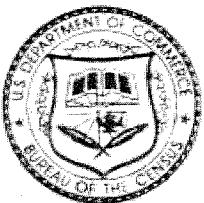


D-501  
April 2009

# Administrative Manual

*Local Census Office*



U.S. Department of Commerce  
Economics and Statistics Administration  
U.S. Census Bureau

This document does not contain any Title 13 data or other Personally Identifiable Information. All data are fictitious and any resemblance to actual data is coincidental.

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**Form 11-100**  
**Transmittal**

Form 11-100 11-100		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		Sheet _____ of _____ sheets	
<b>TRANSMITTAL</b>		1. Name of office		2. Date prepared	
		4. TO:		3a. Transmittal number	
				3b. Number of parcels	
5. Item transmitted - Mark (X) appropriate box		<input type="checkbox"/> CPS _____ <input type="checkbox"/> BUS _____ <input type="checkbox"/> SOC _____ <input type="checkbox"/> HIS _____ <input type="checkbox"/> JTLS _____ <input type="checkbox"/> NCB _____ <input type="checkbox"/> AHS _____ <input type="checkbox"/> OMS _____ <input type="checkbox"/> Other _____			
Description - Mark (X) appropriate box		NUMBER OF UNITS		Final transmittal (b)	
<input type="checkbox"/> PSU <input type="checkbox"/> Form No. _____ <input type="checkbox"/> (a)		This transmittal	Shipped to date	Expected not to be transmitted	Yes No
		(b)	(c)	(d)	(e)

**BC-22**

**REQUEST FOR SUPPLIES, EQUIPMENT, OR SERVICE**

**BC-27**

U.S. CENSUS BUREAU

**Copy distribution:** WHITE – Payrol

**YELLOW - Employee**

**PINK** - End of month (when required)

**BC-27A**  
**FIELD EMPLOYEE'S REIMBURSEMENT EXPENSES**

WRITE HARD - USE BALL POINT PEN											
FORM BC-27A PC-B-705 FEB-54 U.S. DEPARTMENT OF COMMERCE Economic and Business Administration U.S. CENSUS BUREAU		1. Employee name _____ 2. SSN _____ 3. Pay period dates - From/Tc _____									
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.											
<b>Section I - OFFICIAL MILEAGE</b>											
Dates of travel (1)	Points of travel From _____ To * _____ (2) (3)		Miles by Project/Task (4) / (5) / (6) / (7) / (8) / (9) / (10) / (11) /								
(12) <b>TOTAL NUMBER OF MILES CLAIMED</b> _____ <small>Enter here and on BC-27, column 7(a)</small>											
* 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											
<b>Section II - PER DIEM*</b>											
Departure date (1)	Points of travel From _____ To _____ (2) (3)		Arrival date (4)	Lodging (5)	M&E (6)	Total Per Diem (7)	Cost by Project/Task (8) / (9) / (10) /				
(11) <b>TOTAL PER DIEM CLAIMED</b> - Enter here and on BC-27, column 7(b) _____ <small>* Attach lodging and transportation receipt</small>											
<b>Section III - COMMUNICATIONS*</b> * 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)						
<b>Section IV - OTHER REIMBURSABLE ITEMS*</b>											
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.		(6) <b>TOTAL OTHER</b> <small>Enter here and on BC-27, column 7(d)</small>									

Copy distribution: WHITE (Submit with BC-27) - Payroll

YELLOW - Employee Copy

**BC-61**  
**APPOINTMENT AFFIDAVITS**

FORM BC-61 (06-03-2003)  
EDITION 10 SP-51  
APPROVED BY OFFICE OF  
PERSONNEL MANAGEMENT (OPM)

U.S. DEPARTMENT OF COMMERCE  
Bureau of the Census  
U.S. Census Bureau

**APPOINTMENT AFFIDAVITS**

(Position to which appointed)	(Date of appointment)
Commerce	Census
(Department or agency)	(Bureau)

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.)

\_\_\_\_\_

NOTE — The oath must be administered by a person specified in 5 U.S.C. 2003. 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-110**  
**CENSUS ENUMERATOR OFFICIAL CREDENTIAL**

	<p>UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</p>  <p><b>CENSUS ENUMERATOR</b></p>	<p>This is to certify that the holder of this card, whose signature appears hereon, is authorized to perform the duties of a Census Enumerator, and as such, has sworn to uphold the confidential nature of census data.</p>
		<p>SIGNATURE</p>
		<p>Expiration Date</p>
	<p>PRINT NAME <b>OFFICIAL CREDENTIAL</b></p>	<p>BC-110</p>
		<p>U.S. GOVERNMENT PRINTING OFFICE: 2009 O-1250-1</p>

**BC-170D**  
**CENSUS EMPLOYMENT INQUIRY**  
**(Page 1 of 3)**

**NOTE - THE ACCURACY OF YOUR STATEMENTS WILL BE VERIFIED.**

FORM BC-1700  
(4-6-2002)

**CENSUS EMPLOYMENT INQUIRY**

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

**1. Social Security Number**

**2. Name**  
 Last Name  
  
 First Name  MI

**3. Residence address**  
 Street address or RFD number (include apartment number, if any)  
  
  
  
 City   
 County   
 State  ZIP Code   
  
  
**4. Mailing address (if different from Item 2)**  
 Street address or RFD number (include apartment number, if any)  
  
  
  
 City   
 State  ZIP Code   
  
  
**5. Intersecting streets nearest your home**  
  
  
  
**6. E-mail address**  
  
  
  
**7. Telephones number(s)**  

Day	Area code <input type="text"/>	Number <input type="text"/>	Mark <input type="checkbox"/> one box
			(H) <input type="checkbox"/> (W) <input type="checkbox"/> (O) <input type="checkbox"/>
Evening			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other phone			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**A. Location**  
 Office or LGO   
**B. FIPS State**   
**C. FIPS County**   
**D. Census Tract**   
**E. Census Block**

**F. Test information**  
 Non-Supervisory Rate   
 supervisor Rate

**G. I-9 List R**  **I-9 List P**  **I-9 List C**   
**H. Veteran's prior**  
 Verified & attached  
 Not attached

**I. Language code(s)**  
 English  
 Spanish  
 Other - Explain in item 22

**FOR OFFICE USE ONLY**

**BC-170D**  
**CENSUS EMPLOYMENT INQUIRY**  
**(Page 2 of 3)**

Section A - APPLICANT INFORMATION																																									
<p><b>13a. Education</b> - Mark (X) highest education ever:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Some high school - Did not graduate</li> <li><input type="checkbox"/> High school diploma/GED</li> <li><input type="checkbox"/> Technical degree/Trade school degree or certificate</li> <li><input type="checkbox"/> Associate's degree</li> <li><input type="checkbox"/> Bachelor's degree</li> <li><input type="checkbox"/> Master's degree</li> <li><input type="checkbox"/> Doctoral degree</li> </ul> <p><b>b. Complete when a Technical/Trade school program, an Associate's, Bachelor's, Master's or Doctoral degree is selected in 13a.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of institution</td> <td style="width: 15%;">Degree</td> <td style="width: 15%;">Year received</td> </tr> <tr> <td>City</td> <td></td> <td></td> </tr> <tr> <td>State or country</td> <td></td> <td></td> </tr> </table>		Name of institution	Degree	Year received	City			State or country																																	
Name of institution	Degree	Year received																																							
City																																									
State or country																																									
Section B - Job Hunting Activities																																									
<p><b>14. How did you hear about census job opportunities?</b> - Mark (X) one box only:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Postcard</li> <li><input type="checkbox"/> Community or organization newsletter/newspaper/leader</li> <li><input type="checkbox"/> Federal, state, tribal employment office</li> <li><input type="checkbox"/> Job services and information center</li> <li><input type="checkbox"/> Speech/presentation by Census employee</li> <li><input type="checkbox"/> Friend or relative working for Census</li> <li><input type="checkbox"/> Toll-free Census number or job line</li> <li><input type="checkbox"/> Census job mailing or postcard</li> <li><input type="checkbox"/> Friend or relative not working for Census</li> <li><input type="checkbox"/> Job Fair</li> <li><input type="checkbox"/> Newspaper - advertisement</li> <li><input type="checkbox"/> Newspaper - article</li> <li><input type="checkbox"/> Radio</li> <li><input type="checkbox"/> Internet/E-Mail</li> <li><input type="checkbox"/> School or college</li> <li><input type="checkbox"/> Business/private company</li> <li><input type="checkbox"/> TV</li> <li><input type="checkbox"/> Other - Specify <input type="text"/></li> </ul>																																									
Section C - Job Interview Ability																																									
<p>Most field positions require dealing with the public and knocking on doors to collect personal information, which may not be discussed or shared with anyone except for sworn Census Bureau employees.</p> <p><b>15. Are you willing to work in the field, verifying household address listings and knocking on doors to collect information?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>Most office positions involve working with computers.</p> <p><b>16. Are you willing to work in the office? (There are a limited number of these jobs available.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p><b>17. Do you have personal computer experience?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>																																									
Section D - Employment Inquiry																																									
<p><b>18. Are you now employed by a federal, state, local or tribal government? - If yes, indicate date of hire and current grade level in Item 32.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Name of agency <input type="text"/></li> <li><input type="checkbox"/> No</li> </ul> <p><b>19. Are you now employed by a law enforcement agency?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Name of agency <input type="text"/></li> <li><input type="checkbox"/> No</li> </ul> <p><b>20. Do you have supervisory experience?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Describe in Item 32.</li> <li><input type="checkbox"/> No</li> </ul> <p><b>21. Do you receive retirement or have you ever applied for retirement pay, pension, or other pay based on federal civilian or District of Columbia Government service?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Explain in Item 32.</li> <li><input type="checkbox"/> No</li> </ul> <p><b>22. Do any of your relatives work for the Census Bureau?</b>  <i>Note: 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, stepbrother, stepmother, stepson, stepdaughter, stepbrother, stepmother, half brother, and half sister.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Provide location (city and state) and position <input type="text"/></li> <li><input type="checkbox"/> No</li> </ul> <p><b>23. Hiring may be based in part on the hours you are available to work. Indicate your availability by placing "X" in the appropriate box(es) for each day.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Sun</th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>A. Any hours</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. Morning (8 a.m. - 12 noon)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. Afternoon (12 noon - 4 p.m.)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. Evening (4 p.m. - 8 p.m.)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>24. Total hours per week you are willing to work. You may only work up to 40 hours per week.</b> <input type="text"/></p>			Sun	Mon	Tues	Wed	Thurs	Fri	Sat	A. Any hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Morning (8 a.m. - 12 noon)	<input type="checkbox"/>	C. Afternoon (12 noon - 4 p.m.)	<input type="checkbox"/>	D. Evening (4 p.m. - 8 p.m.)	<input type="checkbox"/>																		
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Section E - Transportation																																									
<p><b>25. Some census jobs require census employees to conduct the census interview by reading and recording responses to questions in a language other than English. The census employee must also be able to convince individuals who speak no English to respond to the interview by explaining the purpose and importance of the census. Employees will receive Census training, but not language training.</b></p> <p>Are you fluent enough in any specific language to hold a conversation, to easily read and record responses, as well as to respond to questions in that language with individuals who speak no English? If so, please list the language(s) below and mark (X) at that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Language(s)</td> <td style="width: 50%;">Speak / Read / Write</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> French</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> <p><b>26a. Indicate the type(s) of transportation available for you to use - Mark (X) ALL that apply.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automobile</li> <li><input type="checkbox"/> 4-Wheel Drive</li> <li><input type="checkbox"/> Airplane</li> <li><input type="checkbox"/> Boat</li> <li><input type="checkbox"/> ATV (All terrain vehicle) <input type="text"/></li> <li><input type="checkbox"/> Other - Describe <input type="text"/></li> <li><input type="checkbox"/> None</li> </ul> <p><b>b. Do you have a valid driver's license?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>		Language(s)	Speak / Read / Write	<input type="checkbox"/> Spanish	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> French	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> German	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Italian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Chinese	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
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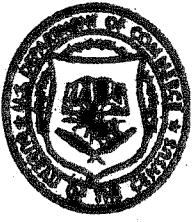
**BC-170D**  
**CENSUS EMPLOYMENT INQUIRY**  
**(Page 3 of 3)**

Answer questions 27 through 31 below. Read each statement carefully before responding.		Mark (P) one
<b>27.</b> During the past 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or 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 32 (checkmark to write for each job a) the name and address of the employer or the approximate date you left the job, and c) an explanation of the problem and the reason for leaving.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>When answering questions 28 through 31 you may omit: 1) traffic fines of \$200 or less; 2) any violation of law committed before your 18th birthday; 3) any violation of law committed before your 18th birthday if finally decided in a 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 other conviction for which the record was expunged under Federal or state law. <b>NOTE:</b> You must include convictions resulting from a plea of nolo contendere no contest.</small>		
<small>Important note about questions 28 through 31. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, if you fail to tell the truth or fail to list all relevant events, this failure may be grounds for not hiring you, or for firing you after you begin work, or for criminal prosecution [18 U.S.C. 1001]. If "YES," use Item 32 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</small>		
<b>28.</b> During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (includes felonies, misdemeanors, or expunged violations, infractions, and all other offenses). If "YES," use Item 32 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>29.</b> Are you now under charges for any violation of law? If "YES," use Item 32 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>30.</b> Have you been convicted by a military court martial in the past 10 years? (no military service, answer "NO"). If "YES," use Item 32 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>31.</b> Are you delinquent on any Federal debt? (include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use Item 32 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.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>32. EXPLANATIONS OR ANSWERS TO QUESTIONS 1 THROUGH 31 – Attach additional listing if needed.</b>  <hr/> <hr/> <hr/> <hr/>		
<small>Solicitation of this information is authorized by section 23 of title 13, U.S. Code, which authorizes temporary appointments in the Census Bureau. The information will be used primarily to determine your qualifications for employment and may be used also to identify you to other sources asked to comment on your qualifications, e.g., educational institutions, former employers, and law enforcement agencies, or to a court during legal proceedings.</small>		
<small>We must have your Social Security Number (SSN) to keep our records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1942, when Executive Order 9987 asked agencies to do so. The furnishing of all the information is voluntary, but failure to provide any part or all of the data requested will result in your receiving no further consideration for employment.</small>		
<small>Public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0139, U.S. Census Bureau, 4800 Silver Hill Road, Washington, DC 20232-1500. You may E-mail comments to Paperwork@census.gov, use "Paperwork Project 0607-0139" as the subject.</small>		
<small>The eight digit OMB control number on the first page of this form confirms our authority to collect this information.</small>		
<b>Section H: SIGN YOUR APPLICATION, AND DATE AND SIGNIFICATION</b>		
<b>YOU MUST SIGN THIS APPLICATION IN DARK INK.</b> Read the following carefully before you sign. A false statement on any part of your application 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).		
<small>I understand that any information I give may be investigated 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 staffing specialists, and other authorized employees of the Federal Government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.</small>		
Signature		Date signed
Print name		

FORM BC-170D (4-3-2002)

Page 3

**BC-555**  
**CENSUS CREW LEADER OFFICIAL CREDENTIAL**

 <p>UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</p>  <p><b>CENSUS CREW LEADER</b></p>	<p>This is to certify that the holder of this card, whose signature appears hereon, is authorized to perform the duties of a Census Crew Leader, and as such, has sworn to uphold the confidential nature of census data.</p> <p>SIGNATURE</p> <p>Expiration Date</p> <p>FRONT NAME <b>OFFICIAL CREDENTIAL</b></p> <p>BC-555</p> <p>CensusP Leadership, Inc.</p>
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**BC-1204**  
**VISITOR REGISTER**

**BC-1206**  
**SECURITY INCIDENT REPORT**

FORM BC-1206 (11-8-99)      U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU		1. Incident Date _____ Time _____                                                                                                                         2. Report Date _____ Time _____                                                             		<b>CENSUS SECURITY OFFICE USE ONLY</b>	
<b>SECURITY INCIDENT REPORT</b>				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
5. Type of incident <input type="checkbox"/> ADP <input type="checkbox"/> Other - Explain <input checked="" type="checkbox"/> <input type="checkbox"/> Assault <input type="checkbox"/> Theft - Government <input type="checkbox"/> Theft - Personal				6. Was medical attention received? <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Details of incident - If additional pages are needed, mark (X) this box and attach. <input type="checkbox"/>					
8. Who was notified of incident - Mark (X) all boxes that apply <input type="checkbox"/> Police <input type="checkbox"/> Supervisor <input type="checkbox"/> Administrative Office <input type="checkbox"/> F.B.I. <input type="checkbox"/> Census Security Office <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> <input type="checkbox"/> Sheriff <input type="checkbox"/> Division/Regional Security Representative <input type="checkbox"/> FPO			9. Police report number (If applicable) <input checked="" type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Will follow		
10. Persons involved in incident - Attach additional pages, if necessary. Codes for column (a): W - Witness   V - Victim or Complainant   O - Investigated by   M - Medical personnel					
Code (a)	Name (b)	Telephone (c) Area code      Number		Street, city, State, ZIP Code (d)	
<b>CENSUS SECURITY OFFICE USE ONLY</b>					
11. Disposition of incident - If additional pages are needed, mark (X) this box and attach. <input type="checkbox"/>					
12. Signature of person closing this incident		13. Date incident was closed		14. Incident number →	

**BC-1503**  
**TELEPHONE REFERENCE CHECK FOR PERSONAL REFERENCES AND**  
**FORMER/CURRENT EMPLOYER(S)**  
**(Page 1 of 2)**

FORM BC-1503 02-26-2003		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU	
<b>TELEPHONE REFERENCE CHECK FOR PERSONAL REFERENCES AND FORMER/CURRENT EMPLOYER(S)</b>			
<b>INSTRUCTIONS</b> Telephone the former or current employer(s) (if authorized) or a personal reference; introduce yourself; and tell why you are calling.		1. Name of applicant  2. Name of person conducting telephone call  3. Date call is placed  4. Reference check for - Mark (X) one <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Former employer(s)   Complete section A      <input type="checkbox"/> Personal reference -  <input type="checkbox"/> Current employer(s)   Complete section B         </div>	
<b>SAMPLE INTRODUCTION</b>	<i>(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?</i>		
<b>Section A - FORMER/CURRENT EMPLOYER(S)</b>		<b>Section B - PERSONAL REFERENCE</b>	
Name of employer  Name of company/organization		Telephone number  Name of personal reference  Telephone number	
1a. (Were/Are) you (his/her) - <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> supervisor?      _____ Years  <input type="checkbox"/> coworker?      _____ Months         </div>		1. How long have you known (him/her)?  2. Are you related? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
b. When?  2. How was the quality of (his/her) work?  _____		3. Do you believe (he/she) would be able to work on (his/her) own without close supervision? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
3a. How do you think (he/she) would do completing detailed forms?  _____		4. How do you think (he/she) would get along with different types of people?  _____	
b. Did (he/she) do any work like this? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>		5a. How do you think (he/she) would do completing detailed forms?  _____	
4. How was (his/her) attendance?  _____		b. Has (he/she) ever done this type of work? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
5. Do you believe (he/she) would be able to work on (his/her) own without close supervision? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>		6. Would you recommend (him/her) for this job? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>	
6. How do you think (he/she) would get along with different types of people?  _____		Remarks  _____	
7. Why did (he/she) leave the job (he/she) had with you?  _____			
8. Would you rehire (him/her)? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>			
9. Would you recommend (him/her) for this job? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>			
<b>THANK YOU</b>			

**BC-1503**  
**TELEPHONE REFERENCE CHECK FOR PERSONAL REFERENCES AND**  
**FORMER/CURRENT EMPLOYER(S)**  
**(Page 2 of 2)**

<i>If additional reference check is required, please use sections A and B below.</i>	
<b>Section A - FORMER/CURRENT EMPLOYER(S)</b>	
Name of employer	Telephone number
Name of company/organization	
1a. (Were/Are) you (his/her) -  b. When?	<input type="checkbox"/> Supervisor? <input type="checkbox"/> Coworker?
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?  _____  _____  _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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?  _____  _____  _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?  _____  _____  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Would you recommend (him/her) for this job?  _____  _____  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional remarks  _____  _____  _____  _____  _____  _____	
<b>Section B - PERSONAL REFERENCE</b>	
Name of personal reference	
Telephone number	
1. How long have you known (him/her)?  _____  _____  _____	
2. Are you related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you believe (he/she) would be able to work on (his/her) own without close supervision?  _____  _____  _____	
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?  _____  _____  _____	
6. Would you recommend (him/her) for this job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks  _____  _____  _____  _____	

**BC-1515**  
**TEMPORARY VISITOR PASS**

<b>TEMPORARY VISITOR PASS</b>	
<b>U.S. DEPT. OF COMMERCE</b> Economics and Statistics Administration <b>U.S. CENSUS BUREAU</b>	
<b>VALID THROUGH:</b>	
<p>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.</p>	
FORM BC-1515 (10-24-2000)	

**BC-1550**  
**PROPERTY PASS**

<b>FORM BC-1550</b> <small>(7-31-2001) PRES. BY CAM CH. K9</small>		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU		
<b>PROPERTY PASS</b>		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
5. Barcode Number		6. Serial number		7. Description
8. Model number		9. Responsible Person		
10. Type of authorization – Mark (X) one box <input type="checkbox"/> Property custodian <input type="checkbox"/> Alternate		11. Restrictions – If applicable		
<b>Approved</b>		a. Signature of Property Custodian or Liaison		b. Print name
		c. Title		d. Location (Rm., and bldg.)
13. Type of employee – Mark X one <input type="checkbox"/> Government <input type="checkbox"/> Non-Government				
<b>PROPERTY RETURN CERTIFICATION</b>				
14a. Signature		b. Title		c. Date
<i>This signature certifies that the property has been returned      One copy for file and one copy to Employee</i>				

**BC-1759 (D)**  
**SPECIAL SWORN STATUS**

FORM BC-1759(D)  
 (02-11-2008)

U.S. DEPARTMENT OF COMMERCE  
 Economic 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 10, U.S.C. 3651, 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/Inquiry/Public)

**NOTE** - The oath of non-disclosure must be administered by a person specified in 5 U.S.C. §2802. 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/RCO/LCO	2. Date   Start  Proposed end
	b. Office telephone number	
3. Approving Census Official	a. COTR/Manager	b. Approver's telephone number
	c. Signature	d. Date of request

U.S. CENSUS BUREAU

**BC-1766**  
**RECEIVING REPORT**

<small>FORM BC-1766(left) U.S. DEPARTMENT OF COMMERCE            (12-13-99)            Economics and Statistics Administration            U.S. CENSUS BUREAU</small>				<small>Page _____ of _____</small>		
<b>RECEIVING REPORT</b>				<b>1. Type of report - Mark (X)</b> <input type="checkbox"/> Receipt of goods <input type="checkbox"/> Machine rental or lease <b>2. Purchase document number</b>  <b>3. Date received</b> <b>4. Vendor name</b>		
<b>5. MATERIALS TO BE DELIVERED →</b>		<b>Name of requisitioner</b>		Division	Room	Building
<b>6. MATERIALS RECEIVED</b>						
Item No. (a)	Qty (b)	Unit of issue (c)	Obj. class code (d)	Description (e)		Cost (f)
<b>7. RECEIPT INFORMATION</b> <small>Mark (X) one box</small>		<small>I certify that the articles and/or services listed above have been received, inspected and accepted as complying with the purchase document number above.</small>				
<input type="checkbox"/> Partial delivery <input type="checkbox"/> Order completed		<small>a. Signature (Materials Handler or Receiving Office)</small>			<small>Date</small>	
		<small>b. Signature (Requisitioner)</small>			<small>Date</small>	
		<small>c. Address</small>				

**CA-1**  
**FEDERAL EMPLOYEE'S NOTICE OF TRAUMATIC INJURY AND**  
**CLAIM FOR CONTINUATION OF PAY/COMPENSATION**  
**(Page 1 of 4)**

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation		<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs																						
Employee: Please complete all boxes 1 - 16 below. Do not complete shaded areas. Witness: Complete bottom section 16. Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.																								
<b>Employee Data</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. Name of employee (Last, First, Middle)</td> <td colspan="3" style="width: 40%;">2. Social Security Number</td> </tr> <tr> <td>3. Date of birth Mc. Day Yr.</td> <td style="width: 15%;">4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td style="width: 20%;">5. Home telephone</td> <td style="width: 15%;">6. Grade as of date of injury</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Level Step</td> </tr> <tr> <td colspan="4">7. Employee's home mailing address (include city, state, and ZIP code)</td> </tr> <tr> <td colspan="4">8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other</td> </tr> </table>					1. Name of employee (Last, First, Middle)	2. Social Security Number			3. Date of birth Mc. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other			
1. Name of employee (Last, First, Middle)	2. Social Security Number																							
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			Level Step																					
7. Employee's home mailing address (include city, state, and ZIP code)																								
8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other																								
<b>Description of Injury</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th &amp; Pine)</td> </tr> <tr> <td>10. Date injury occurred Mc. Day Yr.</td> <td style="width: 15%;">Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td> <td>11. Date of this notice Mc. Day Yr.</td> <td colspan="2">12. Employee's occupation</td> </tr> <tr> <td colspan="5">13. Cause of injury (Describe what happened and why)</td> </tr> </table>					9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)		10. Date injury occurred Mc. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mc. Day Yr.	12. Employee's occupation		13. Cause of injury (Describe what happened and why)												
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10. Date injury occurred Mc. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mc. 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 - NCI Code																				
<b>Employee Signature</b> <p>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:</p> <p><input type="checkbox"/> a. Continuation of regular pay (COP) not to exceed 46 days and compensation for wage loss if disability for work continues beyond 46 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 5594.</p> <p><input type="checkbox"/> b. Sick and/or Annual Leave</p> <p>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.</p> <p>Signature of employee or person acting on his/her behalf _____ Date _____</p> <p>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.</p> <p>Have your supervisor complete the receipt attached to this form and return it to you for your records.</p>																								
<b>Witness Statement</b> <p>16. Statement of witness (Describe what you saw, heard, or know about this injury)</p>																								
Name of witness		Signature of witness		Date signed																				
Address		City	State	ZIP Code																				
Form CA-1 Rev. Apr. 1996																								

## CA-1

**FEDERAL EMPLOYEE'S NOTICE OF TRAUMATIC INJURY AND  
CLAIM FOR CONTINUATION OF PAY/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	
18. Employee's duty station (Street address and ZIP code)								OSHA Site Code	
19. Employee's retirement coverage <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> Other, (Identify)								ZIP Code	
20. Regular work hours From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		21. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.							
22. Date Mo. Day Yr. of injury		23. Date Mo. Day Yr. notice received		24. Date Mo. Day Yr. stopped work		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
25. Date Mo. Day Yr. pay stopped		26. Date Mo. Day Yr. 45 day period began		27. Date Mo. Day Yr. returned to work		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
28. Was employee injured in performance of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)									
29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? <input type="checkbox"/> Yes (If "Yes," explain) <input type="checkbox"/> No									
30. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Mo. Day Yr. medical care received	
34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No									
35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)									
36. If the employing agency contests continuation of pay, state the reason in detail.									
								37. Pay rate when employee stopped work \$ _____ per _____	
<b>Signature of Supervisor and Filing Instructions</b>									
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 <input type="checkbox"/> No lost time and no medical expense; Place this form in employee's medical folder (SF-86-D) <input type="checkbox"/> No lost time; medical expense incurred or expected; forward this form to OWCP <input type="checkbox"/> Lost time covered by leave, LWOP, or CCP; forward this form to OWCP First Aid Injury									
Form CA-1, Rev. Apr. 1989									

**CA-1**  
**FEDERAL EMPLOYEE'S NOTICE OF TRAUMATIC INJURY AND**  
**CLAIM FOR CONTINUATION OF PAY/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.

