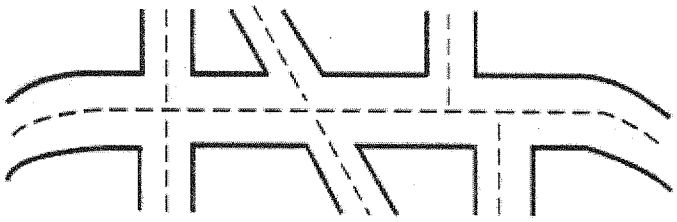
Example: 1 2

b. Use solid line to show path before accident 2
and broken line after the accident 2

c. Show pedestrian by

d. Show railroad by

e. Place arrow in this circle to indicate NORTH



51. POINT OF IMPACT *(Check one for each vehicle)*

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED *(Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).*

SECTION V - WITNESS/PASSENGER *(Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)*

A
53. NAME *(Last, first, middle)*
54. WORK TELEPHONE NUMBER ( )
55. HOME TELEPHONE NUMBER ( )
56. BUSINESS ADDRESS
57. HOME ADDRESS

B
58. NAME *(Last, first, middle)*
59. WORK TELEPHONE NUMBER ( )
60. HOME TELEPHONE NUMBER ( )
61. BUSINESS ADDRESS
62. HOME ADDRESS

SECTION VI - PROPERTY DAMAGE *(Use Section VIII if additional space is needed.)*

63a. NAME OF OWNER
63b. OFFICE TELEPHONE NUMBER ( )
63c. HOME TELEPHONE NUMBER ( )
63d. BUSINESS ADDRESS
63e. HOME ADDRESS
64a. NAME OF INSURANCE COMPANY
64b. TELEPHONE NUMBER ( )
64c. POLICY NUMBER
65. ITEM DAMAGED
66. LOCATION OF DAMAGED ITEM
67. ESTIMATED COST $

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER
68b. BADGE NUMBER
68c. TELEPHONE NUMBER ( )
69. PRECINCT OR HEADQUARTERS
70a. PERSON CHARGED WITH ACCIDENT
70b. VIOLATION(S)

STANDARD FORM 91 PAGE 2 (REV. 2-93)

SF-91, Motor Vehicle Accident Report
Page 3 of 4

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form *(Sections I thru VIII)* is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER	71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN	73. DESTINATION

74. EXACT PURPOSE OF TRIP

	DATE	TIME *(Circle one)*		DATE	TIME *(Circle one)*
75. TRIP BEGAN		a.m. p.m.	76. ACCIDENT OCCURRED		a.m. p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR
☐ ORALLY ☐ IN WRITING *(Explain)*

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE
☐ NO ☐ YES *(Explain)*

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS
☐ YES ☐ NO *(Explain)*

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.
☐ NO ☐ YES *(Explain)*

81. COMPLETED BY DRIVER'S SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY
☐ YES
☐ NO

b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER
		( )

STANDARD FORM 91 PAGE 3 (REV. 2-93)

SF-91, Motor Vehicle Accident Report
Page 4 of 4

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION? ☐ YES ☐ NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR	88. ACCIDENT REVIEWING OFFICIAL
a. SIGNATURE AND DATE	a. SIGNATURE AND DATE
b. NAME (First, middle, last)	b. NAME (First, middle, last)
c. TITLE	c. TITLE
d. OFFICE	d. OFFICE
e. OFFICE TELEPHONE NUMBER ( )	e. OFFICE TELEPHONE NUMBER ( )

*U.S. Government Printing Office: 1994 — 300-862/10018

STANDARD FORM 91 PAGE 4 (REV. 2-93)

SF-94. Statement of Witness
Page 1 of 2

STATEMENT OF WITNESS (*Attach additional sheets if necessary*)	1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN? a. TIME a.m. p.m.	b. DATE	FORM APPROVED O.M.B. NUMBER 3090-0118

3. WHERE DID THE ACCIDENT HAPPEN? (*Give street location and city*)

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
a. GOVERNMENT VEHICLE *Miles per hr.*
b. OTHER VEHICLE *Miles per hr.*

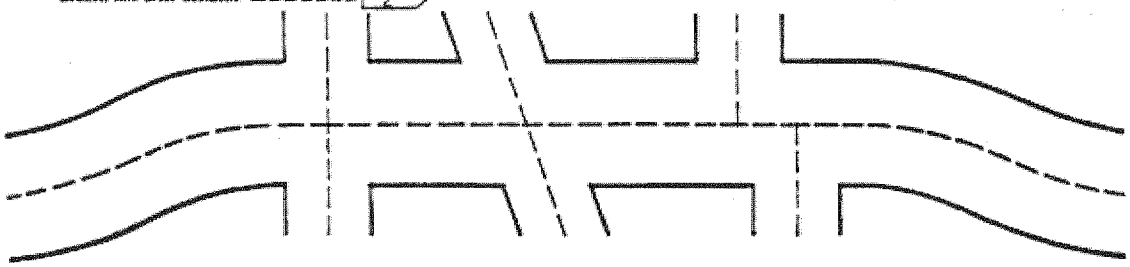
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (*If known*)

a. NAMES	b. ADDRESSES (*Include ZIP Code*)

WITNESS COMPLETING THIS FORM	11. HOME ADDRESS (*Include ZIP Code*)	12. WITNESS (Print Name)	a. HOME TELEPHONE NO.
		Sign here ►	b. TODAY'S DATE
	13. BUSINESS ADDRESS (*Include ZIP Code*)		TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow (*Example:* → 1 2 ←)
2. Use solid line to show path before accident ——— 2
   Broken line after accident - - - - - 2
3. Show pedestrian by ——→ ○
4. Show railroad by
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle ○



NSN 7540-00-634-4045
94-105

STANDARD FORM 94 (REV. 2-83)
Prescribed by GSA, FPMR 101-39.6

SF-94. Statement of Witness
Page 2 of 2

FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.

☆ U.S. GPO: 1983-381-247/60112

STANDARD FORM 94 BACK (REV. 2-83)

SF-95, Claim for Damage, Inquiry or Death
Page 1 of 2

CLAIM FOR DAMAGE, INJURY, OR DEATH	**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	FORM APPROVED OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:	2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

3. TYPE OF EMPLOYMENT ☐ MILITARY ☐ CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

11. **WITNESSES**

NAME	ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse). **AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

SF-95, Claim for Damage, Inquiry or Death
Page 2 of 2

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a seperate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) **BACK**

SF-1152, Designation of Beneficiary

Page 1 of 4

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before filling in this form

A. Identification

Name (Last, First, Middle)	Date of birth (mm, dd, yyyy)	Social Security Number

Department or agency in which presently employed (or former department or agency)

Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary

Date of designation (mm, dd, yyyy)	Your signature	
		Total = 0.00 %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date

Type or print your return address to insure return

U.S. Office of Personnel Management
5 CFR 178

NSN 7540-00-634-4340

Part 1 - Original

1152-

November 1991 edition usable until September 2002. All previous editions are not usable.

Standard Form 1152
Revised June 2002

SF-1152, Designation of Beneficiary

Page 2 of 4

Important - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

2. HOW TO DESIGNATE MORE THAN ONE Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

U.S. Office of Personnel Management
5 CFR 178

Standard Form 1152 *(Reverse of Part 1)*
Revised June 2002

SF-1152, Designation of Beneficiary

Page 3 of 4

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important: Read all instructions before filling in this form

A. Identification

Name (List, first, middle)	Date of birth (mm, dd, yyyy)	Social Security Number

Department or agency in which presently employed (or former department or agency)

Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary

Date of designation (mm, dd, yyyy)	Your signature	Total = 0.00 %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date

Type or print your return address to insure return

U.S. Office of Personnel Management
5 CFR 178

NSN 7540-00-634-4340

Part 2 - Employee Copy

1152-

November 1991 edition usable until September 2002. All previous editions are not usable.

Standard Form 1152
Revised June 2002

SF-1152, Designation of Beneficiary

Page 4 of 4

IMPORTANT NOTICE – ORDER OF PRECEDENCE

If there is no designated beneficiary alive at the time of your death, any unpaid compensation owed you (that becomes payable after you die) will be paid to the first person or persons in the order listed below who are alive on the date that entitlement to the payment occurs.

1. To your widow or widower.
2. If neither of the above, to your child or children in equal shares. The share of any deceased child is distributed to the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the duly appointed legal representative of your estate. If there is none, to the person or persons entitled under the laws of the State or other domicile where you lived.

You do not need to designate a beneficiary unless you want to name some person or persons not listed above or you want the payment to be made in a different order.

INSTRUCTIONS

1. The examples on the back of the first page of this form may be helpful to you in filling out this form.
2. Except for signatures, you should type or print all entries in ink (typing is preferred). You should use this form for any designation of beneficiary or beneficiaries. The form must be signed and witnessed.
3. The form should be free of erasures or alterations to avoid a possible legal contest after your death.
4. You do not need to fill out a new form when your name or address changes or when the name or address of your beneficiary changes.
5. You must complete the form in duplicate and file it with your employing agency. To be valid, your agency must receive the completed form prior to your death. The duplicate will be annotated and returned to you as evidence that the original was received and filed with your agency. We suggest that you file the duplicate with your important papers.
6. You can cancel any prior Designation of Beneficiary form without naming a new beneficiary by completing a new form and inserting "Cancel prior designations" in the space provided for the name of beneficiary. This will change the payment to the order of payment described under "Order of Precedence."
7. This designation remains valid unless (a) you change or revoke it, (b) you transfer to another agency, or (c) you leave and then are reemployed by the Federal Government. If you are covered by (b) or (c), you must fill out a new form if you want to change the order of payment described under "Order of Precedence."

NOTE: If this form is not available, any designation, change or cancellation of beneficiary that is witnessed and filed according to these instructions will be valid.

This form is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, Standard Form 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program, or Standard Form 3102, Designation of Beneficiary, Federal Employees Retirement System.

Privacy Act Statement

Solicitation of this information is authorized by the Code of Federal Regulations, Part 178, Subpart B. The information you furnish will be used to determine the amount, validity, and the person(s) entitled to the unpaid compensation of a deceased Federal employee. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs to obtain information necessary for determination of entitlement under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or make it impossible for us to determine eligibility of payments.

U.S. Office of Personnel Management
5 CFR 178

Standard Form 1152 (Reverse Part 2)
Revised June 2002

SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee
Page 1 of 2

CLAIM FOR UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

GENERAL INFORMATION: Any assistance deemed necessary for the proper execution of this form will be furnished to all claima by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time death.

PART A

1. NAME AND SOCIAL SECURITY NUMBER OF DECEASED	2. DATE OF DEATH	3. EMPLOYING AGENCY 4. LAST ADDRESS OF DECEASED

PRIVACY ACT NOTICE TO CLAIMANT(S): 1) Disclosure of your social security number is mandatory and solicited pursuant to Executive Order 9397 of 1943 which provides that it i the interest of economy and orderly administration that the Federal Government use exclusively the social security number for identification. 2) Disclosure of your social secu number will be used for identification purposes in connection with this form.

5. NAME(S) AND SOCIAL SECURITY NUMBER(S) OF CLAIMANT(S)	6. RELATIONSHIP TO DECEASED	7. IF MINOR, STATE AGE 8. IS DESIGNATION OF BENEFICIARY FOR UNPAID CO PENSATION ON FILE WITH AGENCY? ☐ YES ☐ NO 9. ARE YOU NAMED BENEFICIARY? ☐ YES ☐ NO

PART B

(To be completed by the widow or widower of the deceased only.)
Do you certify that you were married to the deceased and to the best of your knowledge and belief that the marriage was not dissolved prior his/her death? ☐ YES ☐ NO

PART C

(Widow or widower and designated beneficiaries DO NOT FILL IN PART C. *All others must.)*
List below the name, social security number, age, relationship, and address of:

(a) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate and stepchildren and indico after their names which class) or the descendants of deceased children.
(b) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foste or adoptive parent.
(c) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants deceased brothers and sisters).

PRIVACY ACT NOTICE: 1) Disclosure of the social security number of the next of kin is voluntary but extremely useful to identify them since their addresses and names may change. a claimant, you should not disclose the social security number of the next of kin without their prior consent and knowledge that the disclosure is voluntary and will be used only purposes of identification. 2) The social security number of the next kin is solicited pursuant to Executive Order 9397 of 1943 which provides that it is in the interest of economy o orderly administration that the Federal Government use exclusively the social security number for identification. 3) The social security number of the next of kin will be used to ident them in connection with their rights under this form.

Name and social security number	Age	Relationship to deceased	Address

STANDARD FORM 1153 (REV. 6-

SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee
Page 2 of 2

STANDARD FORM 1153 (BACK)
Rev. 4-82

PART D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed _____ of the estate of the deceased, as evi-
(Executor or Administrator)
denced by certificate of appointment herewith, administration having been taken out in the interest of

_____
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE: If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? ☐ YES ☐ NO

PART E

(Designated beneficiary, surviving spouse, children, parents, or legal representatives DO NOT FILL IN PART E. *All others must.)*

Have the funeral expenses been paid? ☐ YES ☐ NO *(If paid, receipted bill of the funeral director must be attached hereto.)* Whose money was used to pay the funeral expenses? _____

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

SIGNATURE OF CLAIMANT	DATE	SIGNATURE OF CLAIMANT	DATE
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE	

TWO WITNESSES ARE REQUIRED

We certify that the signature(s) of the claimant(s) shown above _____ was (*were*) affixed in our presence.
(Name(s) of claimant(s))

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
STREET ADDRESS	STREET ADDRESS
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE

All Government checks in the possession of the claimant, drawn to the order of the deceased in payment of "unpaid compensation," should accompany this claim. All Government checks drawn to the order of the deceased for other purposes (such as veterans' benefits, social security benefits, or Federal tax refunds) should be returned to the agency from which received.

U.S. Government Printing Office: 1992 — 312-071/50104

SF-1164, Claim for Reimbursement for Expenditures on Official Business
Page 1 of 2

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT
a. NAME (Last, first, middle initial)
b. SOCIAL SECURITY NO.
c. MAILING ADDRESS (Include ZIP Code)
d. OFFICE TELEPHONE NUMBER

5. PAID BY

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

DATE 19__ (a)	CODE (b)	Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or C—Other Expenses (itemized) (Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS					

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

PAYMENT DESIRED ☐ CHECK ☐ CASH

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT
a. PAYEE (Signature)
b. DATE RECEIVED
c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1164-210

STANDARD FORM 1164 (Rev.11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

SF-1164, Claim for Reimbursement for Expenditures on Official Business
Page 2 of 2

6. EXPENDITURES—*Continued*

DATE 19__ (a)	CODE (b)	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses *(itemized)* (Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
		Total each column and enter on the front, subtotal line ▶						

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

*U.S. Government Printing Office: 1992-277-376/20005

STANDARD FORM 1164 Back (Rev.11-77)

D-1199, Direct Deposit Authorization

FORM D-1199
(3-12-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

DIRECT DEPOSIT AUTHORIZATION
2010 Census

Please deposit my Federal payment(s) through Electronic Funds Transfer directly into the account indicated below. I have verified with my financial institution and confirmed that the following information is correct.

Section A – PERSONAL INFORMATION

1. Employee name *(Last, first, middle initial)*			2. Social Security number ___ - __ - ____
3. Street adddress			
4. City	State	Zip Code	5. Telephone number – *Include area code*

Section B – YOUR FINANCIAL INSTITUTION

1. Name of Financial Institution *(Your bank or credit union)*			
2. Street address			
3. City	State	Zip Code	4. Telephone number – *Include area code*

Section C – YOUR ACCOUNT

1. Type of Account – *Mark (X) below*	2. Account number
☐ Checking ☐ Saving	3. Financial Institution Routing number – *MUST BE 9-DIGIT NUMBER*

Note: Call your financial institution for the routing number, or refer to the lower left-hand corner of your check. We cannot pay by Direct Deposit without a routing number.

Section D – EMPLOYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understand the form. In signing this form, I authorized my payment to be sent to the financial institution named above to be deposited to the designated account.

Employee Signature	Date

PLEASE READ THIS CAREFULLY

All information on this form, including the Social Security number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and will be used to process payroll data to your financial institution. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

U S C E N S U S B U R E A U

W-4, Employee's Withholding Allowance Certificate
Page 1 of 2

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. . . B _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . E _____

F Enter "1" if you have at least $1,800 of **child or dependent care expenses** for which you plan to claim a credit . . F _____
(**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. G _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ H _____

For accuracy, complete all worksheets that apply.
- If you plan to **itemize** or claim **adjustments** to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

---------- Cut here and give Form W-4 to your employer. Keep the top part for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074
2009

1 Type or print your first name and middle initial. | Last name | 2 Your social security number

Home address (number and street or rural route) | 3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | 5

6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 $

7 I claim exemption from withholding for 2009, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ | 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(Form is not valid unless you sign it.) ▶ Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2009)

W-4, Employee's Withholding Allowance Certificate
Page 2 of 2

Form W-4 (2009) Page 2

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction.

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over $166,800 ($83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . 1 $ _____

2 Enter: { $11,400 if married filing jointly or qualifying widow(er) / $ 8,350 if head of household / $ 5,700 if single or married filing separately } . . . 2 $ _____

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . 3 $ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . 4 $ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . . . 5 $ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) . . . 6 $ _____

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . 7 $ _____

8 **Divide** the amount on line 7 by $3,500 and enter the result here. Drop any fraction . . . 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . 9 _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are $50,000 or less, do not enter more than "3." . . . 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . 3 _____

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . 4 _____

5 Enter the number from line 1 of this worksheet . . . 5 _____

6 **Subtract** line 5 from line 4 . . . 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . 7 $ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . 8 $ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . 9 $

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
$0 - $4,500	0	$0 - $6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
$0 - $65,000	$550	$0 - $35,000	$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 165,000	1,020	90,001 - 165,000	1,020
165,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,290	370,001 and over	1,290

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

W-5, Earned Income Credit Advance Payment Certificate
Page 1 of 3

2009 Form W-5

Department of the Treasury
Internal Revenue Service

Instructions

Purpose of Form

Use Form W-5 if you are eligible to get part of the earned income credit (EIC) in advance with your pay and choose to do so. See *Who Is Eligible To Get Advance EIC Payments?* below. The amount you can get in advance generally depends on your wages. If you are married, the amount of your advance EIC payments also depends on whether your spouse has filed a Form W-5 with his or her employer. However, your employer cannot give you more than $1,826 throughout 2009 with your pay. You will get the rest of any EIC you are entitled to when you file your tax return and claim the EIC.

If you do not choose to get advance payments, you can still claim the EIC on your 2009 tax return.

What Is the EIC?

The EIC is a credit for certain workers. It reduces the tax you owe. It may give you a refund even if you do not owe any tax.

Who Is Eligible To Get Advance EIC Payments?

You are eligible to get advance EIC payments if **all four** of the following apply.

1. You (and your spouse, if filing a joint return) have a valid social security number (SSN) issued by the Social Security Administration. For more information on valid SSNs, see Pub. 596, Earned Income Credit (EIC).

2. You expect to have at least one qualifying child and to be able to claim the credit using that child. If you do not expect to have a qualifying child, you may still be eligible for the EIC, but you cannot receive advance EIC payments. See *Who is a Qualifying Child?* below.

3. You expect that your 2009 earned income and adjusted gross income (AGI) will each be less than $35,463 ($38,563 if you expect to file a joint return for 2009). Include your spouse's income if you plan to file a joint return. As used on this form, earned income does not include amounts inmates in penal institutions are paid for their work, amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or nontaxable earned income.

4. You expect to be able to claim the EIC for 2009. To find out if you may be able to claim the EIC, answer the questions on page 2.

How To Get Advance EIC Payments

If you are eligible to get advance EIC payments, fill in the 2009 Form W-5 at the bottom of this page. Then, detach it and give it to your employer. If you get advance payments, you must file a 2009 Form 1040 or 1040A income tax return.

You may have only one Form W-5 in effect at one time. If you and your spouse are both employed, you should file separate Forms W-5.

This Form W-5 expires on December 31, 2009. If you are eligible to get advance EIC payments for 2010, you must file a new Form W-5 next year.

TIP *You may be able to get a larger credit when you file your 2009 return. For details, see* Additional Credit on page 3.

Who Is a Qualifying Child?

A qualifying child is any child who meets all three of the following conditions.

1. The child is your:

Son, daughter, stepchild, eligible foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece, or nephew).

Note. An adopted child is always treated as your own child. An adopted child includes a child lawfully placed with you for legal adoption. An eligible foster child is any child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

(continued on page 3)

Give the bottom part to your employer; keep the top part for your records.

Detach here

Form **W-5**

Department of the Treasury
Internal Revenue Service

Earned Income Credit Advance Payment Certificate

▶ Use the current year's certificate only.
▶ Give this certificate to your employer.
▶ This certificate expires on December 31, 2009.

OMB No. 1545-0074

2009

Print or type your full name | Your social security number

Note. If you get advance payments of the earned income credit for 2009, you must file a 2009 federal income tax return. To get advance payments, you must have a qualifying child and your filing status must be any status except married filing a separate return.

1 I expect to have a qualifying child and be able to claim the earned income credit for 2009 using that child. I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments . . . . ☐ Yes ☐ No

2 Check the box that shows your expected filing status for 2009:
☐ Single, head of household, or qualifying widow(er) ☐ Married filing jointly

3 If you are married, does your spouse have a Form W-5 in effect for 2009 with any employer? . . . . ☐ Yes ☐ No

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge, true, correct, and complete.

Signature ▶ Date ▶

Cat. No. 10227P

W-5, Earned Income Credit Advance Payment Certificate
Page 2 of 3

Form W-5 (2009) Page 2

Questions To See If You May Be Able To Claim the EIC for 2009

You **cannot** claim the EIC if you file either Form 2555 or Form 2555-EZ (relating to foreign earned income) for 2009. You also **cannot** claim the EIC if you are a nonresident alien for any part of 2009 unless you are married to a U.S. citizen or resident, file a joint return, and elect to be taxed as a resident alien for all of 2009.

1 Do you expect to have a qualifying child? Read *Who is a Qualifying Child?* that starts on page 1 before you answer this question. If the child is married, be sure you also read *Married child* on page 3.

☐ **No.** STOP You may be able to claim the EIC but you **cannot** get advance EIC payments.
☐ **Yes.** *Continue.*

If the child meets the conditions to be a qualifying child for both you and another person, see *Qualifying child of more than one person* on page 3.

2 Do you expect your 2009 filing status to be married filing a separate return?

☐ **Yes.** STOP You **cannot** claim the EIC.
☐ **No.** *Continue.*

TIP If you expect to file a joint return for 2009, include your spouse's income when answering questions 3 and 4.

3 Do you expect that your 2009 earned income and AGI will each be less than: $35,463 ($38,583 if married filing jointly) if you expect to have 1 qualifying child; $40,295 ($43,415 if married filing jointly) if you expect to have 2 or more qualifying children?

☐ **No.** STOP You **cannot** claim the EIC.
☐ **Yes.** *Continue.* But remember, you **cannot** get advance EIC payments if you expect your 2009 earned income or AGI will be $35,463 or more ($38,583 or more if married filing jointly).

4 Do you expect that your 2009 investment income will be more than $3,100? For most people, investment income is the total of their taxable interest, ordinary dividends, capital gain distributions, and tax-exempt interest. However, if you plan to file a 2009 Form 1040, see the 2008 Form 1040 instructions to figure your investment income.

☐ **Yes.** STOP You **cannot** claim the EIC.
☐ **No.** *Continue.*

5 Do you expect that you, or your spouse if filing a joint return, will be a qualifying child of another person for 2009?

☐ **Yes.** You **cannot** claim the EIC.
☐ **No.** You may be able to claim the EIC.

W-5, Earned Income Credit Advance Payment Certificate
Page 3 of 3

2. At the end of 2009, the child is under age 19, or under age 24 and a student, or any age and permanently and totally disabled. A student is a child who during any 5 months of 2009 (a) was enrolled as a full-time student at a school or (b) took a full-time, on-farm training course given by a school or a state, county, or local government agency. A school includes a technical, trade, or mechanical school. It does not include an on-the-job training course, correspondence school, or Internet school.

3. The child lives with you in the United States for over half of 2009. But you do not have to meet this condition if (a) the child was born or died during the year and your home was this child's home for the entire time he or she was alive in 2009, or (b) the child is presumed by law enforcement authorities to have been kidnapped by someone who is not a family member and the child lived with you for over half of the part of the year before he or she was kidnapped.

Note. Temporary absences, such as for school, vacation, medical care, or detention in a juvenile facility, count as time lived at home. Members of the military on extended active duty outside the United States are considered to be living in the United States.

Married child. A child who is married at the end of 2009 is a qualifying child only if:

1. You may claim him or her as your dependent, or

2. You are the custodial parent and would be able to claim the child as your dependent, but the noncustodial parent claims the child as a dependent because:

a. You signed Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or a similar statement, agreeing not to claim the child for 2009, or

b. You have a pre-1985 divorce decree or separation agreement that allows the noncustodial parent to claim the child and he or she gives at least $600 for the child's support in 2009.

Other rules may apply. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for more information on children of divorced or separated parents.

Qualifying child of more than one person. If the child meets the conditions to be a qualifying child of more than one person, only one person may treat that child as a qualifying child for 2009. If you and someone else have the same qualifying child, you and the other person(s) can decide which of you, if otherwise eligible, will take all of the following tax benefits based on the qualifying child: the child's dependency exemption, the child tax credit, head of household filing status, the credit for child and dependent care expenses, the exclusion for dependent care benefits, and the EIC. The other person cannot take any of the six tax benefits unless he or she has a different qualifying child.

If you and the other person cannot agree and more than one person claims the EIC or other benefits listed above using the same child, the tie-breaker rule applies. See Pub. 596, Earned Income Credit, Table 2. When More Than One Person Files a Return Claiming the Same Qualifying Child (Tie-Breaker Rule) and the Instructions for Form 1040 or 1040A.

Caution. A qualifying child whom you use to claim the EIC must have a valid social security number unless he or she is born and dies in 2009.

What if My Situation Changes?

If your situation changes after you give Form W-5 to your employer, you will probably need to file a new Form W-5. For example, you must file a new Form W-5 if any of the following applies for 2009.

- You no longer expect to have a qualifying child. Check "No" on line 1 of your new Form W-5.
- You no longer expect to be able to claim the EIC for 2009. Check "No" on line 1 of your new Form W-5.
- You no longer want advance payments. Check "No" on line 1 of your new Form W-5.
- Your spouse files Form W-5 with his or her employer. Check "Yes" on line 3 of your new Form W-5.

Note. If you get advance EIC payments and find you are not eligible for the EIC, you must pay back these payments when you file your 2009 federal income tax return.

Additional Information

How To Claim the EIC

If you are eligible, claim the EIC on your 2009 tax return. See your 2009 tax return instruction booklet.

Additional Credit

You may be able to claim a larger credit when you file your 2009 Form 1040 or Form 1040A because your employer cannot give you more than $1,826 throughout the year with your pay. You may also be able to claim a larger credit if you have more than one qualifying child. But you must file your 2009 tax return to claim any additional credit.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3507 and 6109 and their regulations require you to provide the information requested on Form W-5 and to give it to your employer if you want advance payment of the EIC. As provided by law, we may give the information to the Department of Justice and other federal agencies. In addition, we may give it to cities, states, and the District of Columbia so they may carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. Failure to provide the requested information may prevent your employer from processing this form; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

11-100, Transmittal

Sheet ____ of ____ sheets

FORM 11-100
(11-2-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

TRANSMITTAL

1. Name of office

2. Date prepared

3a. Transmittal number

4. TO:

b. Number of parcels

5. Item transmitted — Mark (X) appropriate box

☐ CPS _____ ☐ BUS _____ ☐ SOC _____
☐ HIS _____ ☐ JTLS _____ ☐ NCS _____
☐ AHS _____ ☐ QHS _____ ☐ Other _____

Description — Mark (X) appropriate box ☐ PSU ☐ Form No. _____ ☐ _____ (a)	NUMBER OF UNITS This transmittal (b)	Shipped to date (c)	Expected total to be transmitted (d)	Final transmittal (e) Yes	No	Remarks (f)
TOTAL →						

Remarks

Copy distribution: **WHITE** — Transmit with schedules. **YELLOW** — Field office files

11-701, Vacancy Worksheet

FORM 11-701
(5-7-83)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

VACANCY WORKSHEET

a. Regional office/Telephone center	b. Signature of preparer	Date
c. Name of survey(s)	d. Area of consideration/PSU	

e. Vacancy number	f. Title, series and grade/pay rate	g. Selective factors (if any)
		1. _____ 3. _____ 2. _____ 4. _____

INSTRUCTIONS

List below all applicants that took the test in the following order:
PRIORITY GROUP I – Documented 10-pt compensable Vets that passed test are listed first in descending order by final test score.

PRIORITY GROUP II – List all 10-pt noncompensable, widower, spouse, or mother of a deceased or disabled veteran; 5-pt veterans; and all other applicants not claiming preference. Applicants are ranked in descending test score order. At each test score, 10-pt. eligibles precede 5-pt eligibles, who precede non-preference eligibles.

Applicant name and Social Security number (a)	Selective factors (b)		Test score (c)		Veteran points (d)	Final rating (e)	Date referred for consideration (f)			Priority group (g)		Remarks (h)
	Yes	No	Raw (1)	Converted (2)			1	2	3	I	II	
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

11-702, Selection Certificate

FORM 11-702 (5-18-83)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1a AF Certificate # 1b Issue Date

SELECTION CERTIFICATE

FIELD REGIONAL OFFICE
TELEPHONE CENTERS

2. Area of consideration/PSU

3. Number of positions

PRIORITY GROUP I

Name (a)	Telephone number (b)	Action* (c) A	NS	D	FR	Comments (d)
1.						
2.						
3.						
4.						
5.						

PRIORITY GROUP II

List applicants in descending test score order by preference, e.g., 10-point precede 5-point preference eligibles; 5-point precede non-preference eligibles.

Name (a)	Telephone number (b)	Action* (c) A	NS	D	FR	Comments (d)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I (We) hereby certify that the selection(s) indicated above is (are) based solely on merit, fitness, and qualifications and does (do) not involve discrimination based on race, religion, national origin, marital status, sex, age, or physical handicap.

Signature of selecting official	Title	Date

*A – Appointed (enter appointment date in space for comments)
D – Declined
FR – Failed to respond
NS - Not Selected

Upon request selecting officials must document reasons for non-selection of preference eligibles.

11-703, Field Application File Report

FORM 11-703 (5-10-93) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FIELD APPLICANT FILE RECORD

1. Area of Consideration PSU/County/Etc.

2. Name

3. Date received

4a. Job title

b. Series

c. Grade

5a. Ratings (1) Raw (2) Converted

b. Veterans preference *(If applicable)*
- ☐ 10 point compensable
- ☐ 10 point other
- ☐ 5 point
- ☐ No preference

c. Total score *(Sum of 5a (2) and 5b)*

6. Language *(If applicable)*

7. Subject to Selective Service Registration (applies to male applicants only) – *Mark (X) one*
- ☐ Yes
- ☐ No
- ☐ Registered
- ☐ Not registered
- ☐ Do not hire

8. Qualification standard used:

_____ (series) and _____ (grade)

9. Status of applications – *Mark X one*

☐ Qualified ☐ Not qualified (provide a reason) – *Specify below*

_____

b. Date determination made

10. Priority group – *Mark X one*
- ☐ I – 10 point compensable preference
- ☐ II – 10 point other
- ☐ II – 5 point
- ☐ II – No preference

11. Disposition of application
- ☐ Retain – Active
- ☐ Retain – Inactive file
- ☐ Retain – Pending file
- ☐ Reason pending

_____

12a. Date returned *(if applicable)*

b. Name of employee returning application (for applicants claiming veterans perference only)

Remarks – *Education, time-in-grade, location restrictions, etc.*

11-806, Transmittal Log for Miscellaneous Invoices

Page 1 of ___

FORM **11-806**
(5-16-2000)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TRANSMITTAL LOG FOR MISCELLANEOUS INVOICES

Control Log Number	Regional Office
Contact Person	Telephone Number
Date mailed to Finance	

Payee Name (a)	Invoice Number (b)	Comments (c)

NOTE – *Add tax identification number (TIN) on the original invoices of new vendors.*
Attach this Transmittal Log to all bills when forwarding to Finance Division for payment.

11-820, Receipt for Check

Lock Box Number: **277943**

FORM **11-820(ef)**
(3-9-2005)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

RECEIPT FOR CHECK

Section I, must be completed by the Regional Office (RO) for each check received and sent along with the check to the Lock Box. Section II, must be completed by the Reimbursables Staff, Finance Division. Finance Division will receive a copy of the form and supporting documentation from the Lock Box. Finance will complete Section II and mail the form to the RO indicated in Section I.

Section I – Instructions to the Regional Office
*Complete **every item** in this section for each check being sent to the Lock Box (i.e. rebate, refund, etc.)*

1. Date Received	2. Tracking Number
2. Regional Office:	3. Contact person
	4. Telephone Number:
5. Check Amount $:	6. Check Number:
7. Vendor Name:	8. Vendor Number:

9. Reason for Check:

10. Project Number/Task Code:
___ ___ ___ ___ ___ ___ ___ – ___ ___ ___

11. Organization Code:
___ ___ – ___ ___ – ___ ___ ___ ___ – ___ ___ – ___ ___ – ___ ___ – ___ ___

12. Object Class Code:
___ ___ – ___ ___ – ___ ___ – ___ ___

Section II – Instructions to Reimbursables Staff, Finance Division
Complete this section, sign and date and return this form to the Regional Office identified above.

