


PAYROLL ACTION REQUEST

1.  PERSONNEL OFFICE
SEQUENTIAL REQUEST NUMBER

3. **INSTRUCTIONS ON REVERSE OF AGENCY COPY
PLEASE READ CAREFULLY**

**U.S. DEPARTMENT OF AGRICULTURE
NATIONAL FINANCE CENTER
PO BOX 60000
NEW ORLEANS LA 70160**

9. SOCIAL SECURITY NO.

10. EMPLOYEE'S NAME *(Last, First, Middle Initial)*

11. NATURE OF ACTION TO BE TAKEN


13. EXPLANATION OF CIRCUMSTANCES WHICH REQUIRE THIS ACTION

15. ACCOUNTING DATA TO BE CHARGED AND/OR CREDITED

16. ATTACHMENTS SUPPORTING OR AUTHORIZING THIS ACTION

17. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION

2. ADJUSTMENT PERIOD <i>(Inclusive)</i>			
FROM		TO	
DATE	P/P	DATE	P/P
4. FROM			
AGENCY CODE	PERSONNEL OFFICE IDENTIFIER	ACCT. STATION CODE	
AGENCY NAME AND MAILING ADDRESS			

CITY		STATE	ZIP CODE
5. EMPLOYEE'S T&A CONTACT POINT			
6. FLSA			
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT		
7. RETIREMENT COVERAGE CODE			
8. TYPE EMPLOYMENT			
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> INTERMIT-TENT	<input type="checkbox"/> REEMPLOYED ANNUITANT	
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> ALTERNATE WORK SCHEDULE		
12. TERMINATED		IF YES →	DATE TERMINATED
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
CHECK MAILING ADDRESS OR DESIGNATED AGENT NUMBER			
14. GROSS AMOUNT OF ADJUSTMENT			
\$			

18. EMPLOYEE'S SIGNATURE AND DATE SIGNED *(If Required)*

19. APPROVAL

AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE

TELEPHONE *(Area Code and Number)*

DATE APPROVED

INSTRUCTIONS

Block Number

1. Enter personnel office sequential request number.
2. Enter inclusive dates and pay periods of adjustment.
3. For NFC Use Only. Net amount depicted only on carbon copies.
4. Enter agency code, personnel office identifier, accounting station code, and agency name and mailing address.
5. Enter employee's T&A contact point.
6. Check the exempt box for employees not covered under the Fair Labor Standards Act. Check the non-exempt box for employees covered under the Fair Labor Standards Act.
7. Enter the employee's current retirement coverage code.
8. Check appropriate block for type of employment.
9. Enter employee's social security number.
10. Enter employee's name (last, first, middle initial).
11. Enter a brief description of desired action to be taken.
12. If employee is currently employed by USDA, or a department serviced by USDA, check the NO box. Check the YES box if the employee has terminated. If yes, enter termination date and check mailing address or designated agent number.
13. Enter explanation of circumstances which require this action. Include specific dates if applicable.
14. Enter gross amount of adjustment if known.
15. Enter the accounting classification code(s) or management code(s) to be charged or credited with the adjustment. Provide an accurate accounting code for each fiscal year affected. Check with your fiscal officer if necessary. If Forest Service, show region and unit code in addition to the management code.
16. List each document attached.
17. Enter the name and telephone number of person to be contacted for additional information. This block must be completed to expedite processing.
18. If adjustment requires employee's consent, employee must sign and date the form in this block.
19. Enter authorized official's signature and title. Enter the date the form is approved by the authorized official.