<p><b>Employee (Or person acting on the employee's behalf)</b></p> <p><b>13) Cause of injury</b> 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?)</p> <p><b>14) Nature of injury</b> 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).</p>	<p><b>15) Election of COP/Leave</b> If you are disabled for work as a result of this injury and file 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.</p>
<p><b>Supervisor</b></p> <p>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 30, 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.</p> <p>The supervisor should also submit any other information or evidence pertinent to the merits of this claim.</p> <p>If the employing agency contests COP, the employee should be notified and the reason for contestation explained to him or her.</p> <p><b>17) Agency name and address of reporting office</b> 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).</p> <p><b>18) Duty station street address and zip code</b> The address and zip code of the establishment where the employee actually works.</p> <p><b>19) Employers Retirement Coverage.</b> Indicate which retirement system the employee is covered under.</p> <p><b>30) Was injury caused by third party?</b> 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.</p> <p><b>32) Name and address of physician first providing medical care</b> 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.</p> <p><b>Employing Agency - Required Codes</b></p> <p>Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code</p> <p>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."</p>	
<p><b>OWCP Agency Code</b> 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.</p>	

**CA-1**  
**FEDERAL EMPLOYEE'S NOTICE OF TRAUMATIC INJURY AND**  
**CLAIM FOR CONTINUATION OF PAY/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 continues the employee's pay, the pay must not be interrupted unless one of the provisions 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 disfiguration 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.)

**CA-2**  
**NOTICE OF OCCUPATIONAL**  
**DISEASE AND CLAIM FOR COMPENSATION**  
**(Page 1 of 2)**

Notice of Occupational Disease and Claim for Compensation		<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs	
<b>Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.</b> <b>Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a. b. and c.</b>			
<b>Employee Data</b>			
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)			
6. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other			
<b>Claim Information</b>			
9. Employee's occupation		a. Occupation code	
10. Location (address) where you worked when disease or illness occurred (Include city, State, and ZIP code)		b. 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		c. Explain the relationship to your employment, and why you came to this realization Mo. Day Yr.	
13. Explain the relationship to your employment, and why you came to this realization			
14. Nature of disease or illness			
<input type="checkbox"/> DOL-1000 <input type="checkbox"/> DOL-1000-A <input type="checkbox"/> DOL-1000-B <input type="checkbox"/> DOL-1000-C			
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.			
<b>Statement of Employee</b>			
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 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	
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 CLAIM FOR COMPENSATION**  
**(Page 2 of 2)**

Official Supervisor's Report of Occupational Disease: Please complete information requested below					
Report Date:					
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: : p.m. To: : p.m.			22. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.		
23. Name and address of physician first providing medical care (include city, state, ZIP code)			24. First date medical care received Day Yr.		
25. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
26. Date employee first reported condition to supervisor Mo. Day Yr.		27. Date and hour employee stopped work Mo. Day Yr.		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
28. Date and hour employee's pay stopped Mo. Day Yr.		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> 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: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		31. If employee has returned to work and work assignment has changed, describe new duties	
32. Employee's Retirement Coverage <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> Other, (Specify)					
33. Was injury caused by third party?		34. Name and address of third party (include city, state, and ZIP code)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," go to Item 34.					
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-5**  
**CLAIM FOR COMPENSATION BY WIDOW,**  
**WIDOWER, AND/OR CHILDREN**  
**(Page 1 of 2)**

Claim for Compensation by Widow, Widower, and/or Children		<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs			 OMB No. 1215-0155 Expires: 04-30-2001
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			
<b>Claim of Surviving Husband or Wife (Items 8 through 13)</b>					
8. Name and address (Include ZIP Code)		9. Your Date of Birth (Mo., day, year)	10. Date of Marriage to Employee (Mo., day, year)		
11. Were you living with the employee at time of death?	12. Were you ever married to anyone other than the employee?	13. Was employee ever married to anyone other than yourself?			
14. List all of employee's children from this marriage who may be entitled to compensation (See attached information sheet for definition of children):					
Name	Relationship	Date of Birth	Address (Include ZIP Code)		
14a. List all of employee's children from prior marriages who may be entitled to compensation:					
Name	Relationship	Date of Birth	Address (Include ZIP Code)		
15. If a legal guardian has been appointed for any child named above, give name of child, name and address of the guardian.					
Child	Guardian	Guardian's Address (Include ZIP Code)			
16. List other relatives who were fully or partially dependent on employee:					
Name	Relationship	Date of Birth	Address (Include ZIP Code)		
17. If application has been made for any other Federal Retirement or Disability Law because of employee's death, give:					
Retirement System: <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> SSA <input type="checkbox"/> Other		18. If application has been made for Veterans Administration (VA) benefits because of employee's death, give: Service number: <input type="text"/> VA Claim number: <input type="text"/>			
Claim Number for each claim: a. <input type="text"/> b. <input type="text"/>					
Date each benefit began: a. <input type="text"/> b. <input type="text"/>					
Amount of each benefit paid per month: \$ <input type="text"/> a. <input type="text"/> b. <input type="text"/>					
20. Total burial expense \$ <input type="text"/>	21. Amount of burial expense paid or payable by VA \$ <input type="text"/>	22. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: \$ <input type="text"/>			
<b>I hereby certify that each and every statement made above is true to the best of my knowledge.</b>					
23. Signature of person filing claim		24. Address (Include ZIP Code)			25. Date (Mo., day, year)

 Form CA-5  
 Rev. Jan. 1997

**CA-5**  
**CLAIM FOR COMPENSATION BY WIDOW,**  
**WIDOWER, AND/OR CHILDREN**  
**(Page 2 of 2)**

<b>Attending Physician's Report</b>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Was a biopsy or an autopsy performed? If yes, give name and address of physician and arrange for a copy of the report to be submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Name and address (Please type - include ZIP Code)	12. Signature	13. Date signed (Mo., day, year)

**CA-5b**

Claim for Compensation by Parents,  
Brothers, Sisters, Grandparents, or  
Grandchildren

U.S. Department of Labor  
Employee Benefits Security Administration  
Office of Workers' Compensation Programs

Form No. 1015-2750  
Expires 05/21/2007

1 Name of deceased employee (last, first, middle initial)	2 Date of birth (Mo. Day Year)	3 Date of injury (Mo. Day Year)	4 Date of death (Mo. Day Year)	5 Employer security number												
6 Name and address of employing agency (include ZIP code)		7 Month of injury when deceased began														
8 Name of dependent (use last name)		9 Dependent's address (include ZIP Code)		10 Dependent birth date (Mo. Day Year)												
11 Dependent's occupation		12 Dependent's Sec. I Security Number	13 Dependent's relationship to deceased	14 Choice of dependency for employees <input type="checkbox"/> Total <input type="checkbox"/> Parent												
15 Total amount employee contributes 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete 17 & 18	17 Total amount employee paid dependent in cash or services for room and board in addition to amount shown in 16	18 Did employee contribute toward room and board while the fair value of other room and board?												
19 Did dependent receive payment in month before period of employee's death? If yes Type of work performed Period of employment Hours per day Leave and absence days/leave		20 Show dependent income from all sources other than employee during 12 months before period of employee's death  Wages/salary      b. Pension Pension lower than employee Other Total      c.														
Information about dependent's health care or life insurance (if applicable)																
21 Life Insurable (Mo. Day Year)	22 Occupation	23 Monthly pay rate	24 Did employee have all coverage for him/her through plan(s) listed below?													
			<input type="checkbox"/> Yes <input type="checkbox"/> No													
25 List all property owned by dependent and insured or uninsured clothing furniture personal items																
<table border="1"> <thead> <tr> <th>Description</th> <th>Have coverage</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Description	Have coverage	Value									
Description	Have coverage	Value														
26 If an application has been made to U.S. Civil Service Authority or any other Federal, State, county or City/County for benefits of employee's death, give																
<table border="1"> <tr> <td>Designated System</td> <td><input type="checkbox"/> CSCS</td> <td><input type="checkbox"/> FERS</td> <td><input type="checkbox"/> GSRS</td> <td><input type="checkbox"/> Other</td> </tr> </table>					Designated System	<input type="checkbox"/> CSCS	<input type="checkbox"/> FERS	<input type="checkbox"/> GSRS	<input type="checkbox"/> Other							
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<table border="1"> <tr> <td>Case number for each claim</td> <td>b.</td> </tr> <tr> <td></td> <td>c.</td> </tr> <tr> <td>Date each benefit began</td> <td>b.</td> </tr> <tr> <td></td> <td>c.</td> </tr> <tr> <td>Amount of each benefit paid per month</td> <td>b.</td> </tr> <tr> <td></td> <td>c.</td> </tr> </table>					Case number for each claim	b.		c.	Date each benefit began	b.		c.	Amount of each benefit paid per month	b.		c.
Case number for each claim	b.															
	c.															
Date each benefit began	b.															
	c.															
Amount of each benefit paid per month	b.															
	c.															
<table border="1"> <tr> <td>27 For application or has been made to Treasury Department or OAS- benefit account of wife or step wife      g. If no Service number      h. Case number Address of VA office where claim is filed</td> </tr> </table>					27 For application or has been made to Treasury Department or OAS- benefit account of wife or step wife      g. If no Service number      h. Case number Address of VA office where claim is filed											
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<table border="1"> <tr> <td>28 If no claim has been made against a third party because of employee's death give Name of third party      b. Address and address of third party</td> </tr> </table>					28 If no claim has been made against a third party because of employee's death give Name of third party      b. Address and address of third party											
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<table border="1"> <tr> <td>29 Total burial expense</td> <td>30 Attended court expenses paid or payable by: a.      b.</td> <td>31 Name and address of court officer in case 29 who funds were used to pay court expenses or service fees</td> <td colspan="2">32 Signature of person filing claim</td> </tr> </table>					29 Total burial expense	30 Attended court expenses paid or payable by: a.      b.	31 Name and address of court officer in case 29 who funds were used to pay court expenses or service fees	32 Signature of person filing claim								
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<p>I declare under penalty of perjury that each and every statement made above is true to the best of my knowledge. Any person who knowingly makes any false statement, misrepresentation, or statement of fact, or fails to return compensation as specified by the FLSA or who knows a false statement or concealment to which this person is held entitled to subject to felony criminal prosecution and may, under appropriate circumstances, be punished by a fine or imprisonment or both.</p>																
33 Address (include ZIP Code)		34 Date (Mo. Day Year)		Form CA-5a Rev. 10-2002												

**CA-5b**  
**CLAIM FOCOMPENSATION BY PARENTS, BROTHERS,**  
**SISTERS, GRANDPARENTS, OR GRANDCHILDREN**  
**(Page 2 of 4)**

**INSTRUCTIONS FOR COMPLETING FORM CA-5b, CLAIM FOR COMPENSATION  
BY PARENTS, BROTHERS, SISTERS, GRANDPARENTS OR GRANDCHILDREN**

<b>Who Should File This</b>	This form is to be completed and filed by the deceased employee's parents, grandparents or representative, guardian or person in charge of minor dependent account or dependents if separate form is required for each person being certified.
<b>When Should This Be Filed</b>	Claim must be filed within three years following date of death, or not later than 12 months from the date of knowledge of an injury or death, whichever is later, or within 30 days of written notice of the injury or death was given within 30 days. The conveyance of a death by claim will satisfy the time requirements for a death claim based on the same injury.
<b>What Documentation Is Required</b>	The birth certificate of the deceased employee and a death certificate from the state authorized birth certificate for minor children, parents and grandparents, and a death certificate of a grandparent; birth certificates of mother or father or appropriate relatives in case of a grandchild; birth certificates of decedent's son or daughter in appropriate copies; copies of certificates or documents and accessible copy of any one held by the person having official custody of such records. They should then be attached to the front of the form if listed.
<b>How to Complete This</b>	All boxes or the columns should be completed after name is not applicable, indicate by checking "Not". Name on the claim form requires information about several categories of persons: 1) claimant (deceased employee); 2) dependents; 3) others dependent on deceased or wife of deceased at time of death or spouse deceased. The following information is needed on the reverse of this form and will be completed before the form is submitted to the OWCIP.
<b>Personal Death Allowance</b>	Death eligible benefits amounts and who will receive the money and give name and address of person making payment. If an Attitudinal or Executive class employee, give both personal name and address and attach a copy of their appointment documents.

See the reverse of this page for a list of dependents and a description of benefits.

**Public Disclosure Statement:**

Public disclosure burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, gathering existing case material, preparing and maintaining the code 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 suggested changes, to: Office of Workers' Compensation Programs, U.S. Department of Labor, Room 2-2120, 200 Constitution Avenue, N.W., Washington, D.C. 20510.

**DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

For use 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 3 of 4)**

DEATH BENEFITS FOR PARENTS, BROTHERS, SISTERS, GRANDPARENTS, AND GRANDCHILDREN UNDER THE FEDERAL EMPLOYEES COMPENSATION ACT (FICA)	
Eligible Dependents	<ul style="list-style-type: none"> <li>+ Benefits are payable on behalf of parents or legally dependent parents, brothers, sisters, grandparents, and grandchildren.</li> </ul>
Rate Of Entitlement	<ul style="list-style-type: none"> <li>+ Parent and grandparent: Payment continues until death, remarriage or termination of dependency.</li> </ul>
<p>Minor children: A parent and grandparent can: Payment continues until death, remarriage or termination of dependency or age 18 years of age. Payment ends earlier if the child is terminally ill, incapable of self-support or in a "full-time" school. Student benefit terminates on marriage, completion of 4 years of school or beyond high school level, or at age 22 without further enrollment.</p>	
Computation of Benefits	<ul style="list-style-type: none"> <li>+ For parent: • 20% of the employee's monthly pay of dependents is dependent and his/her 1/2 non-dependent child. If one or more is dependent • 20% each + 1/2 for each additional child + 1/2 for a parent or other non-partially dependent.</li> <li>+ Grandparent, grandfather, and grandmother: • 20% if only one is wholly dependent + more than one is 40% as dependent • 20% grandtotally. None or more is partially dependent • 10% divided equally. Benefits end at 65.</li> </ul> <p>Benefit payments are made into a pre-Death Benefit. Therefore a completed Form SF-1 - Employee Death Benefit Application must be submitted with Form CA-5b.</p>
<p>If the employee was covered under the Federal Employees Retirement System (FERS), C-30C (or -dis), because this does not provide benefits which are substantially the same as those provided by the Federal Employees Retirement System, the amounts from the beneficiary computation are added together.</p>	
Payment Priorities	<ul style="list-style-type: none"> <li>+ Monthly payment for all dependents cannot exceed 75% of the employee's monthly salary or 75% of the top tier of GS-1-5 of the General Schedule. The surviving widow or widower gets an extra benefit priority. Other eligible dependents may receive payment only if the widow or widow and children's percentages are less than 75%.</li> </ul>
General Death Allowance	<ul style="list-style-type: none"> <li>+ Funeral and burial expenses up to a maximum of \$1000.00 beyond what is paid by the OASDI be deducted. Death costs in excess of the employee's monthly contribution code may be used to return the deceased employee's balance to the family in the form of a refund. In excess of this is any funeral or burial expense in sum of \$1000 may be used to deduct and the code of contribution does not affect it. Death is an event of the United States.</li> </ul>
Final Pay Audit	<ul style="list-style-type: none"> <li>+ If the employee's death was caused by a person or party other than the Federal Government, a third party act or "or neglect" as indicated in their individual file, Department of Labor will provide further instructions.</li> </ul>
<b>Privacy Act Notice</b>	
<p>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 asserted and admitted (5 U.S.C. 5701 et seq.), FICA is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information of claimants and their dependents (hereinafter, "the information"); (2) Information which the Office collects is used to determine eligibility for and the amount of benefits payable under the FICA, and may be verified through computerized or other appropriate means; (3) Information collected pursuant to the FICA agency which maintains the information is used to ensure timely disbursement made available to claimants concerning the collection of costs, health care, and/or compensation resulting from an injury or disease incurred in the course of employment; (4) Information may also be given to other Federal agencies, other government entities, and to private sector employers whose employees are part of health plans and other health-care benefit programs; and (5) Information may be disclosed to physicians and other health care providers for use in providing treatment of medical conditions. This information, including information for the Office, may be used for other purposes, to include the management of the Office, to inform or advise claimants, their dependents, and other agencies for the administration purposes, to obtain information concerning the collection of benefits, to determine whether benefits are being paid properly, including where priorities and assignments are being made, and where appropriate, to pursue collection of unpaid other and non-collectable amounts required or permitted by the FICA statute and Rule Collector Act. (5) Disclosure of the information is a security number (SSN) or tax identifying number. This information is voluntary. The Office under Title 5, Government in the Public Interest, section 552a, security number (SSN) or tax identifying number, this information is voluntary. The Office under Title 5, Government in the Public Interest, section 552a, may be used for identification to assist debt collection efforts carried out by the Federal Government, and for other purposes not described or authorized by the Office. It will be used to determine if a claimant may qualify for processing of the claim or the payment of benefits, or may result in an adverse action against the claimant or recipient of benefits.</p>	
<p>Note: The notice applies to all forms requesting information that you might receive from the Office in connection with the proceeding and to the claim file maintained by the Office.</p>	
<p style="font-size: small;">Public Reporting Burden for this collection of information is estimated to average 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggested changes, to the Bureau of the Office of Workers' Compensation Programs, U.S. Department of Labor, Room 5-2300, 200 Constitution Avenue, N.W., Washington, D.C. 20510.</p>	
<p>Note: Persons are not required to respond to a collection of information if the burden is greater than one hour. OMB Control Number 0140-0001</p>	
<p>Form 5b, by the Superintendent of Documents, U.S. Government Printing Office Washington, D.C. 20402</p>	

**CA-5b**  
**CLAIM FOR COMPENSATION BY PARENTS, BROTHERS,**  
**SISTERS, GRANDPARENTS, OR GRANDCHILDREN**  
**(Page 4 of 4)**

Attending Physician's Report	
* Name of deceased employee from medical report	
* Date of death - Day, Month, Year	
1. What kind of injury or employment related disease was given to you?	
2. If denied, give reasons why you disagree.	
3. If denied, give previous medical records or evidence to support your claim.	
4. Give dates on which treatment was given.	
5. Who gave you direct cause of death?	
6. What were the contributory causes of death? Many:	
7. In your opinion, has the death of the employee been due to the injury as reported in item 2 above? Give the reason for your opinion. Unless cause of death is self-evident, attach a statement.	
□ Yes    □ No	
8. Was a autopsy or an inquest performed? Arrange for a copy of the report to be submitted.	
□ Yes    □ No	
9. Home and address (Please type - include zip code).	
I, [Signature], do hereby declare that the information set forth above is true, complete and correct to the best of my knowledge. I further declare that any false statement or misleading statement or concealment of material fact may subject me to criminal prosecution.	
10. Signature	
11. Date signed - Day, Month, Year	

**CA-6**  
**OFFICIAL SUPERVISOR'S REPORT OF EMPLOYEE'S DEATH**

<b>CA-6, OFFICIAL SUPERVISOR'S REPORT OF EMPLOYEE'S DEATH</b>							
Official Superior's Report of Employee's Death			<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs				
1. Name of Deceased Employee (Last, first, middle)		2. Date of Birth (Mo., day, year)		3. <input type="checkbox"/> Male <input type="checkbox"/> 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) <input type="checkbox"/> AM <input type="checkbox"/> PM		11. Date and Hour of Death (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM		12. Date and Hour Employee's Pay Stopped (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM			
13. Describe how injury occurred			14. Was employee in performance of duty when injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Date of injury      \$      per B. Date pay stopped      \$      per		a. Base pay      \$      per b. Subsistence      \$      per c. Quarters      \$      per d. Other      \$      per					
19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	

**CA-16**  
**AUTHORIZATION FOR EXAMINATION AND/OR TREATMENT**

CA-16, AUTHORIZATION FOR EXAMINATION AND/OR TREATMENT			
<b>Authorization for Examination And/Or Treatment</b>	<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs 		
<small>The following request for information is authorized by law (5 USC 8101 et. seq.). Benefit 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 Ck. No. A-106.</small>			<small>OMB No.: 1215-0103 Expires: 09-30-96</small>
<b>PART A - AUTHORIZATION</b>			
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. <input type="checkbox"/> 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.			
<input type="checkbox"/> 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)		13. Name and Address of Employee's Place of Employment:	
<small>U.S. DEPARTMENT OF LABOR Employment Standards Administration Office of Workers' Compensation Programs</small>		Department of Agency  Bureau or Office  Local Address (including ZIP Code)	
<b>Public Burden Statement</b>			
<small>We estimate that it will take an average of 30 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 IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.</small>			
<b>DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES</b>			<small>Form CA-16</small>

**CA-20**  
**ATTENDING PHYSICIAN'S REPORT**  
**(Page 1 of 4)**

Attending Physician's Report		<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs					
<b>Record of Examination</b>							
1. Patient's name > Last _____ First _____ Middle _____		2. Date of Injury > mo. day yr. _____		3. OWCP File Number _____		OMB No. 1215-C-02 Expires: 08-31-05	
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) <input type="checkbox"/> Yes <input type="checkbox"/> No				CD-9 Code : _____			
6. What are your findings? (Include results of X-Rays, laboratory reports, etc.) _____							
7. What is your diagnosis? _____				CD-9 Code : _____			
8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer) <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Did injury require hospitalization? If no, go to item #15 <input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. What treatment did you receive? _____							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. If yes, or what date was he/she advised? mo. day yr.			
23. If employee is able to resume or y 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Remarks _____							
26. If you have referred the employee to another physician provide the following: Name _____ Address _____				Specialty _____ 27. What was the reason for this referral? <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment			
City _____ State _____ ZIP _____							
<b>Signature</b> 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 statements or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony or minor prosecution. Signature of Physician _____							
28. Name of Physician _____				30. Tax ID Number _____			
Address _____				31. Do you specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City _____ State _____ ZIP _____				32. If yes, indicate specialty _____			

 Form CA-20  
 Rev. Nov. 1999

**CA-20**  
**ATTENDING PHYSICIAN'S REPORT**  
**(Page 2 of 4)**

**IMPORTANT:** A MEDICAL REPORT IS REQUIRED BY THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BEFORE PAYMENT OF COMPENSATION FOR LOSS OF WAGES OR PERMANENT DISABILITY CAN BE MADE TO THE EMPLOYEE. THIS INFORMATION IS REQUIRED TO OBTAIN OR RETAIN A BENEFIT (5 USC 8101 et seq.).

IF YOU HAVE SUBMITTED A NARRATIVE MEDICAL REPORT OR A FORM CA-16 TO OWCP WITHIN THE PAST 10 DAYS, YOU NEED NOT SUBMIT THIS FORM CA-20.

OWCP REQUIRES THAT MEDICAL BILLS, OTHER THAN HOSPITAL BILLS, BE SUBMITTED ON THE AMERICAN MEDICAL ASSOCIATION HEALTH INSURANCE CLAIM FORM, HCFA 1500/OWCP-1500a.

**INSTRUCTIONS TO PHYSICIAN FOR COMPLETING ATTENDING PHYSICIAN'S REPORT**

1. COMPLETE THE ENTRIES 1-32 ON THE FORM; AND
2. IF DISABILITY HAS NOT TERMINATED, INDICATE IN ITEM 17; AND
3. SEND THE FORM AND YOUR BILL TO:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

**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**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

For Sale by the Superintendent of Documents, U.S. Government Printing Office  
Washington, DC 20402

**CA-20**  
**ATTENDING PHYSICIAN'S REPORT**  
**(Page 3 of 4)**

**FORM CA-20, PHYSICIAN'S REPORT**

Compensation for wage loss cannot be paid unless medical evidence has been submitted supporting disability for work during the period claimed. For claims based on traumatic injury and reported on Form CA-1, the employee should detach Form CA-20, complete items 1-3 on the front, and print the OWCP district office address on the reverse. The form should be promptly referred to the attending physician for early completion. If the claim is for occupational disease, filed on Form CA-2, a medical report as described in the instructions accompanying that form is required in most cases. The employee should bring these requirements to the physician's attention. It may be necessary for the physician to provide a narrative medical report in place of or in addition to Form CA-20 to adequately explain and support the relationship of the disability to the employment.

For payment of a schedule award, the claimant must have a permanent loss or loss of function of one of the members of the body or organs enumerated in the regulations (20 C.F.R. 10.304). The attending physician must affirm that maximum medical improvement of the condition has been reached and should describe the functional loss and the resulting impairment in accordance with the American Medical Association Guides to the Evaluation of Permanent Impairment.