13. Deposit Ticket Number:

14. Deposit Date:

15. Comments:

16a. Signature of Finance Division Technician	b. Date:

U S C E N S U S B U R E A U

CC: file

Competitive Service/Schedule A EOD Checklist

COMPETITIVE SERVICE/SCHEDULE A EOD CHECKLIST

MANDATORY DOCUMENTS

FORM TITLE		CHECK
APPLICATION FOR EMPLOYMENT (ONE OF THE FOLLOWING):		
BC-170	CENSUS EMPLOYMENT INQUIRY	_____
OF-612	OPTIONAL APPLICATION FOR FED EMPLOYMENT	_____
	RESUME	
BC-61	APPOINTMENT AFFIDAVIT	_____
OF-306	DECLARATION OF FEDERAL EMPLOYMENT – JANUARY 2001 EDITION	_____
	MIXED TOUR AGREEMENT	_____
SF-256	SELF IDENTIFICATION OF MEDICAL DISABILITY	_____
SF-181	RACE & NATIONAL ORIGIN IDENTIFICATION	_____
I-9	EMPLOYMENT ELIGIBILITY VERIFICATION	_____
SF-1199A OR PPSB1199	DIRECT DEPOSIT OR WAIVER OF DD/EFT	_____
CD-314	STATEMENT RELATING TO EMPLOYEES CONDUCT	_____
CD-525	EMPLOYEE ADDRESS	_____
	UNIFORMED SERVICE STATUS FORM	_____
	PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION ***applies to males born after December 31, 1959 who are at least 18 years of age at time of employment**	_____
RI 20-53	ANNUITY ADJUSTMENT STATEMENT – ***if the applicant is receiving a civilian federal annuity**	_____
75 Information	Personnel information obtained from current federal agency ***applies to Schedule A employees without a break in service between agencies**	_____

OPTIONAL DOCUMENTS

W-4	FEDERAL TAX WITHHOLDING	_____
STATE	STATE TAX WITHHOLDING	_____
SF-144	STATEMENT OF PRIOR FEDERAL SERVICE - *IF NOT COMPLETED BY EMPLOYEE, CREDIT FOR ALL PRIOR FEDERAL GOVERNMENT SERVICE CANNOT BE GUARANTEED.	_____

Revised October 2007

Conflict of Interest Waiver for State, Local, or Tribal Government Employee

CONFLICT OF INTEREST WAIVER
FOR STATE, LOCAL OR TRIBAL GOVERNMENT EMPLOYEE

The person identified below is being appointed to a position in the Bureau of the Census, U.S. Department of Commerce with responsibilities relating to the conduct of the decennial census for 2000. The person is also an employee of a state, local, or tribal government entity that has a financial interest in the conduct of the census because the census count is likely to affect the level of funding of programs by the government entity and because representation at Federal, state, local, and tribal levels will be affected by or determined by the census count.

Under a Federal conflict of interest statute, a Federal employee generally may not participate in a matter as an employee of the United States Government which will have a direct and predictable effect on the financial interests of the employee or of a non-Federal employer of the employee. However, an appointing authority may issue a waiver of this restriction upon a determination that affected financial interests are not so substantial as to be likely to affect the integrity of the employee's services to the Federal Government. 18 U.S.C. § 208 (b)(1).

The employee identified below is not an elected official of a state, local, or tribal government and is not a member of a governing body (legislature, city council, etc.) Of a state, local, or tribal government. The person does not have a personal financial interest in the 2000 Decennial Census (i.e., the person's salary and benefits are not directly related to the census count and the person has no personal financial business relationships, such as contracts, with regard to the conduct of the census). The person's responsibilities as a Census employee will not include making a final decision regarding the census count in the jurisdiction of the employee's non-Federal government employer.

Name of employee: _____

Census position title: _____

Office location (city): _____

State, local, or tribal government employer: _____

State, local, or tribal government position title: _____
pension interest (mark if applicable)

☐ the employee has a pension with the state, local, or tribal government employer.

WAIVER APPROVAL - I have determined that the financial interests of the employee in the state, local, or tribal government employer , as described above, are not so substantial as to be deemed likely to affect the integrity of the employee's services to the Federal Government.

_____

Signature of Appointing Authority (Regional Director) **Date**

cc: Barbara S. Frederick, Assistant General Counsel for Administration (Fax to (202) 482-2998))

Employee Acknowledgement Statement and Approving Official Certification statement (for credit card)

U. S. DEPARTMENT OF COMMERCE
EMPLOYEE ACKNOWLEDGEMENT STATEMENT AND
APPROVING OFFICIAL CERTIFICATION STATEMENT

I certify that I (1) have received, read and understand the policies and procedures prescribed by the DOC Travel Handbook issued by the *Director for Executive Budgeting and Assistance Management*, pertaining to the Contractor-Issued Government *Travel* Charge Card Program; (2) will abide by such policies, procedures, and other instructions as may be issued by the Department, *my bureau/operating unit* and the contractor/card issuer concerning the use of the card issued to me; and (3) acknowledge that the card is to be used only for expenses incurred incident to officially authorized Government travel.

(1) _____
Employee Signature and Date

_____
Name (Type or Print)

_____
Title

_____
Organization and Bureau

(2) _____
Approving Official/Supervisor Signature and Date

_____
Name (Type or Print)

_____
Title

_____
Telephone Number

NOTE TO EMPLOYEE: Your charge card application will not be processed unless accompanied by this completed and signed form.

NOTE TO APPROVING OFFICIAL/SUPERVISOR: Your signature certifies that this employee is authorized to obtain the contractor-issued Government travel charge card. You will be notified of any inappropriate charges or if the employee's account becomes delinquent

Qualifications Analysis Worksheet

QUALIFICATIONS ANALYSIS WORKSHEET

ANNOUNCEMENT/CASE NUMBER: _____

NAME: _____
SSN: _____

TITLE, SERIES, GRADE(s): _____

BASIC ELIGIBILITY INFORMATION

List only qualifying experience or education related to the position:

Qualifications Required:

Experience:

Education:

Determination: Eligible: _____ (Grade) Ineligible: _____ (Grade)

Comments:

OF-306, Declaration for Federal Employment
Page 1of 2

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. FULL NAME *(First, middle, last)*
2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH *(Include city and state or country)*
4. DATE OF BIRTH *(MM/DD/YYYY)*
5. OTHER NAMES EVER USED *(For example, maiden name, nickname, etc)*
6. PHONE NUMBERS *(Include area codes)*
   Day
   Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO *If "NO" go to 7c.*
7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? ☐ YES *Provide information below* ☐ NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES ☐ NO ☐

10. Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* YES ☐ NO ☐

11. Are you now under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES ☐ NO ☐

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* YES ☐ NO ☐

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* YES ☐ NO ☐

U.S. Office of Personnel Management
5 U.S.C. 1302, 3301, 3304, 3328 & 8716

NSN 7540-01-368-7775

Optional Form 306
Revised January 2001
Previous editions obsolete and unusable

OF-306, Declaration for Federal Employment
Page 2 of 2

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* YES ☐ NO ☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES ☐ NO ☐

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES ☐ NO ☐ Do Not Know ☐

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES ☐ NO ☐ Do Not Know ☐

U.S. Office of Personnel Management NSN 7540-01-368-7775 Optional Form 306
5 U.S.C. 1302, 3301, 3304, 3326 & 8716 Revised January 2001
Previous editions obsolete and unusable

OF-347, Order for Supplies Services
Page 1 of 2

ORDER FOR SUPPLIES OR SERVICES | PAGE OF PAGES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER
2. CONTRACT NO. *(If any)*
3. ORDER NO.
4. REQUISITION/REFERENCE NO.
5. ISSUING OFFICE *(Address correspondence to)*

6. SHIP TO:
a. NAME OF CONSIGNEE
b. STREET ADDRESS
c. CITY | d. STATE | e. ZIP CODE
f. SHIP VIA

7. TO:
a. NAME OF CONTRACTOR
b. COMPANY NAME
c. STREET ADDRESS
d. CITY | e. STATE | f. ZIP CODE

8. TYPE OF ORDER
☐ a. PURCHASE
REFERENCE YOUR: _____
Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.

☐ b. DELIVERY -- Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA

10. REQUISITIONING OFFICE

11. BUSINESS CLASSIFICATION *(Check appropriate box(es))*
☐ a. SMALL ☐ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☐ g. SERVICE-DISABLED VETERAN-OWNED
☐ d. WOMEN-OWNED ☐ e. HUBZone ☐ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT

13. PLACE OF
a. INSPECTION | b. ACCEPTANCE

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE *(Date)*

16. DISCOUNT TERMS

17. SCHEDULE *(See reverse for Rejections)*

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	
					¤0.00	

SEE BILLING INSTRUCTIONS ON REVERSE

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO.

21. MAIL INVOICE TO:
a. NAME
b. STREET ADDRESS *(or P.O. Box)*
c. CITY | d. STATE | e. ZIP CODE

17(h) TOTAL *(Cont. pages)*

¤0.00 17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY *(Signature)*

23. NAME *(Typed)*
TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (REV. 4/2006)
Prescribed by GSA/FAR 48 CFR 53.213(f)

OF-347, Order for Supplies Services
Page 2 of 2

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of $_____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed $10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: ☐ inspected, ☐ accepted, ☐ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL / FINAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION

OPTIONAL FORM 347 (REV. 4/2006) BACK

Leave Recipient Authorization

LEAVE RECIPIENT AUTHORIZATION
Disclosure Form

To assist donors in participating in the Leave Transfer Program, the Bureau of the Census maintains a Recipient Information Binder of completed "Recipient's Leave Transfer Applications" in the Pay Processing and Systems Branch of the Human Resources Division. ***Employees who wish to donate leave will have access to this binder for purposes that are appropriate to the Leave Transfer Program.*** For instance, potential donors may wish to review the binder in order to decide to which recipient(s) they wish to make donations.

The ***Bureau also maintains a Leave Recipient page on the Intranet.*** This page provides a list of approved Leave Recipients (by identification number if name withheld), and a brief description of the medical emergency. ***Please note: The website allows unrestricted access to anyone on the Intranet.***

Please complete SECTION I, II and III below:

SECTION I

Do you wish to remain anonymous? *Place a check mark (✓) in one of the boxes below.*

Yes ☐ No ☐

SECTION II

Do you want your application maintained in the Recipient Information Binder? *Place a check mark (✓) in one of the boxes below.*

Yes ☐ No ☐

SECTION III

Do you want your case description on the HRD Intranet Page? *Place a check mark (✓) in one of the boxes below.*

Yes* ☐ No ☐

*If yes, provide a brief description (1 to 5 words) of your medical emergency.

_____

Your signature means that HRD has your written permission in accordance with the Privacy Act to disclose your application and/or brief description, as indicated above, to potential donors. A decision not to have your information maintained in HRD file or on the Intranet page will not in any way affect your eligibility to be a leave recipient.

Recipient (Your) Signature: Date:

Print (Your) Name:

OWCP-915, Claim for Medical Reimbursement
Page 1 of 2

Claim for Medical Reimbursement

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No. 1215-0193
Expires: 03/31/2007

PERSONAL INFORMATION

Name

Last First M.I.

OWCP File Number

Address

Street/P.O. Box/Apt No.

City State Zip Code

Telephone Number

FOR DOL USE ONLY

PROVIDER INFORMATION

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider)

Description of Charge (Medical appointment, name of prescription drug, description of medical product/ supply)	Date of Service (MM, DD, YY)		Amount Paid by Claimant	Have you included Proof of Payment for each item?	
	From	To		YES	NO
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Total Reimbursement
$

I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

Signature _____ Date _____

Form OWCP-915
August 2003

OWCP-915, Claim for Medical Reimbursement
Page 2 of 2

INSTRUCTIONS FOR USE OF FORM OWCP-915

- This form is to be used to seek reimbursement for out of pocket medical expenses pertaining to the treatment of an accepted condition. Form OWCP-915 can be used to seek reimbursement for expenses in regard to medical treatment, prescription medication and medical supplies.
- Please submit a separate reimbursement claim for each provider where an out of pocket expense was incurred.
- Please print clearly and legibly. Reference your OWCP file number on all documentation. Maintain a copy of the completed OWCP-915 and supporting documentation for your records.

DOCUMENTATION REQUIRED FOR MEDICAL REIMBURSEMENT

Prescription Medication

1. Completed OWCP-915
2. A paper pharmacy billingform, which must be attached to the OWCP-915 and must include the following information:
   a. Name, address and telephone number of pharmacy
   b. Pharmacy provider number
   c. Prescription number
   d. Name of claimant
   e. Date of purchase
   f. Eleven Digit National Drug Code (NDC#)
   g. New prescription or refill number
   h. Quantity of medication (e.g. # of pills or ml/cc)
   i. Amount paid by employee per medication
3. Proof of payment (can include cash receipt, cancelled check or credit card slip)

Medical Expense other than prescription medication

1. Completed OWCP-915
2. Physicians and other health care providers (i.e. physical therapists) must complete Form OWCP-1500. Hospitals and other facilities, such as ambulatory surgical centers, skilled nursing facilities, etc. must submit their bills on Form OWCP-92. Every form must be completed in its entirety in the same manner as bills submitted by the provider directly to OWCP. The amount paid by the claimant must be indicated. The OWCP-1500 or OWCP-92 must be attached to this form. It is the responsibility of the person submitting a claim for reimbursement to obtain a completed OWCP-1500 or OWCP-92 from the provider rendering service. *Without a fully completed OWCP-1500 or OWCP-92, the OWCP is not able to process a reimbursement.*
3. Proof of payment (can include cash receipt, cancelled check or credit card slip)

Travel

Do not use Form OWCP-915 to submit a claim for travel reimbursement. Claims for travel reimbursement should be submitted on Form OWCP-957.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect to this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim form to this address. Persons are not required to respond to this information collection unless it displays a currently valid OMB number.

Form OWCP-915
August 2003

OWCP-957, Medical Travel Refund Request
Page 1 of 2

Medical Travel Refund Request

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

NOTE: This report is authorized by the Federal Employees' Compensation Act (5 USC 8103(a)), the Black Lung Benefits Act (30 USC 901; 20 CFR 725.406 and 725.701) and the Energy Employees Occupational Illness Compensation Program Act of 2000, (42 USC 7384 and 20 CFR 30.701). While you are not required to respond, this information is required to obtain reimbursement for travel expenses. The method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974 and OMB Circ. 108. This form should be used for medically related travel covered by the Federal Employees' Compensation Act, the Black Lung Benefits Act and the Energy Employees Occupational Illness Compensation Program Act of 2000.

OMB No. 1215-0054
Expires: 06/30/2007

1. Claimant's Name (Last, First, MI.):

2. Case/Claim Number:

3. Payee's Name if different from claimant's name (last, first, mi.): (See instruction no. 3 on the back of form)

4. Claimant's/Payee's Address (Street/RFD, City, State, Zip Code):

Special Instructions: 1. See reverse side of form for complete instructions and attachment of receipts.
2. Physician's signature or facsimile is **REQUIRED** by BLACK LUNG for verification of each service date and type.

5a. Date of Travel:

b. ☐ One-way ☐ Round Trip

c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home

d. Travel To: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home

e. Medical facility name and address

f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☐ Tolls/Pkg
☐ Lodging
☐ Meals
☐ Other
(Specify)

g. Private Auto Only Miles traveled

DOL USE ONLY
TOS/Procedure Code
$
Total $

FOR BLACK LUNG USE ONLY
h. To be completed by Physician:
(Mark one box only)
Care Rendered ☐ Treatment for Black Lung ☐ Not Black Lung Related ☐ Determine, Test for Black Lung
Diagnosis
(Signature of Physician)
(Date Care Rendered)

6a. Date of Travel:

b. ☐ One-way ☐ Round Trip

c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home

d. Travel To: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home

e. Medical facility name and address

f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☐ Tolls/Pkg
☐ Lodging
☐ Meals
☐ Other
(Specify)

g. Private Auto Only Miles traveled

DOL USE ONLY
TOS/Procedure Code
$
Total $

FOR BLACK LUNG USE ONLY
h. To be completed by Physician:
(Mark one box only)
Care Rendered ☐ Treatment for Black Lung ☐ Not Black Lung Related ☐ Determine, Test for Black Lung
Diagnosis
(Signature of Physician)
(Date Care Rendered)

7a. Date of Travel:

b. ☐ One-way ☐ Round Trip

c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home

d. Travel To: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home

e. Medical facility name and address

f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☐ Tolls/Pkg
☐ Lodging
☐ Meals
☐ Other
(Specify)

g. Private Auto Only Miles traveled

DOL USE ONLY
TOS/Procedure Code
$
Total $

FOR BLACK LUNG USE ONLY
h. To be completed by Physician:
(Mark one box only)
Care Rendered ☐ Treatment for Black Lung ☐ Not Black Lung Related ☐ Determine, Test for Black Lung
Diagnosis
(Signature of Physician)
(Date Care Rendered)

8. **Payee's Certification:** I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

Claimant's/Payee's Signature

Date:

Form OWCP-957
Rev. Aug 2003

OWCP-957, Medical Travel Refund Request
Page 2 of 2

Instructions (Form OWCP-957)

1. Enter claimant's full name: last name, first name, middle initial.

2. Enter claimant's claim/case file number.

3. Enter payee's full name (if person other than the claimant is to be reimbursed): last name, first name, middle initial. A payee other than the claimant must have special authorization.

   Please explain the following:

   a. Relationship to the claimant _____

   b. The reason you are requesting reimbursement _____

4. Enter the address of the person to be reimbursed. The address is to include: Street/RFD, City, State, Zip Code

5, 6, and 7. Complete a separate block for each medical facility visited on the same day. For travel on different days, complete one block for each date.

   a. Enter date of travel.

   b. Mark one box only.

   c. Mark one box only.

   d. Mark one box only.

   e. Enter the name and address of the medical facility.

   f. Mark each box for which you are claiming reimbursement and list the amount of money spent for each item.

   g. Enter the total number of miles traveled by private automobile.

   h. The physician or designee is to complete this item (for Black Lung use only).

8. The person claiming reimbursement must sign here.

Attach all original receipts for expenses listed in 5f, 6f, and 7f. The claimant's full name and Social Security Number should appear on each receipt.

FOR BLACK LUNG USE ONLY

Note:
- Only travel expenses for the miner are reimbursable
- Special approval from the district office is needed for lodging or for travel exceeding 75 miles one way or 150 miles roundtrip.
- To obtain your district office telephone number, call toll free 1-800-638-7072.
- Reimbursement for meals will be made only when authorized travel exceeds 24 hours or under special circumstances.
- Travel to pick up medicine, equipment or supplies in not reimbursable.

FOR ENERGY EMPLOYEES ONLY

Note: Special approval from the district office is needed for overnight or air travel, or for travel exceeding 100 miles one way or 200 miles roundtrip. To obtain your district office telephone number, call toll free 1-866-272-2982.

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

D-1145, Employee Register

FORM D-1145
(9-20-2006)

EMPLOYEE REGISTER
2010 Census

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Date (a)	Time In (b)	Time Out (c)	Name (Print last name, first name) (d)	Name of department or person visiting (e)	Purpose of visit (f)
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			
	☐ am ☐ pm	☐ am ☐ pm			

U S C E N S U S B U R E A U

D-449(PBO), Emergency Contact Information Card

Emergency Contact Card D-449 (PBO)
Front:

Form D-449 (PBO)
(4-30-2009)
LCO: _____
Applicant ID: _____
FOSD: _____ **CLD:** _____

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

EMERGENCY CONTACT INFORMATION CARD
2010 Census

If any of your assigned Census materials that contain Title 13/PII are lost, missing or stolen, ***you must***:

(1) Contact the Decennial CIRT (Computer Incident Response Team) at **1-877-744-1522** within one hour.
(2) Contact your supervisor **immediately** after calling the Decennial CIRT.

Examples of Title 13/PII materials are address lists, questionnaires with printed address labels, completed questionnaires for facilities or individuals, listings of residents, etc.

Back:

Important Telephone Numbers:
LCO ……..._____
Help Desk ……..1-888-505-2010 (toll-free)
Payroll/Personnel Issues ……1-877-233-4776 (after contacting LCO)
Decennial CIRT……..1-877-744-1522
Supervisor's Phone Number …….…….. _____

Form D-449 (PBO)

(4-30-2009)

U S C E N S U S B U R E A U

CD-334, Request for Approval of Extra Fare Air Accommodations

FORM CD-334
(REV. 9-06)
DAO 204-1

U.S. DEPARTMENT OF COMMERCE

REQUEST FOR APPROVAL OF EXTRA FARE AIR ACCOMMODATIONS

INSTRUCTIONS: Submit original and one copy to the Office of the Assistant Secretary for Administration, Main Commerce, Room 5830 HCHB, at least **15 DAYS** prior to the beginning of the trip. Request shall include specific justification for **EACH** leg of the trip for which EXTRA FARE accommodations are requested. Policy and guidelines for use of extra fare accommodations are contained in DOC Travel Handbook 1-3.3d. A copy of the CD-29, Travel Order, must be attached.

1. NAME OF TRAVELER	2. TITLE AND GRADE	3. DATE OF REQUEST
Last Name, First Name	Traveler's Title, Grade -XX	Date
4. BUREAU NAME/ORGANIZATIONAL UNIT	**5. OFFICIAL DUTY STATION**	**6. OFFICE PHONE NUMBER**
US Census Bureau, Employee's Duty Station	Boston, MA	XXX-XXX-XXXX

7. TRAVEL ORDER NUMBER	8. PERIOD OF TRAVEL	BEGINNING DATE	ENDING DATE
Number Assigned by TMIS+	——— ▸	Date Travel Begins	Date Travel Ends

9. (a) ITINERARY (as shown on the CD-29 Travel Order)

Itinerary Detail as it appears on page 2 of the travel authorization.

(b) PORTION OF TRAVEL FOR WHICH APPROVAL OF EXTRA FARE IS BEING REQUESTED

Enter the portion of travel for which approval of extra fare is being requested.

10. SPECIFIC JUSTIFICATION FOR USE OF EXTRA FARE AIR ACCOMMODATIONS MUST BE INCLUDED FOR EACH LEG OF THE TRIP
(Must comply with the Federal Travel Regulation referenced at 301-10.123 or 301-10.124)

Must be a detailed justification for use of extra fare air accommodations.

Box 12 - Self Explanatory

11. NAME OF AIRLINE(s) AND FLIGHT NUMBER(s)

Example: United Flight Number - 123

12. COSTS—Specify ☐ ONE WAY **OR** ☐ ROUND TRIP

- Cost of Extra Fare $ _____
  - ☐ Business/Clipper
  - ☐ First Class
- Cost of Coach Fare $ _____
- Additional Cost: $ _____

13. PRINT NAME (Required), SIGNATURE AND TITLE OF FIRST LINE OFFICIAL RECOMMENDING APPROVAL/DATE

1st Line Supervisors Name
Print Name

1st Line Supervisors Signature & Date
Signature and Title Date

14. (a) Assistant Secretary for Administration or Designee

SIGNATURE OF AUTHORIZING OFFICIAL

☐ APPROVED AS REQUESTED

☐ APPROVED AS MODIFIED BELOW

☐ DISAPROVED

Approving Officials Name & Date
PRINT NAME (Required) Date

Approving Officials Signature
SIGNATURE OF AUTHORIZING OFFICIAL
Assistant Secretary for Administration or designee

Official Checks Appropriate Box

14. (b) MODIFICATION(s) (If applicable)

Statement including required modification requested by the Approving Official.

DD-214, Certificate of Release or Discharge from Active Duty

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER

4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH *(YYYYMMDD)*	6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*

7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE ☐ NONE AMOUNT: $

11. PRIMARY SPECIALTY *(List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)*	12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
	a. DATE ENTERED AD THIS PERIOD			
	b. SEPARATION DATE THIS PERIOD			
	c. NET ACTIVE SERVICE THIS PERIOD			
	d. TOTAL PRIOR ACTIVE SERVICE			
	e. TOTAL PRIOR INACTIVE SERVICE			
	f. FOREIGN SERVICE			
	g. SEA SERVICE			
	h. INITIAL ENTRY TRAINING			
	i. EFFECTIVE DATE OF PAY GRADE			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*	14. MILITARY EDUCATION *(Course title, number of weeks, and month and year completed)*

15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES		NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP *(10 USC Sec. 2107b)*		YES		NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM *(10 USC Chap. 109) (If Yes, years of commitment: ____)*		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION *(Include ZIP Code)*	b. NEAREST RELATIVE *(Name and address - include ZIP Code)*

20. MEMBER REQUESTS COPY 6 BE SENT TO *(Specify state/locality)* ____ OFFICE OF VETERANS AFFAIRS		YES		NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		YES		NO

21.a. MEMBER SIGNATURE	b. DATE *(YYYYMMDD)*	22.a. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title, signature)*	b. DATE *(YYYYMMDD)*

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Include upgrades)*

28. NARRATIVE REASON FOR SEPARATION

29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*	30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, AUG 2009 PREVIOUS EDITION IS OBSOLETE. VETERANS ADMINISTRATION - 3

Appendix I: Summary of Ethics Rules

SUMMARY OF ETHICS RULES

Bureau of the Census
2004

ETHICS DIVISION – OFFICE OF THE ASSISTANT GENERAL COUNSEL FOR ADMINISTRATION (202) 482-5384 – Ethicsdivision@doc.gov

UNITED STATES DEPARTMENT OF COMMERCE

PUBLIC SERVICE IS A PUBLIC TRUST

As an employee of the Bureau of the Census, you have been placed in a position of trust and are held to a high standard of ethical conduct. This handout contains a summary of the rules set forth in conflict of interest statutes and the *Standards of Ethical Conduct for Employees of the Executive Branch*. You should retain this handout for use as a reference source. The first part of the handout contains a basic summary of ethics rules; the second part provides specific guidance for Census employees on some of the rules.

For advice about ethics rules, contact the Ethics Division of the Office of the Assistant General Counsel for Administration, U.S. Department of Commerce, at

(202) 482-5384 or ethicsdivision@doc.gov.

Designated Agency Ethics Official:
General Counsel

Alternate Designated Agency Ethics Official:
Barbara S. Fredericks, Assistant General Counsel for Administration

Office of the Assistant General Counsel for Administration

To obtain legal advice regarding other administrative law issues, call the following offices:

Employment and Labor Law Division at (202) 482-5017 – for advice regarding personnel law and labor law issues

General Law Division at (202) 482-5391 – for advice regarding appropriations laws and laws regarding the release of information, conduct of advisory committee meetings, and general administrative law issues.

Office of Inspector General

The Ethics Division provides advice but does not investigate allegations of violations of law. To report fraud, waste, abuse, or other violations of law, or to request an investigation, call the Office of Inspector General HotLine at (800) 424-5197 or (202) 482-2495 or e-mail hotline@oig.doc.gov.

FINANCIAL CONFLICTS OF INTEREST

Basic Principle: No Self-Dealing

Financial Conflicts of Interest. You may not, as part of your official Government duties, participate in any matter that will have a direct and predictable effect on your personal financial interests, unless an exemption or waiver applies. This rule applies to matters involving specific parties in which you have a financial interest and to broad policy matters that affect many entities, including ones in which you have an interest (such as a policy affecting an entire industry sector if you have stock holdings in one of the companies in the industry sector).

Financial Interests of Relatives and Business Associates. The financial interests of some persons are considered so intertwined with your own that they are attributed to you for purposes of determining conflicts of interest and you are barred from

participating in matters affecting their financial interests. These include the financial interests of your spouse, minor children, household members, general partners (but not limited partners), and non-Federal employers; persons with whom you are seeking employment; and any entity with which you are serving as a director, officer, or trustee.

Exemptions. Exemptions permit you to participate in matters affecting a financial interest if the financial interest is a:

- holding in a diversified mutual fund;
- holding in an industry sector-specific mutual fund or geographic sector-specific mutual fund valued at $50,000 or less (if all interests in sector-specific funds that concentrate investments in the same sector total $50,000 or less);
- publicly-traded stock or bond holding of $15,000 or less in a company if the company is a party to a matter (or $25,000 or less if the company is not a party to a matter) with regard to a specific-party matter; or
- publicly-traded stock or bond holding of $25,000 or less in a company with regard to a broad policy matter (if total holdings in the industry or group affected by the matter are $50,000 or less).

Waivers. A waiver of the above restrictions may be issued by the Director for interests that are not substantial; however, Department policy is generally to rely on the exemptions listed above rather than issue individual waivers. Nevertheless, if you believe that a waiver is appropriate in a particular case, contact the Ethics Division at (202) 482-5384.

APPEARANCES OF BIAS
(NON-FINANCIAL CONFLICTS OF INTEREST)

Basic Principle: No Special Favors

Appearances of Impropriety concerning Participating in Matters Affecting Relatives and Associates. Unless you receive specific authorization, you may not participate in a matter as a Census employee if one of the parties to the matter is (or is represented by) a person with whom you have close family or business ties ("covered relationships"), if your participation would create an appearance of loss of impartiality. Persons with whom you are considered to have a "covered relationship" include:

- persons with whom you have or are seeking a business or a financial relationship (other than a routine consumer transaction);
- members of your household;
- your close relatives;
- employers and clients of your parents, dependent children, and spouse (and their prospective employers or clients);
- former non-Federal employers and clients (for a one-year period, or a two-year period if you received an extraordinary severance payment from the former employer before entering into Federal service); and

- organizations in which you are an active participant (other than political organizations).

Exceptions. Authorization to participate in a matter in which one of these persons or entities is a party (or represents a party) may be granted if the need of the Bureau in your participation outweighs appearance concerns. To seek such an authorization, contact the Ethics Division at (202) 482-5384.

GIFTS, BRIBES, AND SALARY SUPPLEMENTATION

Basic Principle: Avoid Undue Influence

Bribes and Salary Supplementation. You may not solicit or receive payment for taking or failing to take action as a Federal employee. You also may not accept payment for performing official duties from a source other than the Government.

Personal Gifts. Generally, you may not accept a gift from a person or entity that has a contract, grant, or other business with the Department or that is seeking such business; is regulated by the Department; or has interests that may be affected by performance of your Census duties. You also generally may not accept a gift that is given to you because of your Census position. Gifts to your spouse or minor children are considered gifts to you in most circumstances. However, *exceptions* permit you to accept:

- items of little intrinsic value (cards, plaques, trophies);
- gifts of $20 or less (other than cash) (up to $50 per year from the same donor);
- gifts from relatives or friends (if based on a personal relationship);
- invitations to widely-attended events (if from the host (generally) and if your supervisor approves as being in Census's interest and as outweighing any appearance concern);
- discounts available to a broad range of persons;
- awards and honorary degrees (in specified circumstances);
- meals, lodging, transportation, and other benefits based on an outside business or employment relationship;
- business meals overseas, if a foreign citizen or a representative of a foreign entity is present (up to the *per diem* for the city); and
- gifts from a foreign government of $285 or less. (Gifts of over $285 may be accepted, but become property of the United States Government.)

Gifts between Employees. In general, you may not offer a gift to a supervisor or accept a gift from a subordinate. However, *exceptions* permit you to accept or give:

- a gift for a special occasion (such as a child's birth, a retirement, or a wedding);
- items of $10 or less given occasionally;
- food shared in the office; and
- personal hospitality at one's home or a gift to a host or hostess.

Gifts to Census. With approval, you may accept a gift for Census activities, including

travel (if unsolicited), if acceptance would not appear improper; this generally precludes accepting gifts from a Census contractor or grantee or anyone with a controversial matter before the Bureau.

OUTSIDE EMPLOYMENT AND ACTIVITIES AND LOBBYING THE GOVERNMENT

Basic Principle: Avoid Divided Loyalties

Working for the Federal Government does not preclude other employment, but non-Government employment and activities may not conflict with your Federal job.

General Rule on Outside Employment. You may not engage in outside employment or any other outside activity that conflicts with your Government position, including employment that requires disqualification from significant Government duties and activities that create an appearance of using public office for private gain. There are special rules for practicing law, writing or teaching for compensation, and working overseas. Call the Ethics Division for specific advice regarding these special rules.

Working for a Foreign Government. The U.S. Constitution bars you from working for, or accepting any compensation, including salary or travel expenses, from, a foreign government, unless specifically authorized by statute.

General Rule on Lobbying the Government and Receiving Payments for Lobbying. You may not, in general, act as an agent or attorney or, if paid, otherwise represent others before any Federal agency or Federal court in your personal capacity. Representation includes any contact made on behalf of someone else with the intent to influence Government action. In addition, you are barred from receiving any payment that is based on the representational activities of someone else, such as a partner, before a Federal agency or Federal court during a period you serve as a Federal employee.

***Exceptions* to the Rule on Lobbying the Government.** You may represent other Federal employees in some personnel disputes if you do not receive compensation and you may represent your parents, spouse, or children, or an estate or trust, if you receive prior approval. You may also represent, without compensation, professional, recreational, and similar groups before the Government if the majority of the organization's members are Federal employees or their spouses or dependents, if the matter does not involve claims against the Government, proceedings in which the organization is a party, or Government financial benefits to the organization. Contact the Ethics Division if you need to obtain prior approval or advice.

POLITICAL ACTIVITIES

Basic Principle: Keep Government and Political Activities Separate

General Restrictions concerning Engaging in Political Activities. You may not engage in partisan political activities while on Government premises or while on official duty. You also may not use the authority of your Government position or Government resources, including equipment, services, or your official title, in connection with partisan political activities. In addition, you may not:

- accept or receive a political contribution;
- personally solicit political contributions or host a political fund-raiser;
- run as a candidate in a partisan election (except as an independent candidate in certain designated areas); or
- solicit or accept volunteer services from a subordinate. (However, an exception to the rule against political fund-raising lets a union member solicit other union members who are not subordinates for contributions to a multi-candidate political committee of the union.)

Permissible Activities. Except as indicated in the above restrictions, you may actively engage in political campaign activities during non-duty hours (unless you are a career member of the Senior Executive Service or an administrative law judge). Permissible activities include:

- assisting in the management of a campaign;
- serving as an officer in a political organization;
- soliciting votes (but not funds) for a candidate;
- giving speeches on behalf of a candidate or party;
- making telephone calls or stuffing envelopes on behalf of a campaign; and
- speaking at a fund-raising event (if you do not ask for funds and are listed as a guest or speaker and not as a host of the event).

Special Rules for Career SES Members and Administrative Law Judges. If you are a career member of the Senior Executive Service or an administrative law judge, you may not actively assist in the conduct of a partisan campaign or serve as an officer in a political organization, even during non-duty hours. However, during non-duty hours you may actively participate in nonpartisan elections and non-candidate campaigns, such as for referenda; regarding partisan candidate campaigns, you may vote, make contributions, sign nominating petitions, and engage in similar activities.