**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 filed under the FECA.

**CA-20**  
**ATTENDING PHYSICIAN'S REPORT**  
**(Page 4 of 4)**

**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 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-3220, 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**

**CD-29**  
**TRAVEL**  
**ORDER**

FORM CD-29 U.S. DEPARTMENT OF COMMERCE (Rev. 6-68) <b>TRAVEL ORDER</b>		1. TYPE OF AUTHORIZATION <input type="checkbox"/> TEMPORARY <input type="checkbox"/> 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				12. ESTIMATED COST	
FCFY (xxxx)	PROJECT-TASK (xxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)	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)	\$
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:		SUB-TOTAL B	
				TOTAL A & B	
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 <input type="checkbox"/> MEETING REGISTRATION FEES <input type="checkbox"/> HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS <input type="checkbox"/> EXCESS BAGGAGE (Justify in Item 15) (See FTR 301-12.2) <input type="checkbox"/> 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) <input type="checkbox"/> Laptop (provided) <input type="checkbox"/> Blackberry (AutoBerry Pre-travel Scan) <input type="checkbox"/> 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-52**  
**REPORT OF REVIEW OF PROPERTY**  
**(Page 1 of 2)**

FORM CD-52 LF (REV. 11-84) DAO 217-9		U.S. DEPARTMENT OF COMMERCE		DATE	
<b>REPORT OF REVIEW OF PROPERTY</b>				NUMBER	
				PRIMARY ORGANIZATION UNIT	
				OFFICE OR STATION REPORTING	
				LOCATION	
QUANTITY (Each)	DESCRIPTION IN DETAIL	UNIT ACQUISITION COST	TOTAL COST OF UNITS	ESTIMATED PRESENT VALUE	
TOTAL		0.00	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			

**CD-52**  
**REPORT OF REVIEW OF PROPERTY**  
**(Page 2 of 2)**

RECOMMENDATION		
ALL THE AVAILABLE EVIDENCE AND TESTIMONY HAVE BEEN EXAMINED AND IT IS BELIEVED THAT		
IT IS RECOMMENDED THAT		
DATE	SIGNATURE OF ACCOUNTABLE OFFICER (OR OTHER DESIGNATED OFFICER)	TITLE
FINDINGS AND RECOMMENDATION OF BOARD OF REVIEW		
DATE	SIGNATURE	TITLE
DATE	SIGNATURE	TITLE
DATE	SIGNATURE	TITLE
I CONCUR IN THE ABOVE FINDINGS AND AUTHORIZE THAT ACTION BE TAKEN IN ACCORDANCE THEREWITH.		
DATE	SIGNATURE OF RESPONSIBLE ADMINISTRATIVE OFFICER	TITLE
DISPOSITION OF PROPERTY		
ARTICLE(S) LISTED ON REVERSE SIDE		
DATE	SIGNATURE	TITLE

FORM CD-52 (REV.11-84) LF

**CD-81**  
**AUTHORIZATION FOR PAID OVERTIME AND/OR HOLIDAY**  
**WORK, AND FOR COMPENSATORY OVERTIME**

FORM CD-81 (8-71) LF DAO 202-551		U.S. DEPARTMENT OF COMMERCE		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 OVERTIME OR HOLIDAY WORK	ESTIMATED COST	COMPENSATORY TIME	
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 this 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-137**  
**REPORT OF ACCIDENT/ILLNESS (Updated 9/2009)**

FORM CD-137 - (Census) (Rev. 7/04) DAO 209-3	U.S. DEPARTMENT OF COMMERCE <b>Report of Injury, Illness, Accident or Fatality</b> <b>SAFETY &amp; HEALTH MANAGEMENT INFORMATION</b>	Case: _____ Control: _____ Date Received: _____ Type/Source: _____ / _____ Org Code: _____
<b>Section 1</b> <b>Information About the Employee</b>		
Reason for Report: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Fatality		
Name: _____ <small>(Last, First, M.I.)</small>		Date of Birth: _____
Occupation: _____		Phone: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date/Time of Accident/Illness: _____		Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> 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:		
<b>Section 2</b>		
Was Medical Treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe? (e.g., medication, treatment, procedures, etc.) _____		
Did employee lose days away from work? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of days? _____		
Did this incident result in employee being placed on restricted or light duty, or transfer to another job? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, describe (additional sheet)		
Was the incident a result of violation of established safety policies? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain (additional sheet)		
Has the employee received training to perform this procedure safely? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, explain (additional sheet)		
Are changes necessary in the operations or procedures to prevent this type incident in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain (Use reverse)		
Amount of Property Damage: \$ _____		
<b>Section 3</b> Describe corrective action taken:		
Date of Completion of corrective action: _____		
Supervisor's Signature: _____ Title: _____		Date: _____ Phone: _____

Distribution: Employee, Employee Supervisor, Headquarters Safety Office

**CD-224**  
**EMPLOYEE CLAIM FOR LOSS OR**  
**DAMAGE TO PERSONAL PROPERTY**

FORM CD-224 (REV. 7-72) LF DAO 203-17		U.S. DEPARTMENT OF COMMERCE			
<b>EMPLOYEE CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY</b> <b>(P.L. 88-558)</b>					
<b>INSTRUCTIONS:</b> Submit in duplicate to Operating Unit Claims Officer. Please type.					
NAME OF EMPLOYEE		OPERATING UNIT OR DEPARTMENTAL OFFICE			
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 6)		CITY	AREA CODE AND PHONE NUMBER		
LOCATION OF LOSS OR DAMAGE					
DATE OF LOSS OR DAMAGE		TOTAL AMOUNT OF CLAIM			
<b>DESCRIPTION OF PROPERTY</b>					
ITEMIZED LISTING		DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED REPAIR COST
CLAIM IS FOR <input type="checkbox"/> LOSS <input type="checkbox"/> DAMAGE (Check One). GIVE 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.			
<input type="checkbox"/> <input type="checkbox"/>		YES  NO			
<b>CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS:</b> Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287,1001)					
<b>CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM:</b> 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)					
<b>ADMINISTRATIVE PENALTY:</b> 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.					
SIGNATURE OF CLAIMANT		IF CLAIMANT IS NOT OWNER, STATE RELATIONSHIP		DATE	

**CD-314**  
**STATEMENT RELATING TO EMPLOYEE**  
**RESPONSIBILITIES AND CONDUCT**

FORM CD-314  
 (REV. 11-52) LF  
 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:

Individuals serviced by field personnel officers should submit their sealed envelopes to their respective personnel officers.

**CD-370**  
**TRAVEL VOUCHER**  
 (Page 1 of 2)

SECTION A — IDENTIFICATION						(GSA Schedule SP-1012 Approved 08/20/2001)	
SOCIAL SECURITY NUMBER		NAME (Last, First, Middle Initial)		FROM		TO	
BUREAU CODE	CO-30 TRAVEL ORDER NUMBER	DATES FOR TRAVEL EXPENSES FROM      TO		TYPE CODE MOY DAY / YEAR      NOV DAY / YEAR	PURCHASE OR TRAVEL USE 1 - DOMESTIC TRAVEL — 48 2 - FOREIGN TRAVEL 3 - TRANSFER HOUSEHOLD 4 - TRANSFER OTHER 5 - DOMESTIC TRAVEL — OTHER		RECLAM AMOUNT REIMBURSED
ORGANIZATION ID NUMBER		OFFICIAL DUTY STATION (Leave and Return FORWARD REFERRED REQUESTED)		RESIDENT CITY AND STATE (if other than Official Duty Station) (Leave and Return)		U.S. DEPARTMENT OF COMMERCE TRAVEL VOUCHER	
SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)							
AMOUNT	VENDOR	NUMBER OF TRAVELERS	CLASS	FROM	DEPARTURE OR TRAVEL	TO	
1. <input type="checkbox"/>							
2. <input type="checkbox"/>							
3. <input type="checkbox"/>							
4. <input type="checkbox"/>							
SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursement Expenses) (Indicate Total Claim Amount from Section C to the Appropriate Accounting Classification Code(s) as indicated on the Travel Order)							
ITEM NUMBER	DESCRIPTION EXPENSES-601	ORGANIZATION (601-0000-XX-XXXX)	CLASS/CLASS 100-0000-0000	CLAIM AMOUNT			
1.			\$				
2.			\$				
3.			\$				
4.			\$				
5.			\$				
6.			\$				
7.			\$				
8.			\$				
TOTAL CLAIM AMOUNT (The Amount Must Agree with Item 17) <input type="button" value="→"/>					\$		
SECTION D — CERTIFICATIONS							
FRAUDULENT CLAIM — Penalties for an item or expense known or believed to be false or untrue under section 1346(a)(2) of GSA FAR 2014 and may result in a fine of up to \$10,000, or imprisonment for not more than 5 years, or both (41 U.S.C. 2014).							
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE							
I hereby swear to the United States, as a participant in a joint venture agreement with my partner (hereinafter referred to as "partner"), that I have made no claim for reimbursement of expenses incurred by my partner, and to carry out my obligations and responsibilities as prescribed in the Federal Travel Regulations (41 CFR), chapter 50, subpart 501-11, which is incorporated in this form and may be used by Federal Agencies, Contractors and Subcontractors who have a contract with or agreement to perform services for the Government. I further swear to accountable receipt of other local or foreign expenses when necessary due to changes in service location or circumstances or pursuant to a requirement by GSA or my partner to incur costs in accordance with the terms of my employment contract or agreement with my partner.				CLAIMANT'S SIGNATURE			
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.				DATE      PHONE (Area Code and Number)			
PRIVACY ACT NOTICE: The following information is provided to comply with the Privacy Act of 1974 (P.L. No. 93-502). The information requested is for purposes required under the provisions of 41 U.S.C. Chapter 51, new schedules and Executive Orders 11980 (July 22, 1971) and 11912 (March 27, 1972) for the collection of travel expenses incurred by the employee and to carry out my obligations and responsibilities as prescribed in the Federal Travel Regulations (41 CFR), chapter 50, subpart 501-11, which is incorporated in this form and may be used by Federal Agencies, Contractors and Subcontractors who have a contract with or agreement to perform services for the Government. I further swear to accountable receipt of other local or foreign expenses when necessary due to changes in service location or circumstances or pursuant to a requirement by GSA or my partner to incur costs in accordance with the terms of my employment contract or agreement with my partner.							
APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE							
In approving this voucher, I have determined that:				APPROVING OFFICER'S SIGNATURE			
(1) Itemized and detailed official travel only;							
(2) Use of personal funds, or other sources of expense for which reimbursement is denied by the Government is denied;							
(3) Long distance phone fees, and expenses of equipment purchased in advance and not issued by the Government;							
□ CO-30 ATTACHED    □ CO-30 SUBMITTED WITH PREVIOUS VOUCHER				NAME AND TITLE (Type or Print)			
				DATE      PHONE (Area Code and Number)			
AUDITORS' (Examiner's initials)      TOTAL DIFFERENCE							

FORM CD-370  
Rev. 9/93

USGCRN444-X-06290

**CD-370**  
**TRAVEL VOUCHER**  
**(Page 2 of 2)**

TRAVELER'S NAME				U.S. DEPARTMENT OF COMMERCE																											
				SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED																											
				MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTAL									
1 T R A V E L E R I N F O R M	2 CITY AND STATE TIME ARRIVED/LEFT													(Excerpt of SF-1012, Approved USAO 2-80) TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FROM TRAVELER FORM. THESE DAYS ARE RESERVE USE CONTINUATION SHEET FORM CLASSIFICATION																	
	3 CARRIER																														
	4 FLIGHT NUMBER																														
	5 CITY AND STATE TIME ARRIVED/LEFT																														
6 B&B ITEM				7 POV																											
8 OTHER TRAVEL				9 CAR RENTAL																											
10 COMMON CARRIER				11 ACTUAL SUBS- TENCE																											
12 MISCELLANEOUS EXPENSES				13 REMARKS/EXPLANATION/CERTIFICATION STATEMENTS																											
ITEM				AMOUNT (Amount Required)												TOTAL WEIGHT OF GOODS				ACTUAL CHARGES				COMMUTED RATE				ITEM 10 LESSER AMOUNT			
14 PLANE, BUS, TRAIN (Motor, Vehicle)				15 TAXI, RIDE, LOCAL BUS, SERVICE												16 TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Motor, Bus or Taxicab lessor required)				17 TOTAL				18 ADDITIONAL ALLOWANCES				19 TOTAL TRANSPORTATION OF HOUSEHOLD GOODS			
20 DINING OUT INCLUDES AIR DRINKS, BEVERAGE, ETC.				21 DRIVING INCLUDES AIR DRINKS, BEVERAGE, ETC.												22 TRAVELER'S CLOTHING, ETC.				23 TOTAL ACTUAL SUBSISTENCE				24 TOTAL RENT							
25 MISCELLANEOUS EXPENSES (Supplies, Laundry, Lodging, Pass, Laundry, etc.)																															

FORM CD-370  
Rev. 9-65

GSA GEN 44 DC 86-2247

**CD-415**  
**RECORD OF EMPLOYEE'S ADDRESS**  
**AND EMERGENCY INFORMATION**

FORM CD-415 LF (Rev. 4)		U.S. DEPARTMENT OF COMMERCE	
<b>RECORD OF EMPLOYEE'S ADDRESS AND EMERGENCY INFORMATION</b>			
NAME (Last, First, Middle Initial—Type or Print) <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MC		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. _____ <i>This form is subject to provisions of the Privacy Act of 1974.</i>			

COPIES TO: --EMPLOYING OFFICE --ADMINISTRATIVE OFFICE --OFFICIAL PERSONNEL FOLDER (Left side)

**CD-440**  
**TIME AND ATTENDANCE DAILY REPORT**

CERTIFIED COPY	UNITED STATES DEPARTMENT OF COMMERCE TIME AND ATTENDANCE DAILY REPORT February 23, 2003 to March 08, 2003										FORM CD-440PC TKP 6.0C			
PP YR Agency State Town Dv/O Tmkpr GS WG Oth FT PT Int														
Employee name, SSN		04 03	63	24	1520	57	08	1	1					
Stat-Chg	Adv	Oath	Final	New	Cont	Standby/AUO	Reg	Acct	Days In	Corr	Alt			
End	Strt	Lv	Ofc	Rpt	ContPt	Wk1	Wk2	% OT	Code	Paystat	Supp	Schd		
									1			5		
Su	Mo	Tu	We	Th	Fr	Sa	WkTot	T/C	Accounting Data					
TIME IN PAY Week 1									Y	PROJECT	TSK	FC	DV	BR
8.0	8.0	8.0	8.0	8.0			40.0	REG/TM	3 5910000	000	11	57	12	
								SL	3 0101000	000	03	57	12	
								AL	3 0101000	000	01	57	12	
TIME IN PAY Week 2									Y	PROJECT	TSK	FC	DV	BR
8.0	8.0	8.0	8.0	8.0			40.0	REG/TM	3 5910000	000	11	57	12	
								SL	3 0101000	000	03	57	12	
								AL	3 0101000	000	01	57	12	
<b>Total T/C</b>		<b>0124</b>		<b>Total Time</b>		<b>80.0</b>			<b>Fwd</b>	<b>Accr</b>	<b>Used</b>	<b>Bal</b>		
Su	Mo	Tu	We	Th	Fr	Sa	WkTot	T/C	AL	193.1	08	1.0	200.1	
OTHER TIME Week 1									SL	389.1	04	4.0	389.1	
Cred									0.0			0.0		
Comp									0.0			0.0		
RCom									0.0			0.0		
Shor									0.0			0.0		
Home									0.0			0.0		
RAL									0.0			0.0		
Awrd									0.0			0.0		
LWOP									0.0			0.0		
AWOL									0.0			0.0		
Susp									0.0			0.0		
Furl									0.0			0.0		
EMil									0.0			0.0		
RMil									00	# of days		00		
<b>Work Week : Mon-Fri 8:00 - 4:30</b>														
<b>Remarks :</b>														
<b>DUTY HOURS: 080 -- Total Reimbursements=\$</b>														
CLOCK HOURS ABSENT, PREMIUM PAY OR CREDIT HOURS														
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
Fr							Fr							
To							To							
Fr							Fr							
To							To							
Supervisor's Signature: <i>[Signature]</i>							Date: 3/25/03 Tmkpr: AP Empl: [Signature]							
Your signature certifies that all reported time was worked & approved according to law & regulation.														
Attachment:														

**CD-479**  
**REQUEST FOR RESTORATION OF ANNUAL LEAVE**

FORM CD-479 (REV. 1-96) LF DAO 202-630		U.S. DEPARTMENT OF COMMERCE		YEAR LEAVE WAS FORFEITED		
<b>REQUEST FOR RESTORATION OF ANNUAL LEAVE</b>				BASIS OF REQUEST (See reverse for definitions)		
INSTRUCTIONS: This form must be completed for all requests for restoration of annual leave.				<input type="checkbox"/> EXIGENCY OF THE SERVICE <input type="checkbox"/> ILLNESS OR INJURY <input type="checkbox"/> ADMINISTRATIVE ERROR		
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		<input type="checkbox"/> EXIGENCY OF THE SERVICE <input type="checkbox"/> ILLNESS OR INJURY <input type="checkbox"/> ADMINISTRATIVE ERROR	
IMMEDIATE SUPERVISOR		<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL		SIGNATURE AND TITLE		DATE
REVIEWING OFFICIAL (If required by management)		<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL		SIGNATURE AND TITLE		DATE
APPROVING OFFICIAL (See reverse of this form)		<input type="checkbox"/> APPROVE <input type="checkbox"/> 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.						

Distribute copies to the Restored Leave File, Human Resources Manager and the Employee.

**CD-504**  
**RECIPIENT'S LEAVE TRANSFER APPLICATION**

FORM CD-504 (REV. 7-95) LF DAO 202-630		U.S. DEPARTMENT OF COMMERCE															
<b>RECIPIENT'S LEAVE TRANSFER APPLICATION</b> (Must be typed or printed legibly)																	
<b>PART I: TO BE COMPLETED BY RECIPIENT</b>																	
<p><b>A. IDENTIFYING INFORMATION</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Name of recipient</td> <td style="width: 50%;">2. Social security #</td> </tr> <tr> <td>3. Position title, series, grade</td> <td></td> </tr> <tr> <td>4. Organization/office</td> <td></td> </tr> <tr> <td>5. Office address</td> <td>6. Office phone #</td> </tr> <tr> <td>7. Address during personal emergency</td> <td></td> </tr> <tr> <td>8. Phone #</td> <td>9. Timekeeper's name</td> </tr> <tr> <td>11. Office address</td> <td>10. Phone #</td> </tr> </table>				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	11. Office address	10. Phone #
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																
11. Office address	10. Phone #																
<p><b>B. LEAVE INFORMATION AS OF PAY PERIOD:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. Current annual leave balance _____ hours.</td> <td style="width: 30%; text-align: right;">} Do not include advanced leave.</td> </tr> <tr> <td>2. Current sick leave balance _____ hours.</td> <td></td> </tr> <tr> <td>3. Hours of LWOP year to date _____.</td> <td></td> </tr> <tr> <td>4. Leave category per pay period <input type="checkbox"/> 4 hrs. <input type="checkbox"/> 6 hrs. <input type="checkbox"/> 8 hrs.</td> <td></td> </tr> <tr> <td>5. Anticipated or actual duration of personal emergency: Beginning date _____ Ending date _____</td> <td></td> </tr> <tr> <td>6. Amount of leave requested to be donated: _____ hours. <i>(Hours of leave requested must agree with physician's certificate.)</i></td> <td></td> </tr> </table>		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 <input type="checkbox"/> 4 hrs. <input type="checkbox"/> 6 hrs. <input type="checkbox"/> 8 hrs.		5. Anticipated or actual duration of personal emergency: Beginning date _____ Ending date _____		6. Amount of leave requested to be donated: _____ hours. <i>(Hours of leave requested must agree with physician's certificate.)</i>		<p><b>C. DOCUMENTATION OF THE PERSONAL EMERGENCY</b></p> <ol style="list-style-type: none"> <li>1. Attach a brief description (not to exceed 100 words) of the nature and severity of the personal emergency.</li> <li>2. Attach other appropriate documentation of personal emergency: In the case of a medical condition, a physician's 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.</li> <li>3. Hours of leave requested must agree with physician's certificate.</li> </ol>			
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 <input type="checkbox"/> 4 hrs. <input type="checkbox"/> 6 hrs. <input type="checkbox"/> 8 hrs.																	
5. Anticipated or actual duration of personal emergency: Beginning date _____ Ending date _____																	
6. Amount of leave requested to be donated: _____ hours. <i>(Hours of leave requested must agree with physician's certificate.)</i>																	
<p><b>D. CERTIFICATION OF RECIPIENT'S REPRESENTATIVE (if applicable)</b></p> <p>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 # _____</p>		<p><b>E. CERTIFICATION</b></p> <p>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 _____</p>															
<b>PART II: TO BE COMPLETED BY RECIPIENT'S SUPERVISOR</b>																	
<p><b>A. NOTICE OF APPROVAL BY SUPERVISOR/LEAVE APPROVING OFFICIAL</b></p> <p>I have reviewed this application for transferred annual leave and <input type="checkbox"/> approve <input type="checkbox"/> 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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name _____</td> <td style="width: 33%;">Title _____</td> <td style="width: 34%;">Office phone # _____</td> </tr> <tr> <td>Signature _____</td> <td>Date _____</td> <td></td> </tr> </table> <p>If disapproved, state reasons for disapproval _____</p>				Name _____	Title _____	Office phone # _____	Signature _____	Date _____									
Name _____	Title _____	Office phone # _____															
Signature _____	Date _____																
<p><b>PRIVACY ACT STATEMENT</b></p> <p>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.</p> <p>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.</p>																	
<p><b>WARNING</b></p> <p>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.</p>																	

Distribute copies to the recipient's servicing personnel office, the recipient, the recipient's supervisor and timekeeper.

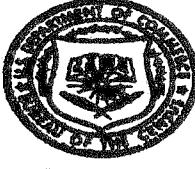
**CD-505**  
**DONOR'S LEAVE TRANSFER APPLICATION**

<small>FORM CD-505 LF (REV. 7-95) DAO 202-630</small>		U.S. DEPARTMENT OF COMMERCE
<b>DONOR'S LEAVE TRANSFER APPLICATION</b> <small>(Must be typed or printed legibly)</small>		
<b>PART I: DONOR</b> <p><b>A. RECIPIENT IDENTIFICATION</b></p> <ol style="list-style-type: none"> <li>1. Name of recipient _____</li> <li>2. Social security # _____</li> <li>3. Organization/office _____</li> </ol> <p><b>B. DONOR IDENTIFICATION</b></p> <ol style="list-style-type: none"> <li>1. Name _____</li> <li>2. Social security # _____</li> <li>3. Relationship to recipient: _____</li> <li>4. Position title, series, grade _____</li> <li>5. Organization/office _____</li> <li>6. Office address _____</li> <li>7. Office phone # _____</li> <li>8. Timekeeper's name _____</li> <li>9. Phone # _____</li> <li>10. Office address _____</li> </ol> <p><b>C. DONOR'S LEAVE INFORMATION AS OF PAY PERIOD:</b> _____</p> <ol style="list-style-type: none"> <li>1. Current annual leave balance _____ hours.</li> <li>2. Leave category per pay period <input type="checkbox"/> 4 hrs. <input type="checkbox"/> 6 hrs. <input type="checkbox"/> 8 hrs.</li> <li>3. Amount of annual leave to be transferred _____ hours.</li> </ol> <p><b>D. WAIVERS AND CERTIFICATION</b></p> <p>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</p> <p>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.</p> <p>I certify that the information on this application is true and correct to the best of my knowledge.</p> <p>Signature _____ Date _____</p>	<b>PART II: APPROVAL BY SUPERVISOR</b> <p>I acknowledge and <input type="checkbox"/> approve <input type="checkbox"/> disapprove this employee's application to donate annual leave.</p> <p>Name _____  Phone # _____ Date _____  Signature _____</p> <p><b>PART III: APPROVAL BY DONOR'S SERVICING PERSONNEL OFFICE</b>  <p>I certify that this application <input type="checkbox"/> meets <input type="checkbox"/> does not meet all criteria required for annual leave transfer by law and regulation, and is <input type="checkbox"/> approved <input type="checkbox"/> disapproved.</p> <p>Name _____  Phone # _____ Date _____  Signature _____  If disapproved, state reasons for disapproval _____</p> </p>	
<p><b>PRIVACY ACT STATEMENT</b>  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.</p> <p>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.</p> <p><b>WARNING</b>  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.</p>		
<i>Distribute copies to the recipient's servicing personnel office, the donor's servicing personnel office, the donor, the donor's supervisor and timekeeper.</i>		

**CD-525**  
**EMPLOYEE ADDRESS**

FORM CD-525 (REV. 08-86) LF		U.S. DEPARTMENT OF COMMERCE			FOR AGENCY USE ONLY		
					ACTION CODE	AGENCY	EFFECTIVE DATE
<b>EMPLOYEE ADDRESS</b>							
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF MORE THAN 1 BOND, DO YOU WISH TO CHANGE THE ADDRESS ON ALL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF THE CHANGE IS FOR SELECTED BONDS ONLY, PLEASE PROVIDE INFORMATION FOR THE BOND(S) YOU WISH TO CHANGE. BOND OWNER: _____ BENEFICIARY/COOWNER: _____ SSN# _____ AMOUNT OF BOND: _____ ALLOTMENT AMOUNT: _____						
	13. SIGNATURE OF EMPLOYEE						14. DATE SIGNED
<b>PRIVACY ACT NOTICE</b>							
<p>General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form CD-525.</p> <p>Authority: 5 USC 301</p> <p>Purpose and Uses: This form is used to obtain an employee's home address and check mailing address.</p> <p>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 11942, dated November 22, 1962. 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.</p>							

**D-200**  
**CENSUS OFFICE EMPLOYEE OFFICIAL CREDENTIAL**

	 <b>UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</b>  <b>CENSUS OFFICE EMPLOYEE</b>	<p>This is to certify that the holder of this card, whose signature appears hereon, is authorized to perform the duties of a Census Office Employee, and as such, has sworn to uphold the confidential nature of census data.</p> <p style="text-align: right;">SIGNATURE</p> <p style="text-align: right;">Expiration Date</p> <p style="text-align: right;">D-200</p> <p style="text-align: right;">Washington, D.C.</p>
--	---	--

**D-308A**  
**PER DIEM EXPENSE RECORD**

PRINT HARD - USE BLUE OR BLACK BALLPOINT PEN												Sheet _____ of _____ sheets	
<b>Form D-308A</b> U.S. DEPARTMENT OF COMMERCE Bureau of the Census U.S. CENSUS BUREAU <b>PER DIEM EXPENSE RECORD</b> 2010 Census													
<b>Privacy Act Notice</b> - 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.													
<b>WARNING AGAINST FALSE, FICTITIOUS, OR FRAUDULENT CLAIMS</b> - Whoever knowingly makes a false, fictitious, or fraudulent claim against the U.S. Government shall be subject to a fine, imprisonment, or both.													
This document is used to claim per diem expenses for authorized official travel, in most cases more than 50 miles away from your official duty station or residence. For enumerators, crew leaders, and field operators, expense is reimbursed by the hour, not by 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 incidentals expenses (M&IE) and/or lodging. Per diem begins and ends when you leave or arrive at your office, home, or other authorized point.												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.	
<b>NOTE:</b> 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.												<i>See reverse for detailed instructions.</i>	
<b>Section I - PER DIEM EXPENSES</b>													
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.												
<b>(12) TOTAL PER DIEM CLAIMED</b> →													
<b>Section II - CERTIFICATION STATEMENTS</b>		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			
<b>Section III - AUDITED BY</b>		Signature of auditor				Date							

Copy distribution: WHITE - LCO Payroll      YELLOW - Employee  
U.S. CENSUS BUREAU

**D-149**  
**CORRECTION REQUEST**

U.S. CENSUS BUREAU

## D-150 JOB REQUISITION

<b>2010 Census</b>	<small>FORM D-150 (7-26-2007)</small> <b>JOB REQUISITION</b>	<small>U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU</small>																																
<b>Part A - POSITION REQUIREMENTS</b>																																		
<p>The Assistant Manager or Supervisor of the position to be filled, must complete the following position requirements.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. Total number to hire <i>(maximum 50 per D-150)</i></td> <td style="width: 25%;">2. Class – <i>Mark (X) one</i></td> <td style="width: 25%;">4. Position – <i>Mark (X) one</i></td> <td style="width: 25%;">5. For interviewing purposes:</td> </tr> <tr> <td>_____</td> <td> <input type="checkbox"/> Decennial  <input type="checkbox"/> CCM         </td> <td> <input type="checkbox"/> Clerk  <input type="checkbox"/> Enumerator  <input type="checkbox"/> Crew Leader  <input type="checkbox"/> Crew Leader Asst.         </td> <td> <input type="checkbox"/> Field Operations Supervisor  <input type="checkbox"/> Office Operations Supervisor  <input type="checkbox"/> Recruiting Assistant         </td> </tr> <tr> <td>_____</td> <td>3. Operation</td> <td>_____</td> <td> <b>a.</b> Length of job  <i>(weeks or months)</i>    <b>b.</b> Pay  \$ _____ Per hour         </td> </tr> </table>			1. Total number to hire <i>(maximum 50 per D-150)</i>	2. Class – <i>Mark (X) one</i>	4. Position – <i>Mark (X) one</i>	5. For interviewing purposes:	_____	<input type="checkbox"/> Decennial <input type="checkbox"/> CCM	<input type="checkbox"/> Clerk <input type="checkbox"/> Enumerator <input type="checkbox"/> Crew Leader <input type="checkbox"/> Crew Leader Asst.	<input type="checkbox"/> Field Operations Supervisor <input type="checkbox"/> Office Operations Supervisor <input type="checkbox"/> Recruiting Assistant	_____	3. Operation	_____	<b>a.</b> Length of job <i>(weeks or months)</i>  <b>b.</b> Pay \$ _____ Per hour																				
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_____	3. Operation	_____	<b>a.</b> Length of job <i>(weeks or months)</i>  <b>b.</b> Pay \$ _____ Per hour																															
<b>Part B - SELECTION CRITERIA</b>																																		
<p>The Assistant Manager or Supervisor must complete the following selection criteria.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. Office code  LCO _____</td> <td style="width: 25%;">3. FIPS codes  State _____</td> <td style="width: 25%;">4. Specific assignment area</td> <td style="width: 25%;"></td> </tr> <tr> <td>2. CLD number <i>(if applicable)</i>  _____</td> <td>County  _____</td> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Tract(s)</th> <th>Block No(s)</th> <th>ZIP Code(s)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> </tr> </table>			1. Office code  LCO _____	3. FIPS codes  State _____	4. Specific assignment area		2. CLD number <i>(if applicable)</i>  _____	County  _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Tract(s)</th> <th>Block No(s)</th> <th>ZIP Code(s)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Tract(s)	Block No(s)	ZIP Code(s)																					
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<p>► Complete items 5 - 7 for conditions of employment.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">5. Availability</td> <td style="width: 50%;">6. Language requirement</td> </tr> <tr> <td>a. Minimum hours per week  _____</td> <td>_____</td> </tr> <tr> <td>b. Weekday work (8 a.m. – 4 p.m.)  _____</td> <td>7. Transportation type  _____</td> </tr> <tr> <td>c. Evening work (4 p.m. – 9 p.m.)  _____</td> <td>8. Training time  _____</td> </tr> <tr> <td>d. Weekend work <i>(Saturday and/or Sunday)</i>  _____</td> <td>10. Training location  _____</td> </tr> </table>			5. Availability	6. Language requirement	a. Minimum hours per week  _____	_____	b. Weekday work (8 a.m. – 4 p.m.)  _____	7. Transportation type  _____	c. Evening work (4 p.m. – 9 p.m.)  _____	8. Training time  _____	d. Weekend work <i>(Saturday and/or Sunday)</i>  _____	10. Training location  _____																						
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<b>Part C - ADDITIONAL CRITERIA</b>																																		
<p>Assistant Manager for Administration area must complete the following additional criteria.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. Position location</td> <td style="width: 25%;">2. Test</td> <td style="width: 25%;">3. Skills</td> <td style="width: 25%;">4. Requirement Search Number</td> </tr> <tr> <td> <input type="checkbox"/> Field work  <input type="checkbox"/> Office work  <input type="checkbox"/> No preference         </td> <td>           a. ID – Type              b. Minimum score              _____         </td> <td> <input type="checkbox"/> Computer or Data Entry experience         </td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>5. Personnel status:  <input type="checkbox"/> Experienced only         </td> </tr> </table>			1. Position location	2. Test	3. Skills	4. Requirement Search Number	<input type="checkbox"/> Field work <input type="checkbox"/> Office work <input type="checkbox"/> No preference	a. ID – Type  b. Minimum score  _____	<input type="checkbox"/> Computer or Data Entry experience	_____	_____	_____	_____	5. Personnel status: <input type="checkbox"/> Experienced only																				
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_____	_____	_____	5. Personnel status: <input type="checkbox"/> Experienced only																															
<b>Part D - REQUESTER INFORMATION</b>																																		
<p>1. Requester name: _____ 2. Date: _____</p> <p style="text-align: center;"><b>(SEE BACK FOR INSTRUCTIONS)</b></p> <p style="text-align: center;">U.S. CENSUS BUREAU</p>																																		

**D-155**  
**APPLICANT DATA SHEET**

**D-155 APPLICANT DATA SHEET**

Date Printed: 05/30/2008

Correction:

SSN:	713-18-4446	
Name:	Pgumung X Womxagh	
Address:	3454 Stone River Circle Stockton, CA 95219	
County:	San Joaquin	
Mailing Address:		
Work(Home) <Other> Phone:	(209/955-3747) <209/401-7594>	
Sex:	Female	
Highest Educ. Lvl:	High School Graduate	
Date of Birth:	APR 2, 1966	
Citizenship:	US Citizen	
Vet's Preference:	No Preference	
Computer Skill:	Yes	
Language(s):		
Transportation:	Automobile	
Prior Federal Service:	NO	Agency:
Federal/Military Rcd:	NO	Plan: CERS / CERS Offset / PERS / Mil.

**TAX DATA**

(a)	Tax Authority: Federal (b)	State (c)	Local (d)
Exemption from Withholding:	Yes / No	Yes / No	
Filing Status:	Married / Single	Married / Single Other:	
Withholding Allowances:		Resident / Non-Resident	Resident / Non-Resident
Additional Withholding Amt., \$/€:			
EIC Certificate Attached:	Yes / No		

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief.  
(must be signed in ink)

X \_\_\_\_\_  
Applicant's Signature and Date Signed

OFFICE USE ONLY		Residence Tax Data	Work Location Tax Data
Duty Station Code:		City: Stockton State: CA County: 077 San Joaquin	City: _____ State: _____ County: _____

**D-168**  
**NEW EMPLOYEE DATA**  
**(Page 1 of 2)**

Form D-168  
(Rev. 2-22-00)U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

**NEW EMPLOYEE DATA**  
**2010 Census**

U.S. Office of Personnel Management Guide to Personnel Data Standards	<b>ETHNICITY AND RACE IDENTIFICATION</b> <i>Please read the Privacy Act Statement and instructions before completing form.</i>		
Name (Last, First, Middle initial)	Social Security Number (Last 4 only)	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, 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
<input type="checkbox"/> A – American Indian or Alaskan Native .....	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> 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 Phillipine Islands, Thailand and Vietnam).
<input type="checkbox"/> C – Black or African American .....	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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. CENSUS BUREAU

**D-168**  
**NEW EMPLOYEE DATA**  
**(Page 2 of 2)**

Name (Last, First, Middle Initial)	Social Security Number (Last 4 only)	Birthday
	— — — —	Month      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## **Section B – SELF-IDENTIFICATION OF HANDICAP**

**Definition of Handicap:** A person is handicapped if 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** —————

- D1** - I do not wish to identify my handicap status.  
**D5** - I do not have a handicap.  
**D6** - I have a handicap but it is not listed below.

## **SPEECH IMPAIEMENTS**

- 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

WICCAN TRADITIONS 31

- SECTION THREE: DEFICIENCIES**

  - 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



## 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.)

- 46 - 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 SPECIALISTS

{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
  - 85 - 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-Vocational Rehabilitation agency under section 213.31(2)(i) 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., dysplasia, kyphosis [*severe distortion of back*])
  - 93 - Disfigurement of face, hands, or feet (e.g., distortion features on one, such as those caused by burns, gunshot injuries, and birth defects [*gross facial blemishes, club feet, etc.*])
  - 94 - Learning disability (*A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts is present or written; e.g., dyslexia*)

**D-186E**  
**2010 CENSUS EMPLOYMENT AGREEMENT**  
**(Page 1 of 3)**

FORM D-186E  
 4-10-09

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:

- 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.
- 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**  
**(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 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.

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**2010 CENSUS EMPLOYMENT AGREEMENT**  
**(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.**

**D-186F**  
**2010 CENSUS EMPLOYMENT AGREEMENT**  
**(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**. 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 position 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 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 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**  
**(Page 2 of 3)**

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 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. 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 guidelines are in accordance with U.S.C. Title 13, Section 24.

**D-186F**  
**2010 CENSUS EMPLOYMENT 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

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

---

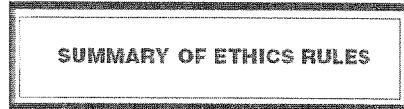
Telephone

**THIS DOCUMENT WILL BECOME A PERMANENT RECORD IN YOUR  
OFFICIAL PERSONNEL FOLDER.**

**D-187**  
**SUMMARY OF ETHICS RULES**  
**(Page 1 of 2)**

D-187  
(12-14-2007)

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



**2010 Census**

As an employee of the U.S. Department of Commerce, Census Bureau, you are subject to ethics rules and regulations that apply to all federal employees. Please carefully read the following summary of the more important rules.

**Misuse of Government Position**

- You may not use government time, equipment, or your government title for your personal activities. Equipment includes government computers, fax machines, photocopiers, stationery, vehicles, and staff.
- You may not use your position as a Census Bureau employee to benefit your friends, relatives, or people with whom you conduct business.
- You may not ask an employee of the Department of Commerce, or any other federal agency or court, to take action on a matter, such as a trade issue or a patent application, for anyone other than yourself. This includes writing a letter, making a telephone call, or meeting in person with a Commerce Department employee. However, you may contact the Commerce Department to obtain information that is made available to the public.

**Outside Activities and Employment Restrictions**

- You may be involved in activities or employment outside the federal government as long as they are not similar to your government job, and do not prevent you from doing your government job.

U S C E N S U S B U R E A U

**D-187**  
**SUMMARY OF ETHICS RULES**  
**(Page 2 of 2)**

**Financial Interests**

- Generally, you may not work on an assignment for the Census Bureau if it involves a company in which you have a financial interest. Your financial interests also include those of your spouse, minor child, general partner, private employer, an organization for which you serve as an officer or director, or a prospective employer.

**Gifts**

- Generally, you may not accept a gift given to you because you are a government employee. This includes a gift from someone who has any financial interest in the work you are doing, such as a city or county that has an interest in the census count or a company that contracts with your office. There are some exceptions: you may accept gifts of \$20 or less or gifts from relatives and friends.
- You may not give a gift to your supervisor or accept a gift from anyone you supervise unless it is for a special occasion (such as marriage or retirement), or it is for holidays or birthdays and the gift costs \$10 or less.

**Office of the General Counsel**

For further advice regarding any of these matters, call the Ethics Division, Office of the Assistant General Counsel for Administration, and ask for an advisor at (202) 482-5384. If you would like a written ethics opinion, write to:

Ms. Barbara S. Fredericks  
Assistant General Counsel for Administration  
U.S. Department of Commerce  
1401 Constitution Avenue, NW  
Room 5875  
Washington, DC 20230

**Standards of Conduct Text**

A complete text "Summary of Ethics Rules for New Employees" is available at [www.oge.doc.gov/ethic.html](http://www.oge.doc.gov/ethic.html).

**D-198**  
**ADMINISTRATIVE RESPONSIBILITIES FOR ALL EMPLOYEES**

D-198  
10-6-2008

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

**WHAT YOU MUST DO TO GET YOUR PAYCHECK ON TIME**  
**ADMINISTRATIVE RESPONSIBILITIES FOR ALL EMPLOYEES**  
2010 Census

**ADMINISTRATIVE RESPONSIBILITIES FOR ALL EMPLOYEES**

Below are some of the administrative activities that **YOU** are responsible for during this training session and for the duration of your employment with the U.S. Census Bureau. Following these guidelines ensures that the processing of your hire action and payroll information will be timely and accurate. Most administrative problems or questions can be resolved by first contacting your immediate supervisor and then your Local Census Office (LCO) administrative section. If you find that you still need further assistance, contact your Regional Census Center section by calling 1-877-233-4776.

**PERSONNEL FORMS**

During the first day of training you must:

- Enter the effective date of your hire action and take the Oath of Office on Form BC-61, Appointment Affidavits, to become an official census employee.
- Carefully review current information on Form D-155, Applicant Data Sheet, (especially your name, Social Security Number, and home/mailing address). Correct any information that has changed or is in error, and sign your initials next to the corrected information.
- Ensure that all personnel documents are signed, dated, and all entries are legible.
- Ensure that all new hire forms are completed, put into your appointment folder and returned to the trainer.
- Remember to take the D-1199, Direct Deposit Authorization Form, with you. Finish completing Sections 1 and 2, take it to your financial institution to complete Section 3, and then **return** it to your trainer no later than the end of training.

**PAYROLL**

► **D-308**

- Complete a D-308, Daily Pay and Work Record, for every day you work and submit it **daily** to your supervisor.
- Ensure that all entries (i.e., 4-digit LCO number, Employee ID, hours, miles, and expenses) on the D-308 are legible and accurate and that all required receipts are attached.
- Be sure to sign and date each D-308.
- If you are an enumerator, ensure your supervisor signs, dates, and completes the Crew Leader District ('CLD') number.

**E-308**

- Complete an electronic E-308, Electronic Pay and Work Record, for every day you work and transmit the data **daily**.
- Ensure that all entries (i.e., date worked, start and end times, hours, miles, task code and other expenses) are accurate and that all required receipts are given to your supervisor. Any receipts you submit should be attached to a full size sheet of paper. Write your name, last 4 digits of your Employee ID, and the date the expenses were submitted on the sheet of paper and give it to your supervisor. Keep a copy for your records.

**NOTE**

It is extremely important that you work closely with your supervisor and arrange a time to meet **daily** to review each submitted D-308 or E-308. Your supervisor will either submit D-308s or transmit E-308s to the office **daily**. The information you provide will assist census managers in monitoring and conducting the 2010 Census, and ensure you get your paycheck on schedule as expected.

U S C E N S U S B U R E A U

**D-215****CONFLICT OF INTEREST WAIVER FOR STATE,  
LOCAL OR TRIBAL GOVERNMENT EMPLOYEE**

FORM D-215  
(8-24-2008)U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

## **CONFLICT OF INTEREST WAIVER FOR STATE, LOCAL OR TRIBAL GOVERNMENT EMPLOYEE**

**2010 Census**

The person identified below is being appointed to a position in the U.S. Census Bureau, U.S. Department of Commerce. The person is also an employee of a state, local, or tribal government entity that has a financial interest in the conducting 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 2010 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 (X) if applicable. <input type="checkbox"/> The employee has a pension with the state, local, or tribal government employer.

<b>WAIVER APPROVAL</b>	
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 ( <i>Regional Director</i> )	Date

U S C E N S U S B U R E A U

## **D-224**

### **REPORT ON REEMPLOYMENT OF BUYOUT RECIPIENT**

FORM D-224  
(GA-H-2002)U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**REPORT ON REEMPLOYMENT OF  
BUYOUT RECIPIENT****2010 Census**

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 <input checked="" type="checkbox"/> appropriate box)	<input type="checkbox"/> The agency (or) <input type="checkbox"/> Employed under Personal Services Contract issued by the agency									
Date employee received buyout	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year						
Month	Day	Year								
Amount of buyout	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="3">Amount</th> </tr> <tr> <td>\$</td> <td> </td> <td> </td> </tr> </table>	Amount			\$					
Amount										
\$										
Type of separation	<input type="checkbox"/> Regular retirement <input type="checkbox"/> Early retirement <input type="checkbox"/> Resignation									
Agency that paid buyout	_____									
Date of reemployment	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year						
Month	Day	Year								
Agency that reemployed buyout recipient (or agency having Personal Services Contract arrangement with employee)	_____									
Was the buyout repaid?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

**D-228**

U.S. CENSUS BUREAU

**D-229, PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION**

Form D-229  
G-2000-02

U.S. DEPARTMENT OF COMMERCE  
Economic and Statistical 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
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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  
(7-31-2007)

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**  
**LCO ADMINISTRATIVE GRIEVANCE INTAKE FORM**  
**Page 1 of 2**

FORM D-244 (7-23-2007)		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU																			
<b>LCO ADMINISTRATIVE GRIEVANCE INTAKE FORM</b> <b>2010 Census</b>																					
<b>TO BE COMPLETED BY GRIEVANT (Items 1-8)</b>																					
1. TO Deciding Official (First, Middle Initial, Last)		2. FROM Grievant (First, Middle Initial, Last)																			
<b>3. Subject of Grievance:</b> <hr/> <hr/> <hr/> <hr/> <hr/>																					
<b>4. Date of Incident(s) or Date Grievant Became Aware of Issues Cited Under Section 3:</b> <hr/> <hr/> <hr/> <hr/> <hr/>																					
<b>5. Date of Submission of Grievance Intake Form:</b> <table style="margin-left: auto; margin-right: auto;"><tr><td><input type="text"/></td><td><input type="text"/></td><td>Month</td><td><input type="text"/></td><td><input type="text"/></td><td>Day</td><td><input type="text"/></td><td><input type="text"/></td><td>Year</td></tr></table>		<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Year	<b>6. Date of Grievance Meeting (if different from date of submission):</b> <table style="margin-left: auto; margin-right: auto;"><tr><td><input type="text"/></td><td><input type="text"/></td><td>Month</td><td><input type="text"/></td><td><input type="text"/></td><td>Day</td><td><input type="text"/></td><td><input type="text"/></td><td>Year</td></tr></table>		<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Year
<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Year													
<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Year													
<b>7. Relief Requested:</b> <hr/> <hr/> <hr/> <hr/> <hr/>																					
<b>8. Grievant's Signature</b> 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**

**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.)

- This grievance meets the requirements set forth in the LCO Administrative Grievance Procedure and is accepted for processing and decision.

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-260**  
**WAIVER ELECTRONIC SALARY PAYMENT**

**WAIVER OF ELECTRONIC  
FUNDS TRANSFER  
2010 Census**

On April 26, 1996, the President signed into law legislation mandating the use of Electronic Funds Transfer (EFT) for Federal payments. Specifically, the Debt Collection Improvement Act of 1996 requires that, beginning July 26, 1996, all new employees receive their Federal wages and salaries via EFT. Effective January 2, 1999, the law further requires that all Federal payments be made by EFT, including Federal wages and salaries paid to current employees.

To address the concern of recipients of Federal payments that do not have a bank account, the U.S. Department of the Treasury designed the Electronic Transfer Account (ETA) for individuals to receive their Federal payments electronically. ETA is a low-cost account for recipients of Federal payments. Generally, anyone who receives civil service wage salary (or represents someone who receives it) is eligible to receive his or her payments electronically through an ETA. This federally insured account lets you enjoy the safety, security, and convenience of electronic payments – even if you do not have a checking or savings account right now. Once you open your ETA, instead of getting a check in the mail, your payment will be deposited into your ETA through Direct Deposit – on time, every time. There is no check to worry about. You can take money out of your ETA the same day it goes into your account. ETA is located nationwide. You can locate an ETA provider in your area by visiting [www.eta-find.gov](http://www.eta-find.gov).

A waiver of the EFT requirement is granted in rare circumstances. Please mark (X) one or more of the boxes below in which the circumstance is applicable to you:

<b>CERTIFICATION</b>	
I would like to request a waiver of the EFT requirement because –	
<input type="checkbox"/> it would impose a hardship due to a physical or mental disability. <input type="checkbox"/> it would impose a financial hardship <input type="checkbox"/> of a geographic barrier. <input type="checkbox"/> of a language barrier.	
I, _____, attest that the circumstance(s) marked above is true and I hereby request a waiver of the EFT requirement of the Debt Collection Improvement Act.	
Signature	Date

<b>LOCAL CENSUS OFFICE APPROVAL</b>	
Signature of Assistant Manager for Administration	Date

FORM D-260  
(1-14-2008)

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

U S C E N S U S B U R E A U

**D-269A**  
**SELECTION GUIDE FOR ENUMERATOR**  
**(Page 1 of 4)**

**2010  
Census**

**SELECTION GUIDE  
FOR ENUMERATOR**

A. Applicant's name
B. Interview date
C. Selecting official

**I. Introduction**

This selection guide is provided for your use in qualifying and selecting applicants for the enumerator position. Practice using this guide to ensure that this guide is followed as closely as possible; in most cases, it should be followed verbatim.

In making your qualifications and selections, use the criteria given in this guide. Only these criteria have been established as relevant and appropriate for qualification and selection.

**II. Selection Process**

You will be given a D-150, *Job Requisition*, which contains the selection criteria required for a particular assignment area. In addition to this guide, you will receive a D-425, *Selection Record* and the *Applicant Folder* for each person listed on the D-425. Always start the selection process from the top of the list. Applicants printed at the top of the D-425 may be veterans (preference eligibles) with a disability, and every effort must be

made to contact and hire these applicants. All qualified 10-point compensable veterans must be hired first. Your nonselection of a preference eligible must be approved by a supervisor according to the guidance provided in the D-501, Local Census Office Administrative Manual, before you can select other applicants.

**III. Conduct the Applicant Interview**

Practice reading the interview. Fill in the blanks for the number of weeks the job will last, pay rate, hours the applicant is available, and the date and time of training. Be prepared at the end of the interview to determine if you can offer the job on the basis of the interview results.

**Hello. I'm (your name) with the U.S. Census Bureau. May I please speak to (name of applicant/former employee)?**

- a. New Applicant:** Mr. (Ms.) (name), you filled out an application for census work on the 2010 Census. Are you interested and available to work with us?
- b. Former Employee:** Mr. (Ms.) (name) you worked with us previously and our files indicate your information is still active. Would you be interested in doing some census work in your area?

Local residents are needed as paid enumerators to receive 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 hand-held computers and recording data on forms and hand-held computers. Enumerators canvass an assignment area looking for every place where a person lives or could live. An enumerator 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. You will be working in and around your home county when possible. All census information will be kept confidential.

The job will last about \_\_\_\_\_ (number range) weeks. We would like you to work at least 20 hours a week.

Your actual work hours per week and length of employment are subject to work availability, which is highly variable. Your employment may end at any time due to the lack of work.

You will be paid \$ \_\_\_\_\_ per hour and \_\_\_\_\_ cents per mile for miles driven for official business.

- 2. One of the duties is to ask personal questions such as age, race and income. Are you willing to ask these types of questions?**

Column A	Column B
1. Interested and available? a. <input type="checkbox"/> Yes – Continue with the interview.	<input type="checkbox"/> No – Will you be available in the future?  <i>Enter this date on the D-425 to be entered into DAPPS.</i>
b. <input type="checkbox"/> Yes – Skip to question 3.	<input type="checkbox"/> Yes – When? – Give date <input checked="" type="checkbox"/>
	<input type="checkbox"/> No – Conclude interview and record "Not interested (NI)" on D-425.
2. Sensitivity	<input type="checkbox"/> Yes <input type="checkbox"/> No

**D-269A**  
**SELECTION GUIDE FOR ENUMERATOR**  
**(Page 2 of 4)**

**III. Conduct the Applicant Interview – Continued**

	Column A	Column B
3. <b>The job may require you to work some evenings, weekends – Saturday and/or Sunday, in order to contact persons you cannot reach during the day. Are you available to work during these hours?</b>	<p>3. Availability  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – What hours are you available? <input checked="" type="checkbox"/></p> <hr/> <hr/>
4. <b>If selected, you will be trained on this census operation and on your particular duties. Are you able to attend a _____-day training class from 9 to 5?</b>	<p>4. Available for Training  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – When are you available for training? <input checked="" type="checkbox"/></p> <hr/> <hr/>
5. (The questions below are to assist you in evaluating an applicant's ability to understand spoken English, and to speak English clearly so that they are understood. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.) <b>How did you find out about job opportunities with the Census Bureau?</b> <b>Where would you suggest that we publicize our job announcements in order to attract sufficient applicants for census work?</b>	<p>5. Speaks clearly and is understandable?  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – Explain and refer to supervisor for follow-up and approval <input checked="" type="checkbox"/></p> <hr/> <hr/>
6. <b>This job requires traveling from housing unit to housing unit, carrying materials, driving at night and in bad weather, and working in all kinds of neighborhoods with all kinds of people. Finally, not all units are easily accessible such as multi-level units without elevators. Is this acceptable to you?</b>	<p>6. Working conditions  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – Please elaborate here <input checked="" type="checkbox"/></p> <hr/> <hr/>
7. <b>If chosen, you must provide your own transportation or use public transportation where available. Can you do this reliably?</b>  If there is a transportation requirement specified on the D-150, then ask the applicant the following question. <b>Do you have a valid driver's license to operate a (type of transportation)?</b>	<p>7. Transportation  <input type="checkbox"/> Yes</p> <p>Valid License  <input type="checkbox"/> Yes – Specify type <input checked="" type="checkbox"/></p> <hr/> <hr/>	<p><input type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p> <hr/> <hr/> <p><input type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p> <hr/> <hr/>

**D-269A**  
**SELECTION GUIDE FOR ENUMERATOR**  
**(Page 3 of 4)**

**III. Conduct the Applicant Interview - Continued**

	Column A	Column B
<b>(Change to language specified on the D-150 for this question.)</b> Only ask this question if the D-425 is a language selection certificate.) The questions below are to assist you in confirming an applicant's ability to read and communicate in the language specified on the D-150. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.		
<b>8. Could you please describe how and when you first learned (insert language)?</b>  Do you read (insert language)? If so, could you give me some example(s) of what you read?	8. Communicates in another language?  <input type="checkbox"/> Yes	<input type="checkbox"/> No - Explain and refer to supervisor for followup ✓  _____
<b>9. I have explained to you the job of enumerator. Are you still interested in the position?</b>	9. Still Interested  <input type="checkbox"/> Yes	<input type="checkbox"/> No - Why? ✓  _____
<b>10. These are all the questions I have. Do you have any for me?</b>  (Allow time to answer questions.)  <b>Please give me a few minutes to look over your application once again to see if there are any missed items.</b>  If you notice an item missing from the application, ask for that missing item.	11. Tactful?  a. <input type="checkbox"/> Yes  b. <input type="checkbox"/> Yes  c. <input type="checkbox"/> Yes	<input type="checkbox"/> No - Explain and refer to supervisor for further review ✓  _____
		<input type="checkbox"/> No - Explain and refer to supervisor for further review ✓  _____
		<input type="checkbox"/> No - Explain and refer to supervisor for further review ✓  _____

If no supervisor review is required, you may offer the job, and inform the applicant of the training session at this time.

**Thank you for your time Mr. (Ms.) (last name). The operation training will be held at (place) \_\_\_\_\_ from (date and time) \_\_\_\_\_. If you do not know when or where the training is held, say, "We will notify you by phone when and where you will need to report." During training you will complete your appointment paperwork, which includes filing out where to send your paycheck. Please bring your checking or savings account number and the bank routing number with you to the first day of training. After you are appointed, you will be fingerprinted. It is required that all federal employees be fingerprinted. Your fingerprint information, however, will be kept confidential.**

If there are any answers in Column B, do not offer a job at this time, and refer to a supervisor. **Thank you for your time, Mr. (Ms.) (last name). You will be notified within the next 10 days if you are selected for this position.**

**D-269A**  
**SELECTION GUIDE FOR ENUMERATOR**  
**(Page 4 of 4)**

#### **IV. Record Interview Results - Forms**

The chart below summarizes the various entries that are required on the interview forms and in DAPPS. File selection guides and selection records according to the recordkeeping instructions.

Interview Results	Form D-425 Update Applicant Status	Update DAPPS Job Offer Results Page	Recordkeeping
Applicant's interview is acceptable or a supervisor has approved.	In the last column, enter 'S.' Enter the date.	Select 'Selected.'	Place all the approved selection guides into a folder with the D-425, Selection Record, and file.
Applicant's interview is found unacceptable by supervisor.	In the last column, enter 'I.' Enter the date and reason.	Select 'Ineligible' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Unable to contact applicant. Three attempts have been made at different times and days.	In the last column, enter the dates and times contacted.	Leave applicant's disposition as 'Available.'	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant wants the job but is temporarily unavailable.	In the last column, enter the applicant's desired start date.	Leave applicant's disposition as 'Available.' Change applicant's availability date to the desired start date.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant refuses all future job offers and/or no longer wants to be considered.	In the last column, enter 'OR.' Enter the date and reason.	Select 'Offer Refused' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.

Under the Freedom of Information Act, the applicant may ask to see any comments or responses recorded. Only make comments which are directly related to the job and which you can support with specifics from the interview.

## COMMENTS

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THE CENSUS BUREAU IS AN EQUAL OPPORTUNITY EMPLOYER.

No employment decision is made on the basis of age, race, color, sex, religion, national origin, lawful political affiliation, physical or mental disability, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.