MISUSE OF GOVERNMENT POSITION AND RESOURCES

Basic Principle: Thou Shalt Not Steal

Use of Government Resources. You may use Government resources only for authorized Government activities. This includes Government equipment, supplies, and services, and the time of Government personnel. You may not use information you receive in the course of Federal service for personal purposes, unless the information is also available to the public. However, you may use frequent flier miles and other benefits you earned from Government travel for personal purposes, including personal

travel or upgrades for official travel.

Rule on the Use of the Internet and E-mail. You may use access to e-mail and to the Internet for personal activities if such use does not interfere with the business of your office and is not prohibited by your agency, if you do not use access for:

- the pursuit of private commercial business activities or profit-making ventures;
- partisan political activities;
- prohibited lobbying activities;
- uses that result in additional charges to the Government;
- engaging in prohibited discriminatory conduct; • obtaining or viewing sexually explicit material;
- any activity that would bring discredit on the Department; or
- any violation of a statute or regulation.

Due to a change in the Department's Internet Policy in 2004, employees are now permitted to use office printers for personal Internet and e-mail uses, provided it does not consume excessive resources.

Use of Government Position. You may not use your Government authority, including business contacts obtained through Government employment, for personal activities. In addition, you may not use your Census title in connection with a non-Government activity, except that you may use your Government title in connection with personal activities as part of general biographical data if it is given no more prominence than other significant biographical details.

SEEKING EMPLOYMENT AND POST-EMPLOYMENT RESTRICTIONS

Basic Principle: Avoid Divided Loyalties

Seeking Employment. Once you begin to seek non-Federal employment, you must disqualify yourself from working as a Census employee on any matter in which your prospective employer has a financial interest. Your disqualification must continue until either you or the prospective employer indicate a lack of interest in pursuing the matter (or until two months have passed after you submitted a résumé with no response). If you are participating in a procurement over $100,000, you must notify your supervisor and the Ethics Division, in writing, of employment contacts with or from a competing contractor.

Post-Employment Restrictions. After you leave Federal service, you may not:

- lobby any Federal agency or Federal court (i.e., contact a Federal agency or Federal court on behalf of someone else to influence Government action) concerning specific-party matters on which you worked;
- for two years, lobby any Federal agency or Federal court on specific-party matters on which your subordinates worked during your last year of Federal service;
- for one year, lobby any official of the Bureau of the Census, if you served as a "senior employee" (pay is equal to or greater than 86.5% of the Executive Level II

pay rate ($135,805 in 2004) or was at or greater than SES level 5 on 11/23/2003) (or the Department, if you served as a Presidential appointee);

- for one year, advise or represent foreign governments and foreign political parties, if you served as a "senior employee;"
- disclose or use certain nonpublic information gained during the course of Federal employment, including information obtained from a treaty negotiation, private personnel information, trade secrets or proprietary business information, and national security information; or
- for one year, accept compensation from the winning contractor of a major procurement (over $10,000,000), if you served as a procurement official or program manager.

***Exceptions* and Special Post-Employment Rules.** There are exceptions to some post-employment rules regarding testimony and representing state and local governments, international organizations, educational institutions, and medical institutions. There are also special rules applicable to attorneys, and to former employees who received buyouts. Contact the Ethics Division at (202) 482-5384 for a summary of these rules or for guidance on their application to a specific situation.

FINANCIAL DISCLOSURE

Basic Principle: Tell the Whole Truth

Guidelines for Filing a Financial Disclosure Report. If you serve in a position in which you may work on matters that are likely to have a substantial impact on the financial interests of members of the public, you may be designated as being required to file a financial disclosure report. Such reports are due when appointed to such a position and annually thereafter. The information requested on such forms–financial investments, liabilities, gifts, non-Federal positions, and arrangements with past and future employers–is information relevant to the ethics rules discussed in this handout. Ethics officials review the reports in order to identify potential conflicts of interest and to advise you on means to resolve any problem. For this system to work effectively, you must file your report on time and you must list all information requested as completely and clearly as possible.

Specific Guidance. When filling out your report, please:

- sign and date the report;
- if reporting a mutual fund, identify the specific fund by name;
- if reporting an IRA or 401(k) plan, identify the specific holdings in the account;
- do not list as a gift payments for Government travel–these are gifts to the Government and should be reported on a Form CD 210 and a Form SF 326;
- do not list a mortgage on a personal residence, unless you receive income from the property; and
- if listing an investment in, or position with, a closely-held company or a partnership, identify the nature of the business of the company or partnership.

Remember that this information is used to provide advice to you, so the information you include on your report must be specific and complete in order to be useful.

For further advice on ethics rules or their application to specific situations, call the Ethics Division of the Assistant General Counsel for Administration, U.S. Department of Commerce, at (202) 482-5384.

ETHICS GUIDANCE FOR EMPLOYEES OF THE BUREAU OF THE CENSUS

Financial Conflicts of Interest

Investments in Municipal Bonds – Although stock holdings often present financial conflicts of interest, for Census employees conflicts may also arise with regard to investments in municipal bonds and other state and local government securities. You may not participate as a Census employee in any matter affecting your personal financial interests, which may include a state, local, or tribal government in which you hold a bond. A conflict may also be presented by a mutual fund if the fund is geographic-specific and invested in a locality in which you have official duties, if the total value of the fund (and of other funds focusing investments in that geographic area) is greater than $50,000.

Appearances of Bias (Non-Financial Conflicts of Interest)

Participation in Professional Organizations – If you are an active member of a professional organization, such as a member of an association of statisticians or economists, in a private capacity, you will be barred from participating at the Bureau on matters in which that organization is a party or is representing a party. If this will interfere with your Census duties, you should refrain from such personal activities or should seek advice from the Ethics Division. If you are serving with an organization, you must be careful not to co-mingle your private and Government activities, such as by speaking at an organization event in your official capacity or while on Government time. If it is useful for your office to provide input to the organization, you may be permitted to serve as a liaison in an official capacity, but only if you do not also have a role with the organization in a private capacity. You may not serve in an official capacity as an officer or director of a non-Federal organization (unless it is a standards-setting body).

Authorization to Participate in a Matter Involving a Former Employer or Client – As noted in the summary of ethics rules, you generally may not participate in a matter if one of the parties is a former employer or client, or if one of the parties is represented by a former employer or client, for a period of one or two years (depending on

severance payment arrangements). If it is important for the Bureau that you participate in the matter, notwithstanding the potential appearance problems, special authorization to participate is available through the Ethics Division.

Gifts, Bribes, and Salary Supplementation

Widely-Attended Events – You may be invited to an event, such as a dinner, lunch, or reception, held by a company, organization, or government with interests in Census activities. You may attend such an event if: (1) the value of the invitation is $20 or less (and total gifts you received from the person or firm inviting you will remain $50 or less for the year), or (2) your supervisor approves your attendance as in the interests of the Bureau (and, if the invitation is not from the host, more than 100 persons are attending and the value per person is $285 or less). In an event for which you received supervisory approval to attend, you may also bring your spouse or an accompanying guest if others persons invited are also allowed to bring a spouse or accompanying guest. However, you may not attend such an event if it is primarily entertainment in nature, such as a concert or sports event (unless it is the equivalent of a product demonstration).

Honoraria in Connection with Official Speaking Engagements – Although the Bureau of the Census has authority to accept travel payments in connection with official speaking engagements, if not solicited and if the circumstances would not be likely to create an appearance of loss of impartiality in the operation of Census activities. However, a Department policy bars agencies, including Census, from accepting an honorarium in connection with an official speech or appearance.

Soliciting Gifts for Census Programs – Bureau officials may solicit, as well as accept, gifts (other than travel gifts) to support Census programs, provided that the gifts do not present an appearance of loss of impartiality with regard to agency programs or employees. This authority has been used in the past to obtain funding in support of conferences and similar events. It is important that any solicitation program be conducted in a manner that ensures fairness and avoids any appearance of preferential treatment to donors with regard to agency operations. Thus, solicitations should be broad-based–made to associations or groups representing a broad spectrum of non-Federal entities or to a broad spectrum of interested non-Federal entities. Sponsorship arrangements may not include an agreement of exclusivity (i.e., sponsors may not bar acceptance of donations from competing companies) and may not include arrangements for donors to have special access to Government officials or to Government information. Before soliciting gifts, you should seek specific guidance from the Ethics Division at (202) 482-5384.

Outside Employment and Activities

Service with Non-Federal Organizations – If you serve as an officer or director of an outside organization, such as a professional association, you may not participate as a Census employee on any matter that is likely to affect the financial interests of the organization. This may preclude you from serving with organizations that are active in matters before your office. If it would benefit the Bureau to have an official relationship with a private organization, you may be assigned as a liaison to the organization, in which case your service with the organization would be in an official capacity, rather than as an outside activity. However, you may not be assigned to serve in an official capacity as an officer or director of a non-Federal organization (other than a standards-setting body).

Working for State, Local, or Tribal Governments – Federal employees may not participate on matters affecting the financial interests of any outside employer. Because state, local, and tribal governments have an interest in the conduct of the decennial census, Census employees working on the decennial census in most circumstances may not accept outside employment with a state, local, or tribal government. However, there is an exemption that permits some temporary Census employees to work on decennial census matters that may affect their non-Federal government employers, provided that they do not hold elective office.

Lobbying the Government

Representing Others Before Federal Agencies – Employees in Census, like all Executive Branch employees, are barred from serving as an agent or attorney for or, if paid, otherwise representing anyone before a Federal agency or Federal court. This generally bars any contacts made with the intent to influence Government action. However, you may contact other agencies in an official capacity if the communication supports an agency program, including contacting the Bureau of Citizenship and Immigration Services of the Department of Homeland Security (the successor agency to the Immigration and Naturalization Service) to recommend a residency permit for an individual whose presence in the United States directly supports a Department program. Such contacts may only be made to support an agency program and should be approved by a senior official in the Bureau.

Political Activities

Holding an Elective Office with a State, Local, or Tribal Government – The statute that restricts Federal employees from engaging in political activities bars you from running for office in a partisan election, but does not prohibit you from running for office in a non-partisan election–an election in which candidates are not identified by party affiliation. However, ethics rules regarding outside

activities may preclude you from holding a position with a local government if your Federal position entails working on matters in which that government has a financial interest or is actively involved. It is this ethics rule, rather than the political activity rules, that bars Census officials with decennial census responsibilities from holding elective office in a state, local, or tribal government.

Political Activities by Employees in Field Offices – If you are authorized to use a private vehicle in the conduct of official duties, you may not display on the vehicle any partisan political sign while performing Government duties. You must cover any such sign on your car during the period in which the vehicle is used for official Government work.

Misuse of Government Resources

Protection of Information – Census employees must be particularly careful to safeguard non-public information to which they have access, such as census data available to Census employees. Even data that will be released to the public may not be used until disclosure is authorized. Misuse of such information may lead to criminal penalties as well as disciplinary action.

Seeking Employment and Post-Employment Restrictions

New Definition of "Senior Employee" – Effective January 11, 2004, the law was changed with regard to the compensation of members of the Senior Executive Service (SES) and the definition of "senior employee" for purposes of post-employment restrictions. Pay levels in the SES have been abolished, so service at SES level 5 (or higher) is no longer the determining factor as to whether an employee is a "senior employee" for purposes of post-employment restrictions. Under the new law, anyone receiving pay equivalent or greater than 86.5% of Executive Level II ($135,805 in 2004) is considered a "senior employee" for purposes of the post-employment statute and will, thereby, be subject to the one-year "no-contact" rule and the restrictions on representing or advising foreign governments. In addition, anyone who was a senior employee on 11/23/2003 (due to having a pay rate equal to or greater than SES level 5) remains a senior employee for two years thereafter.

<u>Exceptions with Regard to Post-Employment Work for State and Local Governments</u> – There are exceptions to some of the post-employment restrictions with regard to work for state or local governments. If working for such an entity after leaving Federal employment, you should seek specific advice from the Ethics Division as to the restrictions which will apply to you and whether exceptions apply regarding specific representational activities.

CITATIONS TO APPLICABLE LAW

Financial Conflicts of Interest 18 United States Code (U.S.C.) § 208 5 Code of Federal Regulations (C.F.R.) §§ 2635.401 - 2635.403, 2635.502, 2640.201 - 2640.202

Appearances of Bias (Non-Financial Conflicts of Interest) 5 C.F.R. §§ 2635.501 - 2635.503

Gifts, Bribes, and Salary Supplementation 5 U.S.C. §§ 7342, 7351, and 7353; 15 U.S.C. § 1522; 18 U.S.C. §§ 201 and 209 5 C.F.R. §§ 2635.201 - 2635.205, 2635.301 - 2635-304; 41 C.F.R. Part 304-1 Department Administrative Order 203-9

Outside Activities and Lobbying the Government 18 U.S.C. §§ 203, 205, and 208 5 C.F.R. §§ 734.201 - 734.702

Political Activities 5 U.S.C. §§ 7321 - 7326 5 C.F.R. §§ 734.201 - 734.702

Misuse of Government Position and Resources 18 U.S.C. § 641 5 C.F.R. §§ 2635.701 - 2635.705 Department of Commerce Internet Use Poicy

Seeking Employment and Post-Employment Restrictions 18 U.S.C. § 207; 41 U.S.C. § 423 5 C.F.R. Parts 2635, 2637, and 2641; 15 C.F.R. §§ 15.11 - 15.18; 37 C.F.R. Part 10

Prepared by the Ethics Division, Office of the Assistant General Counsel for Administration, U.S. Department of Commerce – May 4, 2004

2004 Census - 14

Appendix I: D-472, Top 10 Ethics Rules For Decennial Census Employees

D-472
(4-24-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administratio
U.S. CENSUS BUREAU

TOP 10 ETHICS RULES FOR DECENNIAL CENSUS EMPLOYEES
2010 Census

AVOID MISUSING YOUR GOVERNMENT JOB

1. **Do not** use your official title or Government resources (duty time, computer, e-mail access, information, fax, copier, vehicle) for personal activities.
2. **Do not** create the appearance that you are using your public office for the private gain of your friends, relatives, private employer, or anyone else.

AVOID SELF-DEALING

3. **Do not** work on an assignment that will affect your financial interests; your financial interests include your investments as well as those of your spouse and minor children and the financial interests of any organization in which you serve as an officer or board member.
4. **Do not** work on as assignment in which your non-Census employer (or a prospective employer) has a financial interest, unless authorized by law.

AVOID APPEARANCES OF FAVORITISM

5. **Do not** work on an assignment if you have a close relationship with one of the parties; you have such a relationship with household and close family members, recent former employers, and organizations in which you are active personally.

AVOID UNDUE INFLUENCES

6. **Do not** accept a gift offered because of your Census position or from someone affected by Census operations, unless an exception applies, such as for (1) gifts of $20 or less (up to $50 per year) and (2) gifts from friends and relatives.
7. **Do not** give a gift to a supervisor or accept a gift from a subordinate, unless it is: (1) for a major life event (e.g., marriage, retirement) or (2) $10 or less in value.

AVOID DIVIDED LOYALTIES

8. **Do not** engage in outside activities with non-Federal entities that have matters before your office.
9. **Do not** engage in political activities while on Government premises or during duty hours.
10. **Do not**, unless your job requires, contact a Federal official for someone else.

For a copy of the "Standards of Ethical Conduct for Employees of the Executive Branch" go to www.ogc.doc.gov/ethics.html; *for ethics advice, contact the Department of Commerce Ethics Law and Programs Division at 202–482–5384 or* ethicsdivision@doc.gov.

U S C E N S U S B U R E A U

Appendix I: D-473, General Ethics Principles

D-473
(4-28-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

GENERAL ETHICS PRINCIPLES
2010 Census

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.
2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.
4. An employee shall not, except as permitted in ethics regulations, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or non-performance of the employee's duties.
5. Employees shall put forth honest effort in the performance of their duties.
6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
7. Employees shall not use public office for private gain.
8. Employees shall act impartially and not give preferential treatment to any private organization or individual.
9. Do not engage in political activities while on Government premises or during duty hours.
10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.
11. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.
12. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those&such as Federal, State, or local taxes&that are imposed by law.
13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.
14. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards set forth in ethics regulations. Whether particular situations create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.

Prepared by the Ethics Law and Programs Division, Office of the Assistant General Counsel for Administration, United States Department of Commerce
202–482–5384 – ethicsdivsion@doc.gov – April 2, 2009

U S C E N S U S B U R E A U

Owner: bryne002.AMSD.ADNET.HQ.CENSUS
Job Name: Microsoft Word - Appendix J Modified Oath of Office, Si
Submitted: 8-20-10 12:12:46 pm
www.novell.com/iPrint

APPENDIX J: MODIFIED OATH OF OFFICE, SIGNATURE PAGE

MODIFIED OATH OF OFFICE

I, _____, do sincerely affirm that I will not violate, undermine, or bear harm to the Constitution of the United States; that I will support and remain true to the mission of the same; that I take this obligation freely, without mental reservation or purpose of evasion; and that I will well and dependably discharge the duties of the office on which I am about to enter. I affirm.

_____
(Signature of appointee)

_____
(Date)

_____
(Signature of trainer)

_____
(Title)

NOTE: *This signed statement is to be attached to a signed BC-61, Appointment Affidavits that has Section A, Oath of Office, stricken out.*

APPENDIX K: ADMINISTRATIVE REGIONAL TECHNICIAN (RT) CHECKLIST

ADMINISTRATIVE RT CHECKLIST

A. Recruiting

Applicant Folders

Process:

- Select a minimum of 5 applicant folders

_____1. Is there a process in place that ensures application review upon receipt from RAs?
_____2. Is the bin system being used?
_____3. Is the BC-170D complete? (Review "Explanations or Answers to Questions" section for completeness.
_____4. Is the information on the BC-170D accurately represented in DAPPS?
_____5. Is the I-9 complete?
_____6. Is their supporting documentation for veterans' preference?

Eligibility

Process:

- Run the following Recruiting Reports that pertain to Eligibility issues: Applicants with no test, Applicants Ineligibility, and Work Authorization
- Locate the applicants folders with eligibility issues based on the Recruiting Reports.

_____7. Does the eligibility issue on the report match what information provided in the applicant folder?
_____8. Are the applicant folders that are ineligible filed separately?
_____9. Is there a process in place that addresses ineligible applicants?

ADMINISTRATIVE RT CHECKLIST

Process:

- Run the Selective Service/Date of Birth Report
- Select up to 5 applicants on this list
- Verify whether they are registered with Selective Service at http://www.sss.gov
- Review the applicant folder to determine if the applicant submitted the criteria for a Selective Service Waiver Request.

_____10. Are there any applicants registered with the Selective Service that have not been updated in DAPPS?
_____11. Using the BC-170D, does the applicant meet the criteria for a Selective Service Waiver Request?

Applicant Filing System

_____12. Are files in alphabetical order?
_____13. Are the files labeled correctly?

B. Selecting

Selection Records

Process:

- Select a minimum of 5 D-150s and answer the following questions

_____1. Are D-150s completed by supervisory/managerial staff?
_____2. Are all items completed correctly?
_____3. Does the geography match the position?
_____4. Was there a language requirement?
_____5. If the score request is below 70, is there RD approval?

ADMINISTRATIVE RT CHECKLIST

_____6. Was the training information on the D-150?

Selection Process

Process:

- Select a minimum of 5 D-425s, if possible, work with active D-425s

_____7. Is veteran preference applied correctly?
_____8. If a 10 pt. veteran is passed over, is there proper documentation?
_____9. Are the applicants listed in proper order?
_____10. Is the Rule of 3 being used correctly?
_____11. Are selection decisions documented on the D-425?
_____12. Is the call-back procedure correct?
_____13. Are clerks leaving messages to return calls?
_____14. Are clerks documenting return call info?
_____15. Are clerks using the proper D-269?
_____16. Is a separate D-269 used for each call?

Non-Citizens

Process:

- Run the DAPPS list of non-citizens
- Locate a WPPF for a non-citizen
- From the SF-50, determine the Selection Certificate Number the person was hired from
- Locate the I-9 from the I-9 file
- Locate the D-425 and the D-150

_____17. Does the D-150 indicate a language?
_____18. Does the I-9 reflect the employee's country of citizenship and is that reflected in DAPPS?
_____19. Are there any citizens passed over on this Selection Certificate? Is there proper

ADMINISTRATIVE RT CHECKLIST

documentation?

Selection Filing System

_____20. Are the D-425, D-425A, and the D-269s filed properly?
_____21. Upon review of the Selection Record Control Log, are all Selection Records accounted for?

C. Training Preparation

_____1. Are all appointees entered into the correct training class?
_____2. After the class is full or complete, has the "Send to FDCA" process been completed?
_____2. Are 3 (or 4 if the operation is automated) D-275s printed for the training class?
_____3. Are D-155s inserted into the appointment folders?
_____4. Are blank I-9s inserted into Rehire appointment folders?
_____5. Is a trainer packet prepared with the correct number of forms?
_____6. Is a manilla folder inserted into the trainer's packet?
_____7. If the operation is automated, was the OOS for Automation given a D-275?
_____8. Are all materials (D-275s, appointment folders, and training packet) reviewed by the OOS prior to being delivered to the appropriate assistant manager?

D. Post-Training

_____1. Using the returned D-275, has the training status of each appointee been updated in DAPPS?

ADMINISTRATIVE RT CHECKLIST

_____2. Are no-shows being contacted and their status in DAPPS updated?
_____3. When the final D-275 is returned from the training, is the class status and the training status of all attendees updated in DAPPS?
_____4. Are the appointment folders reconciled?
_____5. Is the TRCL updated?
_____6. Are clerks auditing appointment forms prior to data entry in DAPPS?
_____7. Is the appropriate assistant manager notified of missing or incomplete documents?

E. Hiring and Personnel Actions

Hire and Rehire

_____1. Are Hire/Rehire actions processed in DAPPS in a timely manner?
_____2. After data entry, is the D-168 shredded?
_____3. Are I-9s pulled from the applicant folder and filed separately?
_____4. Is the WPPF Created (add EmpID to Appointment Folder) and filed?
_____5. Is the OPF created and mailed to RO?
_____6. Is the SF-50 mailed to employee?

Other Personnel Actions

_____7. Are D-291s completed by supervisory and management staff?
_____8. Does a D-291.1 accompany all D-291s for termination?
_____9. Are personnel actions processed in accordance with procedural guidance?

ADMINISTRATIVE RT CHECKLIST

_____10. Is the bin system being used?
_____11. Is there proper distribution of clerk staffing to cover all functions?

Terminations for Conduct or Performance

Process:

- Print a D-300
- Identify employees that were terminated for conduct or performance reasons
- Locate the DAAF (It should be located in a locked cabinet in the LCOM's office)
- Locate the employees WPPF (this file should not be maintained with the DAAF)

_____12. Is there a folder for each person terminated for cause?
_____13. Is the D-283 present and signed by the LCOM?
_____14. Is there proper documentation on the D-283?
_____15. Is the action taken consistent with procedural guidelines?
_____16. Is there a D-282?
_____17. Are there any extraneous comments on the SF-50 of the termination action?
_____18. Do DAAFs for active employees contain a D-282 that is properly documented?

ADMINISTRATIVE RT CHECKLIST

F. Record keeping

Process:

- Randomly select 5 WPPFs and complete the table.

Form Number	Included in WPPF? Yes	No	EMP ID
D-155			
CD-415			
SF-50 (payroll)			
SF-1199A			
D-260			
W-4			
W-5			
D-308			
D-289			
D-990 or 991			
D-291s			
D-282 or 283			
PII Training Certification			

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ADMINISTRATIVE RT CHECKLIST

G. Payroll

Process:

- Randomly select 7 WPPFs
- Generate an Employee Earnings Record- you must first identify the quarters worked for each employee

_____1. Are D-308s properly signed?
_____2. Are D-308 data entries accurate?
_____3. Is there evidence that D-308s are properly audited?
_____4. If necessary, are receipts attached?
_____5. Does the pay rate/position match the SF-50?
_____6. If a personnel action was processed late, were retro dollars given to employee? (Review earnings record)
_____7. Does the Earnings Record match the D-308s?
_____8. Is there a process in place to handle payroll issues from the field?
_____9. Are payroll issues resolved in a timely manner?
_____10. Is night differential given to office staff?
_____11. Are edited E-308s printed and mailed to the employee?
_____12. Are all D-308s with OT have a signed CD-81?

H. Miscellaneous

_____1. Are the clerks properly trained?
_____2. Is there evidence of cross-training?
_____3. Are the manuals accessible by the clerks?
_____4. Are the Job Aids available for the clerks?

8

ADMINISTRATIVE RT CHECKLIST

_____5. Does the administrative staff understand the policies regarding the release of information on employees?
_____6. Is there a procedure in place to handle information requests?
_____6. Has Title 13 and IT Awareness training been given to all staff?
_____7. Are all files and Title 13 materials locked at the end of the day?
_____8. Are clerks following Title 13, PII, and IT Awareness policies and procedures?

All negative responses are to documented on the Administrative RT Checklist Notes Page. Be as specific as possible, keeping in mind PII and Title 13 Confidentiality rules.

Administrative RT Checklist Notes Page
Page 1 of 3

List Item Number and specific finding. Attach additional notes and documents if necessary.

A. Recruiting

B. Selecting

C. Training Preparation

Administrative RT Checklist Notes Page
Page 2 of 3

List Item Number and specific finding. Attach additional notes and documents if necessary.

D. Post-Training

E. Hiring and Personnel Actions

F. Record keeping

Administrative RT Checklist Notes Page
Page 3 of 3

List Item Number and specific finding. Attach additional notes and documents if necessary.

G. Payroll

H. Miscellaneous

LCO: _____
Date(s) of Visit: _____
Follow-Up Required? _____
If yes, when? _____

Reviewed With: _____ Print Name & Title _____ Signature

Administrative Regional Tech: _____ Print Name _____ Signature

Appendix L: Performance Management Record, CD-430

Page 1 of 19

CD-430
(10/05)

U.S. Department of Commerce

PERFORMANCE MANAGEMENT RECORD

Coverage	Bureau Appraisal Cycle	Appraisal Year
☐ General Schedule ☐ Federal Wage System ☐ Wage Marine	☐ October 1 – September 30 ☐ June 1 – May 31 ☐ November 1 – October 31	From: _____ To: _____

Employee's Name: _____ SSN: XXX-XX-XXXX

Position Title: _____ Pay Plan, Series, Grade/Step: _____

Organization: 1. _____ 3. _____

2. _____ 4. _____

PERFORMANCE PLAN CERTIFICATION

This plan is an accurate statement of the work that will be the basis for the employee's performance appraisal.

Signature/Title (Rating Official)	Date
Signature/Title (Approving Official)	Date
Employee Signature **My signature acknowledges discussion and receipt of the plan, and does not necessarily signify agreement. It also certifies the following: a) I understand how my individual performance is linked to the organization's mission and goals and b) my supervisor has discussed this with me upon presentation of my performance plan.**	Date

Privacy Act Statement - Disclosure of your social security number is voluntary. The number is linked with your name in the official personnel records to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

Performance Management Record, CD-430

Page 2 of 19

CD-430(b)

PERFORMANCE PLAN AND APPRAISAL RECORD

Employee Name:	Date	Element No. ____ of ____

Cascaded Organizational Goals

Each element must be cascaded from the DOC Strategic Goals. All Goals must be identified for each element. First, select the appropriate DOC Strategic Goal, then list the Bureau Goal, and the SES Manager Goal to complete the cascade.

DOC Strategic Goals:

- ☐ Strategic Goal 1: Provide the information and tools to maximize U.S. competitiveness and enable economic growth for American industries, workers and consumers
- ☐ Strategic Goal 2: Foster science and technology leadership by protecting intellectual-property, enhancing technical standards and advancing measurement science
- ☐ Strategic Goal 3: Observe, protect and manage the Earth's resources to promote environmental stewardship
- ☐ Management Integration Goal: Achieve Organizational and Management Excellence
- ☐ **Bureau Goal:**
- ☐ **SES/Organizational Goal:**

Critical Element and Objective

Customer Service
To respond to internal and external customers, stakeholders, and the public.

Weighting Factor (The weight for each element should reflect the significance within the framework of the Department's or bureau's organization goals. Weights should not be assigned based on the percentage of time an employee spends working on that element.) **Enter the weight for this element in the adjacent box.→**	Element Weight

Results of Major Activities: Identify results that need to be accomplished in support of the performance element. A minimum of 3 and a maximum of 6 measurable results must be listed.

Criteria for Evaluation: Supplemental Standards are required for each element and must be defined at Level 3 performance in terms of quality, quantity, timeliness, and/or cost-effectiveness. Attached Generic Performance standards also apply.

Performance Management Record, CD-430

Page 3 of 19

CD-430(b) continued

Employee Name:
Final Element Rating and Justification
☐ Level 5 ☐ Level 4 ☐ Level 3 ☐ Level 2 ☐ Level 1

Performance Management Record, CD-430

Page 4 of 19

CD-430(b)

PERFORMANCE PLAN AND APPRAISAL RECORD

Employee Name:	Date	Element No. ____ of ____

Cascaded Organizational Goals

Each element must be cascaded from the DOC Strategic Goals. All Goals must be identified for each element. First, select the appropriate DOC Strategic Goal, then list the Bureau Goal, and the SES Manager Goal to complete the cascade.

DOC Strategic Goals:

- ☐ Strategic Goal 1: Provide the information and tools to maximize U.S. competitiveness and enable economic growth for American industries, workers and consumers
- ☐ Strategic Goal 2: Foster science and technology leadership by protecting intellectual-property, enhancing technical standards and advancing measurement science
- ☐ Strategic Goal 3: Observe, protect and manage the Earth's resources to promote environmental stewardship
- ☐ Management Integration Goal: Achieve Organizational and Management Excellence
- ☐ **Bureau Goal:**
- ☐ **SES/Organizational Goal:**

Critical Element and Objective

Weighting Factor (The weight for each element should reflect the significance within the framework of the Department's or bureau's organization goals. Weights should not be assigned based on the percentage of time an employee spends working on that element.) **Enter the weight for this element in the adjacent box:→**	Element Weight

Results of Major Activities: Identify results that need to be accomplished in support of the performance element. A minimum of 3 and a maximum of 6 measurable results must be listed.

Criteria for Evaluation: Supplemental Standards are required for each element and must be defined at Level 3 performance in terms of quality, quantity, timeliness, and/or cost-effectiveness. Attached Generic Performance standards also apply.

Performance Management Record, CD-430

Page 5 of 19

CD-430(b) continued

Employee Name:
Final Element Rating and Justification
☐ Level 5 ☐ Level 4 ☐ Level 3 ☐ Level 2 ☐ Level 1

Performance Management Record, CD-430

Page 6 of 19

CD-430(b)

PERFORMANCE PLAN AND APPRAISAL RECORD

Employee Name:	Date	Element No. ____ of ____

Cascaded Organizational Goals

Each element must be cascaded from the DOC Strategic Goals. All Goals must be identified for each element. First, select the appropriate DOC Strategic Goal, then list the Bureau Goal, and the SES Manager Goal to complete the cascade.

DOC Strategic Goals:

- ☐ Strategic Goal 1: Provide the information and tools to maximize U.S. competitiveness and enable economic growth for American industries, workers and consumers
- ☐ Strategic Goal 2: Foster science and technology leadership by protecting intellectual-property, enhancing technical standards and advancing measurement science
- ☐ Strategic Goal 3: Observe, protect and manage the Earth's resources to promote environmental stewardship
- ☐ Management Integration Goal: Achieve Organizational and Management Excellence
- ☐ **Bureau Goal:**
- ☐ **SES/Organizational Goal:**

Critical Element and Objective

Weighting Factor (The weight for each element should reflect the significance within the framework of the Department's or bureau's organization goals. Weights should not be assigned based on the percentage of time an employee spends working on that element.) **Enter the weight for this element in the adjacent box:→**

Element Weight

Results of Major Activities: Identify results that need to be accomplished in support of the performance element. A minimum of 3 and a maximum of 6 measurable results must be listed.

Criteria for Evaluation: Supplemental Standards are required for each element and must be defined at Level 3 performance in terms of quality, quantity, timeliness, and/or cost-effectiveness. Attached Generic Performance standards also apply.

Performance Management Record, CD-430

Page 7 of 19

CD-430(b) continued

Employee Name:
Final Element Rating and Justification
☐ Level 5 ☐ Level 4 ☐ Level 3 ☐ Level 2 ☐ Level 1

Performance Management Record, CD-430

Page 8 of 19

CD-430(b)

PERFORMANCE PLAN AND APPRAISAL RECORD

Employee Name:	Date	Element No. ____ of ____

Cascaded Organizational Goals

Each element must be cascaded from the DOC Strategic Goals. All Goals must be identified for each element. First, select the appropriate DOC Strategic Goal, then list the Bureau Goal, and the SES Manager Goal to complete the cascade.

DOC Strategic Goals:

- ☐ Strategic Goal 1: Provide the information and tools to maximize U.S. competitiveness and enable economic growth for American industries, workers and consumers
- ☐ Strategic Goal 2: Foster science and technology leadership by protecting intellectual-property, enhancing technical standards and advancing measurement science
- ☐ Strategic Goal 3: Observe, protect and manage the Earth's resources to promote environmental stewardship
- ☐ Management Integration Goal: Achieve Organizational and Management Excellence
- ☐ **Bureau Goal:**
- ☐ **SES/Organizational Goal:**

Critical Element and Objective

Weighting Factor (The weight for each element should reflect the significance within the framework of the Department's or bureau's organization goals. Weights should not be assigned based on the percentage of time an employee spends working on that element.) **Enter the weight for this element in the adjacent box:→**

Element Weight

Results of Major Activities: Identify results that need to be accomplished in support of the performance element. A minimum of 3 and a maximum of 6 measurable results must be listed.

Criteria for Evaluation: Supplemental Standards are required for each element and must be defined at Level 3 performance in terms of quality, quantity, timeliness, and/or cost-effectiveness. Attached Generic Performance standards also apply.