**D-269B**  
**SELECTION GUIDE FOR CREW LEADER**  
**(Page 1 of 4)**

2010  
Census

# **SELECTION GUIDE FOR CREW LEADER**

- A. Applicant's name**
- B. Interview date**
- C. Selecting official**

## 1. Introduction

This selection guide is provided for your use in qualifying and selecting applicants for the crew leader position. Practice using this guide to ensure that this guide is followed as closely as possible; in most cases, it should be followed verbatim.

In making your qualifications and selections, use the criteria given in this guide. Only these criteria have been established as relevant and appropriate for qualification and selection.

## **II. Selection Process**

You will be given a *D-150, Job Requisition*, which contains the selection criteria required for a particular assignment area. In addition to this guide, you will receive a *D-425, Selection Record* and the *Applicant Folder* for each person listed on the D-425. Always start the selection process from the top of the list. Applicants printed at the top of the D-425 may be veterans (preference eligibles) with a disability, and every effort must be

made to contact and hire these applicants. All qualified 10-point compensable veterans must be hired first. Your nonselection of a preference eligible must be approved by a supervisor according to the guidance provided in the D-501, Local Census Office Administrative Manual, before you can select other applicants.

### **III. Conduct the Applicant Interview**

Practice reading the interview. Fill in the blanks for the number of weeks the job will last, pay rate, hours the applicant is available, and date and time of training. Be prepared at the end of the interview to determine if you can offer the job on the basis of the interview results.

<b>Hello. I'm (your name) with the U.S. Census Bureau. May I please speak to (name of applicant/former employee)?</b>		<b>Column A</b>	<b>Column B</b>
<b>a. New Applicant:</b>	Mr. (Ms.) (name), you filled out an application for census work on the 2010 Census. Are you still available and interested in working with us?	1. Interested and available? a. <input type="checkbox"/> Yes – Continue with the interview.	<input type="checkbox"/> No – Will you be available in the future? <input type="checkbox"/> Yes – When? – Give date <u>  </u>
<b>b. Former Employee:</b>	Mr. (Ms.) (name) you worked with us previously and our files indicate your information is still active. Would you be interested in doing some census work in your area?	b. <input type="checkbox"/> Yes – Skip to question 3.	
<p>Local residents are needed as crew leaders to train and instruct enumerators in proper field technique. Crew leaders regularly meet with 3 – 10 enumerators to assure satisfactory progress. Crew leaders review and certify daily payroll and progress reports utilizing forms and a hand-held computer, and ensure that work is completed within their established time schedules. They review progress reports with supervisor, detailing progress and performance made in assigned area(s).</p> <p>They also perform various preparation duties for each assignment area.</p>		Enter this date on the D-425 to be entered into DAPPS.	
The job will last about _____ (number range) weeks.		<input type="checkbox"/> No – Conclude interview and record "Not interested (NI)" on D-425.	
Your actual work hours per week and length of employment are subject to work availability, which is highly variable. Your employment may end at any time due to the lack of work.			
You will be paid \$ _____ . _____ per hour and _____ cents per mile for miles driven for official business.			
2. One of the duties is to ask personal questions such as age, race and income. Are you willing to ask these types of questions?		2. Sensitivity <input type="checkbox"/> Yes	<input type="checkbox"/> No

**D-269B**  
**SELECTION GUIDE FOR CREW LEADER**  
**(Page 2 of 4)**

**III. Conduct the Applicant Interview – Continued**

	Column A	Column B
3. The job may require you to work some evenings and weekends – Saturday and/or Sunday, in order to contact persons you cannot reach during the day. Are you available to work during these hours?	<p>3. Availability  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – What hours are you available? <input checked="" type="checkbox"/></p> <hr/>
4. If selected, you will be trained on this Census operation and on your particular duties. Are you able to attend a _____-day training class from 9 to 5?	<p>4. Available for Training  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – When are you available for training? <input checked="" type="checkbox"/></p> <hr/>
5. Working conditions  a. "This job requires traveling from housing unit to housing unit, carrying materials, driving at night and in bad weather, and working in all kinds of neighborhoods with all kinds of people. Would this be acceptable to you?"  b. Also, not all units are easily accessible to complete this work such as multi-level units without elevators. Would this be acceptable to you?	<p>5. Working conditions             a. <input type="checkbox"/> Yes</p> <p>b. <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – Please elaborate here <input checked="" type="checkbox"/></p> <hr/> <p><input type="checkbox"/> No – Please elaborate here <input checked="" type="checkbox"/></p> <hr/>
6. Are you willing or able to provide your own transportation or use public transportation (where available) to travel to the office, to training, and between locations in your assigned area?  If there is a transportation requirement specified on the D-150, then ask the applicant the following question.  <b>Do you have a valid driver's license to operate a (type of transportation)?</b>	<p>6. Transportation  <input type="checkbox"/> Yes</p> <p>Valid License  <input type="checkbox"/> Yes – Specify type <input checked="" type="checkbox"/></p> <hr/>	<p><input type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p> <hr/> <p><input type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p> <hr/>
7. If you are hired, you will most likely be assigned to work in the area where you live. For this reason, you will need to be very familiar with your area (or community, or neighborhood).  <b>Are you familiar with your area or neighborhood?</b> Community volunteer work, church and school activities, public service work, taxi or bus driving, length of residence, etc., are some of the ways people may get to know their communities.	<p>7. Knowledgeable about the area?</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p> <hr/>

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**SELECTION GUIDE FOR CREW LEADER**  
**(Page 3 of 4)**

**III. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>8. As I mentioned earlier, crew leaders must supervise. They are required to organize materials and supplies for their enumerators, to train enumerators, to encourage them to perform according to certain standards, to review their work to determine if it meets job standards, and then to take the necessary steps to ensure that the job is done properly and on schedule.</b>	8. Describes leadership skills?	
a. Do you think you would be able and willing to handle leadership responsibilities of the type I just described?	a. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____
The job of crew leader can involve helping enumerators persuade residents to participate in the Census.		_____
b. Would you be willing and able to do this? An important part of being a crew leader is monitoring the progress of each enumerator in completing an assignment and monitoring the progress of your district as a whole and taking corrective action where needed.	b. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____
c. Would you be willing and able to do this? An important part of the crew leader job is conducting a 5-day training session for enumerators, using verbatim training guides, classroom instructions, practice interviews, and on-the-job training. You will also be required to fingerprint enumerators at the training session.	c. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____
d. Would you be willing and able to do this?	d. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____
<b>(Change to language specified on the D-150 for this question. Only ask this question if the D-425 is a language selection certificate.) The questions below are to assist you in confirming an applicant's ability to read and communicate in the language specified on the D-150. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.</b>	9. Communicates in another language?	
<b>9. Could you please describe how and when you first learned (insert language)?</b>  Do you read (insert language)? If so, could you give me some example(s) of what you read?  Tell me why you want to work for the Census Bureau.	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for followup <input checked="" type="checkbox"/> _____
<b>10. I have explained to you the job of crew leader. Are you still interested in the position?</b>	10. Still interested? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____
<b>11. These are all the questions I have. Do you have any for me?</b>  (Allow time to answer questions.)  Please give me a few minutes to look over your application once again to see if there are any missed items. If you notice an item missing from the application, ask for that missing item.		

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**SELECTION GUIDE FOR CREW LEADER**  
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**III. Conduct the Applicant Interview – Continued**

		Column A	Column B
<b>12.</b>	Consider the entire interview with the applicant. Did the applicant:	<b>12. Tactful?</b>	
a.	Speak and act in a tactful, agreeable, and courteous manner?	a. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for further review ↗
b.	Use rude or inappropriate language?	b. <input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain and refer to supervisor for further review ↗
c.	Make any statements which may be viewed as offensive to some groups?	c. <input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain and refer to supervisor for further review ↗

If no supervisor review is required, you may offer the job, and inform the applicant of the Admin Day and training session at this time.

**Thank you for your time Mr. (Ms.)** (last name). **The operation training will be held at** (place) \_\_\_\_\_ from (date and time) \_\_\_\_\_. If you do not know when or where the training is held, say, "we will notify you by phone when and where you will need to report." During training you will complete your appointment paperwork, which includes filling out where to send your paycheck. Please bring your checking or savings account number and the bank routing number where it is sent with you to the first day of training. After you are appointed, you will be fingerprinted. It is required that all federal employees be fingerprinted. Your fingerprint information, however, will be kept confidential.

If there are any answers in Column B, do not offer a job at this time, and refer to a supervisor. **Thank you for your time, Mr. (Ms.)** (last name). **You will be notified within the next 10 days if you are selected for this position.**

**IV. Record Interview Results – Forms**

The chart below summarizes the various entries that are required on the interview forms and in DAPPS. File selection guides and selection records according to the recordkeeping instructions.

Interview Results	Form D-425 Update Applicant Status	Update DAPPS Job Offer Results Page	Recordkeeping
Applicant's interview is acceptable or a supervisor has approved.	In the last column, enter 'S.' Enter the date.	Select 'Selected.'	Place all the approved selection guides into a folder with the D-425, Selection Record, and file.
Applicant's interview is found unacceptable by supervisor.	In the last column, enter 'I.' Enter the date and reason.	Select 'Ineligible' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Unable to contact applicant. Three attempts have been made at different times and days.	In the last column enter the dates and times contacted.	Leave applicant's disposition as 'Available'.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant wants the job but is temporarily unavailable.	In the last column, enter the applicant's desired start date.	Leave applicant's disposition as 'Available.' Change applicant's availability date to the desired start date.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant refuses all future job offers and/or no longer wants to be considered.	In the last column, enter 'OR.' Enter the date and reason.	Select 'Offer Refused' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.

Under the Freedom of Information Act, the applicant may ask to see any comments or responses recorded. Only make comments which are directly related to the job and which you can support with specifics from the interview.

**COMMENTS**

THE CENSUS BUREAU IS AN EQUAL OPPORTUNITY EMPLOYER.

No employment decision is made on the basis of age, race, color, sex, religion, national origin, lawful political affiliation, physical or mental disability, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.

**D-269C**  
**SELECTION GUIDE FOR OFFICE CLERK**  
**(Page 1 of 4)**

**2010  
Census**

**SELECTION GUIDE  
FOR OFFICE CLERK**

A. Applicant's name
B. Interview date
C. Selecting official

**I. Introduction**

This selection guide is provided for your use in qualifying and selecting applicants for the office clerk position. Practice using this guide to ensure that this guide is followed as closely as possible. In most cases, it should be followed verbatim.

In making your qualifications and selections, use the criteria given in this guide. Only these criteria have been established as relevant and appropriate for qualification and selection.

**II. Selection Process**

You will be given a D-150, Job Regulation for the job of office clerk, which specifies the selection criteria for the job. In addition to this guide, you will receive a D-425, Selection Record and the Applicant Folder for each person listed on the D-425. Always start the selection process from the top of the list. Applicants printed at the top of the D-425 may be veterans (preference eligibles) with a disability, and every

effort must be made to contact and hire these applicants. All qualified 10-point compensable veterans must be hired first. Your nonselection of a preference eligible must be approved by a supervisor according to the guidance provided in the D-501, Local Census Office Administrative Manual, before you can select other applicants.

**III. Conduct the Applicant Interview**

Practice reading the interview. Fill in the blanks for the pay rate and hours the applicant is available. Be prepared at the end of the interview to determine if you can offer the job on the basis of the interview results.

Hello. I'm (your name) with the U.S. Census Bureau. May I please speak to (name of applicant/former employee)?

		Column A	Column B
1a. New Applicant:	Mr (Ms) (name), you filled out an application for census work on the 2010 Census. Are you still interested in working with us?	<p>1. Interested?</p> <p>a. <input type="checkbox"/> Yes – Continue Interview.</p> <p>b. <input type="checkbox"/> Yes – Skip to question 4.</p>	<input type="checkbox"/> No – Will you be available in the future? <input type="checkbox"/> Yes – When? <input checked="" type="checkbox"/>
b. Former Employee:	Mr (Ms) (name) you worked with us previously and our files indicate your information is still active. Would you be interested in doing some census work in your area?		<input type="checkbox"/> No – End interview and record "Not interested (NI)" on D-425.
2a. We're currently hiring for the 2010 Census and have a Local Census Office (LCO) in your area. The job opening I want to discuss with you is office clerk. As an office clerk, you would work in the LCO and could perform a wide variety of office functions associated with one of the major operational areas, administration, recruiting, field operations or automation. Most office jobs involve using a computer.		<p>2a. Do you have experience working with a personal computer?</p> <p><input type="checkbox"/> Yes – Continue Interview.</p>	<input type="checkbox"/> No – Continue interview. This is for office use only and does not affect selection.
2b. Major operational areas:	<p>(1) Administration: Processes personnel actions and/or payroll transactions, utilizing a personal computer, for all employees, whether working in the field or in the LCO. Administrative work is usually time-sensitive, requiring adherence to schedules established in order to meet payroll and other deadlines.</p> <p>(2) Recruiting: Responsible for answering telephone calls for the LCO. Also, schedules callers interested in taking the census employment test, to testing sessions located in the LCO's operations area. Coordinates test scheduling with recruiting assistants.</p> <p>(3) Field Operations: Supports management of operations activities taking place in the field. Responsibilities range from distribution and tracking of enumeration materials, utilizing paper and personal computers, to processing of completed census questionnaires for shipment to the National Processing Center (NPC).</p>	<p>2b. Are you interested in these types of positions?</p> <p><input type="checkbox"/> Yes – Continue Interview.</p>	<input type="checkbox"/> No – End interview and record "Not interested (NI)" on D-425.
Please continue with item 2b on the next page.			

FORM D-269C (04-09)

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

U S C E N S U S B U R E A U

**D-269C**  
**SELECTION GUIDE FOR OFFICE CLERK**  
**(Page 2 of 4)**

**III. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>2b. Major operational areas – Continued:</b>  (4) Stock Clerk: Receives, controls, and records incoming and outgoing shipments of supplies, kits, certified packages or mail, and miscellaneous equipment. The work requires periods of standing, walking, stooping, reaching, and pulling, and may involve lifting materials up to 50 pounds.  (5) Receives, controls, and records incoming and outgoing shipments of hand-held computers (HHCs). Responsible for distributing HHCs to staff. It involves standing, walking, stooping, lifting, reaching and pulling boxes containing HHCs.  Your pay would be \$ _____ per hour.	2b. Are you interested in these types of positions?  <input type="checkbox"/> Yes – Continue interview.	<input type="checkbox"/> No – End interview and record "Not interested (NI)" on D-425.
<b>3. In this position you see personal data, such as age, race, and income. Does exposure to sensitive data such as this bother you?</b>	3. Sensitivity <input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. You will need to work _____ days for _____ hours. Are you available to work on those days and times?</b>  <i>For former employees, skip to question 7.</i>	4. Availability <input type="checkbox"/> Yes	<input type="checkbox"/> No – What hours are you available? <i>✓</i> <hr/> <hr/> <hr/>
<b>5. (The questions below are to assist you in evaluating an applicant's ability to understand spoken English, and to speak English clearly so that they are understood. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.)</b>  <b>How did you find out about job opportunities with the Census Bureau?</b>  <b>Where would you suggest that we publicize our job announcements in order to attract sufficient applicants for census work?</b>  <i>(Change to language specified on the D-150 for this question. Only ask this question if the D-425 is a language selection certificate.) The questions below are to assist you in confirming an applicant's ability to read and communicate in the language specified on the D-150. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.</i>	5. Speaks clearly and is understandable? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for review and follow-up <i>✓</i> <hr/> <hr/> <hr/>
<b>6. Could you please describe how and when you first learned (insert language) language?</b>  <b>Do you read (insert language)? If so, could you give me some example(s) of what you read?</b>  <b>Tell me why you want to work for the Census Bureau.</b>	6. Communicates in another language? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for followup <i>✓</i> <hr/> <hr/> <hr/>

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**SELECTION GUIDE FOR OFFICE CLERK**  
**(Page 3 of 4)**

**III. Conduct the Applicant Interview - Continued**

<i>(Return to English and continue interview.)</i>		
<b>7. I have explained the job of office clerk. Are you still interested in the position?</b>	<b>7. Still Interested</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Why? <i>F</i>
<b>8. These are all the questions I have. Do you have any for me?</b> <i>(Allow time to answer questions.)</i> <b>Please give me a few minutes to look over your application once again to see if there are any missed items.</b> <b>If you notice an item missing from the application, ask for that missing item.</b>		
<b>9. Interviewer considerations</b> <ul style="list-style-type: none"> <li>* Was the applicant —           <ul style="list-style-type: none"> <li>— Tactful?</li> <li>— Agreeable?</li> <li>— Courteous?</li> </ul> </li>   <li>* Did the applicant say or use —           <ul style="list-style-type: none"> <li>— Inappropriate language?</li> <li>— Statements which may be viewed as offensive to some groups?</li> </ul> </li> </ul>	<b>Column A</b>	<b>Column B</b>
	<b>9. Tactful?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Explain and refer to supervisor for further review <i>F</i>

If all the answers are "Yes" in Column A, excluding questions 2a, 5, and 6, you may offer the job and inform the applicant of the start date.

If there are any answers with a "No" in Column B, do not offer a job at this time, and refer to a supervisor. Thank you for your time, Mr. (Ms.) (last name). You will be notified within the next 10 days if selected for this position.

**D-269C**  
**SELECTION GUIDE FOR OFFICE CLERK**  
**(Page 4 of 4)**

#### **IV. Record Interview Results - Forms**

The chart below summarizes the various entries that are required on the interview forms and in DAPPS. File selection guides and selection records according to the recordkeeping instructions.

Interview Results	Form D-425 Update Applicant Status	Update DAPPS Job Offer Results Page	Recordkeeping
Applicant's interview is acceptable or a supervisor has approved.	In the last column, enter 'S.' Enter the date.	Select 'Selected.'	Place all the approved selection guides into a folder with the D-425, Selection Record, and file.
Applicant's interview is found unacceptable by supervisor.	In the last column, enter 'I.' Enter the date and reason.	Select 'Ineligible' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Unable to contact applicant. Three attempts have been made at different times and days.	In the last column, enter the dates and times contacted.	Leave applicant's disposition as 'Available'.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant wants the job but is temporarily unavailable.	In the last column, enter the applicant's desired start date.	Leave applicant's disposition as 'Available.' Change applicant's availability date to the desired start date.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant refuses all future job offers and/or no longer wants to be considered.	In the last column, enter 'OR.' Enter the date and reason.	Select 'Offer Refused' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.

Under the Freedom of Information Act, the applicant may ask to see any comments or responses recorded. Only make comments which are directly related to the job and which you can support with specifics from the interview.

## COMMENTS

THE CENSUS BUREAU IS AN EQUAL OPPORTUNITY EMPLOYER.

No employment decision is made on the basis of age, race, color, sex, religion, national origin, lawful political affiliation, physical or mental disability, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.

**D-269D**  
**SELECTION GUIDE FOR SUPERVISORS**  
**(Page 1 of 5)**

**2010**  
**Census**

**SELECTION GUIDE  
FOR SUPERVISORS**

A. Applicant's name	
B. Reference check date	Interview date
C. Selecting official	

**I. Introduction**

This selection guide is provided for your use in qualifying and selecting applicants for supervisor positions. Practice using this guide to ensure that this guide is followed as closely as possible; in most cases, it should be followed verbatim.

**II. Selection Process**

You will be given a D-150, Job Requisition, which contains the selection criteria required for a particular assignment area. In addition to this guide, you will receive a D-425, Selection Record and an Applicant Folder for each person listed on the D-425. Always start the selection process from the top of the list. Applicants printed at the top of the D-425 may be veterans (preference eligibles) with a disability, and every

In making your qualifications and selections, use the criteria given in this guide. Only these criteria have been established as relevant and appropriate for qualification and selection.

effort must be made to contact and hire these applicants. All qualified 10-point compensable veterans must be hired first. Your nonselection of a preference eligible must be approved by a supervisor according to the guidance provided in the D-501, Local Census Office Administrative Manual, before you can select other applicants.

**III. Complete an Employment Reference Check**

This section verifies previous employment and honors the Census Bureau's commitment to maintain a safe work environment. To conduct a reference check, you must refer to the D-270.1, Supervisory Applicant Reference Sheet within the Applicant Folder.

The applicant must complete at least one work reference to be considered for supervisory employment. If no work reference information is available, contact the applicant to obtain the reference information. If no work reference can be provided, inform the applicant that they will be ineligible for incomplete application.

**NOTE** – Work reference includes volunteer work (i.e., church and school activities, public service work).

<p>Hello. I'm (your name) with the U.S. Census Bureau. May I please speak to (name of present/recent employer contact)?</p> <p>Mr. (Ms.) (name) filled out an application for census employment.</p> <p>1. Did this person ever work for your organization?</p>	<p>Employer name:</p> <hr/> <hr/> <hr/> <p>1. Verification</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – DO NOT CONTINUE</p>	<p>3. Was this person a reliable worker?</p>	<p>3. Reliable?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p>
<p>2. Would you employ this person again?</p>	<p>2. Re-employ?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – Why? <input checked="" type="checkbox"/></p> <hr/> <hr/> <hr/>	<p>4. These are all the questions I have. Thank you for your time, Mr. (Ms.) (name of present/recent employer contact).</p> <p>If there is reason to believe this employment reference is unacceptable, discuss the situation with a supervisor before interviewing the applicant. Enter the comments in the space to the right.</p>	<p>4. Was this Reference Check acceptable?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – Comments <input checked="" type="checkbox"/></p> <hr/> <hr/> <hr/>

**D-269D**  
**SELECTION GUIDE FOR SUPERVISORS**  
**(Page 2 of 5)**

**IV. Conduct the Applicant Interview**

Practice reading the interview. Fill in the blanks for the position, number of weeks the job will last, pay rate, and the date and time of training. Be prepared at the end of the interview to determine if you can offer the job on the basis of the interview results.

	Column A	Column B
<b>Hello, I'm (your name) with the U.S. Census Bureau. May I please speak to (name of applicant/former employee)?</b>		
<b>1a. New Applicant:</b> Mr (Ms) (name), you filled out an application for census work on the 2010 Census. Are you still interested and available in working with us?	<p><b>a.</b> <input type="checkbox"/> Yes – Continue with the interview.  <input type="checkbox"/> Yes – Skip to question 6.</p>	<p><input type="checkbox"/> No – Will you be available in the future?  <input type="checkbox"/> Yes – When? – Give date <u>  </u></p>
<b>b. Former Employee:</b> Mr (Ms) (name) you worked with us previously and our files indicate your information is still active. Would you be interested in doing some census work in your area?		<p><input type="checkbox"/> No – Conclude interview and record "Not Interested (NI)" on D-425.</p>
<b>2. Local residents are needed for supervisory positions in the office as well as in the field. The position for which we are now hiring is that of _____ (Insert position as indicated on D-425.) (Read the appropriate section as indicated on D-425.)</b>		
<b>a. Field Operations Supervisor – Field operations supervisors manage a large, decentralized field staff engaged in creating or updating census address lists or enumerating households using personal computing devices. Field operations supervisors train and directly supervise crew leaders who, in turn, supervise the listers or enumerators who list or enumerate the households. Field operations supervisors must ensure that crew leaders properly train their crews, complete the listing or enumeration within the established time schedule, follow all established procedures, and conduct all required quality assurance checks. Field operations supervisors must ensure that all payroll charges are reasonable and correctly claimed and directly certify the crew leaders' payrolls. For Group Quarters Operations, the field operations supervisors may also directly supervise an office staff checking in and conducting quality reviews on completed work.</b>	<p><b>2a. Are you interested in this type of position?</b>  <input type="checkbox"/> Yes – Continue with question 3.</p>	<p><input type="checkbox"/> No – Conclude interview and record "Not Interested (NI)" on D-425.</p>
<b>b. Office Operations Supervisor – Office operations supervisors train and retrain clerks assigned to them on the different types of assignments related to the office. Also, they provide clerks with day-to-day activities, maintain the payrolls for the clerks assigned to them, and review their progress and cost reports for the operations being supervised.</b>	<p><b>2b. Are you interested in this type of position?</b>  <input type="checkbox"/> Yes – Continue with question 3.</p>	<p><input type="checkbox"/> No – Conclude interview and record "Not Interested (NI)" on D-425.</p>
<b>(1) Administration – Some office operations supervisors may be involved in processing payroll forms for census employees and in applying Federal personnel regulations, and may be responsible for the careful audit of payroll forms submitted by employees, checking calculations and questioning inconsistencies as necessary.</b>		
<b>(2) Recruiting – Supervise recruiting assistants or clerks assigned to setting up testing space, administer the census test to job applicants, review application forms, determine if the applicants meet certain job requirements, and enter application data in to a computer. Office operations supervisors may have clerks assigned to them that will key data in to a computer, and will be responsible for the flow of materials.</b>		
<b>Please continue with item 2b on the next page.</b>		

**D-269D**  
**SELECTION GUIDE FOR SUPERVISORS**  
**(Page 3 of 5)**

**IV. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>2b. Continued</b>		
(3) Support – Supervise hand-held computer inventory and control clerks assigned to managing the hand-held computer and laptop inventory, oversees: the acceptance of hand-held computers and laptops from the IT technician, verification of equipment kit content, tracking of equipment hand-offs via paper forms, keying of the paper forms into the asset management system, issuing replacement equipment as necessary, the management of the day to day inventory of hand-held computers and laptops.		
The job will last about _____ (number range) weeks.		
You would be paid \$ _____ per hour and _____ cents per mile for miles driven for official business (for FOS positions only).		
3. One of the duties of a supervisor may be to follow up and complete a clerk's work. This would include asking personal questions, such as age, race, and income. Are you willing to ask these types of questions?	3. Sensitivity <input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The job requires you to work 8 hours per day, approximately 5 days per week. The actual hours you work each day and each week will depend on the progress and status of census operations. Is this acceptable to you?	4. Availability <input type="checkbox"/> Yes	<input type="checkbox"/> No – What hours are you available? <u>✓</u> _____ _____
5. As a _____ you would have to supervise others. You would be required to train clerks to encourage them to perform timely according to the amount of work assigned, to review their work to determine if it meets job standards, and then to take the necessary steps to ensure that the job is done properly. Do you think you would be able and willing to handle leadership responsibilities of the type just described?  According to your BC-170D, you indicated you have supervisory experience. (verify from BC-170D). What opportunity have you had to supervise, lead, or direct the work or activity of a group of people?	5. Supervisory Responsibilities <input type="checkbox"/> Yes – Explanation <u>✓</u> _____ _____	<input type="checkbox"/> No
Describe the nature and scope of this leadership responsibility.  (Managing a household, or volunteer or paid work experiences outside the home would be appropriate here. Look for previous experiences which indicate applicant has ability to organize materials, plan and schedule activities, motivate others to get a task or job done, lead others [including children] in performing some activity.)		

**D-269D**  
**SELECTION GUIDE FOR SUPERVISORS**  
**(Page 4 of 5)**

**IV. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>6. If selected, you would be trained on this Census operation and on your particular duties. Are you able to attend a _____-day training class from 9 to 5?</b>	6. Available Training <input type="checkbox"/> Yes	<input type="checkbox"/> No – When are you available for training? <input checked="" type="checkbox"/>
<b>For POS HHC activities only:</b> <b>7. Do you have a phone line or access to a phone line?</b>	7. Phone line <input type="checkbox"/> Yes	<input type="checkbox"/> No
(The questions below are to assist you in evaluating an applicant's ability to understand spoken English, and to speak English clearly so that they are understood. The factual content of the candidate's responses to these questions is NOT RELEVANT for selection purposes.) <b>8. How did you find out about job opportunities with the Bureau of the Census?</b> Where would you suggest that we publicize our job announcements in order to attract sufficient applicants for census work?	8. Speaks clearly and is understandable <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for follow-up and approval <input checked="" type="checkbox"/>
(Change to language specified on the D-150 for this question. Only ask this question if the D-425 is a language selection certificate.) The questions below are to assist you in confirming an applicant's ability to read and communicate in the language specified on the D-150. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.		
<b>9. Could you please describe how and when you first learned (insert language) language?</b> Do you read (insert language)? If so, could you give me some example(s) of what you read? Tell me why you want to work for the Census Bureau.	9. Communicates in another language? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for followup <input checked="" type="checkbox"/>
(Return to English and continue interview.)		
<b>10. I have explained the job of _____ . Are you interested in the position?</b>	10. Still Interested <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>10. These are all the questions I have. Do you have any for me?</b> (Allow time to answer questions.) Please give me a few minutes to look over your application once again to see if there are any missed items. If you notice an item missing from the application, ask for that missing item.		

**D-269D**  
**SELECTION GUIDE FOR SUPERVISORS**  
**(Page 5 of 5)**

**IV. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>11. Interviewer considerations</b> <ul style="list-style-type: none"> <li>• Was the applicant —           <ul style="list-style-type: none"> <li>— Tactful?</li> <li>— Agreeable?</li> <li>— Courteous?</li> </ul> </li> <li>• Did the applicant say or use —           <ul style="list-style-type: none"> <li>— Inappropriate language?</li> <li>— Statements which may be viewed as offensive to some groups?</li> </ul> </li> </ul>	<b>11. Tactful?</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for further review. _____  <input type="checkbox"/>

If all the answers are "Yes" in Column A, excluding questions 7 and 9, unless if applicable, you may offer the job, and inform the applicant of the training session at this time.

Thank you for your time Mr. (Ms.) (last name). The training will be held at (place) \_\_\_\_\_ from (date and time) \_\_\_\_\_. If you do not know when or where the training is held, say, "we will notify you by phone or by mail when and where the training will be."

If there are any answers with a "No" in Column B, do not offer a job at this time, and refer to a supervisor. Thank you for your time, Mr. (Ms.) (last name). You will be notified within the next 10 days if selected for this position.

**V. Record Interview Results – Forms**

The chart below summarizes the various entries that are required on the interview forms and in DAPPS. File selection guides and selection records according to the recordkeeping instructions.

Interview Results	Form D-425 Update Applicant Status	Update DAPPS Job Offer Results Page	Recordkeeping
Applicant's interview is acceptable or a supervisor has approved.	In the last column, enter "S". Enter the date.	Select Selected.	Place all the approved selection guides into a folder with the D-425, Selection Record and file.
Applicant's interview is found unacceptable by supervisor.	In the last column, enter "I." Enter the date and reason.	Select Ineligible and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Unable to contact applicant. Three attempts have been made at different times and days.	In the last column, enter "I." Enter the dates and times, and reason.	Select Ineligible and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Applicant wants the job but is temporarily unavailable.	In the last column, enter the applicant's desired start date.	Leave applicant's disposition as Available. Change applicant's availability date to the desired start date.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant refuses all future job offers and/or no longer wants to be considered.	In the last column, enter "OR." Enter the date and reason.	Select Offer Refused and reason.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.

Under the Freedom of Information Act, the applicant may ask to see any comments or responses recorded. Only make comments which are directly related to the job and which you can support with specifics from the interview.

**COMMENTS**

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**THE CENSUS BUREAU IS AN EQUAL OPPORTUNITY EMPLOYER.**

No employment decision is made on the basis of age, race, color, sex, religion, national origin, lawful political affiliation, physical handicap, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.

**D-269E**  
**SELECTION GUIDE FOR RECRUITING ASSISTANT**  
**(Page 1 of 4)**

**2010  
Census**

**SELECTION GUIDE  
FOR RECRUITING  
ASSISTANT**

A. Applicant's name
B. Interview date
C. Selecting official

**I. Introduction**

This selection guide is provided for your use in qualifying and selecting applicants for the recruiting assistant position. Practice using this guide to ensure that this guide is followed as closely as possible; in most cases, it should be followed

verbatim. In making your qualifications and selections, use the criteria given in this guide. Only these criteria have been established as relevant and appropriate for qualification and selection.

**II. Selection Process**

You will be given a *D-150, Job Requisition* which contains the selection criteria required for a particular assignment area. In addition to this guide, you will receive a *D-425, Selection Record* and the *Applicant Folder* for each person listed on the *D-425*. Always start the selection process from the top of the list. Applicants printed at the top of the *D-425* may be veterans (preference eligibles) with a disability, and every effort must be

made to contact and hire these applicants. All qualified 10-point compensable veterans must be hired first. Your nonselection of a preference eligible must be approved by a supervisor according to the guidance provided in the *D-501, Local Census Office Administrative Manual*, before you can select other applicants.

**III. Conduct the Applicant Interview**

Practice reading the interview. Fill in the blanks for the number of weeks the job will last, pay rate, hours the applicant is available, and date and time of training. Be prepared at the end of the interview to determine if you can offer the job on the basis of the interview results.

**Hello. I'm (your name) with the U.S. Census Bureau. May I please speak to (name of applicant/former employee)?**

**a. New Applicant:** Mr. (Ms.) (name), you filled out an application for census work on the 2010 Census. Are you interested and available to work with us?

**b. Former Employee:** Mr. (Ms.) (name) you worked with us previously and our files indicate your information is still active. Would you be interested in doing some census work in your area?

We're currently hiring for the 2010 Census and have a Local Census Office (LCO) in your area. The job opening I want to discuss with you is recruiting assistant.

As a recruiting assistant, you would perform promotional work for the 2010 Census in your community. We are looking for people who are comfortable being in public—someone who enjoys talking with others in their community; someone who can ask community leaders for their help; and who can conduct a group testing session. You would talk with civic and business people in your community about helping you find interested community residents for temporary work for as long as it takes us to complete 2010 Census operations. You would also ask these contacts to donate space for testing applicants and training new employees. You would directly recruit applicants by displaying and distributing census recruiting brochures across the community. Next, you would test applicants who respond to your recruiting efforts and those of the LCO. Finally, you would ensure the applicant folders—completed at testing sessions—are delivered to the LCO in a timely manner.

The job will last until we recruit enough applicants to meet our recruiting goals. (We anticipate the LCO will be open until September 2010.)

Your actual work hours per week and length of employment are subject to work availability, which is highly variable. Your employment may end at any time due to the lack of work.

Your pay would be \$ \_\_\_\_\_ per hour and \_\_\_\_\_ cents per mile for miles driven for official business.

Column A	Column B
<p>1. Interested and available ?</p> <p>a. <input type="checkbox"/> Yes – Continue interview.</p> <p>b. <input type="checkbox"/> Yes – Skip to question 4.</p>	<p><input type="checkbox"/> No – Will you be available in the future?</p> <p><input type="checkbox"/> Yes – When?/Give date <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> No – Enter date on the D-425 to be entered in to DAPPS. Conclude interview and record "Not interested (NI)" on D-425.</p>

**D-269E**  
**SELECTION GUIDE FOR RECRUITING ASSISTANT**  
**(Page 2 of 4)**

**III. Conduct the Applicant Interview - Continued**

	Column A	Column B
<b>2. In this position you see personal data such as age, race, and income. Are you able to review sensitive data?</b>	2. Sensitivity <input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. The job may require you to work some evenings and weekends—Saturday and/or Sunday—in order to contact persons you cannot reach during the day. Are you available to work during these hours?</b>	3. Availability <input type="checkbox"/> Yes	<input type="checkbox"/> No – What hours are you available? <input checked="" type="checkbox"/> _____ _____ _____
<b>4. If selected, you will be trained on this census operation and on your particular duties. Are you able to attend a _____-day training class from 9 to 5?</b>  <i>For former employees, skip to question 8.</i>	4. Available for training <input type="checkbox"/> Yes	<input type="checkbox"/> No – When are you available for training? <input checked="" type="checkbox"/> _____ _____ _____
<b>5. (The questions below are to assist you in evaluating an applicant's ability to understand spoken English, and to speak English clearly so that they are understood. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.)</b>  <b>How did you find out about job opportunities with the Census Bureau?</b>  <b>Where would you suggest that we publicize our job announcements in order to attract sufficient applicants for census work?</b>	5. Speaks clearly and is understandable? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for review and follow-up <input checked="" type="checkbox"/> _____ _____ _____
<b>6. If chosen, you must provide your own transportation or use public transportation where available. Can you do this reliably?</b>  If there is a transportation requirement specified on the D-150, then ask the applicant the following question.  <b>Do you have a valid driver's license to operate a (type of transportation)?</b>	6. Transportation <input type="checkbox"/> Yes  Valid License <input type="checkbox"/> Yes – Specify type <input checked="" type="checkbox"/> _____ _____	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____ _____  <input type="checkbox"/> No – Why? <input checked="" type="checkbox"/> _____ _____
<b>(Change to language specified on the D-150 for this question. Only ask this question if the D-425 is a language selection certificate.)</b> The questions below are to assist you in confirming an applicant's ability to read and communicate in the language specified on the D-150. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.		
<b>7. Could you please describe how and when you first learned (insert language)?</b>  <b>Do you read (insert language)? If so, could you give me some example(s) of what you read?</b>  <b>Tell me why you want to work for the Census Bureau.</b>	7. Communicates in another language? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for followup <input checked="" type="checkbox"/> _____ _____

**D-269E**  
**SELECTION GUIDE FOR RECRUITING ASSISTANT**  
**(Page 3 of 4)**

### **III. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>8. I have explained to you the job of recruiting assistant. Are you still interested in the position?</b>	<b>8. Still interested?</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>9. These are all the questions I have. Do you have any for me?</b> <i>(Allow time to answer questions.)</i> <b>Please give me a few minutes to look over your application once again to see if there are any missed items.</b> If you notice an item missing from the application, ask for that missing item.		
<b>10. Consider the entire interview with the applicant. Did the applicant:</b>	<b>10. Tactful?</b>	
<b>a. Speak and act in a tactful, agreeable, and courteous manner?</b>	<b>a. <input type="checkbox"/> Yes</b>	<input type="checkbox"/> No – Explain and refer to supervisor for further review <input checked="" type="checkbox"/>
<b>b. Avoid using rude or inappropriate language?</b>	<b>b. <input type="checkbox"/> Yes</b>	<input type="checkbox"/> No – Explain and refer to supervisor for further review <input checked="" type="checkbox"/>
<b>c. Refrain from making any statements which may be viewed as offensive to some groups?</b>	<b>c. <input type="checkbox"/> Yes</b>	<input type="checkbox"/> No – Explain and refer to supervisor for further review <input checked="" type="checkbox"/>

If no supervisory review is required you may offer the job, and inform the applicant of the training session at this time.

**Thank you for your time Mr. (Ms.) (last name). The operation training will be held at (place) \_\_\_\_\_ from (date and time) \_\_\_\_\_. If you do not know when or where the training is held, say, "we will notify you by phone when and where you will need to report." During training you will complete your appointment paperwork, which includes filling out where to send your paycheck. Please bring your checking or savings account number and the bank routing number where it is sent with you to the first day of training. After you are appointed, you will be fingerprinted. It is required that all federal employees be fingerprinted. Your fingerprint information, however, will be kept confidential.**

If there are any answers in Column B, do not offer a job at this time, and refer to a supervisor. **Thank you for your time, Mr. (Ms.) (last name). You will be notified within the next 10 days if you are selected for this position.**

**D-269E**  
**SELECTION GUIDE FOR RECRUITING ASSISTANT**  
**(Page 4 of 4)**

#### **IV. Record Interview Results - Forms**

The chart below summarizes the various entries that are required on the interview forms and in DAPPS. File selection guides and selection records according to the recordkeeping instructions.

Interview Results	Form D-425 Update Applicant Status	Update DAPPS Job Offer Results Page	Recordkeeping
Applicant's interview is acceptable or a supervisor has approved.	In the last column, enter 'S.' Enter the date.	Select 'Selected.'	Place all the approved selection guides into a folder with the D-425, Selection Record, and file.
Applicant's interview is found unacceptable by supervisor.	In the last column, enter 'I.' Enter the date and reason.	Select 'Ineligible' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Unable to contact applicant. Three attempts have been made at different times and days.	In the last column, enter the dates and times contacted.	Leave applicant's disposition as 'Available'.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant wants the job but is temporarily unavailable.	In the last column, enter the applicant's desired start date.	Leave applicant's disposition as 'Available.' Change applicant's availability date to the desired start date.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant refuses all future job offers and/or no longer wants to be considered.	In the last column, enter 'OR.' Enter the date and reason.	Select 'Offer Refused' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.

Under the Freedom of Information Act, the applicant may ask to see any comments or responses recorded. Only make comments which are directly related to the job and which you can support with specifics from the interview.

## COMMENTS

THE CENSUS BUREAU IS AN EQUAL OPPORTUNITY EMPLOYER

No employment decision is made on the basis of age, race, color, sex, religion, national origin, lawful political affiliation, physical or mental disability, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.

**D-275**  
**RECORD OF TRAINING**

Form D-275 (F-50-1007)		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU		1. Office name _____		LCO Code _____				
				2. Instructor's name _____		CLD number _____				
				3. Address of training site _____		4. Date _____ Time _____ a.m. _____ p.m. _____				
<b>5. Training for – Mark (X) one</b> <input type="checkbox"/> Crew leader <input type="checkbox"/> Enumerator <input type="checkbox"/> Other – Specify <i>✓</i> <input type="checkbox"/> Office: non-supervisory <input type="checkbox"/> Office: supervisory				<b>6. Operation name</b> _____						
<b>7. LIST OF TRAINEES</b>										
Line No.	TRAIINEE	Applicant/Employee ID	Telephone number	Initial assignment number	Date notified	Experienced employee Mark (X)	Percent for training (%)		Review test score	Remarks
		(a)	(b)	(c)	(d)	(e)	Yes	No	(f)	(g)
1	-----									
2	-----									
3	-----									
4	-----									
5	-----									
6	-----									
7	-----									
8	-----									
9	-----									
10	-----									

Copy distribution:

BEFORE TRAINING - WHITE/YELLOW - Trainer

AFTER TRAINING - WHITE - Office

YELLOW - Supervisor

U.S. CENSUS BUREAU

**D-276(L)**  
**THANK YOU DONOR OF SPACE**

FORM D-276(L)  
(7-20-2007)



UNITED STATES DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. Census Bureau  
Washington, DC 20233-0001

Dear

Thank you for donating the space identified below for use in testing/training U.S. census workers.

Address							
Description							
Dates →							
Time →	a.m. p.m.						

We understand that we can use this space (rent free) for the period(s) indicated above. If this is not correct, please let us know.

Sincerely,

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

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone number)

Copy distribution: WHITE - Donor      YELLOW - Office      PINK - Originator

U S C E N S U S B U R E A U  
*Helping You Make Informed Decisions*

[www.census.gov](http://www.census.gov)

**D-282**  
**DOCUMENTATION OF CONDUCT  
AND/OR PERFORMANCE PROBLEM**  
**(Page 1 of 2)**

U.S. CENSUS BUREAU

**FILE IN DISCIPLINARY ADVERSE ACTION FILE**

**D-282**  
**DOCUMENTATION OF CONDUCT  
AND/OR PERFORMANCE PROBLEMS**  
**(Page 2 of 2)**

<b>Section B - CONDUCT/PERFORMANCE PROBLEM - Continued</b>										
<p><b>4. Recommended Action</b> - Mark (X) one box.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top; padding-right: 10px;"> <input type="checkbox"/> Verbal counseling  <input type="checkbox"/> Termination         </td> <td colspan="2" style="padding-left: 10px;">           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.            If terminated - Also complete Form D-283.         </td> </tr> </table> <p><b>5. State reason for recommended action.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/> Verbal counseling <input type="checkbox"/> 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. If terminated - Also complete Form D-283.						
<input type="checkbox"/> Verbal counseling <input type="checkbox"/> 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. If terminated - Also complete Form D-283.									
<b>Section C - NOTICE OF RESIGNATION INFORMATION (Only complete if employee resigns in lieu of termination.)</b>										
<p><b>1. Did employee submit a resignation notice? - Mark (X) one.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top; padding-right: 10px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> <td colspan="2"></td> </tr> </table> <p><b>2. How was the resignation notice submitted? - Mark (X) one.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top; padding-right: 10px;"> <input type="checkbox"/> Verbal resignation  <input type="checkbox"/> Written resignation         </td> <td colspan="2"></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Print name of person who was given notice</td> <td style="width: 50%; padding: 5px;">Date of resignation</td> </tr> </table>			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Verbal resignation <input type="checkbox"/> Written resignation			Print name of person who was given notice	Date of resignation
<input type="checkbox"/> Yes <input type="checkbox"/> No										
<input type="checkbox"/> Verbal resignation <input type="checkbox"/> Written resignation										
Print name of person who was given notice	Date of resignation									
<b>Section D - REVIEW BY SUPERVISOR</b>										
<b>1. Immediate supervisor</b>	<p>a. Signature of immediate supervisor</p> <hr/> <p>b. Title</p> <hr/>	<p>c. Date</p> <hr/>								
	<p>a. Signature of office manager or designate</p> <hr/> <p>b. Title</p> <hr/>	<p>c. Date</p> <hr/>								
<p><b>REMARKS</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>										

FORM D-282 (1-26-2008)

## DOCUMENTATION OF TERMINATION FOR CONDUCT AND/OR PERFORMANCE PROBLEMS

**Copy distribution:** **WHITE** - Regional Office Disciplinary  
Adverse Action File

**YELLOW** ~ Local Census Office Disciplinary  
Adverse Action File

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## POST EMPLOYMENT RESTRICTIONS

D-287  
(7-29-2007)

U.S. DEPARTMENT OF COMMERCE  
Economic 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**

<b>Privacy Act Notice</b> – 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.		<b>1. Date prepared</b> $\xrightarrow{\hspace{1cm}}$	<b>Month</b> $\xrightarrow{\hspace{1cm}}$	<b>Day</b> $\xrightarrow{\hspace{1cm}}$	<b>Year</b> $\xrightarrow{\hspace{1cm}}$	<b>2. Time</b> $\xrightarrow{\hspace{1cm}}$
FORM D-28B <small>(6-3-64)</small>		<small>a.m.</small> <small>p.m.</small>				
<b>U.S. DEPARTMENT OF COMMERCE</b> <small>BUREAU OF THE CENSUS</small> <b>NOTICE OF SUSPENSION OF WORK</b> <b>Decennial Census</b>		<b>3. Method of delivery – Mark (X) one</b>				
		<input type="checkbox"/> Under door	<input type="checkbox"/> Mailed	<input type="checkbox"/> Given in person		
		<b>4. Effective date of notice</b> $\xrightarrow{\hspace{1cm}}$	<b>Month</b> $\xrightarrow{\hspace{1cm}}$	<b>Day</b> $\xrightarrow{\hspace{1cm}}$	<b>Year</b> $\xrightarrow{\hspace{1cm}}$	<b>19</b> $\xrightarrow{\hspace{1cm}}$
<b>TO</b>	<b>Enumerator name – Please print or type</b>			<b>Enumerator Social Security number</b>		
<b>FROM</b>	<b>Office manager name – Please print or type</b>					
<p>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.</p> <p>Your final payroll will not be processed until you meet with your crew leader so he/she can review your assignment.</p> <p>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.</p>						
<b>5. Crew leader name – Please print or type</b>				<b>Telephone number</b>		
				<b>Area code</b> $\xrightarrow{\hspace{1cm}}$	<b>Number</b> $\xrightarrow{\hspace{1cm}}$	
<b>6. Census office address – Number and street</b>				<b>Telephone number</b>		
<b>City</b>		<b>State</b>	<b>ZIP Code</b>	<b>Area code</b> $\xrightarrow{\hspace{1cm}}$	<b>Number</b> $\xrightarrow{\hspace{1cm}}$	
<b>Copy distribution:</b> WHITE – Enumerator <b>YELLOW</b> – Payroll folder <b>PINK</b> – Crew Leader <b>ORANGE</b> – AMCO						

D-289

A-110

04/01/09

## NOTICE OF WITHHELD PAY CHECK

<b>Privacy Act Notice</b> – 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.		<b>1. Date prepared</b> _____ →   Month   Day   Year         20   <b>2. Time</b> a.m. p.m.
<b>FORM D-289</b> <small>(10-16-2007)</small> <b>U.S. DEPARTMENT OF COMMERCE</b> <small>Economics and Statistics Administration</small> <b>U.S. CENSUS BUREAU</b> <b>NOTICE OF WITHHELD PAYCHECK</b> <b>2010 Census</b>		<b>3. Method of delivery – Mark (X) one</b> <input type="checkbox"/> Under door <input type="checkbox"/> Mailed <input type="checkbox"/> Given in person
<b>TO</b> → Employee name – Please print or type		<b>4. Effective date of notice</b> _____ →   Month   Day   Year         20
<b>FROM</b> → Office manager name – Please print or type		Employee ID

You will not receive your final paycheck until you return ALL census materials to the census office.

According to our records you have the following items:

1.	
2.	
3.	

Contact your supervisor by tomorrow at the telephone number in item 5 below, and arrange to meet with them. Bring any outstanding assignments, payroll forms, ID card, and any unused forms and materials to this meeting.

<b>5. Supervisor name – Please print or type</b>		Telephone number Area code   Number	
<b>6. Census office address – Number and street</b>		Telephone number City   State   ZIP Code   Area code   Number	

Copy distribution: WHITE – Employee    GREEN – RCC    YELLOW – Payroll folder    PINK – Supervisor    GOLDENROD – AMFO

U.S. CENSUS BUREAU

## DAPPS UPDATE FORM

FORM D-291 (10-6-2007)		DAPPS UPDATE FORM 2010 Census		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU	
<b>INSTRUCTIONS FOR OFFICE AND FIELD SUPERVISORS:</b> Use as an official request to process a personnel action and to document changes to or update employee data.					
FEDERAL, STATE, AND LOCAL TAXES			CORRECTIONS		
<b>PERSONNEL ACTION REQUEST</b>			<b>CORRECTIONS</b>		
<b>1.</b> Employee ID number <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/>			<b>9.</b> Change in taxes – Attach Form W-4 and/or W-5. Federal <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> State <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> Local <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/>		
<b>2.</b> Employee name (Last, First, MI) <hr style="border: 0.5px solid gray; margin-top: 5px;"/>			<b>10.</b> Change in race, national origin or handicap – Enter code → <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> and attach copy of completed D-168.		
<b>3.</b> Current office code <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <b>4.</b> New office code <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/>			<b>5.</b> Proposed effective date of action → <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/>		
<b>6.</b> Type of personnel action – Mark (X) all that apply. a. <input type="checkbox"/> Extension of appointment → <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/>			<b>9.</b> Change in taxes – Attach Form W-4 and/or W-5. Federal <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> State <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> Local <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/>		
b. <input type="checkbox"/> Cancellation c. <input type="checkbox"/> Conversion 1 <input type="checkbox"/> Position change – Specify new position → _____ 2 <input type="checkbox"/> Work location change (a) <input type="checkbox"/> LCO _____ (b) <input type="checkbox"/> County _____			<b>10.</b> Change in race, national origin or handicap – Enter code → <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> and attach copy of completed D-168.		
d. <input type="checkbox"/> Termination – Mark (X) one. 1 <input type="checkbox"/> Lack of work 2 <input type="checkbox"/> Expiration of appointment 3 <input type="checkbox"/> Resignation – Attach copy of employees written reason(s) or D-225. 4 <input type="checkbox"/> Conduct and/or performance – Attach copy of completed D-283.			<b>11.</b> Name – Spelling only <hr style="border: 0.5px solid gray; margin-top: 5px;"/>		
<b>NOTE</b> – "Yes" or "No" box must be marked (X). HHC returned to CL – 1 <input type="checkbox"/> Yes – Specify date returned: <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> 2 <input type="checkbox"/> No – Withhold pay.			<b>12.</b> Corrected Social Security Number <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> - <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> - <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-bottom: 5px;" type="text"/>		
e. <input type="checkbox"/> Death 1 <input type="checkbox"/> Work-related injury <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> 2 <input type="checkbox"/> Date of death – Specify → _____ and attach copy of death certificate, if available.			<b>13.</b> Birth date <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/>		
f. <input type="checkbox"/> Name change – Attach copy of marriage certificate or divorce decree or other legal document authorizing change.			<b>14.</b> Veterans' preference – Form DD-214 and/or SF-15 required. □ 5pt. <input type="checkbox"/> 10pt. <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/> Compensable <input type="checkbox"/> Compensable/30%		
<b>PERSONAL DATA UPDATE</b>					
<b>7.</b> NEW ADDRESS → <input type="checkbox"/> Residence <input type="checkbox"/> Mailing Street address  City <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> State <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> ZIP Code <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/>					
<b>B.</b> New telephone number (Day and/or evening) Day <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> Evening <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> ( ) ( )					
<b>NOTES</b> <hr style="border: 0.5px solid gray; margin-top: 5px;"/> <hr style="border: 0.5px solid gray; margin-top: 5px;"/> <hr style="border: 0.5px solid gray; margin-top: 5px;"/>					
<b>FOR ADMINISTRATIVE AREA USE ONLY</b>					
User ID number <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> Date(s) <input style="width: 100px; height: 1.2em; border: 1px solid black; margin-right: 10px;" type="text"/> Received <input type="checkbox"/> Processed <input type="checkbox"/>					

Copy distribution: WHITE – Employee Personnel/Payroll File    YELLOW – Assistant Manager    PINK – FOS/CL  
 U.S. CENSUS BUREAU

## D-291.1

## SUPPLEMENTAL FORM FOR EMPLOYEE RESIGNATIONS AND TERMINATIONS

<small>FORM D-291.1 (IG-1-2008)</small> <b>SUPPLEMENTAL FORM FOR EMPLOYEE RESIGNATIONS AND TERMINATIONS 2010 Census</b>	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU				
		1. Name of Separated Employee  2. Applicant ID			
<b>INSTRUCTIONS</b>					
<p>This form should be completed by the separated employee's supervisor or another person familiar with the on-the-job performance of the separated employee. The information provided on this form will be used solely to help evaluate decennial selection tests. It is not intended for use and should not be used to inform future hiring decisions for the separated employee or for any other personnel actions. It should be completed whenever a D-291 form is completed for an employee who has resigned or been terminated.</p>					
<i>For each of the following questions, please mark (X) the appropriate response.</i>	<i>Mark (X) appropriate boxes</i>				
	Unsatisfactory	Below Average	Average	Above Average	Outstanding
<b>A. How would you rate the quantity of work for this employee during the 2010 Census ?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>B. How would you rate the quality of work for this employee during the 2010 Census?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>C. How would you rate the timeliness of completion of work for this employee during the 2010 Census?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>D. How would you rate this employee's overall performance during the 2010 Census?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>E. Would you recommend this person for hire into the same position for another Census operation?</b>	Definitely Not	Probably Not	Maybe	Probably	Definitely
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>F. Would you recommend this person for hire into any position for another Census operation?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