Performance Management Record, CD-430

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CD-430(b) continued

Employee Name:
Final Element Rating and Justification
☐ Level 5 ☐ Level 4 ☐ Level 3 ☐ Level 2 ☐ Level 1

Performance Management Record, CD-430

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CD-430(b)

PERFORMANCE PLAN AND APPRAISAL RECORD

Employee Name:	Date	Element No. ____ of ____

Cascaded Organizational Goals

Each element must be cascaded from the DOC Strategic Goals. All Goals must be identified for each element. First, select the appropriate DOC Strategic Goal, then list the Bureau Goal, and the SES Manager Goal to complete the cascade.

DOC Strategic Goals:

- ☐ Strategic Goal 1: Provide the information and tools to maximize U.S. competitiveness and enable economic growth for American industries, workers and consumers
- ☐ Strategic Goal 2: Foster science and technology leadership by protecting intellectual-property, enhancing technical standards and advancing measurement science
- ☐ Strategic Goal 3: Observe, protect and manage the Earth's resources to promote environmental stewardship
- ☐ Management Integration Goal: Achieve Organizational and Management Excellence
- ☐ **Bureau Goal:**
- ☐ **SES/Organizational Goal:**

Critical Element and Objective

Weighting Factor (The weight for each element should reflect the significance within the framework of the Department's or bureau's organization goals. Weights should not be assigned based on the percentage of time an employee spends working on that element.) **Enter the weight for this element in the adjacent box:**	Element Weight

Results of Major Activities: Identify results that need to be accomplished in support of the performance element. A minimum of 3 and a maximum of 6 measurable results must be listed.

Criteria for Evaluation: Supplemental Standards are required for each element and must be defined at Level 3 performance in terms of quality, quantity, timeliness, and/or cost-effectiveness. Attached Generic Performance standards also apply.

Performance Management Record, CD-430

Page 11 of 19

CD-430(b) continued

Employee Name:
Final Element Rating and Justification
☐ Level 5 ☐ Level 4 ☐ Level 3 ☐ Level 2 ☐ Level 1

Performance Management Record, CD-430

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CD-430(c)

Progress Review

Employee Name:

Please check the appropriate box.

☐ 1. Review indicates performance is at Level 3 or higher on all critical elements.
☐ 2. Review indicates performance is at Level 3 on all critical elements except those critical elements where deficiencies are stated.

NOTE: If box 2 is checked, the supervisor should contact the servicing human resources office.

	Employee's Initials	Date	Rating Official's Initials	Date
Progress Review				
Progress Review				
Progress Review				

Performance Management Record, CD-430

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CD-430(d)

Employee Name:

PERFORMANCE SUMMARY RATING

- List each element in the performance plan.
- All elements are critical.
- Assign a rating level for each element:
  - (5) Level 5 (highest level of performance); (4) Level 4; (3) Level 3; (2) Level 2; (1) Level 1 (unacceptable performance)
- Score each element by multiplying the weight by the rating level.
- Interim ratings should be considered when you prepare the final summary rating.
- After each element has been scored, compute the total point score by adding the individual scores.
- Rating officials must provide either an overall narrative justification of the summary rating or a written justification for each element rating.
- A written justification is required for any element rated below Level 3.

Performance Element	Individual Weights (Total must equal 100)	Element Rating (5, 4, 3, 2, 1)	Score
Customer Service			0
			0
			0
			0
			0
		TOTAL SCORE	0

PERFORMANCE RATING

☐ **Level 5** **(470 – 500)** ☐ **Level 4** **(380 – 469)** ☐ **Level 3** **(290 – 379)** ☐ **Level 2** **(200 – 289)** ☐ **Level 1** **(100 – 199)**

Rating Official's Signature/Title	Date
Approving Official's Signature/Title	Date
Employee's Signature (indicates appraisal meeting held) Employee comments attached? ☐ Yes ☐ No	Date

PERFORMANCE RECOGNITION

☐ **Performance Award $**_____ (%) *Appropriation Code*_____

☐ **QSI** (Level 5 Required)

Rating Official's Signature/Title	Date
Approving Official's Signature/Title	Date

Performance Management Record, CD-430

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CD-430(e)

Summary Rating
Narrative Documentation

Employee Name:

Performance Management Record, CD-430

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APPENDIX A
GENERIC PERFORMANCE STANDARDS

U.S. DEPARTMENT OF COMMERCE

INSTRUCTIONS

The generic performance standards (GPS) and supplemental performance standards are used to assign an element rating in the Department of Commerce. The summary rating is determined by using the summary derivation scheme. When evaluating an employee's overall performance, the rater should:

1. Read carefully each performance standard level beginning with Level 3. (It is considered the base level standard.)
2. Determine which level best describes the employee's performance on the element. (Each and every criterion in the standards does not have to be met by the employee in absolute terms for the rater to assign a particular rating level. The sum of the employee's performance on the elements must, in the rater's judgment, meet the assigned level's criteria.)
3. Provide in writing, on the appraisal form, specific examples of accomplishments which support the assigned summary level. Rating officials must provide either an overall narrative justification of the summary rating or a written justification for each element rating. They must do one or the other, and may do both. A written justification is required for any element rated below Level 3. To assign a Level 3 summary rating, the rating official need only document in writing that: (1) the Level 3 standards were met, and (2) that the rating was discussed in detail with the employee.

Occasionally, when rating some elements, a rating official may determine that an employee's performance on an element was not consistent. For example, the employee may have performed at Level 4 on several major activities within a critical element and at Level 2 on several others. In such a case, the rating official must consider the overall effect of the employee's work on the element and make a judgment as to the appropriate rating level he or she will assign. The rationale for the decision must be documented on the rating form, citing specific accomplishments which support the decision. Supplemental standards must be written at Level 3 for all elements.

The nonsupervisory standards apply to all employees including team leaders and supervisors. The team leader and supervisory standards are in addition to the broader standards set forth in the nonsupervisory standards.

LEVEL 5

NONSUPERVISORY

This is a level of rare, high-quality performance. The quality and quantity of the employee's work substantially exceed Level 3 standards and rarely leave room for improvement. The impact of the employee's work is of such significance that organizational objectives were accomplished that otherwise would not have been. The accuracy and thoroughness of the employee's work on this element are exceptionally reliable. Application of technical knowledge and skills goes beyond that expected for the position. The employee significantly improves the work processes and products for which he or she is responsible. Thoughtful adherence to procedures and formats, as well as suggestions for improvement in these areas, increase the employee's usefulness.

This person plans so that work follows the most logical and practical sequence; inefficient backtracking is avoided. He or she develops contingency plans to handle potential problems and adapts quickly to new priorities and changes in procedures and programs without losing sight of the longer-term purposes of the work. These strengths in planning and adaptability result in early or timely completion of work under all but the most extraordinary circumstances. Exceptions occur only when delays could not have been anticipated. The employee's planning skills result in cost-savings to the government.

In meeting element objectives, the employee handles interpersonal relationships with exceptional skill, anticipating and avoiding potential causes of conflict and actively promoting cooperation with clients, co-workers, and his or her supervisor.

The employee seeks additional work or special assignments related to this element at increasing levels of difficulty. The quality of such work is high and is done on time without disrupting regular work. Appropriate problems are brought to the supervisor's attention; most problems are dealt with routinely and with exceptional skill.

The employee's oral and written expression are exceptionally clear and effective. They improve cooperation among participants in the work and prevent misunderstandings. Complicated or controversial subjects are presented or explained effectively to a variety of audiences so that desired outcomes are achieved.

TEAM LEADER

The employee is a superior team leader. Performs a variety of coordinating, coaching, facilitating, and planning functions for the team in a way that not only facilitates the accomplishment of organizational goals, but also results in substantial innovation in work processes that results in improvements in the overall quality, quantity, and timeliness of products, services, and/or work products assigned to the team. Applies an in-depth, expert knowledge of functions led, as well as superior leadership and team building skills and techniques in the day-to-day accomplishment of work priorities.

SUPERVISORY

The employee is a strong leader who works well with others and handles difficult situations with dignity and effectiveness. The employee encourages independence and risk-taking among subordinates, yet takes responsibility for their actions. Open to the views of others, the employee promotes cooperation among peers and subordinates, while guiding, motivating, and stimulating positive responses. The employee's work performance demonstrates a strong commitment to fair treatment, equal opportunity, and the affirmative action objectives of the organization.

LEVEL 4

NONSUPERVISORY

This is a level of unusually good performance. The quantity and quality of work under this element are consistently above average. Work products rarely require even minor revision. Thoroughness and accuracy of work are reliable. The knowledge and skill the employee applies to this element are clearly above average, demonstrating problem-solving skill and insight into work methods and techniques. The employee follows required procedures and supervisory guidance so as to take full advantage of existing systems for accomplishing the organization's objectives.

The employee plans the work under this element so as to proceed in an efficient, orderly sequence that rarely requires backtracking and consistently leads to completion of the work by established deadlines. He or she uses contingency planning to anticipate and prevent problems and delays. Exceptions occur when delays have causes outside the employee's control. Cost savings are considered in the employee's work planning.

The employee works effectively on this element with co-workers, clients, as appropriate, and his or her supervisor, creating a highly successful cooperative effort. He or she seeks out additional work or special assignments that enhance accomplishment of this element and pursues them to successful conclusion without disrupting regular work. Problems which surface are dealt with; supervisory intervention to correct problems occurs rarely.

The oral and written expression applied to this element are noteworthy for their clarity and effectiveness, leading to improved understanding of the work by other employees and clients of the organization. Work products are generally given sympathetic consideration because they are well-presented.

TEAM LEADER

The team leader effectively distributes work and monitors team members' work performance to ensure completion of work in accordance with the supervisor's work plans. The team leader coordinates, coaches, and facilitates work of the team in a way that enables the team to consistently deliver services and/or work products that exceed established standards of performance of quality and timeliness, and contribute significantly to the accomplishment of organizational goals and objectives.

SUPERVISORY

The employee is a good leader, establishes sound working relationships and shows good judgment in dealing with subordinates, considering their views. He or she provides opportunities for staff to have a meaningful role in accomplishing organizational objectives and makes special efforts to improve each subordinate's performance.

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LEVEL 3

NONSUPERVISORY

This is the level of good, sound performance. The quality and quantity of the employee's work under this element are those of a fully competent employee. The performance represents a level of accomplishment expected of the great majority of employees. The employee's work products fully meet the requirements of the element. Major revisions are rarely necessary; most work requires only minor revision. Tasks are completed in an accurate, thorough, and timely way. The employee's technical skills and knowledge are applied effectively to specific job tasks. In completing work assignments, he or she adheres to procedures and format requirements and follows necessary instructions from supervisors.

The employee's work planning is realistic and results in completion of work by established deadlines. Priorities are duly considered in planning and performing assigned responsibilities. Work reflects a consideration of costs to the government, when possible.

In accomplishing element objectives, the employee's interpersonal behavior toward supervisors, co-workers, and users promotes attainment of work objectives and poses no significant problems.

The employee completes special assignments so their form and content are acceptable and regular duties are not disrupted. The employee performs additional work as his or her workload permits. Routine problems associated with completing assignments are resolved with a minimum of supervision.

The employee speaks and writes clearly and effectively.

TEAM LEADER

The team leader successfully leads subordinate team members in the accomplishment of assigned projects and workload. The leader ensures adequate understanding of the work requirements and coordinates, coaches, and facilitates accomplishment of the team's work. The team leader ensures that the unit provides timely and quality services and/or work products that contribute to the accomplishment of the organization's goals and objectives.

SUPERVISORY

The employee is a capable leader who works successfully with others and listens to suggestions.

The employee rewards good performance and corrects poor performance through sound use of performance appraisal systems, performance-based incentives and, when needed, adverse actions; and selects and assigns employees in ways that use their skills effectively.

The employee's work performance shows a commitment to fair treatment, equal opportunity, and the affirmative action objectives of the organization.

LEVEL 2

NONSUPERVISORY

This level of performance, while demonstrating some positive contributions to the organization, shows notable deficiencies. It is below the level expected for the position, and requires corrective action. The quality, quantity or timeliness of the employee's work is less than Level 3, jeopardizing attainment of the element's objective.

There is much in the employee's performance that is useful. However, problems with quality, quantity or timeliness are too frequent or too serious to ignore. Performance is inconsistent and problems caused by deficiencies counterbalance acceptable work. These deficiencies cannot be overlooked since they create adverse consequences for the organization or create burdens for other personnel. When needed as input into another work process, the work may not be finished with such quality, quantity and timeliness that other work can proceed as planned.

Although the work products are generally of usable quality, too often they require additional work by other personnel. The work products do not consistently and/or fully meet the organization's needs. Although mistakes may be without immediate serious consequences, over time they are detrimental to the organization.

A fair amount of work is accomplished, but the quantity does not represent what is expected of Level 3 employees. Output is not sustained consistently and/or higher levels of output usually result in a decrease in quality. The work generally is finished within expected timeframes but significant deadlines too often are not met.

The employee's written communication usually considers the nature and complexity of the subject and the intended audience. It conveys the central points of information important to accomplishing the work. However, too often the communication is not focused, contains too much or too little information, and/or is conveyed in a tone that hinders achievement of the purpose of the communication. In communication to co-workers, the listener must question the employee at times to secure complete information or avoid misunderstandings.

TEAM LEADER

The team leader's performance while demonstrating some positive contributions to the success of the organization shows notable deficiencies. Performance is below the level expected for the position. The quality, quantity or timeliness of the team leader's work is less than Level 3. Performance is inconsistent and problems caused by deficiencies counterbalance acceptable work. The team leader does not always provide specific direction to team members on how to carry out assignments and/or adequately convey performance expectations, and/or provide an understanding of the goals of the organization or their team member roles in meeting those goals. The team leader does not always motivate the team and promote a team spirit. Performance at this level indicates that improvement or additional development is needed for the team leader to operate at an acceptable level.

SUPERVISORY

Inadequacies surface in performing supervisory duties. Deficiencies in areas of supervision over an extended period of time affect adversely employee productivity or morale, or organizational effectiveness. The Level 2 employee does not provide strong leadership or take the appropriate initiative to improve organizational effectiveness. For example, he or she too often fails to make decisions or fulfill supervisory responsibilities in a timely manner, to provide sufficient direction to subordinates on how to carry out programs, to give clear assignments and/or performance requirements, and/or to show an understanding of the goals of the organization or subordinates' roles in meeting those goals.

LEVEL 1

NONSUPERVISORY

The quantity and quality of the employee's work under this element are not adequate for the position. The employee's work products fall short of requirements of the element. They arrive late or often require major revision because they are incomplete or inaccurate in content. The employee fails to apply adequate technical knowledge to complete the work of this element. Either the knowledge applied cannot produce the needed products, or it produces technically inadequate products or results. Lack of adherence to required procedures, instructions, and formats contributes to inadequate work products.

Because the employee's work planning lacks logic or realism, critical work remains incomplete or is unacceptably late. Lack of attention to priorities causes delays or inadequacies in essential work; the employee has concentrated on incidental matters.

The employee's behavior obstructs the successful completion of the work by lack of cooperation with clients, supervisor, and/or co-workers, or by loss of credibility due to irresponsible speech or work activity.

In dealing with special projects, the employee either sacrifices essential regular work or fails to complete the projects. The employee fails to adapt to changes in priorities, procedures, or program direction and, therefore, cannot operate adequately in relation to changing requirements.

The oral and written expression the employee uses in accomplishing the work of this element lacks the necessary clarity for successful completion of required tasks. Communication failures interfere with completion of work.

TEAM LEADER

The team leader does not meet performance expectations on one or more critical elements. The team leader fails to properly distribute, monitor, and ensure completion of the team's workload. Due to these deficiencies, the team is unsuccessful in delivering work products that meet standards for quality, timeliness, and accuracy.

SUPERVISORY

Most of the following deficiencies are typically, but not always, common, characteristics of the employee's work:

- Inadequate guidance to subordinates;
- Inattention to work progress; and
- Failure to stimulate subordinates to meet goals.

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Summary Rating Derivation

To derive a final, or summary, performance rating at the end of the appraisal cycle, each critical element must be assessed against the generic (and supplemental) performance standards established at the beginning of the cycle or as modified and documented during a progress review. Each element is evaluated and translated into a score using the following scale:

Level 5 (the highest level of performance)	= 5 points
Level 4	= 4 points
Level 3	= 3 points
Level 2	= 2 points
Level 1 (unacceptable performance)	= 1 point

After each critical element has been rated, multiply the score for each element by the weight assigned to it. No fractional scores or weights may be used.

Example:

Critical Element 1 is 30% of plan	Rated at Level 4	30 x 4 = 120 points
Critical Element 2 is 30% of plan	Rated at Level 3	30 x 3 = 90 points
Critical Element 3 is 20% of plan	Rated at Level 5	20 x 5 = 100 points
Critical Element 4 is 20% of plan	Rated at Level 4	20 x 4 = 80 points
TOTAL		**390 points**

Total the individual scores to determine the overall score. In the example above, the sum of 120 + 90 + 100 + 80 =390.

Using the ranges below, determine what range the overall score (example 390) falls within.

Overall Score	**Summary Rating**
470 – 500 points	Level 5
380 – 469 points	Level 4
290 – 379 points	Level 3
200 --289 points	Level 2
100 – 199 points	Level 1

This becomes the employee's summary rating for that performance appraisal cycle. In the example cited, the final summary rating would be a Level 4 since the score of 390 falls within the range for Level 4.

Note: If one critical element is rated Level 1, the summary rating must be Level 1.

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INTERIM RATINGS

Overview

Interim ratings are prepared during the course of a rating period when an employee has spent the minimum appraisal period (120 days) in a covered position and then changes to another position. This may happen more than once during the rating period. These ratings must be completed within 30 days of the change of position and are prepared in the same manner as a summary rating. In fact, the interim rating may become the summary rating when an employee changes positions toward the end of the rating period (i.e., where the time remaining in the appraisal cycle is less than 120 days).

When an Interim Rating Should Be Completed:

- After a detail which lasts at least the minimum appraisal period (120 days);
- After a temporary promotion/assignment which lasts at least 120 days;
- When an employee changes positions after serving at least 120 days;
- When a supervisor leaves his/her position and an employee has been under a performance plan for 120 days;
- When an employee transfers from the Department to another federal agency after serving in a position for at least 120 days; or
- After an assignment in a federally-sponsored program, such as an Intergovernmental Personnel Act (IPA) assignment.

Benefits of Interim Ratings:

- To provide input from a departing supervisor to assist a new supervisor who is preparing a final rating of record;
- To provide a final rating of record to an employee who changes positions during the last 120 days of the rating period;
- To provide a final rating of record to an employee who moves more than once during the rating period or is on a detail; and
- To provide appropriate performance credit for work performed on a detail or temporary promotion/assignment.

Consideration of Interim Ratings When Completing Final Appraisals

An interim rating that was completed for an employee for service in another position should be considered when you prepare the final summary rating for the position of record. If there is more than one rating:

- Ratings at Different Levels: When an interim rating(s) and the rating for the current position are different, the current rating official must prepare a written narrative that explains/justifies the assignment of the summary rating level.

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INTERIM RATINGS (Continued)

- When an employee receives an interim rating of Level 1 without further action and then receives a Level 3 or above on a rating for another position in the same performance period, the summary rating is not reduced by the interim rating. Instead, the summary rating is assigned in accordance with the Performance Management Handbook based solely on the individual critical element ratings for the current position.

- When an employee receives an interim rating of Level 3 or above and then receives a rating of Level 1 for another position in the same performance period, the summary rating is not raised by the interim rating. Instead, the summary rating is assigned in accordance with the Performance Management Handbook and based on the individual element for the current position.

- When an employee has received an interim rating that is less than Level 3, but the rating for service in the current position is Level 3 or higher, the final rating cannot be less than Level 3.

- When an employee changes positions toward the end of the rating period (*i.e.*, where the time remaining in the appraisal cycle is less than the minimum appraisal period), the interim rating becomes the rating of record for that appraisal period. The time remaining in the rating cycle is added on to the next rating cycle.

Transfers From Other Federal Agencies

- If an employee has served in a position for more than the minimum appraisal period in another federal agency, that agency should provide an interim summary rating and forward it to the Department's employing office with the employee's Official Personnel Folder.

- If the employee transfers to the Department toward the end of the rating period (i.e., where the time remaining in the appraisal cycle is less than the minimum appraisal period), the employee's interim rating, prepared when he or she transferred, will become his/her rating of record for the appraisal period.

- If no interim rating can be obtained from the employee's former agency, the employee's last rating of record becomes their current rating of record. If no rating can be obtained, then the employee will be considered unratable.

Appendix M: Administrative Training

Overview

Introduction

As part of the appointment process, all Regional Census Center (RCC) staff, Local Census Office (LCO) managers, Administrative Assistant, and all LCO office staffs (OOS, clerks, RAs) must complete the four training modules provided in this appendix. The four training modules are:

- No FEAR Act
- Personally Identifiable Information (PII)
- Title 13
- Information Technology (IT) Security Awareness

At the conclusion of each module, there is a certificate that all employees must sign and give to their supervisor.

Individual's signed certificates for LCO Managers and administrative assistants must be send to the Regional Census Center for filing in the employee's Employee Payroll Folder (EPF).

The RCC administrative staff should file each of the certificates in the employee's EPF. All EPFs should be maintained in a secure file drawer. If the EPF is a four-part or six-part folder, file all certificates (No FEAR Act, PII, Title 13, and IT Security Awareness) together in one part of the folder. Use the same part of the folder to file all other certificates the employee has completed or received.

The LCO administrative staff should file signed certificates for employees in the Decennial Personnel, Payroll System, such as the OOS, RA, clerks, enumerators, crew leaders, and so on, in their WPPF in date order at the LCO.

The section on Information Security Awareness is a generic training for all Census Bureau employees. The training indicates that security and technical issues should be addressed with the Census Bureau help desk. If you experience any technical difficulties or any security issues, immediately notify your supervisor and Automation Support staff in your office.

Module 1

No FEAR Act Training

This training will inform you of the No FEAR Act and other laws making discrimination and reprisal in the workplace illegal.

At the end of this training, you should:

- Understand the basic terms of the No FEAR Act.
- Know what Antidiscrimination and Whistleblower Protection Laws protect you.
- Understand how to file a complaint alleging discrimination, reprisal, or a violation of the Whistleblower Protection Laws.

What is the No FEAR Act?

Congress passed the Notification and Federal Employee Antidiscrimination and Retaliation Act, referred to as the No FEAR Act, on May 15, 2002.

The Act requires that "...Federal agencies be accountable for violations of antidiscrimination and whistleblower protection laws."

Federal agencies must:

- Repay the Treasury Judgment Fund for payments made in federal district court cases involving violations of discrimination and whistleblower laws,
- Post information on its public website relating to complaints of discrimination and annually report to Congress, and
- Train and notify employees on their rights and protections under the antidiscrimination and whistleblower laws.

What are Antidiscrimination Laws?

As a federal employee, you are protected from illegal discrimination in employment matters based on your race, color, religion, sex, national origin, age, and disability.

Equal employment opportunity cannot be denied to any person because of their racial group or perceived racial group, race-linked characteristics, for example, hair texture, color, or facial features, or because they are married to, or linked with someone of a certain race or color. Title VII (seven) also prohibits employment decisions based on stereotypes and beliefs about abilities, traits, or the performance of individuals of certain racial groups.

National origin discrimination means treating someone less favorably because they come from a particular place, because of their ethnicity or accent, unless the accent materially interferes with job performance, or because it is believed they have a particular ethnic background. National origin discrimination also means treating

someone less favorably at work because of marriage or other association with someone of a particular nationality.

The Antidiscrimination Laws protect you from discrimination concerning the terms and conditions of your employment.

Here is a list of some of the employment matters covered:

- Hiring, promotion, pay, leave, awards, assignments, training, suspensions, and terminations.
- Requests for reasonable accommodation for religious reasons or for reasons based on disability.
- Harassment or creation of a hostile work environment based on race, color, religion, sex, national origin, disability, or age, 40 years and older, is also covered.

Title VII of the 1964 Civil Rights Act, as amended, protects employees from employment discrimination based on sex, race, color, national origin, or religion. Sexual harassment and pregnancy discrimination are considered forms of sex discrimination and are prohibited by Title VII.

An employer cannot refuse to hire a pregnant woman because of her pregnancy, because of a pregnancy-related condition or because of the prejudices of co-workers, clients, or customers.

In addition to protection against discrimination because of religion, Title VII also establishes the agency's duty to provide reasonable accommodation for an employee's religious beliefs unless doing so would impose an undue hardship on the employer.

The Age Discrimination in Employment Act, ADEA, of 1967 prohibits discrimination against federal employees who are 40 years of age or older.

The Act protects older employees from employment actions based on stereotypes or stigmas associated with age.

The Rehabilitation Act of 1973 prohibits employment discrimination against qualified federal employees with disabilities. In addition, agencies must provide reasonable accommodation for a qualified employee or applicant with a disability unless the accommodation provides undue hardship on the Agency.

The nondiscrimination standards of Title I (one) of the Americans with Disabilities Act apply to federal sector employees under section 501 of the Rehabilitation Act, as amended, and its carrying out the rules and regulations.

A qualified individual with a disability means an individual with a disability who satisfies the required skill, experience, education and other job-related requirements of the position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

A 'disability' is a physical or mental impairment that substantially limits a major life activity, such as breathing, walking, seeing, hearing, or performing manual tasks.

The terms 'disability' and 'qualified individual with a disability' do not include individuals currently engaging in the illegal use of drugs, when the covered entity acts on the basis of such use.

Drug means a controlled substance, as defined in schedules I (one) through V (five) of section 202 of the Controlled Substances Act, 21 U.S.C (United States Code) 812.

However, the terms disability and qualified individual with a disability may not exclude an individual who:

- Has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of drugs; or,

- Is participating in a supervised rehabilitation program and is no longer engaging in such use; or

- Is **erroneously** regarded as engaging in such use, but is **not** engaging in such use.

A temporary or short-term illness is not a disability.

You must be qualified for your position.

If you cannot perform the essential functions of the job, with or without reasonable accommodation, you are not qualified.

A reasonable accommodation is an adjustment to the work situation or environment to enable you to perform your job, as long as it is not an undue hardship to the agency.

The accommodation does not have to be the exact item requested by the employee. It does have to be a reasonable, effective accommodation.

The agency has no duty to change performance standards or to get rid of essential functions of your position as a reasonable accommodation.

Employers may not ask job applicants about the existence, nature, or severity of a disability. Applicants may be asked about their ability to perform specific job functions. A job offer may be conditioned on the results of a medical examination, but only if the examination is required for all employees entering in similar jobs. Medical examinations of employees must be job-related and consistent with the employer's business needs.

The Equal Pay Act of 1963 prohibits federal agencies from paying employees of one sex lower wages than those of the opposite sex for performing substantially equal work.

The Antidiscrimination laws also protect you from reprisal for exercising your rights under those Acts.

Protected activities may include filing a complaint of discrimination, requesting reasonable accommodation, giving evidence or testimony to an investigator or in a hearing, or complaining about or protesting perceived discrimination against you or another employee.

If you believe discrimination has occurred, you must contact an EEO counselor within 45 calendar days of the date of the matter alleged to be discriminatory or, in the case of personnel action, within 45 calendar days of the effective date of the action, or when you first became aware of the alleged discrimination. If you believe that you have been victimized by discrimination or retaliated against for participating in the EEO process, contact an EEO counselor at (301) 763-2853 or 1 (800) 872-6096.

A counselor will try to resolve the complaint.

If the complaint is not resolved, you will be provided a Notice of Right to File a Complaint. You must file within 15 calendar days from receipt of the notice.

You are entitled to a reasonable amount of official time to prepare and present your complaint.

While there is no set time, official time is normally granted in terms of hours, not days.

You are also entitled to official time to meet with a counselor, an investigator, or to participate in the hearing.

While discrimination based on sexual orientation is not covered under the No FEAR Act, you should be aware that the Department addresses these complaints under DAO (Departmental Administrative Orders) 215–11, which states the following:

"Federal law makes it illegal to discriminate against federal employees because of their marital status or political affiliation or to retaliate against employees for exercising their rights."

If you believe discrimination has occurred on one of these bases, you may file a written complaint with the U.S. Office of Special Counsel. You may also pursue such a complaint through the administrative grievance system, DAO 202-771, or the negotiated grievance procedures, if applicable.

What is a manager or supervisor required to do?

They should:

- Base work place decisions on merit principles.
- Treat all employees fairly and equitably.
- Provide reasonable accommodation to qualified individuals with disabilities.
- Disclose medical information only to officials with a need to know.
- Keep medical information separate from personnel files.

- Provide a reasonable amount of official time to an employee who requests time to work on an EEO complaint.

- Cooperate with an EEO counselor or EEO investigator. Failure to do so may result in disciplinary action.

- Make sure employees are not subjected to a hostile work environment because of their race, color, religion, national origin, age, sex, or disability.

- Act on all complaints of harassment.

Whistleblower Protection Laws:

A federal employee with authority to take, direct others to take, recommend or approve any personnel action, must not use that authority to take or fail to take, or threaten to take, or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to evidence:

- Violations of law, rule or regulation;

- Gross mismanagement;

- Gross waste of funds;

- An abuse of authority; or

- A substantial and specific danger to public health or safety.

Employees may not disclose information if the law specifically prohibits disclosure or if the information is required under Executive Order to be protected from disclosure in the interest of national security.

A federal agency cannot retaliate against an employee or applicant because that individual exercises their rights under the Whistleblower Protection Act.

5 U.S.C § 2302(b)(8) prohibits retaliation against an employee or applicant for making a protected disclosure.

How do you file a Whistleblower Protection Complaint?

If the personnel action **is** within the Merit System Protection Board's, MSPB for short, jurisdiction, the appellant may file a complaint with the Office of the Special Counsel, or OSC for short, before filing an appeal with the MSPB, or may choose to go directly to MSPB with an appeal.

If the appellant chooses to go directly to the MSPB, the appeal must be filed no later than 30 days after the effective date of the action being appealed, or 30 days after receipt of the agency's decision, whichever is later.

If a stay request has been filed with the MSPB without prior filing of an appeal, the appeal must be filed within 30 days after the date the appellant received the order ruling on the stay request.

If the personnel action does **not** fall under the MSPB jurisdiction, the appellant must first file a complaint with the OSC before filing an appeal with the MSPB.

A complaint may be filed with OSC by using Form OSC-11, Complaint of Possible Prohibited Personnel Practice or other Prohibited Activity.

Form OSC-11 can be obtained by contacting the Office of Special Counsel (OSC) Complaints Examining Unit.

After the OSC complaint process is exhausted, the appellant may file an appeal with the MSPB:

- No later than 65 days after the date that OSC's written notification was issued terminating the investigation; or

- If notification was received more than 5 days after the date of issuance, the MSPB appeal must be filed within 60 days after the date OSC's notification was received.

- If OSC has not notified the appellant that it will seek corrective action within 120 days of the filing date, the appellant may file an MSPB appeal at any time after the 120 day period expires.

This concludes No FEAR Act Training. This module provided you basic information on the No FEAR Act, information on how Antidiscrimination Whistleblower Act and Protection laws protect you, and how to file a complaint.

Where do you go for more information?

- For questions about the Discrimination Laws, contact your EEO Officer or visit the U.S. Census Bureau Web site at: www.census.gov/eeo/. Additional

Information is available at the Department of Commerce Web site: www.osec.doc.gov/ocr/

- For a detailed explanation of the EEO complaint process visit: www.osec.doc.gov/ocr/eeoprocess.html, or www.access.gpo.gov/nara/cfr/waisidx_03/29cfr1614_03.html, or www.eeoc.gov.

- Information regarding the Whistleblower Act and Protections can be obtained from your local HR Office, or visit www.osc.gov.

- To view Census Bureau's No FEAR Act Notice, go to: www.osec.doc.gov/ocr/nofearcensus.htm

Please complete the No FEAR Certification on the next page. Remember to hand all certificates to your supervisor.

Certificate of Completion

US Census Bureau's

No FEAR Act Training

Your Name:_____

completed the
No FEAR Act Training
on

Date: _____

_____
Print Name

_____
Signature

_____
Date

_____
Printed Name and Title of Census Bureau Representative

_____
Signature of Census Bureau Representative

Module 2

Personally Identifiable Information (PII)

PII is any information about an individual maintained by an agency that includes, but is not limited to, education, financial transactions, medical history, criminal, or employment history information, which can be used to distinguish or trace an individual's identity. This information would be things like their name, social security number, or other similar information.

Many of the paper forms and reports used in your census activities will contain PII. Also, be aware that electronic media such as personal computers, hand-held computers, and laptops may contain PII, in addition to containing confidential Title 13 data.

Reporting the loss of government documents or electronic media with PII is required for protection against identity theft. Our reporting procedure policy requires you to report ALL incidents involving any loss or suspected loss of PII within one hour of discovering the loss or suspected loss.

Here are some rules and guidelines to safeguard the PII of all persons for whom the Census Bureau maintains records:

Here is a list of things that you should not do.

- Do not leave PII or Title 13 documents or other media in plain view inside your car.

- Do not allow any PII or Title 13 data to be left unattended in a public place.
- Do not disclose any PII or Title 13 data to any individual. This includes other employees that do not have a need to know this information.

Here are some things that you should do:

- Lock PII and Title 13 documents and other media in your car trunk when working in the field.
- Make sure that all PII and Title 13 material is out of plain sight of others.
- Maintain all PII and Title 13 materials in locked drawers, briefcases, or other secure areas, even at home.
- Make sure you have approval from your supervisor if a member of the media wants to talk to you.
- Follow the need-to-know rule at all times. Always check with your supervisor if there is any question about who or what others can view.

Reporting lost, stolen, or disclosed PII.

The reporting procedures require all employees to report all incidents involving PII that is lost, stolen, or disclosed to an unauthorized person, within one hour of discovering the information has been compromised. This includes both paper and electronic PII. Do not distinguish between a suspected incident and a confirmed loss of PII.

When you are calling to report a loss or incident, be prepared to provide the following information:

- Name of person who experienced the loss.
- Location where the loss occurred. You can use the Census Bureau Region or the geographic location.
- Time of the incident.
- Summary of the incident.
- What PII material is involved.
- The number of persons or addresses affected by the loss, if known.

If paper documents are lost, missing, or stolen contact your LCO office within one hour of the incident. Then notify your immediate supervisor, who in turn, should notify their manager.

The LCO will report the incident to the Decennial Computer Incident Response Team, or Decennial CIRT.

If you cannot make contact with the LCO, contact the Decennial CIRT yourself at 1-(877)-744-1522. The Decennial CIRT is available 24 hours a day, 7 days a week.

If electronic media is lost, missing, or stolen, immediately contact the Decennial CIRT at 1-(877)-744-1522. After this phone call is complete, report the incident to the police. Next, contact your LCO and then contact your supervisor, who, in turn, will contact their supervisor.

If the incident requires someone to have medical attention, call 911 before any other phone call.

The Census Bureau is committed to protecting the privacy of all persons and your cooperation in protecting PII and reporting any PII incident will play a vital role in ensuring that PII is properly protected.

This concludes Module 2 on Personally Identifiable Information Training. This training provided you basic information on what PII is, a list of do's and don'ts in regards to protecting PII, and how to report lost or stolen PII.

Please complete the Personally Identifiable Certification on the next page. Remember to hand all certificates to your supervisor after completion of all four training modules.

Personally Identifiable Information (PII) Training Certification

I certify that I have been trained on, and fully understand, the policies and procedures on Personally Identifiable Information.

I will comply with the requirements for notifying the LCO, my supervisor or the Decennial Computer Incident Response Team (Decennial CIRT) within one hour of discovering any incident involving the loss, or suspected loss of PII. This includes any paper copies or electronic media.

_____

Print Name

_____

Signature

_____

Date

_____

Printed Name and Title of Census Bureau Representative

_____

Signature of Census Bureau Representative

Module 3

TITLE 13–CONFIDENTIALITY TRAINING FOR

U.S. CENSUS BUREAU TEMPORARY EMPLOYEES

As an employee of the U.S. Census Bureau, there are some important things you need to know regarding confidentiality of Title 13 data.

What is meant by confidentiality?

In essence, confidentiality means not divulging any of the data that is census confidential, including the data we collect, to anyone who is not sworn to maintain census confidentiality and who does not have a business need to know. Any information that could be used to identify a respondent in a specific Census Bureau survey is considered confidential. This includes respondents' names, addresses, partial or completed questionnaires, and any information that would link a household, business, or respondent with a specific survey.

Every day thousands of Census Bureau employees handle census confidential materials, and confidentiality is one of the most important parts of their job. The Census Bureau is very serious about its pledge of confidentiality. It is required by law, and is the basis for the public's trust in us to protect their privacy. And that's a major reason why we're the most successful data-collection agency in the world.

What is Title 13 of the U.S. Code?

Title 13 of the U.S. Code legally protects confidentiality of information that is collected from respondents. The United States Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Office of the Law Revision Counsel of the U.S. House of Representatives prepares and publishes the United States Code. Certain titles of the Code have been enacted into positive law. Title 13 is the positive law that governs the U.S. Census Bureau.

Title 13 stipulates that information gathered by the Census Bureau can only be used for statistical purposes, not for any use against an individual by any government agency. In addition, the Census Bureau cannot publish or disclose to the public a person's name or address if it can be associated with specific data. Under federal law, the penalty for unlawful disclosure is a fine of not more than $250,000 or imprisonment for not more than five years, or both. Confidentiality is not just a Census Bureau standard of behavior–it's guaranteed by law.

How Title 13 affects every Census Bureau worker:

To begin with, every employee is required to sign an oath of nondisclosure. In plain terms, it is a pledge that you will keep all Census Bureau information confidential. It means that you cannot disclose any information you obtain as a U.S. Census Bureau employee to any person (including your family members). Your sworn statement constitutes a lifetime obligation, continuing even after you leave Census Bureau employment.

In addition to Title 13, the Census Bureau also collects data as a service to other agencies. These reimbursable surveys can be conducted under Title 15. Title 15 is the legal authority of the Department of Commerce, of which the Census Bureau is a part. It permits the Secretary of Commerce to conduct special studies for other organizations. Under Title 15, identifiable data are returned to the sponsoring agency, because they are subject to the sponsoring agency's legislation and confidentiality requirements–not those of Title 13. For example, the National Crime and Victimization Survey is conducted for the Bureau of Justice Statistics under Title 42. We must meet those restrictions too.

Another law, which you need to be familiar with, is Title 5, which is also known as the Privacy Act. The Privacy Act protects your employment and benefit records. It also requires us to tell our census and survey respondents the authority for collecting the data, whether participation is mandatory or voluntary, why the information is being collected, and what the data will be used for.

To protect respondents' rights, the Census Bureau has established a data stewardship program, based on four privacy principles. You can find these on the back cover of the brochure that was handed out to you at the beginning of this training.

They are:

1. *Principle of Mission Necessity*

   The Census Bureau will only collect information that is necessary for meeting the Census Bureau's mission and legal requirements.

2. *Principle of Informed Consent*

The Census Bureau will ensure that participants in data collection activities are informed about the purpose and planned statistical uses of the information collection.

3. *Principle of Respectful Treatment of Respondents*
   The Census Bureau will be considerate of respondents' time and desire for privacy and will respect their rights as research participants.
4. *Principle of Confidentiality*
   The Census Bureau will ensure that confidentiality protections are included in its procedures to collect, process, and release data.

How does the Census Bureau protect Census confidential data?

The Census Bureau protects Census confidential data in three ways.

They are:

1. *Technological safeguards* - The Census Bureau uses specific technological safeguards to ensure that computer systems protect Census confidential data. These safeguards include state-of-the-art computer systems and programs that are set up to ensure that a respondent's information is protected from unauthorized access.

2. *Statistical data protection* - Before their release, data products are reviewed to ensure the data meet guidelines set by the Census Bureau's Disclosure Review Board and that it is safe to release them.

3. *Restricted access* - Access to Title 13 information is limited to those who are sworn to protect. Title 13 confidential data includes Census Bureau employees

and special sworn status individuals. Guidelines must be followed to ensure that unauthorized people do not see or use Title 13 data–even your friends and family members. Restricted access also includes restrictions on all other government entities. Under Title 13, only those who have sworn to protect the data may see them. No other person at any department, bureau, agency or office of the government can obtain Census confidential data from the Census Bureau.

Employee responsibility for protecting Census confidential data:

We have been discussing the legal requirements–what you are prohibited from doing and what the penalties are for violating those requirements.

Now, let's look at the practical application of the Pledge of Confidentiality. As a Census Bureau employee, there are many instances within the scope of your daily job activities when you must keep data confidential. We will address some guidelines for safeguarding written information, oral information, and information on the computer.

How do I safeguard written information?

There are a number of ways in which you can take precautions to ensure that any written information you're working with is kept safe.

1. Keep Census confidential information in a secure location that prevents unauthorized access. If you must leave, then lock up the census confidential information or, if you happen to be working out in the field, then lock the census confidential information in the trunk of your car.

2. Make sure you follow the proper procedures for storing and archiving Census confidential data. The Census Bureau Security Office is responsible for the Census Bureau's security program, including the handling of Census confidential data. In that capacity, the Census Security Office will provide security recommendations and guidelines, including reviewing procedures for compliance with regulations.

3. Ensure that only specifically authorized persons remove data from the premises or otherwise access the information you have collected.

4. Never leave paper documents and printouts containing Title 13 data unattended or unsecured. Make sure that you lock them up when they are not being used.

5. Keep census confidential data out of the view of others. For example, cover up any materials you have on your desk or workspace when unauthorized persons come by.

6. Make sure that you follow the appropriate procedures for disposing of paper documents and printouts, magnetic media, and electronic files of any census confidential data that you no longer need. The disposition of all census confidential data will be in accordance with the *Policy and Procedures Manual*; Chapter K-3: Records Management; Chapter S-3: Physical Security; and Chapter S-5: Information Technology Security.

7. The Census Bureau also has an anti-browsing policy. It says that you may not search or look through any Census confidential data files or records for other

than work related purposes. In other words, you cannot look up information reported by someone you know or a famous person, just out of curiosity.

How do I safeguard oral information?

Now let's discuss some safeguards for protecting census confidential oral information.

1. Share census confidential information only with those individuals who are sworn to uphold Title 13 and who have a business need to know.

2. If you are working in the field conducting interviews, there are specific guidelines for the use of cell phones. Generally, if the respondent indicates that you may conduct the interview using a cell phone, then you can go ahead and conduct the interview. In addition, you and/or the respondent may use a cordless phone to conduct interviews.

3. Do not reveal to neighbors or other unauthorized people information about the fact that a specific household has been selected for a particular survey.

How do I safeguard information on my computer?

During your day-to-day activities, you may be using either a personal computer or a Census Bureau-issued laptop or hand-held computer. A couple of practical techniques that the Census Bureau uses to protect census confidential data that may be stored on your computer include:

1. All Census Bureau computers, including laptops and hand-held computers, have software loaded on them that automatically encrypts or protects your data as the computer saves it.

2. In addition, all Census Bureau computers require the use of passwords, which must be changed on a regular basis. Be sure not to ever share your password or use it in a manner where others can access it.

So, what else should you do to protect your computer and safeguard the data?

Well, some other things include:

1. Always store electronic files in a secure location when they are not being used. For example, use a password to prevent anyone from accessing these files. Or, if you're working on something on your computer, exit the file or close the laptop cover, so no one can see the data.

2. If you are using a Census Bureau-issued laptop or hand-held computer, always store it in a secure location when you are not using it. For example, secure your hand-held computer by locking it out of view in the truck of your car.

3. Install or load only authorized software on your computer. Do not install any software on your computer unless it is downloaded from the Census Bureau server or your supervisor has given you instructions and approval to do so. This will help prevent viruses that could damage your files.

4. When changing your password, create one that is hard to guess and protect it. Easy to guess passwords are the simplest way for a hacker to gain access to

any computer. Also, do not choose a password that has a personal meaning, and do not write your password down.

A little bit of care can go a long way in keeping with the Census Bureau's guidelines for maintaining confidentiality. Take pride in your job, and be part of the Census Bureau's proud tradition of keeping the sources of information it collects confidential.

This concludes Module 3 on Title 13-Confidentiality Training. This training provided you basic information on the meaning Title 13 and Confidentiality and how to safeguard written and oral information, as well as protecting information that is stored on your computer.

Please turn to the next page and complete the Title 13 Certification. Remember to hand all certificates to your supervisor after completion of all four training modules.

Title 13 Completion Certification

" (Employee's full name) has completed the Title 13 training and understands that when working with Census Confidential data, you must follow specific confidentiality standards as required by Title 13, U.S.C., Section 9. (Employee's name) understands that penalties of up to $250, 000 in fines and 5 years in prison may be imposed for unauthorized or unlawful disclosure of Title 13 confidential information."

Employee's Signature and Date	Supervisor's Signature and Date
(Employee's Full Name (Print)	Supervisor's Full Name (Print)

Module 4

Information Technology (IT) Security Awareness Training

As this is a generalized training, there are repeated references to contacting the Help Desk at Census Bureau Headquarters. All Local Census Office staff and Regional Census Center staff should immediately report any security or technical issues to your supervisor and the technical support staff in your office.

The topics covered in this training are:

- Why Are IT Security Policies Important?
- Securing Your Workstation
- Use of IT Resources
- Your Responsibilities
- Knowledge Check

Before you are given access to a U.S. Census Bureau computer system, and each year thereafter as a refresher, you must complete an IT security awareness course. This course is to ensure that you are aware of how to use your IT system in a proper and secure manner.

The purpose of this course is to ensure that you are aware of how to use your IT system in a proper and secure manner and to ensure that you know how to protect your computer from security threats. After completing the course, you will

understand why IT security policies are important and you will know how to protect against security threats. You will also learn about risks, threats, vulnerabilities, countermeasures, how to protect sensitive information, how to secure your workstations, proper use of IT resources, incident response, and your responsibilities.

Note: The term 'sensitive information' used in this course refers to census confidential information, federal tax information, and Privacy Act information.

Why are IT Security policies important?

There are many federal laws and regulations mandating IT security. While provisions of the Privacy Act - Title 5, Title 13, Title 15, and Title 26 of the United States Code provide laws to protect data, IT security laws and policies are designed to safeguard the IT systems that collect, process, and maintain these data.

Implementing IT security policies is essential to prevent thieves and terrorists from conducting their activities. In addition, implementing IT security policies helps the Census Bureau achieve its mission of data stewardship—to provide quality data for public good while respecting individual privacy and protecting confidentiality of the data.

IT Security Program Policies:

In addition to the many federal laws and regulations mandating IT Security, the Census Bureau also has specific policies and procedures related to IT security including:

- IT Security Program Policies (http://cww2.census.gov/it/itso/docs/ITSecurityProgramPolicy_2006.pdf) provides guidance on the implementation of IT security programs within the Census Bureau.

- U.S. Department of Commerce IT Security Program Policy and Minimum Implementation Standards (http://www.osec.doc.gov/cio/ITSIT/DOC-IT-Security-Program-Policy.htm) provides guidance on the implementation of IT security programs within DOC.

Goals of IT Security:

The goal of IT security is to protect IT systems and resources while maintaining confidentiality, integrity, and availability of information.

- Confidentiality is the protection of information from unauthorized disclosure.

- Integrity is the ability to protect information, data, or transmissions from unauthorized, uncontrolled, or accidental alterations.

- Availability is the ability to access information when necessary.

As you go through this course, note the use of the terms confidentiality, integrity, and availability.

Vulnerabilities, Threats, and Countermeasures:

A *vulnerability* is a flaw or weakness that may allow harm to occur to an IT system. Vulnerabilities exist in hardware, software, people and the environment.

A *threat* is any activity with the potential to cause harm, whether deliberate or unintentional, for example, hackers or malicious code. Vulnerabilities are exploited by threats.

A *countermeasure* is any action, device, procedure or technique to detect, oppose, or regulate a threat or vulnerability, for example, password-protected screen savers.

Internal threats versus external threats:

An *internal threat* is any instance of a user misusing resources, running malicious code, or attempting to gain unauthorized access to an application. Examples include any of the following actions performed by a Census Bureau employee:

- Unauthorized use of another user's account
- Unauthorized use of system privileges
- Execution of malicious code that destroys data
- User errors that destroy data

An *external threat* is any instance of an unauthorized person attempting to gain access to systems or cause a disruption of service. Examples include any of the following actions performed by someone outside of the Census Bureau:

- Disruption or denial of service attacks
- Execution of malicious code that destroys data

Threat: Hackers

A *hacker* is someone who uses their technical skills to gain unauthorized access to a system for financial gain, the challenge, and so forth. Although external attacks get most of the attention from the media, internal threats occur more often and can be more damaging.

Threat: Malicious Code

Malicious code is harmful code. Examples follow:

- A *virus* is self-replicating code that operates and spreads by modifying or damaging executable files and data. Viruses are most frequently transmitted through e-mail attachments. Viruses can also be transmitted by using infected diskettes or by downloading malicious software (intentionally or unintentionally) from the Internet.

- A *worm* is self-replicating code that is self-contained, (that is, capable of operating without modifying any software). Worms are transmitted by scanning a large number of systems for vulnerabilities. Once the worm has found a system that has a vulnerability that it can exploit, the worm exploits the vulnerability, attacks the system with a virus or other malicious code, and scans for more systems to attack.

- *Trojan Horse* programs are hostile programs masquerading as valid programs or utilities. Trojan Horse programs are often designed to trick users into copying and executing them.

- A *Back Door* is a tool installed after a compromise to give an attacker easier access to the compromised system around any security mechanisms that are in place.

Securing Your Workstation:

You can secure your workstation by following these security measures:

- Do report occurrences of malicious code attacks to the Decennial Computer Incident Response Team (Decennial CIRT) at 1-(877)-744-1522.

- Do not disable your OfficeScan virus scanner. Contact the Customer Help Center at (301) 763-3333 if you receive a message saying your virus signatures are out of date.

- Do delete spam, chain, and other junk e-mail without forwarding or opening attachments.

- Do follow your program area rules for downloading files from unknown or suspicious sources.

- Do scan attachments, a floppy disk (or other removable media) from an unknown source for viruses before using it or opening it.

- Do use password-protected screen savers and lock your workstation when it is unattended.

Threat: Social Engineering

Social engineering is a threat from non-technical or low-technology means - such as lies, impersonation, and tricks - used to attack or gain access to computer systems. For example, an individual calls you claiming to be from the Help Desk or claiming to be your supervisor asking for your password because they need to add a new version of software to your system after work hours. The story will often be quite plausible and offer reasons for violating policy. In a recent audit at the Internal Revenue Service, 30 percent of employees were easily convinced to give their passwords to auditors performing a social engineering attack.

Here are a few tips to prevent social engineering:

- Do not give out passwords to anyone.
- Do not give out personal information over the phone.
- Do not let individuals watch you type in your password (also known as shoulder surfing).
- Do not let individuals without proper identification follow you into the office (also known as piggy backing).

Countermeasure: Strong Passwords

While it is tempting to use the same passwords for multiple systems and to choose passwords from words that personally mean something to us, easy-to-guess user passwords have been shown to be one of the easiest ways that hackers can gain 'authorized' access to a system. Currently, measures are being implemented to ensure the use of strong passwords.

The following practices must be followed when creating a password:

- Passwords must be created and changed every 90 days. The system will prompt you.
- Passwords must consist of at least eight non-blank characters.
- At least one alphabet letter must be used.
- At least one number must be used.
- At least one special character ($,*,&) must be used.
- No more than 6 consecutive characters (AAAAAA) may appear in the password, and then, only once.

Passwords must not include any of the following:

- Vendor/manufacturer default passwords
- Names (for example, system user name, family name)
- Words found in dictionaries spelled backwards or forwards
- Addresses or birthdays

Note: The special character @ should not be used.

Countermeasure: Password Hints and Tips

Your user ID and password are your access to Census Bureau IT systems. You are responsible for protecting your password. Protect yourself and the Census Bureau by doing the following:

- Do not share individual passwords with anyone. If you suspect your password has been compromised, change your password immediately.
- Do not set applications to remember your password the next time you visit the application.
- Do use strategies such as substitution to make a strong password that you can remember.
- Do not use your Census Bureau passwords for any account passwords on systems outside of the Census Bureau (for example, do not use the same password for any accounts you might use on Internet Web sites).

Countermeasure: Locking Your Workstation

If you step away from your desk and someone sits down and types a derogatory message to your boss, you may be held accountable because you are logged-in.

Protect yourself and the Census Bureau by using the password-protected screen saver and by manually locking your workstation while unattended. Locking your workstation and using screen savers helps safeguard sensitive information that

resides on workstations and/or servers and reduces the possibility of unauthorized users gaining access to sensitive information by simply sitting down at a computer that is unattended. By default, the system screen saver automatically locks your workstation automatically after 15 minutes of idle time. Locking your workstation is also required by Census Bureau policy. When you leave your desk, you can manually lock your workstation to secure it from unauthorized use. This will not disrupt any work you are performing on your computer.

Please note that you are not authorized to download or install screen savers on Census Bureau computer systems. Please select one of the screen savers already provided on your workstation.

To lock and unlock your workstation:

1. To lock your workstation, press CTRL+ALT+DEL (simultaneously).

2. Click Lock Workstation.

1. To unlock your workstation, press CTRL+ALT+DEL (simultaneously).

2. Enter your password. Your password is your workstation password.

3. Click OK.

Note: On Linux workstations, use 'Lock Screen' on the task bar to lock and unlock the workstation. Do not press CTR+ALT+DEL simultaneously on Linux workstations as it may cause the system to reboot.

Census Confidential Information:

When you were hired to work for the Census Bureau, you signed a Sworn Affidavit of Nondisclosure. This means you acknowledge responsibility for data stewardship, to protect Census confidential information from disclosure. Data stewardship is an important part of the Census Bureau's mission because improper use or disclosure of census confidential information could adversely affect the Census Bureau's ability to serve as the leading source of quality data about the nation's people and economy. This also means you must protect census confidential information residing on your computer, on removable media, and on printouts you possess.

You can protect yourself and the Census Bureau by following these safeguards:

- Encrypt Census confidential information before transmitting it electronically via e-mail.
- Never e-mail Title-restricted data under any circumstances.
- Never leave paper copies, magnetic media, or electronic files containing Census confidential information unattended or unsecured. Keep them locked-up when not in use.

- Keep data out of the view of others. For example, cover up the materials, exit the file, or close the laptop cover.

- Always store electronic files in a secure location.

- Always store your laptop, tapes, and CD's in a secure location. For example, lock these resources in the trunk of your car, your desk, or file cabinet when not in use.

- Follow proper procedures for disposing of paper copies, data on magnetic media, and electronic files.

Risk:

Some say "The only secure computer is one that's unplugged, locked in a safe, and buried 20 feet under the ground in a secret location." The purpose of the IT security program is to secure the Census Bureau computer systems, network, data communications, and storage to the extent possible by means of mitigating risks. Risk analysis gauges the probability of a given threat being exploited. Risk analysis also estimates the impact of losing data and the financial impact (cost) of restoring lost data.

Risk = Vulnerability x Threat x Impact

Cyber Security Incidents:

A cyber security incident broadly refers to malicious technical activity resulting in:

- Loss of data confidentiality
- Disruption of data or system integrity
- Disruption or denial of availability

Examples include:

- Intrusions (for example, unauthorized modifications or unknown files or tools, or unusual activity like after-hours log-ins by unauthorized personnel)
- Denial of Service (for example, not having access to a system, or not being able to receive e-mail because someone has locked up your account by sending you lots of large files)
- Malicious code (for example, viruses, worms)

What Do You Do If You Suspect and Incident?

If you are aware of an IT security incident including the loss of personally identifiable information, you must contact the Decennial Computer Incident Response Team (Decennial CIRT) immediately by e-mail (Decennial.CIRT@census.gov) or phone 1-(877)-744-1522. You must report the actual or suspected loss of Personally Identifiable Information (PII) within one hour of discovery. A 24-hour, toll-free phone 1 (877)-744-1522 is available.

Note: PII is any information about an individual maintained by an agency, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual's identity, such as their name, social security number, date and place of birth, mother's maiden name, biometric records, and so forth; including any other personal information which is linked or linkable to an individual. PII is a subset of Title-restricted data.

When reporting any IT security incident, please provide the following information:

- Name of individual involved in incident
- Location of incident
- Time of incident
- Summary of incident
- Identification of lost or disclosed personally identifiable information (PII)
- Scope or extent of loss or disclosure

Note: Don't send e-mail from a computer that may be infected with malicious code!

Use of U.S. Census Bureau IT Resources:

The use of Census Bureau IT resources such as the Internet and e-mail are tools provided to accomplish the mission of the Census Bureau. When you log-in, a Census legal notice displays stating "YOU HAVE ACCESSED A UNITED STATES GOVERNMENT COMPUTER SYSTEM. USE OF THIS COMPUTER WITHOUT AUTHORIZATION OR FOR PURPOSES FOR WHICH AUTHORIZATION HAS NOT BEEN EXTENDED IS A VIOLATION OF FEDERAL LAW AND CAN BE PUNISHED WITH FINES OR IMPRISONMENT (Public Law 99-474). REPORT SUSPECTED VIOLATION TO YOUR DIVISION SECURITY OFFICER." By accessing a Census Bureau IT resource, users acknowledge that their activities may be monitored for compliance with IT security policies at any time.

Limited personal use by employees during non-duty time is considered an 'authorized use' of government property as the term is used in the Census Policy on Employee Use of the Internet.

During business hours, employees may use Census Bureau-provided Internet access and related computer resources for unofficial purposes only if they are on non-duty time or have received prior approval from your supervisor.

Outside of business hours, employees may use Census Bureau-provided Internet access and related computer resources for unofficial purposes only if they are on non-duty time; however, prior approval from your supervisor is not required.

IT Resources, Don'ts:

Do not use Census Bureau IT resources for the following:

- Commercial purposes or in support of 'for-profit' activities or for any other outside employment or business activity.
- Outside fund-raising activity, endorsing any product or service, participating in any lobbying activity, or engaging in any prohibited partisan political activity.
- A staging ground or platform to gain unauthorized access to other systems.
- Storing, processing, or distributing proprietary, or sensitive information, on a computer or network not explicitly approved for such processing, storage, or distribution.
- Accessing, creating, downloading, viewing, storing, copying, processing, displaying, or transmitting 'Adult' or sexually-oriented materials or pictures.
- Materials that are illegal, inappropriate, or offensive to fellow employees or the public or any material that may be construed as harassment or as defamatory.
- Materials related to gambling, illegal weapons, terrorist activities, and any other illegal activities.

IT Resources – Removable Media:

In light of the challenge of controlling and accounting for removable media, removable media may not be used to store PII under any circumstances. Removable media includes devices such as:

- Optical media (CDs, DVDs)
- Removable media (floppy disks, ZIP drives, hard disks)
- Hard drives (portable drives, external drives)
- Flash drives (USB drives) also known as ThumbDrives
- Laptops
- Paper printouts

If necessary, USB flash drives, encrypted according to government standards and supplied by the IT Directorate, may be used for sensitive information only if authorized by management. For electronic copies, the sensitive data or the media/device on which the data is stored must be encrypted. Be sure to keep sensitive data separate, labeled properly, and stored securely. Immediately upon finishing with the data or the media/device, securely erase, shred, or use burn bags for secure disposal.

IT Resources – Laptops:

Government owned laptops may be loaned to Census Bureau personnel if authorized and approved. All Census Bureau personnel handling or using laptop computers are expected to adhere to the laptop policies that include:

- Do not allow unauthorized individuals to use the laptop.
- As much as possible, limit physical access to the laptop.
  Store the laptop in a locked container or room when not in use to ensure it is out of sight and inaccessible to potential thieves.
- Use a nondescript carrying-case when traveling to avoid unwanted attention.
- Transport information and information backups in separate carrying cases.
- Lock the laptop when it is not in use or when unattended.
- Log out or shut down at the end of each work session.
- Do not share passwords with anyone.
- Do not store passwords on the laptop in plain text.
- Scan all incoming and outgoing media for viruses.
- Do not maintain any expectations of privacy for data stored on, processed by, or accessed by the laptop.

IT Resources – Acceptable E-mail Use:

Acceptable e-mail activities conform to the purpose, goals, and mission of the Census Bureau and to each employee's job duties and/or responsibilities. Examples of acceptable use include:

- Job related communications.
- Communications for professional development or to maintain job knowledge or skills.
- Communications with other agencies in support of ongoing projects, subject to access restrictions on sensitive information, providing document delivery or transferring working documents/drafts for comment.
- Research and information-gathering in support of advisory, standards, analysis, and professional development activities related to the employee's duties.

Census Bureau personnel should take into consideration the following when utilizing the e-mail system (either through workstation software or via remote access):

- Consider all messages sent over the Census Bureau computer and communications as Census Bureau property (there should be no expectation of privacy associated with information sent through Census Bureau systems).

- Do not send sensitive data of any kind in the text of e-mail (all data must be encrypted and sent as an attachment).
- Do not e-mail title-restricted data for the purposes of telework.
- Lock the terminal, log-out of the session, or use a password protected screen saver when leaving the computer while still in the e-mail system.
- Do not send illegal transmissions (respect copyright laws).
- Follow established retention (archiving) policies.
- Consent to monitoring and review activities.

IT Resources – E-mail Attachments:

Do not open suspicious e-mail attachments. Nearly all viruses propagate from a familiar address. Malicious code might be distributed in amusing or enticing programs. Always scan attachments for viruses. Examples of suspicious e-mail attachments include attachments with files extensions .scr, .exe, .bat, .com.

To scan a file for viruses:

1. Be sure your virus definitions are up-to-date if you are not using government-furnished equipment. If you are using government-furnished equipment, your virus definitions should be updated automatically.

2. Save the file to your hard disk.

3. Scan the file using Office Scan. To scan a file, right-click the OfficeScan icon in the System Tray located on the lower right corner of your desktop.

4. Click OfficeScan Main.

5. Browse to and select the specific file to be scanned.

6. Click the Scan Drives button. Once the scan is complete, click OK.

7. Then, click the Scan Results tab and review the results.

8. If the file is virus clean, open the file.

9. If the file contains a virus, immediately contact the Customer Help Center at (301) 763-3333.

If you scan a file and detect a virus, immediately contact the Customer Help Center at (301) 763-3333.

Also, contact the Decennial CIRT at 1-(877)-744-1522 to report the security incidents.

For additional information on viruses and the procedures for preventing, detecting, and recovering, refer to Virus Central (http://cww2.census.gov/it/itso/itso_virus.asp) on the IT Intranet Site.

IT Resources – Auto-Forwarding and Auto-Replies:

Auto-forwarding allows you to have e-mail sent to a Census Bureau mailbox and automatically forwarded, via rule, macro, or script, to another account. Auto-forwarding potentially creates a serious operational risk to confidentiality obligations. Auto-forwarding to another destination outside the Census Bureau network is prohibited.

Auto-replies are usually used when staff is out of the office or on vacation to notify people of their absence. Auto-replies or out-of-office settings are permitted.

IT Resources – Internet Hints and Tips:

Be aware that Internet transmissions may be monitored, intercepted, and modified. When using the Internet, protect yourself and the Census Bureau by taking measures to ensure sensitive information is protected from unauthorized disclosure and is not transmitted across the Internet without permission and an appropriate level of security and encryption. Be aware that the census.gov address is recorded by every Web site visited and may thus do the following:

- Create the presumption that a Census Bureau employee is using government resources for non-government activities on government time.

- Create the incorrect presumption that the user speaks with authority for the Census Bureau regardless of the presence of any disclaimer.

Visit Census Policy on Employee Use of the Internet (http://cww2.census.gov/it/itso/docs/Census_Policy_on_Internet_Use.doc) to find out more about Census Policy on employee use of the Internet.

IT Resources – Internet Don'ts:

Protect yourself and the Census Bureau. Do not use your Internet access to perform any of the following activities:

- Do not send sensitive information via e-mail unless it is an encrypted attachment.
- Do not post Census Bureau or other DOC information to external newsgroups, bulletin boards, or other public forums without authority from Census Bureau management.
- Do not access sites with continuous data streams (for example, audio or video, such as Pointcast) unless specifically authorized.
- Do not access or participate in Internet Relay Chat sessions or use Instant Messenger programs. Lotus SameTime is the only Instant Messenger program authorized for use at the Census Bureau.
- Do not obtain software in violation of the appropriate vendor's patent, copyrights, trade secret, or license agreement.
- Do not allow any unauthorized person to access a Census Bureau or DOC-owned system for the purpose of Internet access.

- Do not download shareware/freeware software or executable programs unless authorized by Census Bureau management as part of your normal job function.

- Do not access sites known for hacker attacks or hacker activity. Hacker sites are configured to capture information from the browser and put Trojan Horse programs on browser systems.

IT Resources – Telework:

The Census Bureau is recognized for its Telework program. This program allows people to work away from the office without government-furnished computer equipment. If you obtained approval to Telework, please protect your work and the Census Bureau by scanning your work files using updated anti-virus software. Employees who carry electronic files between work and an alternate site (including any files/disks that are used in a home or personal computer) are responsible for running the virus check on any files before storing and accessing them from a work station connected to the Headquarters Local Area Network.

If you are unsure how to perform any of the above functions, contact the Customer Help Center at (301) 763-3333 or click Telework Manual (PDF) (http://cww.hrd.census.gov/hrd/Telework/telework_policy.pdf) to access the official Telework policy.

Teleworkers working from telecenters or who choose to use a home computer or personal equipment will be allowed dial-up and remote e-mail access via the web, consistent with existing IT policy and procedures that include restrictions about

e-mail usage. Specifically, no Title-restricted data may be transmitted from the office to a teleworker's home, telecenter, or unrestricted website or FTP site. Nor may any Title-restricted data be removed from the office or accessed outside the firewall.

IT Resources – Protection of Remote/Off-Site Information:

Sensitive information also needs to be protected from remote access or transfer/storage off-site in an unauthorized manner. In order to compensate for the lack of physical security controls when information is accessed remotely, or transferred or stored off-site, Census must take steps to ensure sensitive agency information is protected. The following is a list of actions that should be taken to protect information from being removed or accessed from outside the Census Bureau.

1. Encrypt all data on mobile computers/devices that carry agency data unless the data is determined to be non-sensitive, in writing, by your Deputy Secretary or an individual they designate in writing;

2. Allow remote access only with two-factor authentication where one of the factors is provided by a device separate from the computer gaining access;

3. Use a 'time-out' function for remote access and mobile devices requiring user re-authentication after 30 minutes of inactivity.

IT Resources – Wireless Devices:

Wireless devices are more vulnerable due to their portability. Wireless devices include Personal Digital Assistants (PDA) and Portable Electronic Devices (PED), such as Palm Pilots, cellular telephones, interactive television, and laptops. At this time, the only wireless devices approved for use at the Census Bureau are Blackberry devices issued by the Telecommunications Office (TCO). When using wireless devices, protect yourself and the Census Bureau by doing the following:

- Apply the same safeguards to your wireless device as you do to your workstation (for example, use strong passwords and updated virus protection).
- Do not connect your personally-owned wireless devices to Census Bureau networks.
- Disable infrared ports and cameras.

IT Resources – Backups:

A backup is a copy of a file or program that is stored separately from the original. Backups are the key to recovering from system failure, loss of data, and attacks. Protect yourself and the Census Bureau by doing the following:

- Back up important files regularly. If you have an important file that you have made a lot of changes to since your last backup, then back up again!

- Save files to a network drive, if available. Network drives are backed up nightly. All mission-critical or business-essential files must be stored securely on network drives. Contact the Customer Help Center at (301)-763-3333 if you do not have a home or personal network drive.

- Store backups in a secure location. If you work with sensitive information, backups must be encrypted or stored in a secure location, for example, locked office space or container. Contact the Customer Help Center at (301) 763-3333 if you need assistance.

IT Resources – Peer-To-Peer Technology:

At the current time, commercial Peer-to-Peer (P2P) applications, Instant Messaging, and file sharing programs are not authorized for use at the Census Bureau. The risk of compromise to systems containing sensitive information thru the census firewall is too high for Census to authorize this, unless by written authorization granted by the Chief Information Officer through the Chief, Information Technology Security Office.

P2P technology refers to any software or system that allows individual users of the Internet to connect (directly, through the Internet) to each other to transfer or exchange computer files. Department of Commerce Information Technology Policy and Guidance provides more details about the P2P policy.