U S C E N S U S B U R E A U

**D-308**  
**DAILY PAY AND WORK RECORD**  
Page 1 of 3

FORM D-308 (07-50-2008)		DAILY PAY AND WORK RECORD 2010 CENSUS										U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU		
<b>Part A - EMPLOYEE INFORMATION</b>														
First Name _____ MI _____						Employee ID _____								
Last Name _____														
Month Day Year			Sun Mon Tue Wed Thu Fri Sat						If RECLAIM - Mark (X) this box. →					
1. Date worked			Day worked - Mark (X) _____											
2. Task code			Operation name _____						Remarks					
3. Office code			Office name _____											
4. Points of travel			From _____ To _____											
From _____ To _____						From _____ To _____								
<b>Part B - PAY INFORMATION</b>														
1. Hours worked			FOR OFFICE USE ONLY						2. Times of day worked - Do not include breaks.					
Regular			START (00:00- 15:30:45)						FINISH (00:00- 15:30:45)					
Training			a. _____						□ am □ pm					
Night Differential (6 pm-6 am)			b. _____						□ am □ pm					
Overtime			c. _____						□ am □ pm					
Night Differential/ Overtime (6 pm-6 am)			d. _____						□ am □ pm					
Total			e. _____						□ am □ pm					
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.												Cases Completed (Filled by supervisor) CLD number _____		
4. Reimbursements												Cases submitted _____		
Miles driven			Telephone \$ _____			Other - Specify in Remarks and attach receipts where required.			\$ _____			Cases accepted _____		
FOR OFFICE USE ONLY			\$ _____			\$ _____			\$ _____					
<b>Part C - CERTIFICATION</b>														
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. CENSUS BUREAU**

**D-308**  
**DAILY PAY AND WORK RECORD**  
 Page 2 of 3

FORM D-308 (07-30-2009)		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU																																																
<b>DAILY PAY AND WORK RECORD</b> <b>2010 CENSUS</b>																																																		
<b>Part A - EMPLOYEE INFORMATION</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 10%; text-align: center;">MI</td> <td colspan="2" style="width: 40%; border: 1px solid black; height: 30px; vertical-align: top;">Employee ID</td> </tr> <tr> <td colspan="4">Last Name</td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;">         Month      Day      Year         <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Sun</td> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> </tr> </table> </td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 5px;"> <b>1. Date worked</b> . . . . .      <b>Day worked -</b>   <small>Mark (X) . . . . .</small>      <input type="checkbox"/>      <b>If RECLAIM -</b>   <small>Mark (X) this box</small> <input type="checkbox"/> </td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;"> <b>2. Task code</b> . . . . .      <b>Operation name</b> . . . . .      Remarks         </td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;"> <b>3. Office code</b> . . . . .      <b>Office name</b> . . . . .         </td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;"> <b>4. Points of travel</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> </td> </tr> </table>				First Name	MI	Employee ID		Last Name				Month      Day      Year <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Sun</td> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> </tr> </table>				Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>1. Date worked</b> . . . . . <b>Day worked -</b> <small>Mark (X) . . . . .</small> <input type="checkbox"/> <b>If RECLAIM -</b> <small>Mark (X) this box</small> <input type="checkbox"/>				<b>2. Task code</b> . . . . . <b>Operation name</b> . . . . .      Remarks				<b>3. Office code</b> . . . . . <b>Office name</b> . . . . .				<b>4. Points of travel</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				From	To	From	To								
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**Part B - PAY INFORMATION**																											--	----------------------------------	---	---	--	--	----	---	----	--	--	--	--	------------------------------------	----------------------------------	--	---------	--	--	--	--	--	--	--	-----------------		<b>1. Hours worked</b> <small>(.00, .25, .50, .75)</small>	<b>FOR OFFICE USE ONLY</b>	<b>2. Times of day worked - Do not include breaks.</b>																										<b>START</b> <small>(:00, :15, :30, :45)</small>	<b>FINISH</b> <small>(:00, :15, :30, :45)</small>																							Regular . . . . .      *      *		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm																			
                                 |                                  |  |         |  |  |  |  |  |  |  |                 | | Training . . . . .      *      *   |                                  | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm                 | <input type="checkbox"/> am <input type="checkbox"/> pm                      |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | Night Differential<br><small>(6 pm-6 am)</small> . . . . .      *      *   |                                  | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm                 | <input type="checkbox"/> am <input type="checkbox"/> pm                      |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | Overtime . . . . .      *      *   |                                  | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm                 | <input type="checkbox"/> am <input type="checkbox"/> pm                      |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | Night Differential/<br>Overtime<br><small>(6 pm-6 am)</small> . . . . .      *      *  |                                  | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm                 | <input type="checkbox"/> am <input type="checkbox"/> pm                      |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | Total . . . . .      *      *  |                                  | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm                 | <input type="checkbox"/> am <input type="checkbox"/> pm                      |  |    |   |    |  
                                 |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | <b>3. Have you claimed ALL hours worked?</b> If not - Please list number of hours, date(s) hours were worked, and an explanation of why you are not claiming them for payment.   |                                  |   |   | <b>Cases Completed</b><br><small>(Filed by supervisor)</small><br>CLD number |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | |  |                                  |   |   | Cases submitted  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | |  |                                  |   |   | Cases accepted   |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | <b>4. Reimbursements</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Miles driven</td> <td style="width: 10%; text-align: center;">Telephone</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 10%; text-align: center;">Other - Specify<br/>in Remarks and<br/>attach receipts<br/>where required.</td> <td style="width: 10%; text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>  |                                  |   |   | Miles driven   | Telephone  | \$ | Other - Specify<br>in Remarks and<br>attach receipts<br>where required.   | \$ |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  | Cases submitted | | Miles driven   | Telephone                        | \$  | Other - Specify<br>in Remarks and<br>attach receipts<br>where required. | \$   |  |    |   |    |        
   |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | |  |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | |  |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | |  |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | |  |                                  |   |   | Cases accepted   |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | <b>Part C - CERTIFICATION</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%;"> <b>Privacy Act Notice</b> - 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.         </td> </tr> <tr> <td colspan="2"> <b>Employee's Certification</b> - 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.         </td> </tr> <tr> <td colspan="2"> <b>Supervisor's Certification</b> - I certify that I have reviewed the entries made and they appear to be reasonable and accurate.         </td> </tr> <tr> <td colspan="2">           Signature      Date      Signature      Date         </td> </tr> <tr> <td style="width: 15%; text-align: center;"> <b>FOR OFFICE<br/>USE<br/>ONLY</b> </td> <td colspan="2" style="text-align: center;">           Audited by (Initial<br/>and date)         </td> <td colspan="2" style="text-align: center;">           Remarks         </td> </tr> </table> |                                  |   |   |  | <b>Privacy Act Notice</b> - 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. |    | <b>Employee's Certification</b> - 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. |    | <b>Supervisor's Certification</b> - I certify that I have reviewed the entries made and they appear to be reasonable and accurate. |  | Signature      Date      Signature      Date |  | <b>FOR OFFICE<br/>USE<br/>ONLY</b> | Audited by (Initial<br>and date) |  | Remarks |  |  |  |  |  |  |  |                 | | <b>Privacy Act Notice</b> - 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.   |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | <b>Employee's Certification</b> - 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.  |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | <b>Supervisor's Certification</b> - I certify that I have reviewed the entries made and they appear to be reasonable and accurate.   |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | Signature      Date      Signature      Date   |                                  |   |   |  |  |    |   |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | <b>FOR OFFICE<br/>USE<br/>ONLY</b>   | Audited by (Initial<br>and date) |   | Remarks   |  |  |    |  
  |    |  |  |  |  |                                    |                                  |  |         |  |  |  |  |  |  |  |                 | | | | |

Copy distribution: ORIGINAL - Payroll   COPY - Employee  
 U S C E N S U S B U R E A U

**D-308**  
**DAILY PAY AND WORK RECORD**  
**Page 3 of 3**

Management is authorized to collect information including a Social Security Number from all sworn employees of the Bureau of the Census. Refer to the Privacy Act Statement below.

**PRIVACY ACT STATEMENT** – Section 23 of Title 13, U.S. Code authorizes collection of this information. The primary use of this information is to certify the reasonableness and accuracy of claims, to evaluate production and payroll data, and to provide reports for management-level review. This information is required to identify individual performance, and, as such, failure to furnish this information including your Employee ID on census forms when required, may result in termination or appointment. Your signature in the certification statement section acknowledges your receipt of this notice.

**INSTRUCTIONS** – Using a blue or black ink ball-point pen, print each letter, number, and/or symbol inside the designated boxes. Carefully read the instructions below before completing applicable items. If you require more detailed instructions, refer to your Census Employee Handbook.

**PART A – EMPLOYEE INFORMATION**

Enter your First name, Middle initial, Last name, and Employee ID.

**Items 1-2** – Enter the date the work is performed. Mark an (X) in the box for the day that corresponds to the date worked. Enter the task code and name of the operation which you are working on. If you are reclaiming hours or expenses from previous pay periods, mark an (X) in the REC/ALM box.

**Item 3** – Enter the Office code and Office name to which you are assigned. This information can be found on your Form SF-50, Notice of Personnel Action appointment document, or ask your Supervisor.

**Item 4** – Enter the place to which you drove each day. When driving within a city or county, enter the for "in and around." For example, "AA Fairfax County and return." If you work in more than one assignment area, then enter only the AA numbers.

**PART B – PAY INFORMATION**

**Item 1** – Record the daily hours that you work. For field employees, work includes time traveling to and from an assignment or training, attending training, working in the field, meeting with your supervisor(s), completing payroll forms, preparing and organizing assignments at home, including telephone calls to respondents and/or supervisors. Do not include lunch periods or personal breaks from census duty. When recording partial hours, enter increments of 15 minutes (e.g., 15 minutes = .25 hour; 30 minutes = .50 hours; 45 minutes = .75 hours).

**EXAMPLES:**

<input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="6"/>	<input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>	<input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="5"/>
--	--	--	--

5 hours, 00 minutes      5 hours, 15 minutes      5 hours, 30 minutes      5 hours, 45 minutes

**Item 2** – Record the time(s) of day that you work. The total hours must not exceed 8 hours unless additional worktime is first approved by your supervisor.

**Item 3** – Record any hours you worked but are not claiming for payment. Also include the date(s) the hours were worked and an explanation on why you are not claiming them for payment.

**Item 4** – Record your daily reimbursable expenses including number of miles driven for the day. Attach telephone bills if you are claiming official telephone expenses incurred from your home telephone or other personal telephone equipment.

**CASES COMPLETED** – Supervisors will complete Cases Completed entering all items as required. Specific instructions on how to fill the items are contained in the supervisor's Operations Manual. Ensure that your supervisor completes the CLD number on every D-308 you submit. This is a required item for all enumerators.

**PART C – CERTIFICATION**

Certify (sign) and date your payroll document then submit it to your supervisor for approval. Keep the "Employee" copy for your record.

Form 5010-1025000

## Page 1 of 2

PRINT HARD - USE BLUE OR BLACK BALLPOINT PEN												Sheet _____ of _____ sheets					
Form D-308A G-14-2890		U.S. DEPARTMENT OF COMMERCE CENSUS AND SURVEY ACTIVITIES U.S. CENSUS BUREAU		1. Employee ID		2. Name (Last, first, middle initial)											
PER DIEM EXPENSE RECORD 2010 Census												3. Post of duty City _____ State _____		4. Office code			
<b>Privacy Act Notice</b> - 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.												5. GTA number		6. Amount of transportation		7. Date submitted Month    Day    Year ____    ____    ____	
<b>WARNING AGAINST FALSE, FICTITIOUS, OR FRAUDULENT CLAIMS</b> - Whoever knowingly makes a false, fictitious, or fraudulent claim against the U.S. Government shall be subject to a fine, imprisonment, or both.												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.					
<b>Section I - PER DIEM EXPENSES</b>																	
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.												
	a.m. p.m.				a.m. p.m.												
(12) TOTAL PER DIEM CLAIMED →																	
<b>Section II - CERTIFICATION STATEMENTS</b>		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 expenses should be paid.				Signature of supervisor				Date							
<b>Section III - AUDITED BY</b>		Signature of auditor								Date							

Copy distribution: WHITE - LCO Payroll      YELLOW - Employee

U.S. CENSUS BUREAU

**Page 2 of 2****GENERAL INSTRUCTIONS**

- All trips requiring per diem must be authorized in advance by Local Census Office Managers. Obtain your maximum per diem rates from the office at the time of authorization. No employee will receive allowances or reimbursements without advance written approval.
- Prepare a Form D-308A for each approved trip. Submit the form immediately upon completion of the trip. Do not combine two individual trips on one Form D-308A. If there is a one-day break or more in travel, complete a separate Form D-308A for each trip.
- Print all entries, except your signature, in blue or black ballpoint pen. Fill the identification boxes 1 through 6 on all forms you submit.
- Give Form D-308A to your supervisor for review and certification. Keep the goldenrod copy for your records.

**Section I - PER DIEM EXPENSES**

**Column (1)** - Enter the beginning date of travel.

**Column (2)** - Enter the exact departure time from home or temporary duty station (circle a.m. or p.m.).

**Column (3) and (4)** - Enter the names of the locations from where you depart and to which you strike. Interim locations need not be itemized unless requested by the supervisor. For each day on duty at a temporary duty station, enter "on duty (name of location)" in column (4). An entry must be made for each day.

**Column (5)** - Enter the arrival date of travel.

**Column (6)** - Enter the exact arrival time at the temporary duty station or post of duty (circle a.m. or p.m.).

**Columns (7) and (8)** - These entries are set amounts obtained from the local census office staff. A staff employee will fill these entries before you begin travel.

**Columns (9) and (10)** - Enter the amounts claimed for lodging and/or meals and incidental expenses. These amounts must not exceed the maximum allowable rates in columns (7) and (8). On the first and last days of travel, you can claim only the warranted amount for meals and incidental expenses.

**Column (11)** - Add columns (9) and (10) and enter the amount in column (11).

**Line (12)** - Total column (11) and enter the amount on line (12).

**NOTE:** - Submit receipts for lodging along with the Per Diem Expense Record.

**Section II - CERTIFICATION STATEMENT**

Review Form D-308A with your supervisor before signing and dating it. After approval, certify and date the form. Keep the yellow copy for your records. Give the original and all receipts for lodging to your supervisor. Your supervisor will submit the Form D-308A to the payroll office in processing.

**Section III - AUDITED BY**

(Leave blank.)

**D-308C**  
**DAILY HOURS TRACKING FORM**

FORM D-308C  
(7-25-2007)

**Daily Hours Tracking Form**  
2010 Census

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

**Authorized Work Time** – Employees will only be paid for authorized work time. This includes time spent training in the classroom, on-the-job training, traveling to and from training sessions, traveling while on official business, completing and reviewing work assignments, and meeting with supervisors. Employees will not be paid for time spent for mealtime and/or breaks and time spent conducting unofficial business.

**Regulations for Charging Overtime** – Overtime hours must be approved in writing by the appropriate assistant manager or designee before the overtime hours are worked. Supervisors must have management approval before instructing employees to work overtime hours. Employees who work overtime without supervisory approval will be subject to termination. Review the overtime policy in the D-591, *Census Employee Handbook for Crew Leaders and Field Operations Supervisors*, Chapter 3.

**INSTRUCTIONS**

Record the employee name and the date for each corresponding day of the week in the spaces provided. Record the total hours worked daily by each employee. These hours are the same as those recorded on Form D-308, *Daily Pay and Work Record*. At the end of the pay period, record a sum of the daily hours in the column marked **Total**. Sign your name at the bottom, acknowledging that the information you are providing is true and correct to the best of your knowledge. Retain the yellow copy for your records and forward the original to the Assistant Manager for Administration at the close of the pay period.

(Enter dates.) Employee Name <input checked="" type="checkbox"/>	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total	(Enter same dates as shown on the left.) Employee Name <input checked="" type="checkbox"/>	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total
	1								10								
2								11									
3								12									
4								13									
5								14									
6								15									
7								16									
8								17									
9								18									
<b>Certification</b> – The information provided above is true and correct to the best of my knowledge. I have not permitted employees to work unauthorized overtime hours.									Signature			CLD number	Date				

Copy distribution: WHITE – Office    YELLOW – Supervisor

U S C E N S U S B U R E A U

**D-308R**  
**DAILY TIME AND EXPENSE TRACKING LOG**  
**(Page 1 of 2)**

FORM D-308R (Rev. 2007)		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU						INSTRUCTIONS		
<b>DAILY TIME AND EXPENSE TRACKING LOG</b> 2010 Census								Use this log to track your daily start and end times, work hours, miles, and expenses beginning the first day you start training until the end of operations. <b>REMEMBER</b> - Do not work overtime without prior approval from your supervisor.		
<b>WEEK #1</b>		<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>			<b>SATURDAY</b>
Pay period dates  From  To	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs		
	Miles	Miles	Miles	Miles	Miles	Miles	Miles	Miles		
	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses		
	<b>WEEK #2</b>		<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	
Pay period dates  From  To	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs		
	Miles	Miles	Miles	Miles	Miles	Miles	Miles	Miles		
	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses		
	<b>WEEK #3</b>		<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	
Pay period dates  From  To	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	Start	Start	Start	Start	Start	Start	Start	Start		
	End	End	End	End	End	End	End	End		
	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs		
	Miles	Miles	Miles	Miles	Miles	Miles	Miles	Miles		
	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses		

U.S. CENSUS BUREAU

**D-308R**  
**DAILY TIME AND EXPENSE TRACKING LOG**  
**(Page 2 of 2)**

<b>WEEK 4</b>		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Pay period dates	From	Start	Start	Start	Start	Start	Start	Start
	To	End	End	End	End	End	End	End
From	Start	Start						
	To	End	End	End	End	End	End	End
No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	
Miles	Miles	Miles	Miles	Miles	Miles	Miles	Miles	
Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	

<b>WEEK 5</b>		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Pay period dates	From	Start	Start	Start	Start	Start	Start	Start
	To	End	End	End	End	End	End	End
From	Start	Start						
	To	End	End	End	End	End	End	End
No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	
Miles	Miles	Miles	Miles	Miles	Miles	Miles	Miles	
Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	

<b>WEEK 6</b>		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Pay period dates	From	Start	Start	Start	Start	Start	Start	Start
	To	End	End	End	End	End	End	End
From	Start	Start						
	To	End	End	End	End	End	End	End
No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	No. of hrs	
Miles	Miles	Miles	Miles	Miles	Miles	Miles	Miles	
Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	

**NOTES** - Use this space for any explanation regarding your reported data.

**D-312**  
**DECENNIAL EAP LIAISON PHONE LOG**

U.S. CENSUS BUREAU

**D-423(AN)**  
**DAPPS CHECKLIST OF FORMS FOR NEW APPOINTMENT IN THE LCO**  
**Non-Supervisory**

FORM D-423(AN)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU
<b>DAPPS CHECKLIST OF FORMS FOR NEW APPOINTMENTS IN THE LOCAL CENSUS OFFICE</b> <b>(Non-Supervisory Employees)</b>	
2010 Census	
<p><b>INSTRUCTIONS</b></p> <p>Employee Checklist of forms in Hiring Package – Use this checklist as a guide for document review at the training session or when processing the hire action at the Local Census Office.</p>	
<p><b>SECTION I – OFFICE FORM</b></p> <p style="text-align: right; font-size: small;">Mark (X) if included</p> <ul style="list-style-type: none"> <li>• Form BC-61, Appointment Affidavits – Oath of Office <i>(must be signed by employee delegated the authority, such as Field Operations Supervisor, Crew Leader, Office Operations Supervisor, Assistant Manager for Administration, Assistant Manager for Field Operations, Local Census Office Manager)</i> ..... <input type="checkbox"/></li> <li>• Form D-155, Applicant Data (To be added by LCO) ..... <input type="checkbox"/></li> <li>• Form D-186F, Temporary Excepted Service Employment Agreement ..... <input type="checkbox"/></li> <li>• Form D-991, Overtime Policy Agreement for Recruiting Assistants and Enumerators ..... <input type="checkbox"/></li> <li>• Form D-1129, Personal Telephone Reimbursement Policy Agreement ..... <input type="checkbox"/></li> <li>• Form OF-306, Declaration for Federal Employment ..... <input type="checkbox"/></li> <li>• Form CD-415, Record of Employee's Address and Emergency Information ..... <input type="checkbox"/></li> <li>• Form D-168, New Employee Data <i>(Sections A and B must be completed)</i> ..... <input type="checkbox"/></li> <li>• Form D-1199, Direct Deposit Sign-Up Form or Waiver of Electronic Funds Transfers ..... <input type="checkbox"/></li> <li>• Form I-9, Employment Eligibility Verification (rehires only) ..... <input type="checkbox"/></li> </ul>	
<p><b>SECTION II – INFORMATIONAL</b> <i>(Provide to employee only)</i></p> <ul style="list-style-type: none"> <li>• Form D-187, Summary of Ethics Rules ..... <input type="checkbox"/></li> <li>• Form D-198, What You Must Do to Get Your Paycheck On Time Administrative Responsibilities For All Employees ..... <input type="checkbox"/></li> <li>• Form D-287, Post Employment Restrictions Under 18 U.S.C. 207 ..... <input type="checkbox"/></li> </ul>	

U.S. CENSUS BUREAU

**DAPPS CHECKLIST OF FORMS  
FOR NEW APPOINTMENT IN THE LCO  
(Supervisory)**

FORM D-423(AS)  
REV. 1-2005

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

**DAPPS CHECKLIST OF FORMS FOR NEW  
APPOINTMENTS IN THE LOCAL CENSUS OFFICE  
(Supervisory Employees)**

**2010 Census**

**► INSTRUCTIONS**

Employee Checklist forms in Hiring Package – Use this checklist as a guide for document review at the training session or when processing the hire action at the Local Census Office.

**► SECTION I – OFFICE FORM**

Mark (X)  
If included

- Form BC-61, Appointment Affidavits – Oath of Office  
*(must be signed by employee delegated the authority, such as Field Operations Supervisor, Crew Leader, Office Operations Supervisor, Assistant Manager for Administration, Assistant Manager for Field Operations, Local Census Office Manager)* .....
- Form D-155, Applicant Data (To be added by LCO) .....
- Form D-186F, Temporary Excepted Service Employment Agreement .....
- Form D-990, Overtime Policy Agreement for Field Operations Supervisors and Crew Leaders .....
- Form D-1129, Personal Telephone Reimbursement Policy Agreement .....
- Form OF-306, Declaration for Federal Employment .....
- Form CD-415, Record of Employee's Address and Emergency Information .....
- Form D-168, New Employee Data  
*(Sections A and B must be completed)* .....
- Form D-1199 Direct Deposit Sign-Up Form or Form D-260, Waiver of Electronic Funds Transfer .....
- Form I-9, Employment Eligibility Verification (rehires only) .....

**► SECTION II – INFORMATIONAL**

*(Provide to employee only)*

- Form D-187, Summary of Ethics Rules .....
- Form D-198, What You Must Do to Get Your Paycheck On Time  
*Administrative Responsibilities For All Employees* .....
- Form D-287, Post Employment Restrictions Under 18 U.S.C. 207 .....

U S C E N S U S B U R E A U

**D-425**

A-124

04/01/09

**SELECTION RECORD**

Request ID: D-423

A-125

Page No. 2  
Run Date 07/26/2008  
Run Time 10:57:16

THIS REQUEST CONTAINS INFORMATION THE RELEASE OF WHICH IS PROTECTED  
BY THE PRIVACY ACT, FOR PURPOSES OF THE CHECKING OFFICIAL USE ONLY

Ingeschworene Search

D-423 SEARCHED RECD: 2008-07-26

Job Registration No: 1404 L Position: Crew Leader Specification: US Non-Resident Foreign

Reprint Option: Expedited Request

Geo. Search Req.