IT Resources – Media Sanitization and Disposition:

Before any Census Bureau-owned or managed system containing computer media is transferred, surplussed, or donated, it will be purged by an acceptable media

sanitization method. It is the responsibility of all Census Bureau users and contractor employees to be aware of and adhere to our data storage and disposal policies as explained in section 3.7.6 and 3.7.7 of the Census Bureau IT Security Program Policies (PDF) (http://cww2.census.gov/it/itso/docs/ITSecurityProgramPolicy_2006.pdf).

Contact the Customer Help Center at (301)-763-3333 for assistance with proper sanitization procedures and for disposal of any computer equipment or media (for example, floppy disks, hard drives, CD-ROMS, or any other electronic storage media currently or previously containing sensitive information).

Your Responsibilities:

You are responsible for helping protect the Census Bureau IT systems. To protect yourself and the Census Bureau, please remember to follow these simple security procedures and report security problems.

- Limit physical and logical access to your PC by locking your desktop and door.
- Log-out and turn off the PC when not in use.
- Avoid storing Census confidential data or any other sensitive data protected by law on the PC.
- Prevent unauthorized software from being installed on your PC.
- Scan all incoming and outgoing diskettes for viruses.

- Label and store diskettes securely when not in use.
- Prior to reuse, overwrite all magnetic media containing sensitive information a minimum of three times with a commercial disk utility program (if unable to overwrite, degauss using a commercial degausser).
- Use a CD Shredder to dispose of magnetic media.
- Lock your workstation and use screen savers to protect sensitive information from being displayed whenever your PC is unattended for short periods of time.

Accountability and Security Controls:

You are responsible and may be held accountable for any actions associated with your User ID. So, please remember not to share your password with others and change your password periodically. Also, lock your workstation and use a password-protected screen saver to protect yourself. The Census Bureau has also implemented various physical and technical security controls to prevent common IT security problems, including but not limited to, automatic removal of e-mail attachments with viruses.

Want To Know More About IT Security?

The following resources are available to answer your IT Security questions:

- If you suspect an IT security incident, contact the Decennial Computer Incident Response Team at 1 (877) 744-1522.

- If you have questions about computer security policies, contact the IT Security Office at 301-763-2862.
- For technical support, contact the Customer Help Center at 301-763-3333.
- Begin the Knowledge Check quiz and obtain your completion certificate.

Knowledge Check:

Knowledge Check Questions:

1. Internet and e-mail transmissions may be monitored, intercepted, and modified. True or False?

2. Which of the following IT security policies protect you and Census Bureau IT resources from security incidents? Select more than one.

A. Automatic removal of all e-mail attachments.
B. Policies about providing passwords over the phone.
C. Automatic removal of suspicious e-mail attachments that might contain viruses.
D. Procedures for reporting software problems.

3. If you think your computer may be infected with malicious code, normal e-mail use is encouraged. True or False?

4. You receive an e-mail with an attachment from a college friend whom you have not heard from in a year. After scanning the attachment with OfficeScan, a virus is

detected. This _____ should be reported to the Decennial CIRT. Select only one.

A. External threat
B. Vulnerability
C. Countermeasure

5. If you step away from your desk and someone sits down and types a derogatory message to your boss, you may be held accountable because you are logged-in. True or False?

6. The following are required by laws or regulations. Select more than one.

A. Users of government IT systems are required to have appropriate security training.
B. Sensitive information must be protected from unauthorized access.
C. Security incidents must be reported to the Decennial CIRT at 1 (877) 744-1522.

7. Social engineering pertains to the use of non-technical methods to gain unauthorized access to a computer system. True or False?

8. You receive an e-mail with a suspicious attachment from a stranger. What should you do? Select more than one.

A. Not open the e-mail or the attachment.
B. Report receiving a suspicious e-mail.
C. Pass it on to some one else to open first.

9. A computer security incident is any event whereby some aspect of computer security could be threatened: loss of data confidentiality, disruption of data or system integrity, or disruption or denial of availability. True or False?

10. It is tempting to use the same passwords for multiple systems, and to choose passwords from words that personally mean something to us. However, easy-to-guess user passwords have been shown to be one of the easiest ways that hackers can gain 'authorized' access to a system. True or False?

KNOWLEDGE CHECK QUESTIONS AND ANSWERS:

1. Internet and e-mail transmissions may be monitored, intercepted, and modified. True or False?

True is correct. Computer use may be monitored when necessary to assure compliance to Census Bureau IT policies. True is correct. Computer use may be monitored when necessary to assure compliance to Census Bureau IT policies.

2. Which of the following IT security policies protect you and Census Bureau IT resources from security incidents? Select more than one.

A. Automatic removal of all e-mail attachments.
B. Policies about providing passwords over the phone.
C. Automatic removal of suspicious e-mail attachments that might contain viruses.
D. Procedures for reporting software problems.

B, C, and D is correct. IT Security policies about providing passwords, automatic removal of suspicious e-mail attachments, and procedures for reporting software problems protect you and Census Bureau IT resources from security incidents.

3. If you think your computer may be infected with malicious code, normal e-mail use is encouraged. True or False?

False is correct. Do not send e-mail from a computer that may be infected with a virus!

4. You receive an e-mail with an attachment from a college friend whom you have not heard from in a year. After scanning the attachment with OfficeScan, a virus is detected. This _____ should be reported to the Decennial CIRT at 1 (877) 744-1522. Select only one.

A. External threat
B. Vulnerability
C. Countermeasure

A is correct. This is an external threat. Report all virus attacks to the Decennial CIRT at 1 (877) 744-1522.

5. If you step away from your desk and someone sits down and types a derogatory message to your boss, you may be held accountable because you are logged-in. True or False?

True is correct. You will likely be held accountable for any actions associated with your User ID. Lock your workstation and use password protected screen savers.

6. The following are required by laws or regulations. Select more than one.

A. Users of government IT systems are required to have appropriate security training.
B. Sensitive information must be protected from unauthorized access.
C. Security incidents must be reported to the Decennial CIRT at 1-(877)-744-1522.

A, B, and C is correct. Users of government IT systems are required to have security training, confidential information must be protected, and security incidents must be reported to the Decennial CIRT at 1-(877)-744-1522.

7. Social engineering pertains to the use of non-technical methods to gain unauthorized access to a computer system. True or False?

True is correct. Social engineering is a threat from non-technical or low-technology means - such as lies, impersonation, and tricks - used to attack or gain access to computer systems.

8. You receive an e-mail with a suspicious attachment from a stranger. What should you do? Select more than one.

A. Not open the e-mail or the attachment.
B. Report receiving a suspicious e-mail.
C. Pass it on to some one else to open first.

A and B is correct. E-mails from unknown sources or e-mails with suspicious attachments should not be opened and should be reported to the Decennial CIRT at 1-(877)-744-1522.

9. A computer security incident is any event whereby some aspect of computer security could be threatened: loss of data confidentiality, disruption of data or system integrity, or disruption or denial of availability. True or False?

True is correct. A computer security incident is any event whereby some aspect of computer security could be threatened: loss of data confidentiality, disruption of data or system integrity, or disruption or denial of availability.

10. It is tempting to use the same passwords for multiple systems, and to choose passwords from words that personally mean something to us. However, easy-to-guess user passwords have been shown to be one of the easiest ways that hackers can gain 'authorized' access to a system. True or False?

True is correct. Easy-to-guess user passwords have been shown to be one of the easiest ways that hackers can gain "authorized" access to a system.

Validation:

Congratulations and thank you! You have just completed the Census Bureau's IT Security Awareness Training! Please complete the Certificate of Completion and give it to your supervisor.

This concludes Module 4 on Information Security Awareness Training. Please turn to the next page and complete the Information Security Awareness Certification. Remember to hand all certificates to your supervisor after completion of all four training modules.

Certificate of Completion US Census Bureau's IT Security Awareness Training for FY10

Your Name:_____

Your Division:_____

completed the

2010 FY IT Security Awareness Training

Via Text Only Printable Transcript

On

Date: _____

Appendix N: Completing and Reviewing the BC-27, Time, Attendance, and Cost Report and the BC-27A, Field Employee's Reimbursement Expenses

Topic 1: General Information

Form BC-27, Time, Attendance, and Cost Report

- Print legible entries in blue or black ballpoint pen each day.
- Attach the BC-27A and receipts, if applicable, for reimbursements.
- Record partial time (work and leave) in multiples of quarter hours as follows:
  - .1 = 15 minutes.
  - .2 = 30 minutes.
  - .3 = 45 minutes.

If the end of the month is needed, complete and mail the pink copy as follows:

- Enter hours from the first day of the pay period through the end of the month. Enter your total miles, per diem, communications and other reimbursable items. Tear off the BC-27 pink copy and enter totals in I, II, and III, and in Item 7, and 8.
- Complete Item 2 (signature and date).

Form BC-27A, Field Employee's Reimbursement Expenses

- Print legible entries in blue or black ballpoint pen each day.
- Complete heading Items 1 through 3 in case the BC-27A becomes separated from the BC-27.
- Attach the white copy of the completed BC-27A to the BC-27.

Topic 2: Instructions for Completing the BC-27

Completing Items 1

- **Item 1**: - Print your last name, first name, and middle

Through 6

initial.

- **Item 2**: - Sign and date at the end of the pay period.
- **Item 3**: - Leave Blank.
- **Item 4**: - Enter pay period dates showing month, day, and year (mm/dd/yy).
- **Item 5a**: - Enter your four-digit RCC code.
- **Item 5b**: - Circle F for full-time, P for part-time, or I for intermittent.
- **Item 6**: - Enter the date above each day of the week. Enter in columns:
  - Project number (b).
  - Task code (c).

If you need additional lines for project numbers and task codes, use a second Form BC-27 and identify it as 2 of 2.

Note: *At the end of each day, make sure the hours you claim for regular, night differential(if applicable), and leave do not exceed eight (8) hours.*

Completing Sections A Through F

- **Section A:** - Enter regular hours worked by project number (b) and task code (c).
- **Section B:** - Enter night differential hours (if applicable) worked by project number (b) and task code (c).
- **Section C:** - Enter overtime hours worked by project code (b) and task code (c).
- **Section D:** - Enter night differential overtime (if applicable) by project number (b) and task code (c). For holiday worked, enter transaction code 31 and your regular work project and task code. **Hours must be approved in advance**.
- **Section E: - Does not apply to intermittent employees**. Enter leave (annual, sick, and family friendly) by project number and task code and the appropriate leave function code (shaded) for the leave taken.

Note: *If sick leave is taken for family friendly leave, explain in 10, Remarks, the specific reason for the leave and the family member involved. If other than annual, sick, and/or family friendly leave is taken, enter project, task, and function code on the blank line and enter number of hours for the leave taken.*

- **Section F:** – Enter hours for premium hours worked and/or time absent and initial. Use the 24-hour clock..
  - Premium hours worked – If you work premium hours (night differential, overtime, Sunday, or a holiday); enter the exact times next to *From* and *To*.
  - Time absent – If less than a full day of leave is taken, enter the exact times.
  - Enter your initials for leave – All leave must be approved and authorized by your supervisor in advance.

Entering Total Hours

- **(I):** - Total hours for week one, by project and task code.
- **(II):** - Total hours for week two, by project and task code.
- **(III):** - Add total hours (I & II) across for pay period by project number and task code and enter. Add down the total hours for pay period in column III and enter in *Grand Total*.

Completing Items 7 Through 11

- **Item 7**: - Record reimbursement totals from the BC-27A, by project and task code:
  - (a) Enter miles.
  - (b) Enter per diem costs.
  - (c) Enter communication costs.
  - (d) Enter other reimbursable items.
- **Item 8**: - Leave blank.
- **Item 9**: - Leave blank.
- **Item 10**: - Enter explanatory remarks, if any, such as *supervisor approved leave*.
- **Item 11**: - Leave blank.

Topic 3: Instructions for Completing the BC-27A

Completing Items 1 through 3

- **Item 1:** - Print your last name, first name, and middle initial.

- **Item 2:** - Leave Blank.
- **Item 3:** - Enter pay period dates showing month, day, and year (mm/dd/yy).

Section I – Official Mileage

- **Column (1)**: - Enter the dates you drove on official business.
- **Column (2)**: - Enter the city and state from which the travel started.
- **Column (3)**: - Enter the place to which you drove each day. When driving within a city or county, enter the abbreviation I& A (in and around). For example, I& A Fairfax County and return.
- **Columns (4)–(11)**: - Enter the project number and task code in the column headings and enter official business miles claimed, from odometer readings, under the correct codes. **Do not include miles driven on personal business.**
- **Row (12)**: - At the end of the pay period, add the miles in each column (4) – (11) and enter the *Total Number of Miles Claimed* by project number and task code. Transcribe these totals to column (7a) on the Form BC-27 by project number and task code.

Section II – Per Diem

When completing the BC-27A, have receipts attached as soon as travel is completed. If a receipt for lodging is lost, provide a statement with the name, address and telephone number of the facility along with the cost incurred. When more than one person occupies a room, the single room rate is allowed. This must be noted on the receipt.

Complete Section II as follows:

- **Column (1)**: - Enter the beginning date of travel.
- **Columns (2) and (3)**: - Enter points of travel (From where to where).
- **Column (4)**: - Enter arrival date.
- **Column (5)**: - Enter the daily lodging amount as shown on the lodging receipt. The amount cannot exceed maximum lodging authorized for the area.
- **Column (6)**: - Enter the authorized amount for meals and incidental expenses (M&IE) for your temporary duty station.

- **Column (7)**: - Enter the total of the lodging rate in column (5) with the M&IE rate in column (6) and enter the total into column (7).
- **Column (8)–(10)**: - Enter in the column headings the project number and task code to be charged. Enter costs under the correct codes.
- **Row (11)**: - At the end of the pay period, add per diem in each column (8) – (10) and enter the *Total Per Diem Claimed* by project number and task code. Transcribe these totals to column 7 (b) on the BC-27 by project number and task code.

Section III - Communications

Forward to the RCC the telephone bill with the correct project number and task code marked next to each official call.

Complete Section III as follows:

- **Column (1)**: - Enter the project number and task code for which communication expense was incurred.
- **Column (2)**: - Enter the total of *all* calls by project number and task code. Transcribe these totals to column 7 (c) on the BC-27 by project number and task code.

Section IV – Other Reimbursable Items

Receipts are required for all authorized purchases.

Complete Section IV as follows:

- **Column (1)**: - Enter each date a reimbursable expense (road, bridge, ferry tolls, parking fees, authorized special purchase item, taxi, and so forth) is incurred.
- **Column (2)**: - Enter a description of the expense claimed. Group multiple similar expenses for each day such as three subway fares @ $1.50 each or three parking meter fees @ 25 cents. Include tips for taxi or limousine drivers separately and limit them to 15 percent of the fare.
- **Columns (3)–(5) and (6)–(8)**: - Enter in column headings the project number and task code for which the expense was incurred. Enter the cost of expenses under the correct codes.
- **Row (9)**: - At the end of the pay period, add the other reimbursable items in each column (3)-(5) and (6)-(8) and enter the *Total Other* by project number and task code. Transcribe these totals to column 7 (d) on the Form BC-27 by project number and task code.

BC-27: Time, Attendance, and Cost Report

1. Employee name (Print last, first, middle initial)

Employee certification – I certify that (1) I prepared this report; (2) I have worked the hours indicated; (3) reimbursements were incurred on official business; (4) hours shown are correct; and (5) sick leave was used following regulations.

2. Employee signature

Date

Form BC-27 (2-18-2006)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TIME, ATTENDANCE, AND COST REPORT

All information furnished will be treated according to the Privacy Act of 1974. No information will be released except as authorized by the Act.

3. Social Security Number

4. Pay period dates: From | To

5a. Office code

5b. Work schedule: F P I

6. FIRST WEEK (Enter date)

SUN	MON	TUE	WED	THU	FRI	SAT	Total (I)	Work/leave	Transaction code (a)	Project number (b)	Task code (c)	SECOND WEEK (Enter date) SUN	MON	TUE	WED	THU	FRI	SAT	Total (II)	Pay period totals (III)	7. REIMBURSEMENTS Miles (a)51	Per diem (b)52	Communication (c)53	Other (d)54	8. Audited by: Initials/Date
								A. REGULAR	01																9. Payroll Office Use
									01																
									01																
									01																
									01																
									01																
									01																
									01																
									01																
									01																
								B. NIGHT DIFF	11																10. Remarks
									11																
									11																
									11																
								C. OVERTIME																	
								D. NDO																	
								E.	TC	Proj	TSK	PC									TOTAL (a)	TOTAL (b)	TOTAL (c)	TOTAL (d)	
								AL	61			01													
								SL	62			03													
								FFLA	62/63			03													
								FROM	F. a. Premium hours worked			FROM								Grand Total	11. Certified by:				
								TO				TO									Signature				Date
								FROM	b. Time absent			FROM													
								TO				TO													
								←	c. Employee initials			→													

USCENSUSBUREAU

Copy distribution: WHITE – Payroll YELLOW – Employee PINK – End of month (when required)

BC-27A: Field Employee's Reimbursement Expenses

WRITE HARD – USE BALL POINT PEN

Form BC-27A (Rev. 10-94)	U.S. DEPARTMENT OF COMMERCE Bureau of the Census (U.S. Census Bureau)	1. Employee name
FIELD EMPLOYEE'S REIMBURSEMENT EXPENSES		2. SSN / 3. Pay period dates – From/To

All information furnished will be treated in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

Section I – OFFICIAL MILEAGE

Date of travel (1)	Points of travel: From (2)	To * (3)	Miles by Project/Task: / (10)	/ (15)	/ (6)	/ (7)	/ (8)	/ (9)	/ (10)	/ (11)
(12) TOTAL NUMBER OF MILES CLAIMED → Enter here and on BC-27, column 7b)										

* Enter the name of the place to which you drove, or enter "in and around _____ city and nation" or "_____ country and nation" (if in rural area).

Section II – PER DIEM*

Departure date (1)	Points of travel: From (2)	To (3)	Arrival date (4)	Lodging (5)	M&IE (6)	Total Per Diem (7)	Cost by Project/Task: / (8)	/ (9)	/ (10)
(13) TOTAL PER DIEM CLAIMED – Enter here and on BC-27, column 7b) → * Attach lodging and transportation receipts.									

Section III – COMMUNICATIONS*

* Attach telephone bill with official business calls annotated.

Project/Task (1)	Amount claimed (2)	Project/Task (3)	Amount claimed (4)	Project/Task (5)	Amount claimed (6)
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	

Section IV – OTHER REIMBURSABLE ITEMS*

Date (1)	Description of expenditures (2)	Cost by Project/Task: / (3)	/ (14)	/ (15)	Date (1)	Description of expenditures (2)	Cost by Project/Task: / (16)	/ (17)	/ (18)
* Examples: road, bridge or ferry tolls; parking fees; cash or common carrier fares; other miscellaneous items.					(19) TOTAL OTHER → Enter here and on BC-27, column 7d)				

Copy distribution: WHITE (Submit with BC-27) – Payroll YELLOW – Employee Copy

U.S. CENSUS BUREAU

EOD Application
Upon acceptance of a formal job offer including an entrance on duty date, the new employee's information is to be entered into the EOD System

Census Human Resources Information System | WHAT'S NEW | HELP

The Census Human Resources Information System (CHRIS) contains sensitive personnel data (i.e. education data, salaries, and historical payroll data), which are to be treated in a confidential manner. Only authorized users with a need to know the personnel information may have access to it. In accordance with the Privacy Act of 1974 (5 U.S.C. 552a), you are prohibited from disclosing the data from these applications to anyone without an official need for the data. Any employee who violates this privacy policy may be subject to disciplinary action, a fine of $5,000, or both. (Privacy Act 5 U.S.C. 552a). more ...

- To log on to CHRIS2, enter your James Bond ID as your username with your existing Novell password. If you encounter problems, please contact the HRD Call Center on 301-763-4248. Read our FAQ for more details.

USERNAME: johns001 ← James Bond ID

PASSWORD: ← Novell Password

Login

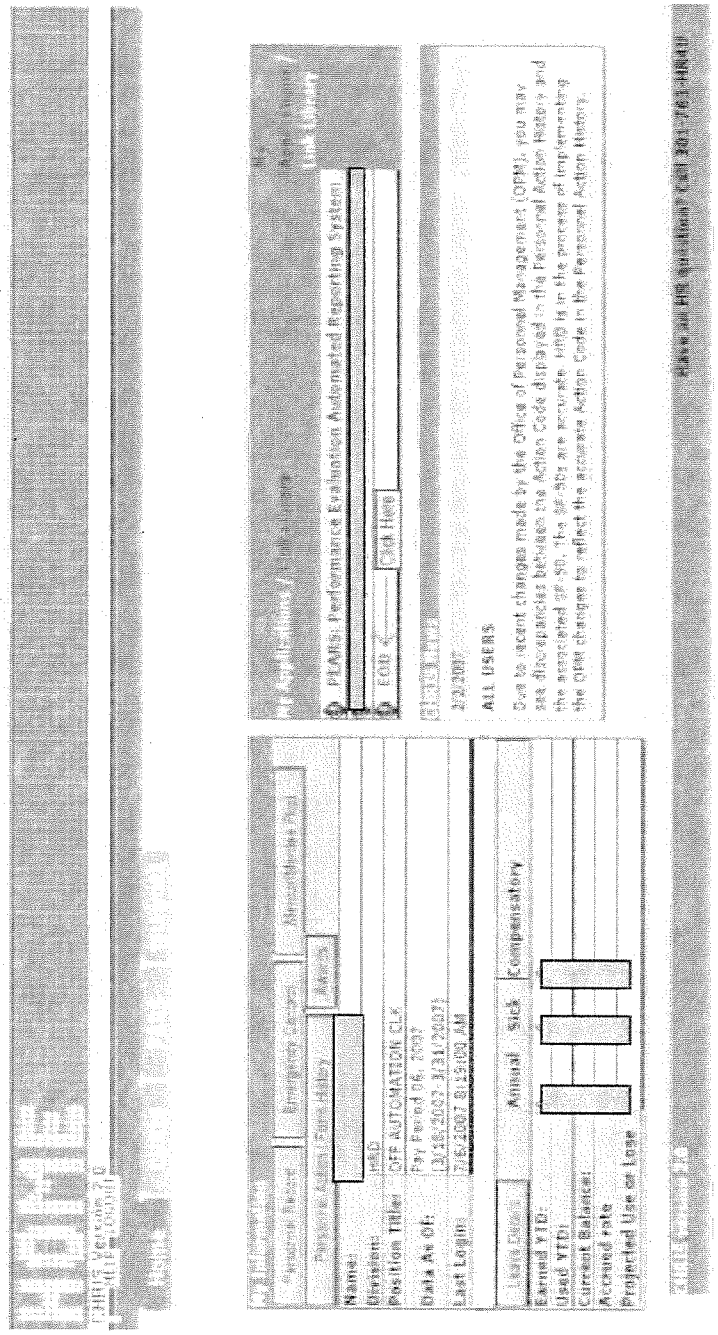
CHRIS Version 2.5

ABOUT CHRIS | CONTACT US | HRD WEBSITE

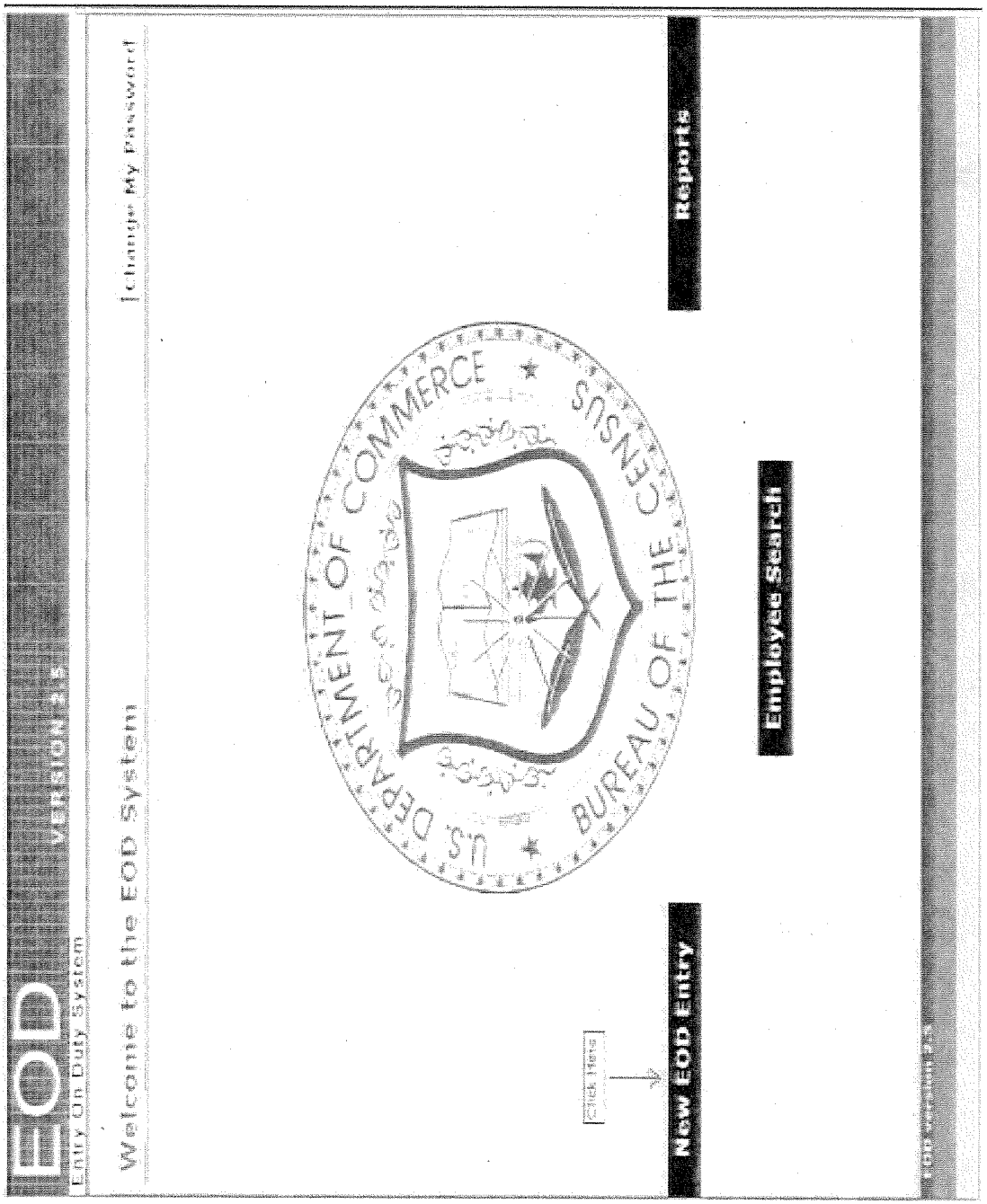
U S C E N S U S B U R E A U

Helping You Make Informed Decisions

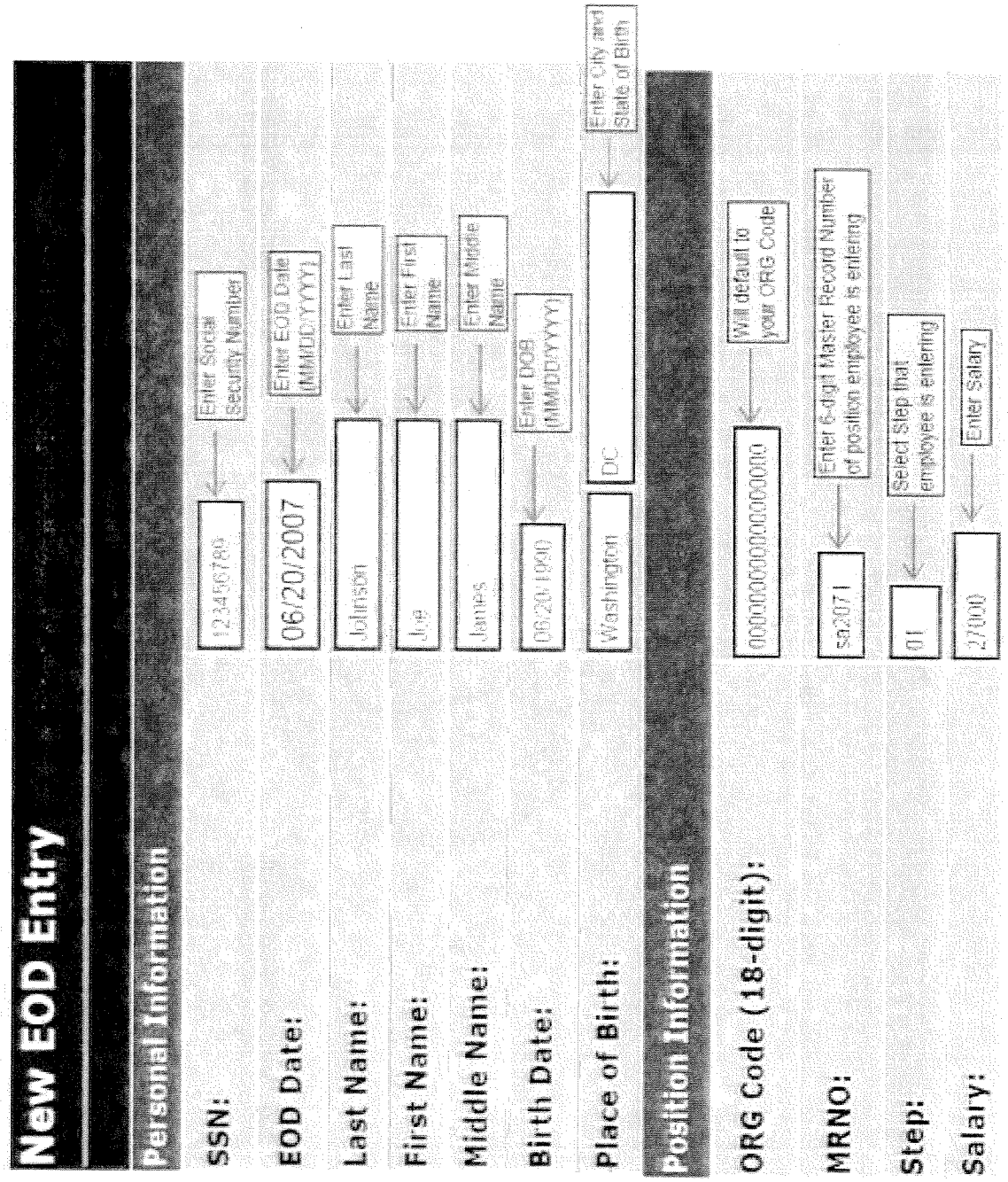
1

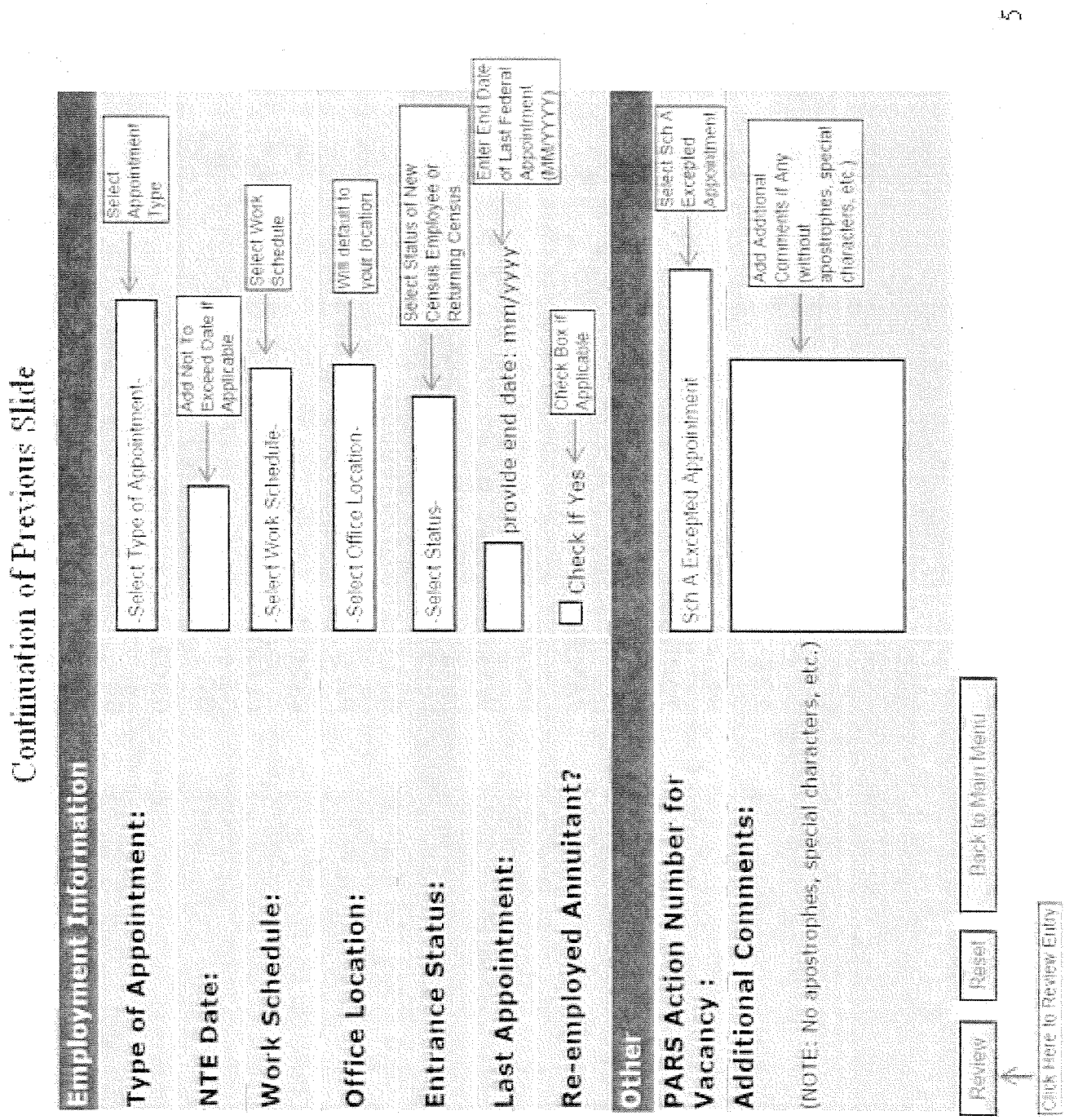

Name:
Division:
Position Title:
Data As Of:
Last Login:
Annual
Sick
Compensatory
Earned YTD:
Used YTD:
Current Balance:
Accrued rate
Projected Use or Lose
PEARS: Performance Evaluation Automated Reporting System
EOD
Click Here
ALL USERS

2


EOD
VERSION 2.5
Entry On Duty System
Welcome to the EOD System
Change My Password
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Click Here
New EOD Entry
Employee Search
Reports

4


New EOD Entry
Personal Information
SSN:
123456789
Enter Social Security Number
EOD Date:
06/20/2007
Enter EOD Date (MMDDYYYY)
Last Name:
Johnson
Enter Last Name
First Name:
Joe
Enter First Name
Middle Name:
James
Enter Middle Name
Birth Date:
06/20/1990
Enter DOB (MMDDYYYY)
Place of Birth:
Washington
DC
Enter City and State of Birth
Position Information
ORG Code (18-digit):
000000000000000000
Will default to your ORG Code
MRNO:
sa2071
Enter 6-digit Master Record Number of position employee is entering
Step:
01
Select Step that employee is entering
Salary:
27000
Enter Salary


Continuation of Previous Slide
Employment Information
Type of Appointment:
-Select Type of Appointment-
Select Appointment Type
NTE Date:
Add Not To Exceed Date if Applicable
Work Schedule:
-Select Work Schedule-
Select Work Schedule
Office Location:
-Select Office Location-
Will default to your location
Entrance Status:
-Select Status-
Select Status of New Census Employee or Returning Census
Last Appointment:
provide end date: mm/yyyy
Enter End Date of Last Federal Appointment (MM/YYYY)
Re-employed Annuitant?
Check if Yes
Check Box if Applicable
Other
PARS Action Number for Vacancy :
Sch A Excepted Appointment
Select Sch A Excepted Appointment
Additional Comments:
(NOTE: No apostrophes, special characters, etc.)
Add Additional Comments if Any (without apostrophes, special characters, etc.)
Review
Reset
Back to Main Menu
Click Here to Review Entry

New EOD Entry Verification

Personal Information	
SSN:	123-45-6789
EOD Date:	06/20/2007
Last Name:	JOHNSON
First Name:	JOE
Middle Name:	JAMES
Birth Date:	06/20/1990
Place of Birth:	WASHINGTON, DC
Position Information	
ORG Code (18 digit):	631111001420260000
ORG Description:	PAY, BENEFITS & SERVICES BR
MRNO:	sa2071
Title:	CLERK
Pay Plan:	GG
Series:	0303
Grade:	04
Step:	01
Salary:	$27,000.00

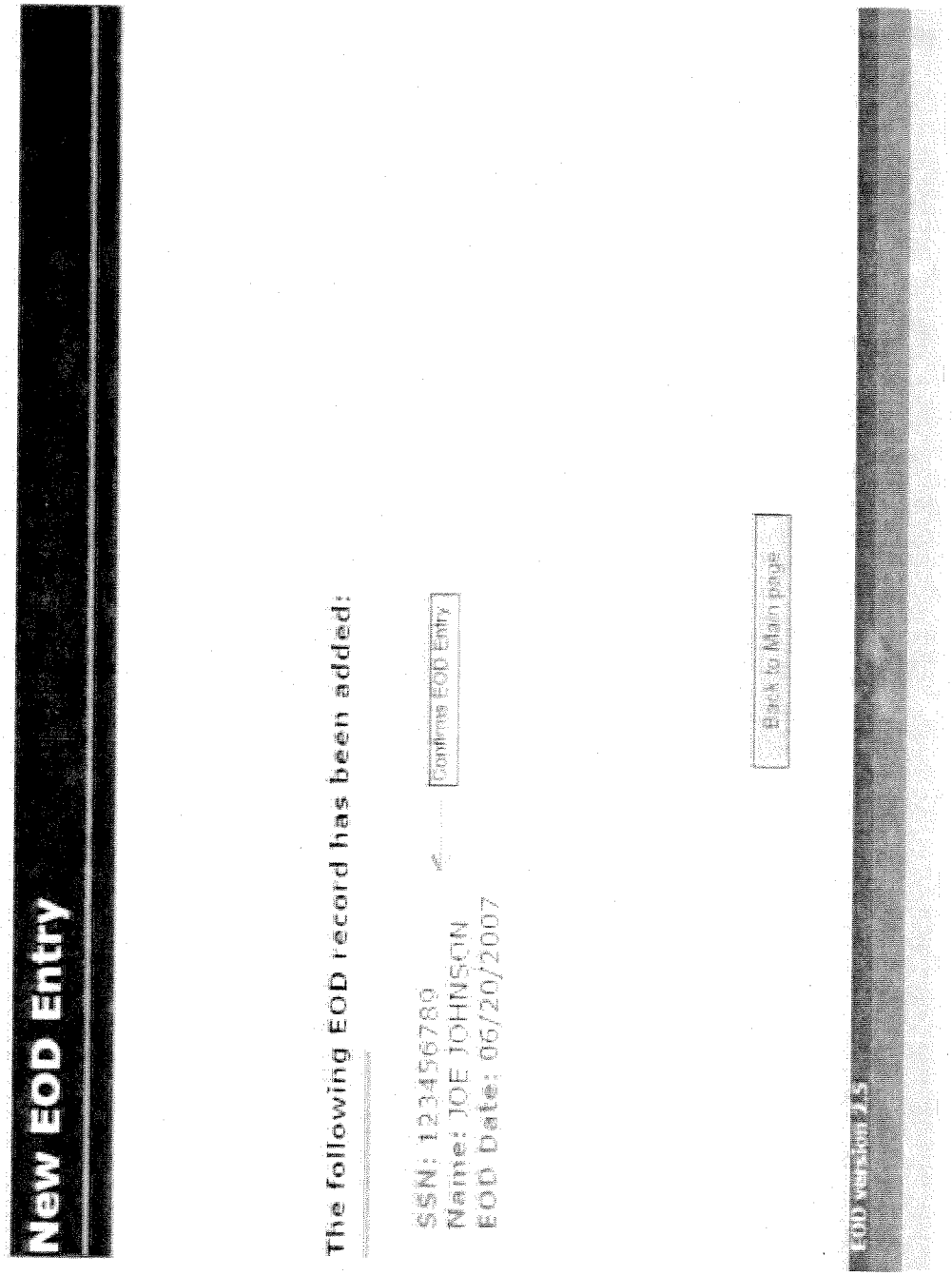
6

Continuation of Previous Slide

Employment Information	
Type of Appointment:	09 - Excepted-temporary
NTE Date:	09/20/2007
Work Schedule:	Intermittent
Office Location:	SUITLAND
This individual is:	New to Census
Last Appointment End Date:	
Most Recent EOD:	N/A
Date separated:	N/A
Separation since less than 1 year?	N/A
Previous Clearance Closed On:	N/A
SF 85 clearance required?	YES
Other	
PARS Vacancy Data:	
Additional Comments:	

Review Information & if Correct Click Submit → Submit | Cancel | Print this Data

7



New EOD Entry

The following EOD record has been added:

SSN: 123456789
Name: JOE JOHNSON
EOD Date: 06/20/2007

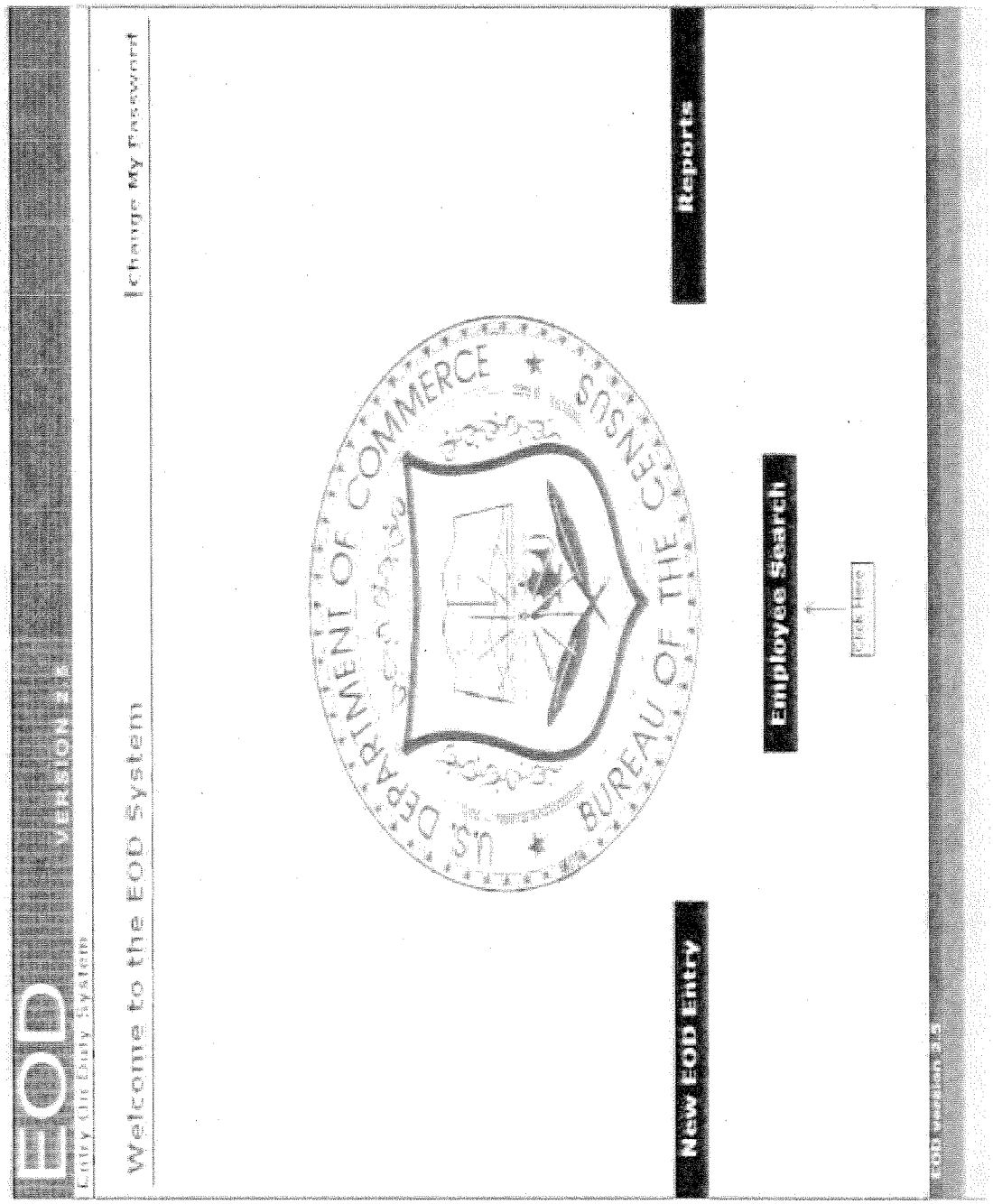
Confirms EOD Entry

Back to Main page

EOD version 2.5

HOME | NEW EOD ENTRY | EMPLOYEE SEARCH | REPORTS

8


EOD
Entry On Duty System
VERSION 2.5
Welcome to the EOD System
Change My Password
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
New EOD Entry
Employee Search
Click Here
Reports

EOD Employee Search

To find a Census employee with an existing EOD record, enter either their SSN or Last Name

123456789 | Search | Back to Main page

Enter SSN or Last Name then click Search

SSN	Last Name	First Name	EOD Date	ORG	Job Title	Series - Grade
123456789	JOHNSON	JOE	6/20/2007	631111001420260000		-/01

Total Number of Employees:1

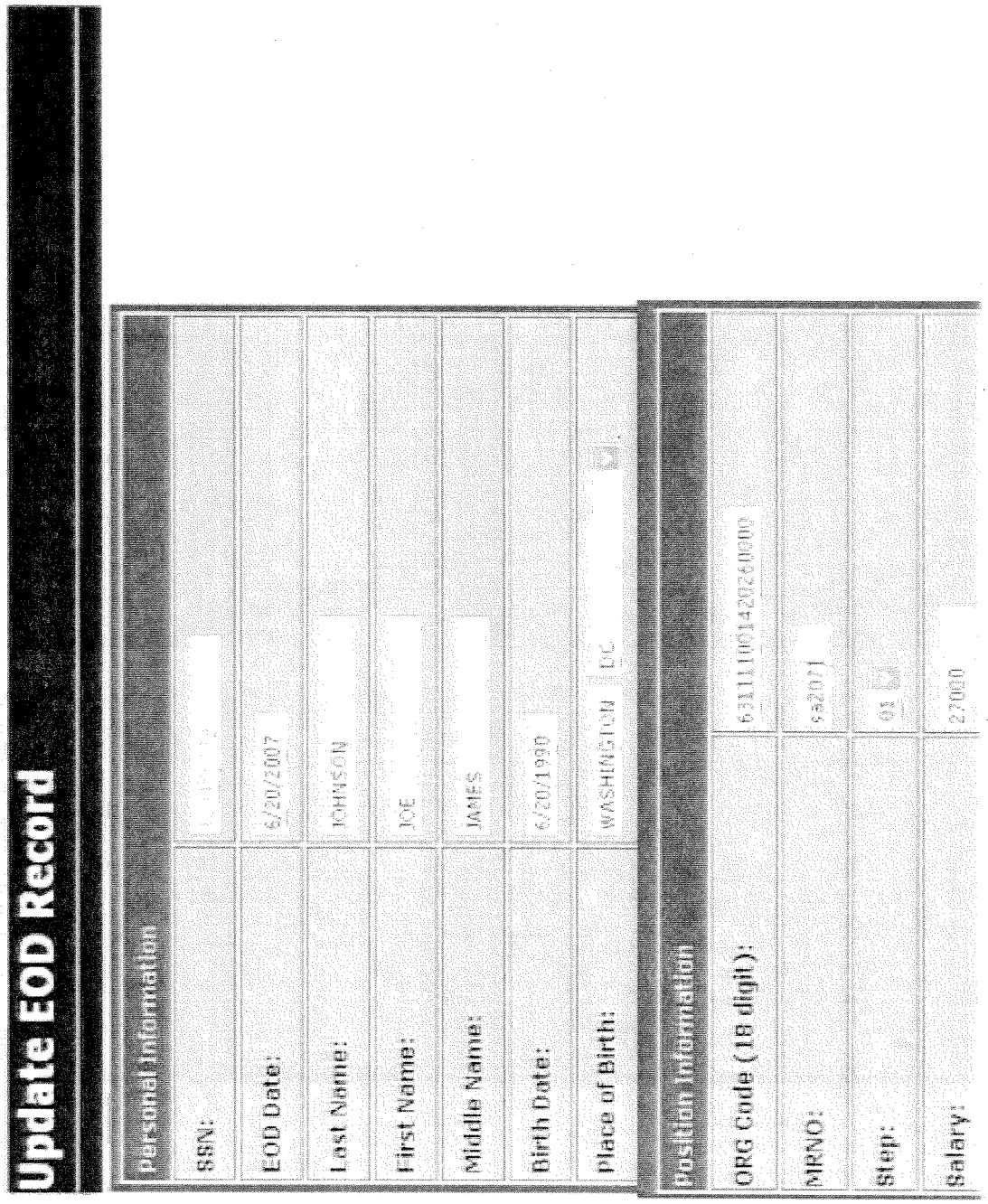
Edit/Update Record | Track SF-85 Status | Delete Record

Click Here to Edit or Update EOD Record (i.e - If the EOD Record needs to be Corrected)

Click Here to Track SF-85 Status

Click Here to Delete EOD Record (i.e.- Employee is a No-show at Orientation)

10


Update EOD Record
Personal Information
SSN:
EOD Date:
6/20/2007
Last Name:
JOHNSON
First Name:
JOE
Middle Name:
JAMES
Birth Date:
6/20/1990
Place of Birth:
WASHINGTON
DC
Position Information
ORG Code (18 digit):
631111001420260000
MRNO:
sa2071
Step:
01
Salary:
27000

11

12

Continuation of Previous Slide

Employment Information

Type of Appointment:	Excepted temporary
NTE Date:	9/20/2007
Work Schedule:	Intermittent
Office Location:	SUITLAND
Entrance Status:	New to Census
Last Appointment:	provide end date mm/yyyy
SF 85 clearance required?	
Re-employed Annuitant?	yes

Other

PARS Action Number for Vacancy:	Sch A Excepted Appointment
Additional Comments:	

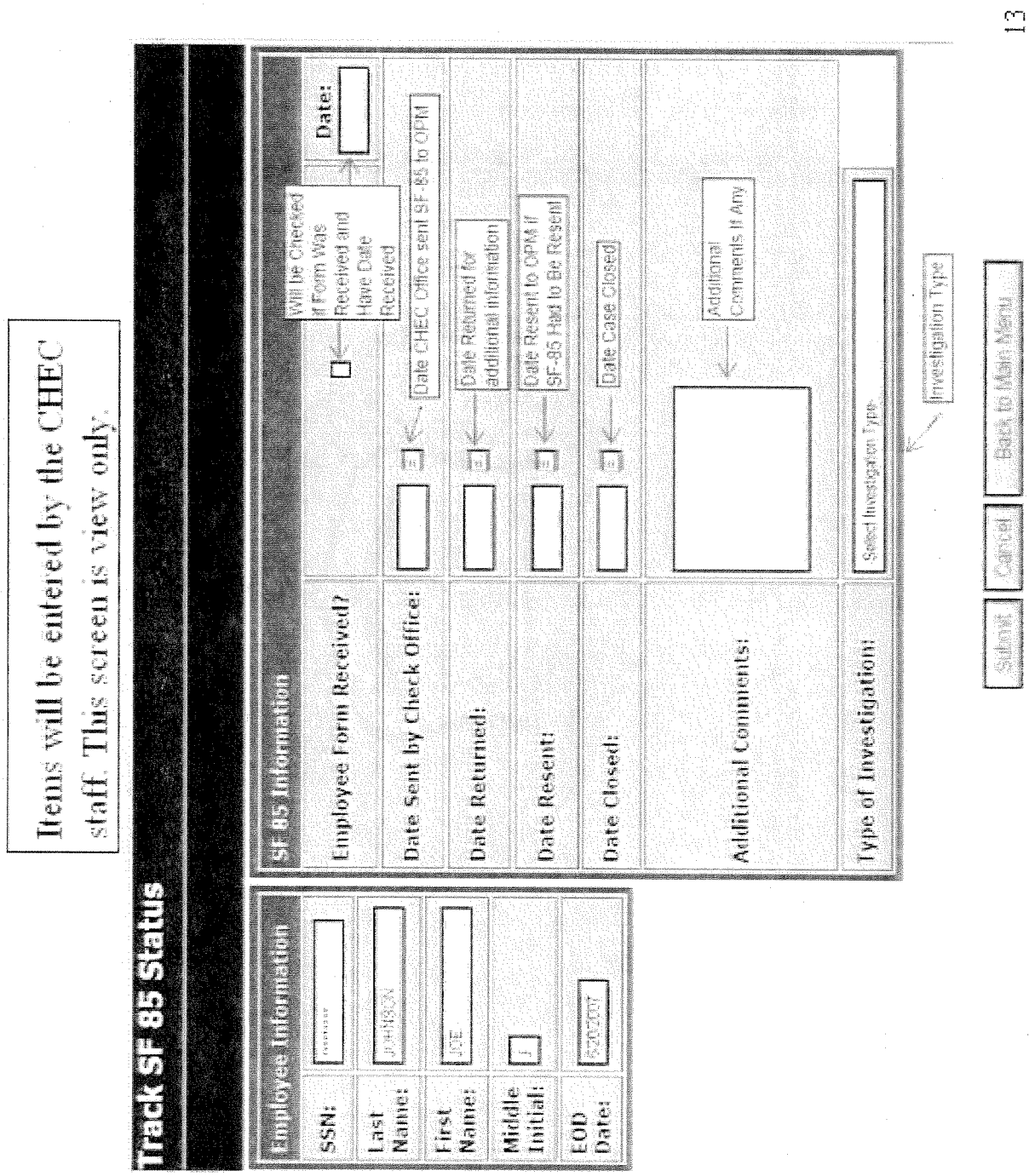
EOD Record Data

Date Record Created:	7/6/2007
Record Created By:	hartin308
Date Record Modified:	
Record Modified By:	

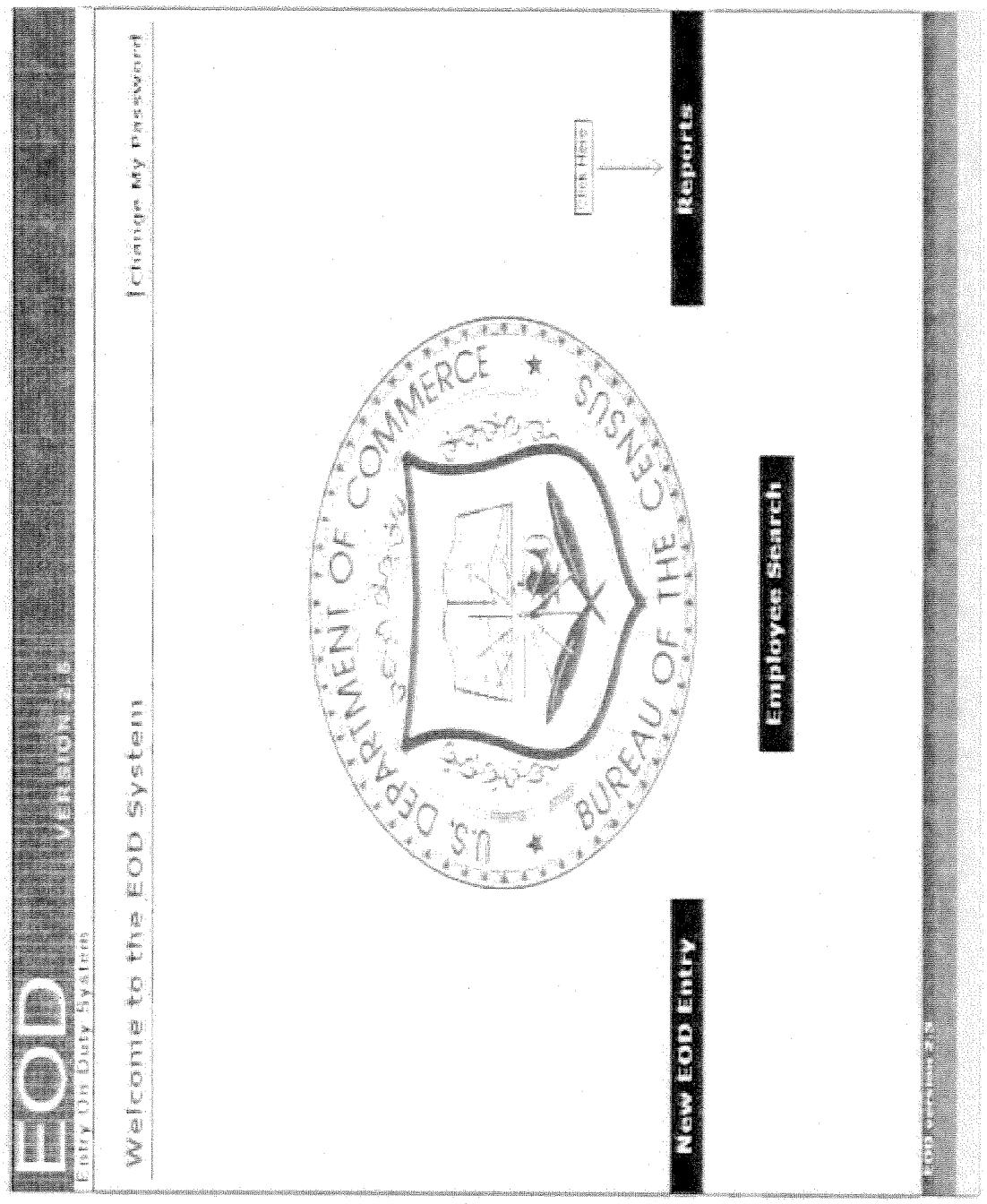
Will auto-fill when the record is modified

All Fields Can Be Edited Then Click Update

Update | Cancel

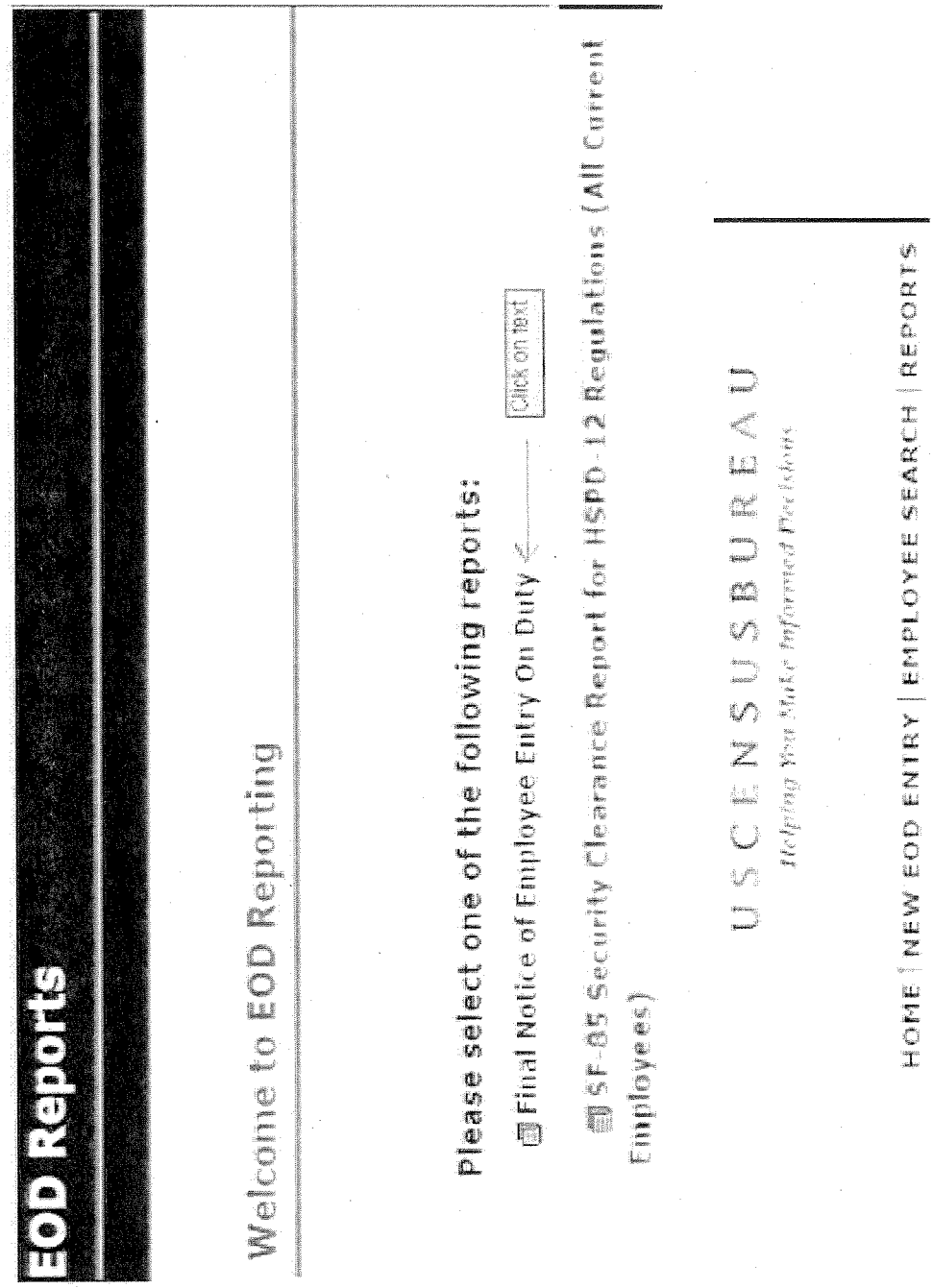

Items will be entered by the CHEC staff. This screen is view only.
Track SF 85 Status
Employee Information
SSN:
Last Name:
JOHNSON
First Name:
JOE
Middle Initial:
J
EOD Date:
SF 85 Information
Employee Form Received?
Will be Checked if Form Was Received and Have Date Received
Date:
Date Sent by Check Office:
Date CHEC Office sent SF-85 to OPM
Date Returned:
Date Returned for additional information
Date Resent:
Date Resent to OPM if SF-85 Had to Be Resent
Date Closed:
Date Case Closed
Additional Comments:
Additional Comments If Any
Type of Investigation:
Select Investigation Type
Investigation Type
Submit
Cancel
Back to Main Menu

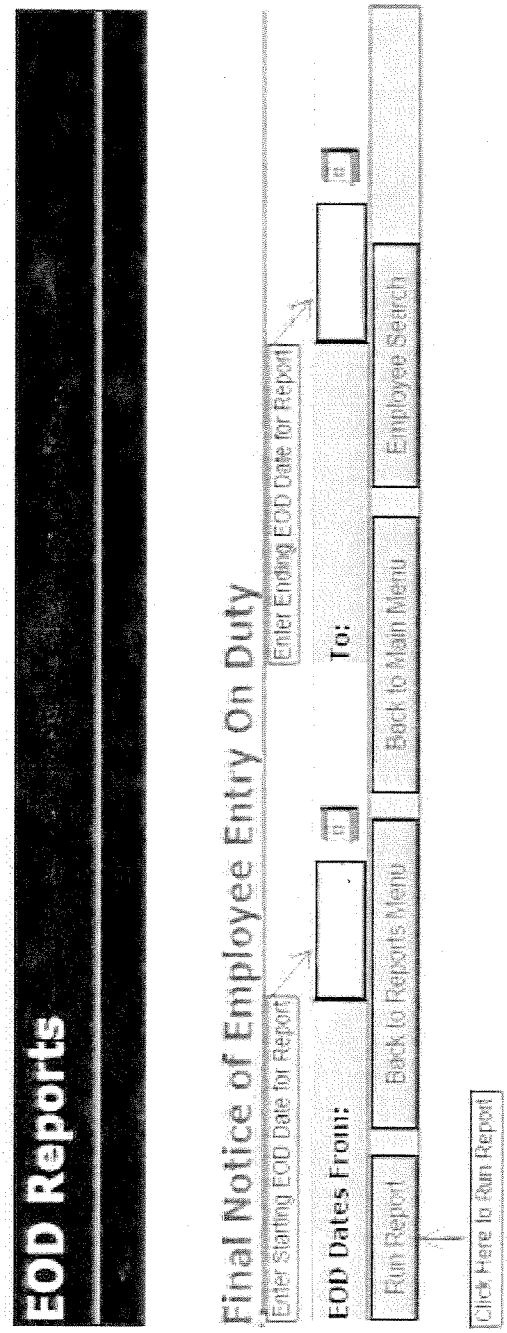
13


EOD
Version 2.6
Entry On Duty System
Welcome to the EOD System
Change My Password
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Click Here
Reports
New EOD Entry
Employee Search

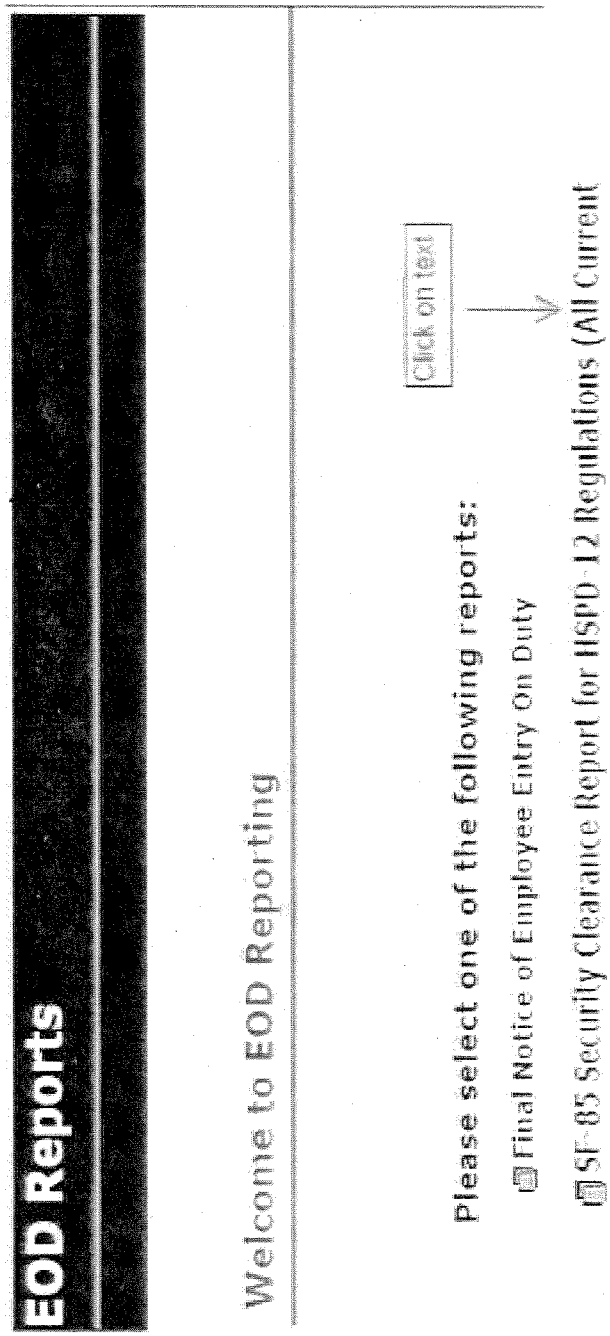
14

15


EOD Reports
Welcome to EOD Reporting
Please select one of the following reports:
Final Notice of Employee Entry On Duty
Click on text
SF-85 Security Clearance Report for HSPD-12 Regulations (All Current Employees)
USCENSUSBUREAU
Helping You Make Informed Decisions
HOME | NEW EOD ENTRY | EMPLOYEE SEARCH | REPORTS


EOD Reports
Final Notice of Employee Entry On Duty
Enter Starting EOD Date for Report
Enter Ending EOD Date for Report
EOD Dates From:
To:
Run Report
Back to Reports Menu
Back to Main Menu
Employee Search
Click Here to Run Report

16


EOD Reports
Welcome to EOD Reporting
Click on text
Please select one of the following reports:
Final Notice of Employee Entry On Duty
SF-85 Security Clearance Report for HSPD-12 Regulations (All Current Employees)
U S C E N S U S B U R E A U
Helping You Make Informed Decisions
HOME | NEW EOD ENTRY | EMPLOYEE SEARCH | REPORTS

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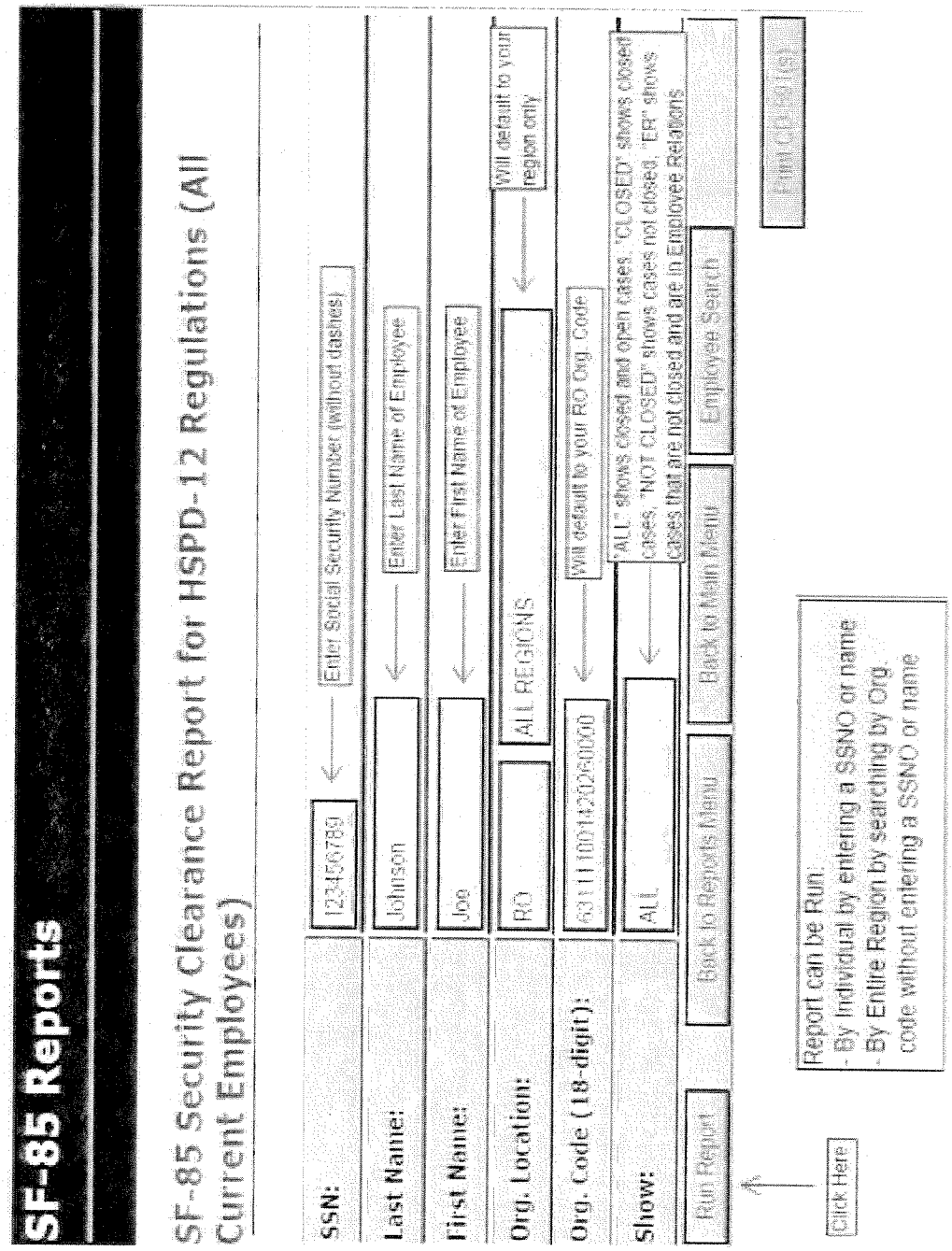
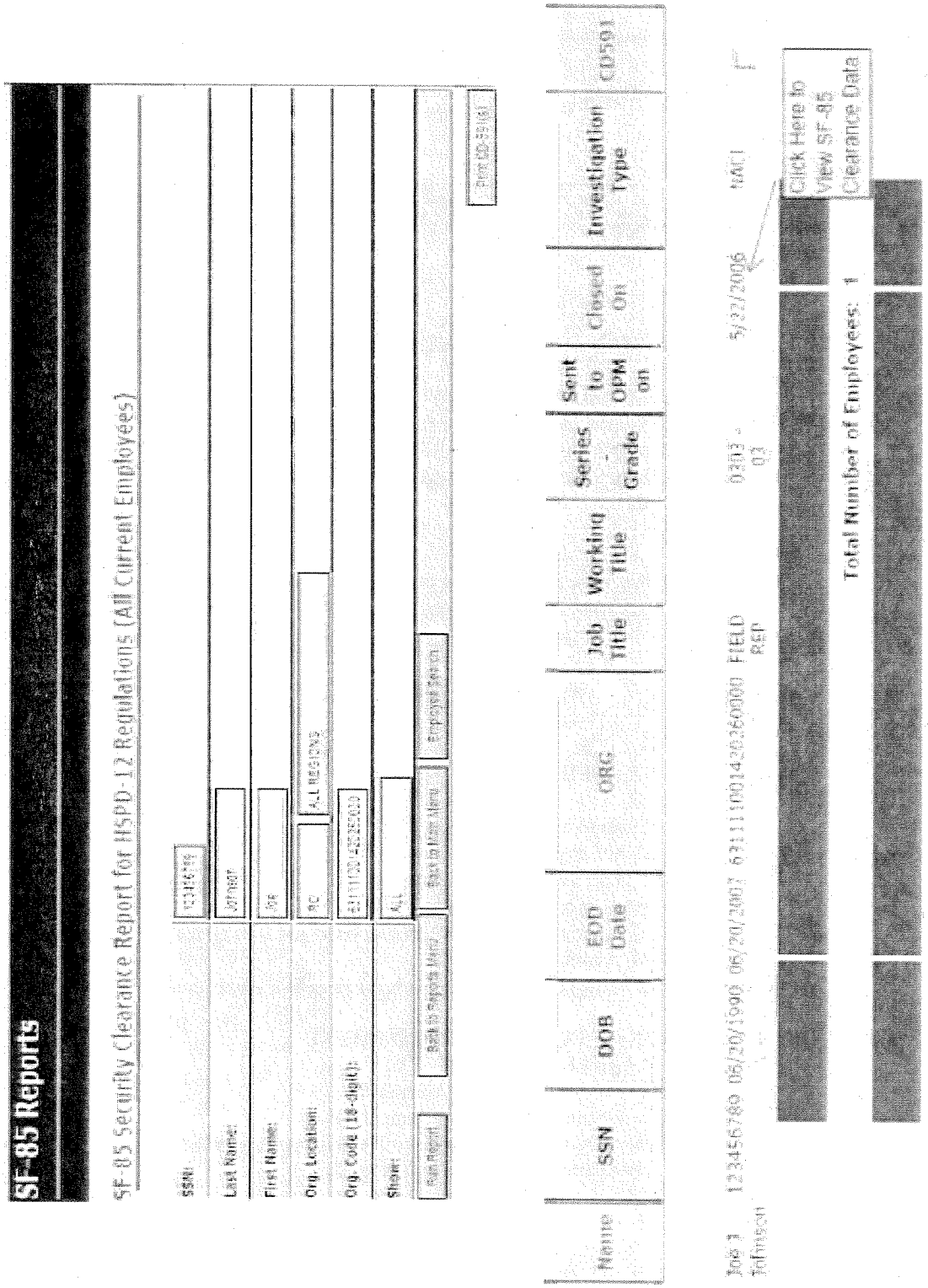

SF-85 Reports
SF-85 Security Clearance Report for HSPD-12 Regulations (All Current Employees)
SSN:
123456789
Enter Social Security Number (without dashes)
Last Name:
Johnson
Enter Last Name of Employee
First Name:
Joe
Enter First Name of Employee
Org. Location:
RO
ALL REGIONS
Will default to your region only
Org. Code (18-digit):
Will default to your RO Org. Code
Show:
ALL
"ALL" shows closed and open cases, "CLOSED" shows closed cases, "NOT CLOSED" shows cases not closed, "ER" shows cases that are not closed and are in Employee Relations
Run Report
Back to Reports Menu
Back to Main Menu
Employee Search
Click Here
Report can be Run:
- By Individual by entering a SSNO or name
- By Entire Region by searching by Org. code without entering a SSNO or name

18


SF-85 Reports
SF-85 Security Clearance Report for HSPD-12 Regulations (All Current Employees)
SSN:
Last Name:
First Name:
Org. Location:
Org. Code (10-digit):
Show:
Run Report
Back to Reports Menu
Back to Main Menu
Employee Search
Name
SSN
DOB
EOD Date
ORG
Job Title
Working Title
Series - Grade
Sent to OPM on
Closed On
Investigation Type
Click Here to View SF-85 Clearance Data
Total Number of Employees: 1

COMPETITIVE SERVICE/SCHEDULE A EOD CHECKLIST

New Hire Name: _____

Appointment Effective Date: _____

PARS Action Number: _____

MANDATORY DOCUMENTS

FORM **TITLE**

APPLICATION FOR EMPLOYMENT (ONE OF THE FOLLOWING):

BC-170 **CENSUS EMPLOYMENT INQUIRY** _____

- Must be dated and signed by employee.
- If item #19 is checked "yes", Annuity Adjustment Statement (RI 20-53) must be included.

OR

OF-612 **OPTIONAL APPLICATION FOR FED EMPLOYMENT** _____

- Must be dated and signed by employee.

OR

RESUME _____

BC-61 **APPOINTMENT AFFIDAVIT** _____

- Must be signed by employee on "Signature of Appointee" line.
- Must be dated and signed by Bureau Representative on "Officer" line.
- Date of appointment line must be completed and is to be the same as the effective date on the PARS Action.
- Date BC-61 signed must be the same or prior to the date of appointment.

OF-306 **DECLARATION OF FEDERAL EMPLOYMENT JANUARY 2001 EDITION (2 pages)** _____

- If item #15 is checked "yes", Annuity Adjustment Statement (RI-20-53) must be Included unless a waiver of salary offset has been approved. Waiver Is not required for positions in pay plan AD.
- Block 17B must be signed and dated by employee.

SF-181 **RACE & NATIONAL ORIGIN IDENTIFICATION** _____

- If employee did not indicate, employing office should complete the form making a visual determination.

I-9 **EMPLOYMENT ELIGIBILITY VERIFICATION** _____

- Section 1: Employee must fully complete, sign and date.
- Section 2: Documentation examined must be recorded under appropriate List (A or B and C). The list of acceptable documents can be found on the back of the I-9 Form.
- Census representative who verified the documents must sign and date form.

SF-1199A OR PPSB1199 **DIRECT DEPOSIT OR WAIVER OF DD/EFT** _____

- If SF-1199 is submitted, employee must sign and date under Payee/Joint Payee Certification. Financial Institution certification section must be signed by bank representative.
- PPSB1199 does not need to be signed by Financial Institution.

CD-314 **STATEMENT RELATING TO EMPLOYEES CONDUCT** _____

- Employee must sign and date.

CD-525 **EMPLOYEE ADDRESS** _____

No Form # **PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION** _____

- Applies to males born after December 31, 1959 who are at least 18 years of age at time of employment
- Employee must check applicable box, sign and date.

No Form # **EMPLOYMENT/MIXED TOUR AGREEMENT** _____

- Employee must sign and date.
- Bureau Representative must sign and date

MANDATORY DOCUMENTS UNDER CERTAIN CIRCUMSTANCES

RI 20-53 **ANNUITY ADJUSTMENT STATEMENT** _____

Required if the applicant is receiving a civilian federal annuity and has not been given a waiver of salary offset. Does not apply to appointments to positions in pay plan AD.

SF-75 **REQUEST FOR PRELIMINARY EMPLOYMENT DATA (RECORD CHECK)** _____

Personnel information obtained from current employing federal agency

If appointee is being appointed to a Census position without a 4-day break in service, this form is required. Also required if the appointee will have concurrent appointments (dual appointment) with both Census and another federal agency including the Postal Service. Note: Dual appointment to Decennial positions is to be discussed with the Decennial Administrative Branch prior to offer of employment.

OPTIONAL DOCUMENTS

W-4	**FEDERAL TAX WITHHOLDING**	_____
STATE	**STATE TAX WITHHOLDING**	_____
SF-256	**SELF IDENTIFICATION OF MEDICAL DISABILITY** If form is not received with EOD package, employee's disability code will be recorded as Code 01, 'Employee does not wish to identify his/her handicap status'.	_____
SF-144	**STATEMENT OF PRIOR FEDERAL SERVICE** If not provided, credit for all prior federal service cannot be guaranteed.	_____
No Form #	**UNIFORMED SERVICE STATUS FORM** If form is not received, employee record will be established as not having a current affiliation with the military.	_____

REQUIRED DOCUMENTS WHEN EMPLOYEE IS MOVING FROM DAPPS TO NFC

- The documents identified above are also required when an employee is moving from DAPPS to NFC.
- Be sure to terminate the employee in DAPPS. The Decennial Administrative Branch will provide a copy of the termination SF-50 to HRD.
- The complete EOD package along with the termination SF-50 must be received in HRD before the appointment into NFC may be processed.
- Forward the DAPPS OPF with all DAPPS related documents (EOD paperwork for DAPPS appointment and all SF-50s other than the termination) to HRD.

Printed name of Regional employee who prepared EOD paperwork for submission to HRD:

_____

GSA

U.S. General Services Administration

Rules and Regulations Governing Conduct on Federal Property

November, 2005

Federal Management Regulation
Title 41, Code of Federal Regulations, Part 102-74, Subpart C

Applicability (41 CFR 102-74.365). The rules in this subpart apply to all property under the authority of GSA and to all persons entering in or on such property. Each occupant agency shall be responsible for the observance of these rules and regulations. Federal agencies must post the notice in the Appendix to this part in each public entrance to each Federal facility.

Inspection (41 CFR 102-74.370). Federal agencies may, at their discretion, inspect packages, briefcases, and other containers in the immediate possession of visitors, employees or other persons entering on, leaving, or depositing from Federal property. Federal agencies make their conduct a condition of a person and the vehicle the person is driving or occupying upon his or her arrival.

Admission to Property (41 CFR 102-74.375). Federal agencies must:

(a) Subject to otherwise permitted, close property to the public during other than normal working hours. In circumstances where a Federal agency has approved the after-normal-working hours use of buildings or portions thereof for expressly authorized by subpart D of this part, Federal agencies must not close the property or affected portion thereof to the public.

(b) Close property to the public during working hours when situations require this action to ensure the orderly conduct of Government business. This designated official under the Occupant Emergency Program may make such decision after consultation with the building manager and the highest ranking representative of the law enforcement organization responsible for protection of the property or the area. The designated official is defined in Sec. 102-71.20 of this chapter as the highest ranking official of the primary occupant agency, or the alternate highest ranking official of a designee selected by mutual agreement of other occupant agency officials; and

(c) When property or a portion thereof is closed to the public, bar admission to the property or the affected portion, to all except persons who must register upon entry to the property and obtain when requested, display Government or other identifying credentials to Federal police officers or other authorized individuals when entering, leaving or while on the property. Failure to comply with any of the actions prescribed is a violation of these regulations.

Preservation of Property (41 CFR 102-74.380). All persons entering in or on Federal property are prohibited from:

(a) Intentional destroying or damaging property;

(b) Willfully destroying or damaging property;

(c) Defacing property;

(d) Creating any hazard on property to persons or things; or

(e) Throwing articles of any kind from or upon a building or across the public streets, sidewalks or any part of the building.

Compliance with Signs and Directions (41 CFR 102-74.385). Persons in and on property must avoid times contrary to official signs and appointments, regulations or directions issued by and with the lawful direction of Federal police officers and other authorized officials.

Disturbances (41 CFR 102-74.390). All persons entering in, on or on Federal property are prohibited from loitering and including making and encouraging others to engage in disorderly conduct or exhibiting other conduct on property that:

(a) Creates loud or unusual noise or a nuisance;

(b) Unreasonably obstructs the usual use of entrances, foyers, lobbies, corridors, offices, elevators, stairways or passageways;

(c) Otherwise impedes or disrupts the performance of official duties by Government employees; or

(d) Prevents the general public from obtaining the administrative services provided on the property in a timely manner.

Gambling (41 CFR 102-74.395). (a) Except for lawful vending or exchanges of chance as licensed blind operators of vending facilities for employees and form a State law and authorized by section 2(a)(5) of the Randolph-Sheppard Act (20 U.S.C. 107 et seq.), all other gambling in or on Federal property is prohibited from:

(1) Participating in games for money or other personal property;

(2) Operating gambling devices;

(3) Conducting a lottery or pool; or

(4) Selling or distributing numbers tickets.

(b) This prohibition is not intended to prohibit pool sweepstakes for personal property, or otherwise permitted transactions on Federal property provided that the game or drawing does not constitute gambling pools. Gambling pools are means a game of chance where the participants stake something of value for the chance to gain or win a prize.

Narcotics and Other Drugs (41 CFR 102-74.400). Except in cases where the drug is being used as prescribed for a patient by a licensed physician, all persons entering in or on Federal property are prohibited from:

(a) Being under the influence, using or possessing government stolen drugs, hallucinogens, marijuana, depressants, or stimulant machines; or

(b) Obtaining and convening on the property while under the influence of alcohol, beverages, narcotic drugs, hallucinogens, marijuana, depressants, or stimulant machines.

Alcoholic Beverages (41 CFR 102-74.405). Except where the head of the responsible agency or his or her designee has granted an exemption in writing for the appropriate official use of alcoholic beverages, all persons entering in or on Federal property are prohibited from being under the influence or using alcoholic beverages. The head of the responsible agency or his or her designee must provide a copy of all exemptions granted to the buildings manager and the highest ranking representative of the law enforcement organization, or other authorized officials, responsible for the security of the property.

Soliciting, Vending and Debt Collection (41 CFR 102-74.410). All persons entering in or on Federal property are prohibited from soliciting and including making and encouraging others to engage in commercial activities, solicitations, vending, merchandising or collecting private debts, except for:

(a) Persons or local clubs for bonds or vehicle health or other purposes as authorized by 5 CFR part 950, entitled "Solicitation of Federal Civilian and Uniformed Service Personnel for Contributions to Private Voluntary Organizations", and approved or approved for the occupant agencies;

(b) Commercial or personal messages caused by employees on authorized duty assignments;

(c) Solicitation or labor organization membership or dues authorized by occupant agencies under the Civil Service Reform Act (5 U.S.C. 1101 et seq.);

(d) Unless, in the agency and employees, with respect to space leased for commercial, cultural, educational, or recreational use under 40 U.S.C. 581(h), Purchases or GSA-controlled property may be used for other activities in accordance with subpart D of this part;

(e) Collection of nonexclusively items has are sponsored or approved by the occupant agencies; and

(f) Commercial activities sponsored by recognized Federal employee associations and on-site child care centers.

Posting and Distributing Materials (41 CFR 102-74.415). All persons entering in or on Federal property are prohibited from:

(a) Distributing free samples of tobacco products in or around Federal buildings, as mandated by Section 454 of Public Law 103-62;

(b) Posting or affixing materials, such as pamphlets, handbills, or flyers, on bulletin boards or elsewhere on GSA-controlled property, except as authorized in Sec. 102-74.310, or when these displays are conducted as part of authorized Government activities; and

(c) Distributing materials such as pamphlets, handbills or flyers, unless conducted as part of authorized Government activities. This prohibition does not apply to public areas of the property as defined in Sec. 102-74.20 of this chapter. However, any person or organization distributing or distributed materials in a public area under this section must first obtain a permit from the building manager as specified in subpart D of this part. Any such person or organization must distribute materials only in accordance with the provisions of subpart D of this part. Failure to comply with these requirements is a violation of these regulations.

Photographs for News, Advertising, or Commercial Purposes (41 CFR 102-74.420). Except where security regulations, rules, orders, or directives apply or a Federal court order or rule prohibits it, persons entering in or on Federal property may take photographs of:

(a) Subjects occupied the agency or their connected property, site, with the permission of the occupying agency concerned;

(b) Subjects occupied by a agency for noncommercial purposes only, with written permission of an authorized official of the occupying agency concerned; and

(c) Building entrances, lobbies, foyers, corridors, or auditoriums for news purposes.

Dogs and Other Animals (41 CFR 102-74.425). Except for seeing dogs or other animals on Federal property for other than official purposes. However, a disabled person may bring a seeing dog, a guide dog, or other animal into any place of being invited or allowed the individual.

Disorderly Conduct (41 CFR 102-74.430). Public Law 104-140, Section 401, Division F, Title VI, January 23, 2002, provides that a woman may breastfeed her child at any location in a Federal building or on Federal property, if the woman and her child are otherwise authorized to be present at the location.

Vehicles and Pedestrian Traffic (41 CFR 102-74.435). All persons entering in or within on Federal property:

(a) Must drive in a careful and safe manner at all times;

(b) Must comply with the signals and directions of Federal police officers or other authorized individuals;

(c) Must comply with all posted traffic signs;

(d) Must comply with any additional posted traffic directives approved by the GSA Regional Administrator, which will have the force, force and effect of these regulations;

(e) Are prohibited from blocking entrances, driveways, walks, loading platforms, or fire hydrants; and

(f) Are prohibited from parking on Federal property without a permit. Parking without authority, parking in unauthorized locations or in locations reserved for other persons, or parking contrary to the direction of posted signs is prohibited. Violators parked in violation, where parking signs are posted, are subject to removal at the owners risk and expense. Federal agencies may take action other than a motor vehicle was parked in violation of these regulations if it is believed and crime scene evidence or that the registered owner was responsible for the violation.

Explosives (41 CFR 102-74.440). No person entering in or on Federal property may carry explosives, explosives, or items intended to be used to fabricate an explosive or incendiary device, either openly or concealed, except for official purposes.

Weapons (41 CFR 102-74.445). Federal law prohibits the possession of firearms or other dangerous weapons in Federal facilities and Federal court facilities by all persons not specifically authorized by 18 U.S.C. 930. Violators will be subject to fine and/or imprisonment for periods up to five (5) years.

Nondiscrimination (41 CFR 102-74.450). Federal agencies must not discriminate by segregation or otherwise against any person or persons because of race, creed, religion, age, sex, color, disability, or national origin in furnishing or permitting to furnish to such person or persons the use of any facility in the public service including all services, concessions, restaurants, and activities provided on the property.

Penalties (41 CFR 102-74.455). A person found guilty of violating any rule or regulation in this subpart while on any property under the charge and control of GSA shall be fined under title 18, of the United States Code, imprisoned for not more than 30 days, or both.

Impact on Other Laws or Regulations (41 CFR 102-74.460). No rule or regulation in this subpart may be construed to nullify any other Federal law or regulations or any State and local law and regulations applicable to any area in which the property is located. (40 U.S.C. 121(b))

WARNING

WEAPONS PROHIBITED

Federal law prohibits the possession of firearms or other dangerous weapons in Federal facilities and Federal court facilities by all persons not specifically authorized by Title 18, United States Code, Section 930. Violators will be subject to fine and/or imprisonment for periods up to five (5) years.

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001

April 10, 2009

FLD PII AND SECURITY MEMORANDUM NO.09-05 **(Revised)**
2010 CENSUS FIELD IMPLEMENTATION MEMORANDUM NO. 09-104

MEMORAMDUM FOR: All Regional Directors

From: Brian Monaghan /s/ Janet Cummings for
Chief, Field Division

Subject: 2010 Census Lost/Missing/Stolen Mobile Computing Equipment -

Attached please find detailed procedures for dealing with lost, missing, or stolen mobile computing equipment during 2010 census activities. These procedures are particularly important for the necessary steps to take when employees, after termination, resignation, or "disappearance," have not returned handheld computers or laptops.

Due to the rapid pace of census operations, these procedures replace the process of sending three recovery letters to employees with a single demand letter. They also discuss the timing for sending the demand letter, and of LCO and RCC responsibilities before and after sending the demand letter.

In early March, regional Federal Protective Service (FPS) offices were alerted to the upcoming 2010 Census address canvassing operation and our use of handheld computers. In addition to reporting stolen equipment to local law enforcement authorities, please contact the appropriate FPS Regional Office and seek their cooperation in the return of stolen equipment. Contact information for your region is attached to the procedures, as is a sample copy of the demand letter.

When it appears equipment has been stolen, keep careful records of attempted recovery as described in these procedures, as this information will be critical to attempts at recovery.

Establishing relations with the FPS offices serving your region, and potentially utilizing their resources in equipment recovery, will aid us operationally in our mission.

If you have questions or for further information, please contact your RCC administrative area.

Attachments

2010 Census
Lost/Missing/Stolen Mobile Computing Equipment:
Working with the Federal Protective Service

Each Local Census Office (LCO) is responsible for the immediate and safe return of any and all mobile computing equipment from employees—including but not limited to laptop computers and air cards—or taking appropriate action when there is evidence that equipment is lost, missing, or stolen. The following scenarios complement procedures in the D-986.1 *FDCA Property Management Manual*, the *Knowledge Base Article 473: Lost, Missing, or Stolen FCDA Accountable Property*, and in some cases update procedures in the D-501, *LCO Administrative Manual.* Importantly, however, they describe the necessary record keeping and steps to take in working with the Federal Protective Service in efforts to recover stolen equipment. Protecting Census Bureau property, Title 13 data, and the agency's public reputation requires that these steps be followed immediately and exactly.

I. Scenario: Resignation/Termination of Employee

(1.) The employee (or supervisor) notifies the RCC he/she is planning to resign; or
(2.) The RCC initiates a termination. (Follow the administrative procedures in the D-501, *RCC Administrative Manual.*)

A. Upon resignation or termination, equipment should be returned following standard procedures described in the D-986.1, Chapter 6, Topic 6 D-520 *RCC Administrative Manual.*

B. If the employee does not return equipment as specified, the LCO must attempt to arrange immediate pick-up of equipment:

- If the immediate supervisor is unable to pick up the equipment as arranged, a written record must be made of the attempt and provided, via the next level supervisor;
- This written record of the attempt must be kept in the Employee Computer Control File (ECCF);
- The appointed supervisor will make a final telephone call to the employee to attempt recovery within 24 hours of the initial effort;
- If unsuccessful, a record of this call will also be kept the ECCF;
- The RCC will send a demand letter via certified mail (see Attachment One). The demand letter must include a pre-filled FedEx bill of lading for return shipment; and
- If the property is not returned **within three business days** of receipt of the demand letter, initiate Stolen Equipment procedures (see Section III.B). The date the stolen equipment procedure is initiated is the "date

of incident" for tracking and monitoring purposes, and Decennial CIRT notification must occur upon this determination.

II. Scenario: Unable to Contact Field Staff ("Disappearing Persons")

1. An employee with mobile computing equipment has--without explanation--not transmitted **within two work days;** or

2. An employee has not returned from a temporary absence on the approved scheduled return date.

   A. Standard Procedure:

   - The immediate supervisor of the employee makes one telephone call in an effort to contact the employee;
   - A written record must be made of the attempt and provided, via the next level supervisor;
   - This written record of the attempt must be kept in the ECCF; and provided, via the next level supervisor;
   - The appropriate supervisor will make a final telephone call to the employee to attempt recovery within 24 hours of the immediate supervisor's effort;
   - If unsuccessful, a record of this call will also be kept the ECCF;

   B. If as a result of these contact efforts the employee has resigned or been terminated, carry out the procedures in **Scenario I. A.**

   C. If the contact attempts are unsuccessful, or the employee does not return the equipment as required:

   - The RCC immediately will send a demand letter via certified mail (see Attachment One). The demand letter must include a pre-filled FedEx bill of lading for return shipment; and
   - If the property is not returned **within three business days** of receipt of the demand letter, initiate Stolen Equipment procedures (see Section III.B). The date the stolen equipment procedure is initiated is the "date of incident" for tracking and monitoring purposes.

III. Scenario: Stolen or Unauthorized Possession of Equipment

1. The employee discovers equipment is stolen; or

2. The RCC determines the employee has unauthorized possession of the mobile computing equipment.

   A. Contact the Decennial Computer Incident Response Team (CIRT) at (877) 744-1522 within one hour of discovering the incident. When calling Decennial CIRT, the end user will need to provide the following information:

      - Name, address and phone number
      - Applicant ID
      - Location of incident
      - Time of incident
      - Summary of the incident and what is lost, missing, or stolen
      - Was there any Personally Identifiable Information (PII) or Title 13 data on the lost media or paper?
      - Police Report Number (if available)

      In addition, the RCC Staff must contact the appropriate Federal Protective Service (FPS) Regional Office (see Attachment Two). The working relationship with FPS will be most effective if it is established by the RD or DRD. Be prepared to provide the following information:

      - Certification that the employee was working for the Census Bureau at the time of the incident (such as an SF-50 or BC-61or other application/hiring forms);
      - Certification of receipt of equipment (e.g. laptop) by employee (11805);
      - Equipment description, including barcode and/or asset tag number; and
      - Police incident report.

   B. If the RCC determines the employee has unauthorized possession of the mobile computing equipment after carrying out the procedures in Section II.C:

      - Contact the appropriate Federal Protective Service Regional Office (see Attachment Two) and be prepared to provide the following information:

        - Certification that the employee was working for the Census Bureau at the time of the incident (SF-50 or BC-61);
        - Certification of receipt of equipment by employee (D-11805);
        - Equipment description, including barcode and/or asset tag number;
        - Police incident report;

- Written records of LCO phone call and personal visit efforts to recover equipment; and
- Record of RCC contact/demand letter to recover equipment.

IV.Scenario: Employee Death

The process for recovering property after a death of an employee requires sensitivity and RCC discretion in timing and communications.

The RCC staff must complete the following:

- Create a Remedy ticket requesting the property be disabled, and follow up to verify that the account (e.g. laptop) is disabled.

- **Within three business days** contact the family to express condolences and offer to pick up all census materials immediately.

The RCC staff must complete the following:

- Within five business days after LCO contact, if property has not been recovered, send a certified letter to request return of property, including a pre-filled FedEx bill of lading for return.

- If the equipment has not been returned within seven days of receipt of the certified letter, initiate Stolen Equipment procedures as described in Section III.B.

V. Missing/Lost Mobile Computing Equipment

- If the employee discovers equipment is missing or lost, the employee, LCO, and RCC must carry out the actions described in KB article 473 and D-986.1.

- If more than one incident occurs during the course of the operation, the LCO must conduct an investigation and determine if individual is eligible for replacement equipment or if official reprimand is required. (Utilize the D-501, Chapter 8, for disciplinary action procedures.)

Attachment One

SAMPLE OF DEMAND LETTER

{INSERT DATE}

{Insert Name}
{INSERT ADDRESS}
{Insert Address}

NOTICE

Dear {Insert Name}:

On {Insert Date}, you were hired as a {Insert Position}, {Insert Grade}, in the Department of Commerce, U.S. Census Bureau, {Insert RCC Name} Regional Census Center, {Insert LCO Name} Local Census Office. At the time of your employment you were issued a {insert equipment type} to perform the duties of this position. As of {Insert Date}, we have not received the {insert equipment type} that were issued to you. Attached is a copy of the Form 11805, Acknowledgment Receipt for U.S. Government Property Received for the equipment that is in your possession.

This is the only written notice that will be made to collect the equipment. The criminal code of the United States provides for the protection of Federal property and therefore this is a serious matter that requires your immediate attention. You may also be subject to penalties as provided by the United States Code. **If our office does not receive the property within three (3) business days of the receipt of this letter, this matter will be turned over to the local law enforcement authorities and the Federal Protective Service to collect the property.**

To return this property, contact the U.S. Census Bureau's {Insert RCC}, or use the enclosed Federal Express Bill of Lading to return all equipment issued to you. If you need to discuss other arrangements for returning this property, I can be reached at {Insert Telephone Number}.

Thank you in advance for your cooperation.

Sincerely,

{Insert Name}
{Insert Position}

Attachment

Field Regions	Corresponding FPS Regions			
Atlanta	Region 4—Atlanta (AL, GA, FL) 404-893-1500			
Boston	Region 1—Boston (MA, VT, NH, ME, RI, CT) 617-565-6360	Region 2—New York (NY, PR) 212-264-4255		
Charlotte	Region 3—Philadelphia (VA) 215-521-2150	Region 4—Atlanta (KY, TN, NC, SC) 404-893-1500		
Chicago	Region 5—Chicago (WI, IL, IN) 312-353-1496			
Dallas	Region 7—Grand Prairie, Texas (TX, LA) 817-649-6200	Region 4—Atlanta (MS) 404-893-1500		
Denver	Region 8—Denver (MT, ND, SD, WY, UT, CO) 303-236-6707	Region 9—San Francisco (AZ, NV) 415-522-3440	Region 7—Grand Prairie, Texas (NM) 817-649-6200	Region 6—Kansas City (NE) 816-426-2155
Detroit	Region 5—Chicago (MI, OH) 312-353-1496	Region 3—Philadelphia (WV) 215-521-2150		
Kansas City	Region 6—Kansas City (IA, KS, MO) 816-426-2155	Region 7—Grand Prairie, Texas (OK, AR) 817-649-6200	Region 5—Chicago (MN) 312-353-1496	
Los Angeles	Region 9—San Francisco (CA, HI) 415-522-3440			
New York	Region 2—New York (NY, NJ) 212-264-4255			
Philadelphia	Region 3—Philadelphia (PA, MD, DE) 215-521-2150	Region 11—National Capital (DC) 202-245-2300	Region 2—New York (NJ) 212-264-4255	
Seattle	Region 10—Federal Way, Washington (AK, WA, OR, ID) 253-815-4700	Region 9—San Francisco (CA) 415-522-3440		