ST137 CPTC031

Name

Address

City

Zip

Home State VET Pref

Qualification #

Grade

Succ. Date

Rec'd Date

Status

NY, NY 10036-1723 34057 Drive Thru Cir, Farmington Hills, MI 48336-1723  
Total Candidates in this category: 1

NOTE: \* = Applicant/Employee on Multiple Certs Expiration in 30 days

NOTE: # = Applicant/Employee Work Authorization Expiration in 30 days

**D-425**  
**SELECTION RECORD**  
**(LANGUAGE)**

Language		Code	Description	Language	Address	Phone	Comments
English	ENGLISH	001	ENGLISH	ENGLISH	001	ENGLISH	ENGLISH
Spanish	SPANISH	002	SPANISH	SPANISH	002	SPANISH	SPANISH
French	FRENCH	003	FRENCH	FRENCH	003	FRENCH	FRENCH
German	GERMAN	004	GERMAN	GERMAN	004	GERMAN	GERMAN
Italian	ITALIAN	005	ITALIAN	ITALIAN	005	ITALIAN	ITALIAN
Portuguese	PORTUGUESE	006	PORTUGUESE	PORTUGUESE	006	PORTUGUESE	PORTUGUESE
Arabic	ARABIC	007	ARABIC	ARABIC	007	ARABIC	ARABIC
Korean	KOREAN	008	KOREAN	KOREAN	008	KOREAN	KOREAN
Chinese	CHINESE	009	CHINESE	CHINESE	009	CHINESE	CHINESE
Turkish	TURKISH	010	TURKISH	TURKISH	010	TURKISH	TURKISH
Swedish	SWEDISH	011	SWEDISH	SWEDISH	011	SWEDISH	SWEDISH
Norwegian	NORWEGIAN	012	NORWEGIAN	NORWEGIAN	012	NORWEGIAN	NORWEGIAN
Dutch	DUTCH	013	DUTCH	DUTCH	013	DUTCH	DUTCH
Polish	POLISH	014	POLISH	POLISH	014	POLISH	POLISH
Russian	RUSSIAN	015	RUSSIAN	RUSSIAN	015	RUSSIAN	RUSSIAN
Ukrainian	UKRAINIAN	016	Ukrainian	Ukrainian	016	Ukrainian	Ukrainian
Croatian	CROATIAN	017	Croatian	Croatian	017	Croatian	Croatian
Bulgarian	BULGARIAN	018	Bulgarian	Bulgarian	018	Bulgarian	Bulgarian
Serbian	SERBIAN	019	Serbian	Serbian	019	Serbian	Serbian
Macedonian	MACEDONIAN	020	Macedonian	Macedonian	020	Macedonian	Macedonian
Greek	GREEK	021	Greek	Greek	021	Greek	Greek
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Latvian	LATVIAN	023	Latvian	Latvian	023	Latvian	Latvian
Lithuanian	LITHUANIAN	024	Lithuanian	Lithuanian	024	Lithuanian	Lithuanian
Czech	CZECH	025	Czech	Czech	025	Czech	Czech
Slovak	SLOVAK	026	Slovak	Slovak	026	Slovak	Slovak
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Hungarian	HUNGARIAN	028	Hungarian	Hungarian	028	Hungarian	Hungarian
Romanian	ROMANIAN	029	Romanian	Romanian	029	Romanian	Romanian
Albanian	ALBANIAN	030	Albanian	Albanian	030	Albanian	Albanian
Azerbaijan	AZERBAIJANI	031	Azerbaijan	Azerbaijan	031	Azerbaijan	Azerbaijan
Turkmen	TURKMEN	032	Turkmen	Turkmen	032	Turkmen	Turkmen
Kazakh	KAZAKH	033	Kazakh	Kazakh	033	Kazakh	Kazakh
Tajik	TAJIK	034	Tajik	Tajik	034	Tajik	Tajik
Ozbek	OZBEK	035	Ozbek	Ozbek	035	Ozbek	Ozbek
Kirghiz	KIRGHIZ	036	Kirghiz	Kirghiz	036	Kirghiz	Kirghiz
Uighur	UIGHUR	037	Uighur	Uighur	037	Uighur	Uighur
Georgian	GEORGIAN	038	Georgian	Georgian	038	Georgian	Georgian
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Hebrew	HEBREW	041	Hebrew	Hebrew	041	Hebrew	Hebrew
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Georgian	GEORGIAN	043	Georgian	Georgian	043	Georgian	Georgian
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Armenian	ARMENIAN	045	Armenian	Armenian	045	Armenian	Armenian
Georgian	GEORGIAN	046	Georgian	Georgian	046	Georgian	Georgian
Yiddish	YIDDISH	047	Yiddish	Yiddish	047	Yiddish	Yiddish
Armenian	ARMENIAN	048	Armenian	Armenian	048	Armenian	Armenian
Georgian	GEORGIAN	049	Georgian	Georgian	049	Georgian	Georgian
Yiddish	YIDDISH	050	Yiddish	Yiddish	050	Yiddish	Yiddish
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Georgian	GEORGIAN	052	Georgian	Georgian	052	Georgian	Georgian
Yiddish	YIDDISH	053	Yiddish	Yiddish	053	Yiddish	Yiddish
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Georgian	GEORGIAN	055	Georgian	Georgian	055	Georgian	Georgian
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Georgian	GEORGIAN	064	Georgian	Georgian	064	Georgian	Georgian
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Georgian	GEORGIAN	067	Georgian	Georgian	067	Georgian	Georgian
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Georgian	GEORGIAN	070	Georgian	Georgian	070	Georgian	Georgian
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Georgian	GEORGIAN	076	Georgian	Georgian	076	Georgian	Georgian
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Georgian	GEORGIAN	163	Georgian	Georgian</td			

D-426  
ADMINISTRATIVE RECORD OF RETURNED DOCUMENTS

**Copy distribution:** White – Transmit with document      Yellow – LCO files

U.S. CENSUS BUREAU

**D-477**  
**CONTRACT FOR INTERPRETER SERVICES**

FORM D-477  
 (10-9-2007)

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	<input type="checkbox"/> Yes <input type="checkbox"/> 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-952**  
**MOST FREQUENTLY ASKED QUESTIONS BY**  
**DECENNIAL EMPLOYEES**  
**(Page 1 of 2)**

<p>D-952 (Rev. 8-2007)</p>	<p style="text-align: right;">U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU</p>  <p style="text-align: center;"><b>MOST FREQUENTLY ASKED QUESTIONS BY DECENTNIAL EMPLOYEES</b> <b>2010 Census</b></p> <p>Reference – Census Employee Handbook, Chapter 3: Personnel and Payroll</p> <p><b>What type of appointment am I on?</b> You are appointed to a time limited temporary appointment with a specific expiration date. Your work schedule is intermittent. This means you have no set schedule tour of duty. You will only work when assignments are available. After work is completed, your employment may be terminated, even if your appointment has not expired.</p> <p><b>Am I entitled to any health or life benefits or leave?</b> You are not eligible to receive health or life insurance benefits, nor are you eligible to earn annual or sick leave.</p> <p><b>When will I receive my first paycheck and subsequent checks?</b> You will receive your first paycheck approximately 11 days after you complete your first workweek. Thereafter, you will be paid every Wednesday for each week that you work.</p> <p><b>Am I required by law to have my check direct deposited?</b> Yes, the Department of Treasury passed a law on January 1, 1999 that requires all federal payments to be issued electronically into your checking/savings account at your financial institution. We encourage all employees to have Direct Deposit. It is fast and safe—there is never any chance of lost or stolen funds. You and your financial institution must complete the SF-1199A, Direct Deposit Sign-Up Form, and submit it to your supervisor or mail it directly to your local census office. If you do not sign up for Direct Deposit, your check can be mailed to an address specified by you, after completing a Form D-260, Waiver of Electronic Salary Payment.</p> <p><b>Can I change my tax withholding at a later date?</b> Yes, you must fill out the applicable federal or state tax withholdings form(s), or submit a signed document requesting the change to your local census office.</p>
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U S C E N S U S B U R E A U

**D-952**  
**MOST FREQUENTLY ASKED QUESTIONS BY**  
**DECENNIAL EMPLOYEES**  
**(Page 2 of 2)**

**Am I paid for my lunch break or other breaks from census work?**

No, you are not paid for breaks. If you are on official duty and take a break/lunch break, do not record this time as paid time on your payroll document. You are only paid for the hours that you actually work.

**What kind of official work expenses can I be reimbursed for?**

You can be reimbursed for any expenses that you incur while performing official census business duties; i.e., mileage, official telephone calls, and parking. These reimbursements are not taxable items and in some situations receipts and supervisor approval are required.

**How do I report my hours worked and my reimbursable expenses?**

You will need to complete a Form D-308, *Daily Pay and Work Record* or E-308, *Electronic Pay and Work Record*, and submit it to your supervisor for each day you work. If you do not work a day, you do not need to complete a D-308 or E-308 payroll form.

**Am I able to work overtime to complete my work?**

Overtime is not permitted without approval from your supervisor. If your supervisor determines that it is necessary that overtime hours should be authorized and there is no other viable solution but to work overtime, then they will seek authorization from the appropriate assistant manager or designee and let you know if you should work the overtime hours. **Do not work overtime without PRIOR APPROVAL from your supervisor.** If you work overtime without prior approval, you will be terminated. For more information on overtime, refer to your Census Employee Handbook.

**If I don't receive my paycheck within 3 days of the scheduled pay date, or, if I have questions regarding my appointment or other pay issues, who do I contact?**

If you have an administrative or payroll problem of any kind you should contact the Personnel and Payroll Hotline at 1-877-233-4776. This hotline number is not intended for reporting grievances or other unresolved workplace issues.

Reference – Census Employee Handbook, Chapter 7: Employee Relations

**Who can I talk to about unresolved workplace issues?**

If there are any outstanding issues that you have been unable to resolve with local and Regional Office management, you can call the Census Equal Employment Opportunity (EEO) Hotline at 1-800-872-6096.

D-952 (8-9-2007)

**D-990**  
**OVERTIME POLICY AGREEMENT FOR FIELD OPERATIONS SUPERVISORS  
AND CREW LEADERS**

FORM D-990  
(92-5008)

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

**OVERTIME POLICY AGREEMENT FOR FIELD  
OPERATIONS SUPERVISORS AND CREW LEADERS  
2010 Census**

**NOTICE**

Please read this statement carefully and discuss any questions you may have with a member of the management staff or designee of the Census Bureau before signing it and accepting a position as an employee of the Census Bureau.

**POLICY**

Overtime is defined as hours of work that are ordered and approved in advance by the appropriate assistant manager or designee that exceeds 8 hours in a day or 40 hours in a week (Sunday through Saturday). You are not allowed to work more than 40 hours weekly. This work time includes preparing assignments, completing assignments in the field or office, and traveling to and from your assignment area. It is grounds for termination if you exceed this limit without advance approval.

You may, if you choose, work more than 8 hours in a day so long as you do not work more than 40 hours in a week. However, if your supervisor has not ordered you to work more than 8 hours in a day and the additional time has not been approved in writing, you will be paid at your regular rate of pay for those hours.

You are not allowed to manipulate or accumulate hours, for example, working 42 hours in one week but reporting the excess hours during a subsequent week in which you've worked less than 40 hours.

In compliance with the Fair Labor Standards Act (FLSA), the Census Bureau has set rules and procedures for monitoring and compensating overtime hours worked. As a supervisor, you cannot request an employee to work overtime hours without compensation. If you are aware of employees who work more than 40 hours in a week and the overtime hours were not approved in advance by the appropriate assistant manager or designee, you have essentially permitted the employee to work the overtime. As result, the employee will be compensated for the unauthorized time worked and all those involved, including supervisors and crew leaders, will be subject to removal from employment. In your job, you have been given tools to help you monitor the weekly hours of your staff.

A "Pool of Hours" has been pre-approved for you to use during the operational period following training. You will be allowed five (5) hours of pre-approved overtime per pay period, to be used after the 40 hours has been worked, in emergency situations, for example, receiving calls, picking up dropped assignments, etc. These hours will be monitored by the AMFO or AMQA. In addition, if you do 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 you may not use all pre-approved hours each week, but could use some, none, or all. The number of staff you oversee will play a factor in determining if the overtime is needed.

If you work more than the five (5) pre-approved hours without obtaining advance approval, you will be terminated for working unapproved overtime.

**STATEMENT OF UNDERSTANDING**

I understand that overtime hours must be approved by the appropriate assistant manager or designee before I can work more than 40 hours in a week (Sunday through Saturday). I understand that the accumulation of hours (working 42 hours in one week but reporting the excess hours during a subsequent week) will not be tolerated and is grounds for termination from employment. I agree to record my exact hours and reimbursable expenses on my payroll form for each day that I work and submit that form to my supervisor.

**CERTIFICATION**

I have read, fully understand and agree to the procedures regarding approval for overtime as stated above.  
I understand that failure to follow the policy and procedures is grounds for termination from employment.

Signature of employee	Date
Full name of employee – Please print.	
Signature of Census Bureau Representative	Date

U S C E N S U S B U R E A U

**D-991**  
**OVERTIME POLICY AGREEMENT FOR RECRUITING ASSISTANTS AND  
ENUMERATORS**

FORM D-991  
(7-28-2007)

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

**OVERTIME POLICY AGREEMENT FOR RECRUITING  
ASSISTANTS AND ENUMERATORS**  
2010 Census

**NOTICE**

Please read this statement carefully and discuss any questions you may have with a member of the management staff or designee of the Census Bureau before signing it and accepting a position as an employee of the Census Bureau.

**POLICY**

As stated in your **Census Employee Handbook** (D-590), Chapter 3, Topic 3, Your Job Activities and Authorized Hours

*All requests for overtime hours must be approved in advance by the appropriate assistant manager or designee before you begin working the additional hours.*

Overtime is defined as hours of work that are ordered and approved in advance by the appropriate assistant manager or designee that exceeds 8 hours in a day or 40 hours in a week (Sunday through Saturday). You are not allowed to work more than 40 hours weekly. This work time includes preparing assignments, completing assignments in the field or office, and traveling to and from your assignment area. It is grounds for termination if you exceed this limit without advance approval.

You may, if you choose, work more than 8 hours in a day so long as you do not work more than 40 hours in a week. However, if your supervisor has not ordered you to work more than 8 hours in a day and the additional time has not been approved in writing, you will be paid at your regular rate of pay for those hours.

You are not allowed to manipulate or accumulate hours. For example, working 42 hours in one week but reporting the excess hours during a subsequent week in which you do not work 40 hours.

**STATEMENT OF UNDERSTANDING**

I understand that overtime hours must be approved by the appropriate assistant manager or designee before I can work more than 40 hours in a week (Sunday through Saturday). I understand that the accumulation of hours (working 42 hours in one week but reporting the excess hours during a subsequent week) will not be tolerated and is grounds for termination from employment. I agree to record my exact hours and reimbursable expenses on my payroll form for each day that I work and submit that form to my supervisor.

**CERTIFICATION**

I have read, fully understand, and agree to the procedures regarding approval for overtime as stated above. I understand that failure to follow the policy and procedures is grounds for termination from employment.

Signature of employee	Date
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Full name of employee – <i>Please print.</i>	
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Signature of Census Bureau Representative	Date
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U S C E N S U S B U R E A U

**D-991 (PA)**  
**OVERTIME POLICY AGREEMENT FOR PARTNERSHIP ASSISTANTS**

FORM D-991 (PA)  
 (5-22-2002)

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

**OVERTIME POLICY AGREEMENT FOR  
 PARTNERSHIP ASSISTANTS  
 2010 Census**

**NOTICE**

Please read this statement carefully and discuss any questions you may have with a member of the management staff or designee of the Census Bureau before signing it and accepting a position as an employee of the Census Bureau.

**POLICY**

As stated in your **Census Employee Handbook** (D-500), Chapter 3, Topic 3, Your Job Activities and Authorized Hours:

*All requests for overtime hours must be approved in advance by the appropriate assistant manager or designee before you begin working the additional hours.*

Overtime is defined as hours of work that are ordered and approved in advance by the appropriate assistant manager or designee that exceeds 8 hours in a day or 40 hours in a week (Sunday through Saturday). You are not allowed to work more than 40 hours weekly. This work time includes preparing assignments, completing assignments in the field or office, and traveling to and from your assignment area. It is grounds for termination if you exceed this limit without advance approval.

You may, if you choose, work more than 8 hours in a day so long as you do not work more than 40 hours in a week. However, if your supervisor has not ordered you to work more than 8 hours in a day and the additional time has not been approved in writing, you will be paid at your regular rate of pay for those hours.

You are not allowed to manipulate or accumulate hours. For example, working 42 hours in one week but reporting the excess hours during a subsequent week in which you do not work 40 hours.

**STATEMENT OF UNDERSTANDING**

I understand that overtime hours must be approved by the appropriate assistant manager or designee before I can work more than 40 hours in a week (Sunday through Saturday). I understand that the accumulation of hours (working 42 hours in one week but reporting the excess hours during a subsequent week) will not be tolerated and is grounds for termination from employment. I agree to record my exact hours and reimbursable expenses on my payroll form for each day that I work and submit that form to my supervisor.

**CERTIFICATION**

I have read, fully understand, and agree to the procedures regarding approval for overtime as stated above. I understand that failure to follow the policy and procedures is grounds for termination from employment.

Signature of employee	Date
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Full name of employee – Please print

Signature of Census Bureau Representative	Date
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U S C E N S U S B U R E A U

**D-992**  
**OVERTIME POLICY AGREEMENT FOR OFFICE OPERATIONS SUPERVISORS AND CLERKS**

FORM D-992 (7-28-2007)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU
<b>OVERTIME POLICY AGREEMENT FOR OFFICE OPERATIONS SUPERVISORS AND CLERKS</b> <b>2010 Census</b>	

**NOTICE**

Please read this statement carefully and discuss any questions you may have with a member of the management staff or designee of the Census Bureau before signing it and accepting a position as an employee of the Census Bureau.

**POLICY**

As stated in your **Census Employee Handbook** (D-592 or D-593), Chapter 3, Topic 2:

*The appropriate assistant manager or designee must approve all requests for overtime in advance, before you begin working the additional hours.*

Overtime is defined as hours of work that are ordered and approved in advance by the appropriate assistant manager or designee that exceeds 8 hours in a day or 40 hours in a week (Sunday through Saturday).

As an office employee, you will be assigned a work schedule by your supervisor. You are expected to work those hours. This schedule will be no more than 8 hours in a day. You 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 you begin working. If you work overtime without supervisory approval, you will be subject to termination.

For supervisors: You are required to certify timesheets. This means verifying the hours were accurately recorded. It is also your responsibility to keep track of the weekly hours for your staff, making sure they don't work more than 8 hours a day or 40 hours a week.

**STATEMENT OF UNDERSTANDING**

I understand that overtime hours must be approved by the appropriate assistant manager or designee before I can work more than 8 hours in a day or 40 hours in a week (Sunday through Saturday). I understand that the accumulation of hours (working 42 hours in one week but reporting the excess hours during a subsequent week) will not be tolerated and is grounds for termination from employment. I agree to record my exact hours and reimbursable expenses on my payroll form for each day that I work and submit that form to my supervisor.

**CERTIFICATION**

I have read, fully understand, and agree to the procedures regarding approval for overtime as stated above. I understand that failure to follow the policy and procedures is grounds for termination from employment.

Signature of employee	Date
Full name of employee – Please print.	
Signature of Census Bureau Representative	
Date	

U S C E N S U S B U R E A U

**D-993**  
**OVERTIME POLICY AGREEMENT FOR LCO MANAGERS**

FORM D-993 (9-10-2009)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU
<b>OVERTIME POLICY AGREEMENT FOR LCO MANAGERS 2010 Census</b>	

**NOTICE**

Please read this statement carefully and discuss any questions you may have with the Area Manager before signing it and accepting a position as an employee of the Census Bureau.

**POLICY**

As stated in the D-501, LCO Administrative Manual, Chapter 9, Topic 1:

*The appropriate assistant manager or designee must approve all requests for overtime in advance, before you begin working the additional hours.*

Overtime is defined as hours of work that are ordered and approved in advance by the appropriate assistant manager or designee that exceeds 8 hours in a day or 40 hours in a week (Sunday through Saturday).

As a manager, you will need to determine if working overtime is the most effective solution. If overtime is the solution, you must complete Form CD-81, Authorization for Paid Overtime and/or Holiday Work and for Compensatory Overtime, as soon as you become aware overtime is necessary.

If an employee works unapproved overtime, the overtime must be paid and the offense documented. As a manager, you will need to determine whether the employee should be terminated for violating the overtime policy.

In compliance with the Fair Labor Standards Act (FLSA), the Census Bureau has set rules and procedures for monitoring and compensating overtime hours worked. As a supervisor, you cannot request an employee to work overtime hours without compensation. If you are aware of employees working more than 40 hours in a week with advance approval by the appropriate assistant manager or designee in accordance with Census Bureau Policy, you have essentially permitted the employee to work the overtime. As a result, the employee will be compensated for the unauthorized time worked and all those who knew or should have known the employees were working unauthorized overtime, including supervisors and crew leaders, will be subject to removal from employment. In your job, you have the tools to help monitor the weekly hours of your staff.

**STATEMENT OF UNDERSTANDING**

I understand that if overtime is the most effective solution, I must approve the hours in advance of them being worked. I understand I am responsible for determining whether violations of the policy have occurred; ensuring that documentation has been properly completed; and deciding the appropriate penalty for violations of the policy. I understand this policy also pertains to my position and I can be subject to termination for violating the overtime policy or permitting others to violate the policy.

**CERTIFICATION**

I have read, fully understand, and agree to the procedures regarding approval for overtime as stated above. I understand that failure to follow the policy and procedures is grounds for termination from employment.

Signature of employee	Date
Full name of employee – Please print.	
Signature of Census Bureau Representative	
Date	

U S C E N S U S B U R E A U

**D-1199**  
**DIRECT DEPOSIT AUTHORIZATION**

FORM D-1199 02-12-2009	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU
<b>DIRECT DEPOSIT AUTHORIZATION</b> <b>2010 Census</b>	
<p>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.</p>	
<b>Section A - PERSONAL INFORMATION</b>	
1. Employee name (Last, first, middle initial)	2. Social Security number         -
3. Street address <small>123 Main Street, Anytown, USA</small>	
4. City 	State   Zip Code   5. Telephone number - Include area code 
<b>Section B - YOUR FINANCIAL INSTITUTION</b>	
1. Name of Financial Institution (Your bank or credit union) <small>Bank of America</small>	
2. Street address <small>123 Main Street, Anytown, USA</small>	
3. City 	State   Zip Code   4. Telephone number - Include area code 
<b>Section C - YOUR ACCOUNT</b>	
1. Type of Account - Mark (X) below <input type="checkbox"/> Checking <input type="checkbox"/> Saving	2. Account number 
3. Financial Institution Routing number - MUST BE 9-DIGIT NUMBER 	
<p>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.</p>	
<b>Section D - EMPLOYEE CERTIFICATION</b>	
<p>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.</p>	
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

**D-1145**  
**EMPLOYEE REGISTER**

Date (a)	Time		Name (Print last name, first name) (d)	Name of department or person visiting (e)	Purpose of visit (f)
	In (b)	Out (c)			
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
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U.S. CENSUS BUREAU

**HCFA-1500**  
**HEALTH INSURANCE CLAIM FORM**

PLEASE DO NOT STAPLE IN THIS AREA		CARRIER	
HEALTH INSURANCE CLAIM FORM			
1. MEDICARE   MEDICAID   CHAMPUS   CHAMPVA   GROUP   FECA   OTHER (Medicare #)   (Medicaid #)   (Sponsor's SSN)   (VA File #)   (SSN or ID)   (SSN)   (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 <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)  CITY _____ STATE _____		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
ZIP CODE _____ TELEPHONE (Include Area Code)		7. INSURED'S ADDRESS (No., Street)  CITY _____ STATE _____ ZIP CODE _____ TELEPHONE (INCLUDE AREA CODE)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Student <input type="checkbox"/>	
10. IS PATIENT'S CONDITION RELATED TO:  a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER  a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME _____ c. INSURANCE PLAN NAME OR PROGRAM NAME _____ d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.	
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.	
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		18a. I.D. NUMBER OF REFERRING PHYSICIAN	
19. RESERVED FOR LOCAL USE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		18b. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
1. _____ 3. _____ 2. _____ 4. _____		20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. A		B   C   D   E   F   G   H   I   J   K DATE(S) OF SERVICE From MM DD YY To MM DD YY Place of Service Type of Service PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER DIAGNOSIS CODE \$ CHARGES DATES OF PSDI UNITS Family Plan EMG COB 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 govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
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.)		28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)	
SIGNED _____ DATE _____		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PIN# GRP#	
(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/86) <b>PLEASE PRINT OR TYPE</b> APPROVED OMB-0938-0006 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500. APPROVED OMB-0720-0001 (CHAMPUS)			

## USCIS Form I-9, Employment Verification (Page 1 of 5)

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12  
**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.

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.**

Form I-9 (Rev. 08/07/09) Y

## USCIS Form I-9, Employment Eligibility Verification (Page 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](http://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](http://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](http://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](http://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**

Form I-9 (Rev. 08/07/09) Y Page 2

**USCIS Form I-9, Employment Eligibility Verification**  
**(Page 3 of 5)**

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**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  
(Page 4 of 5)**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12

**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)

**USCIS Form I-9, Employment Eligibility Verification**  
**(Page 5 of 5)**

**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be unexpired

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
OR	AND	
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. 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	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	3. School ID card with a photograph	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)	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	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	
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	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	8. Employment authorization document issued by the Department of Homeland Security
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**NPC-579**  
**FREIGHT TRANSPORTATION SERVICE ORDER**

FORM NPC-579 3/26/2003		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S CENSUS BUREAU	
<b>FREIGHT TRANSPORTATION SERVICE ORDER</b> <small>This government shipment is subject to terms and conditions of 41 CFR 102-117 and 118 This is to confirm a request for the following transportation and or related transportation services</small>			
<b>COMMERCIAL B/L NO.</b>			
1. TRANSPORTATION COMPANY TENDERED TO	2. SCAC	3. DATE B/L PREPARED	
4. DESTINATION (Name, Address and Zip Code)		5. ORIGIN (Name, Address and Zip Code)	
6. MARKS AND ANNOTATIONS		7. SHIPPER (Name, Address, Zip Code)	
8. APPROPRIATION CHARGEABLE %		9. BILL CHARGES TO (Name, Address, Zip code)	
10. Packages # of Pieces    Kind		11. Description of Articles    12. STC    13. Weight J-Value Only Line    Req    Description    Estimated Charges	
		14. EST COST	
15. TENDER NO.	16. PICKUP SERV. FURNISHED VEHICLE FULLY LOADED	17. SHIPPERS INITIALS	18. CARRIER WAY/FREIGHT BILL NO
19. CARRIERS PICKUP DATE (Mo/Day/Yr.)	20a. SIGNATURE OF AGENT	20b. PER	21. SEAL NUMBERS Applied By
22a. ISSUING OFFICE (Name and Complete Address)		22b. ISSUING OFFICER	
		B/L NUMBER	

**OF-306**  
**DECLARATION FOR FEDERAL EMPLOYMENT**  
**(Page 1 of 2)**

Declaration for Federal Employment																							
Form Approved OMB No. 3206-0182																							
<b>GENERAL INFORMATION</b>																							
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 ◆																					
<b>Selective Service Registration</b>																							
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" skip 7b and 7c. If "YES" go to 7b. 7b. Have you registered with the Selective Service System? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" go to 7c. 7c. If "NO," describe your reason(s) in item #16.																							
<b>Military Service</b>																							
8. Have you ever served in the United States military? <input type="checkbox"/> YES Provide information below <input type="checkbox"/> NO <i>If you answered "YES," list the branch, dates, and type of discharge for all active duty.</i> <i>If your only active duty was training in the Reserves or National Guard, answer "NO."</i>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Branch</th> <th style="text-align: left; padding: 2px;">From MM/DD/YYYY</th> <th style="text-align: left; padding: 2px;">To MM/DD/YYYY</th> <th style="text-align: left; padding: 2px;">Type of Discharge</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge																
Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge																				
<b>Background Information</b>																							
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 <i>nolo contendere</i> (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? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(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.</i>																							
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. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO																							
U.S. Office of Personnel Management 5 U.S.C. 1302, 3301, 3304, 3328 & 8716		NSN 7540-01-368-7775 <small>Optional Form 306 Revised January 2001 Previous editions obsolete and unusable</small>																					

**OF-306**  
**DECLARATION FOR FEDERAL EMPLOYMENT**  
**(Page 2 of 2)**

<b>Declaration for Federal Employment</b>		Form Approved: OMB No. 3206-0182								
<p><b>Additional Questions</b></p> <p>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.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding-right: 10px;">YES</td> <td style="text-align: left; padding-left: 10px;">NO</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="text-align: left; padding-left: 10px;"><input type="checkbox"/></td> </tr> </table> <p>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?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding-right: 10px;">YES</td> <td style="text-align: left; padding-left: 10px;">NO</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="text-align: left; padding-left: 10px;"><input type="checkbox"/></td> </tr> </table> <p><b>Continuation Space / Agency Optional Questions</b></p> <p>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).</p>			YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO									
<input type="checkbox"/>	<input type="checkbox"/>									
YES	NO									
<input type="checkbox"/>	<input type="checkbox"/>									
<p><b>Certifications / Additional Questions</b></p> <p><b>APPLICANT:</b> 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.</p> <p><b>APPOINTEE:</b> 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.</p> <p>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.</p>										
17a. Applicant's Signature:	_____ (Sign in ink)	<b>Appointing Officer:</b> <small>Enter Date of Appointment or Conversion MM / DD / YYYY</small>								
17b. Appointee's Signature:	_____ (Sign in ink)									
<p>18. <b>Appointee (Only respond if you have been employed by the Federal Government before):</b> 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.</p>										
18a. When did you leave your last Federal job?	DATE: _____	<small>MM / DD / YYYY</small>								
<p>18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding-right: 10px;">YES</td> <td style="text-align: left; padding-left: 10px;">NO</td> <td style="text-align: left; padding-left: 10px;">Do Not Know</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="text-align: left; padding-left: 10px;"><input type="checkbox"/></td> <td style="text-align: left; padding-left: 10px;"><input type="checkbox"/></td> </tr> </table>			YES	NO	Do Not Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO	Do Not Know								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>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.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding-right: 10px;">YES</td> <td style="text-align: left; padding-left: 10px;">NO</td> <td style="text-align: left; padding-left: 10px;">Do Not Know</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="text-align: left; padding-left: 10px;"><input type="checkbox"/></td> <td style="text-align: left; padding-left: 10px;"><input type="checkbox"/></td> </tr> </table>			YES	NO	Do Not Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO	Do Not Know								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<small>U.S. Office of Personnel Management 5 U.S.C. 1302, 3301, 3304, 3328 &amp; 8716</small>		<small>Optional Form 306 Revised January 2001 Previous editions obsolete and unusable</small>								

**OPM-71**  
**REQUEST FOR LEAVE OR APPROVED ABSENCE**

<b>Request for Leave or Approved Absence</b>					
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		Time	
		From	To	From	To
<input type="checkbox"/> Accrued annual leave					
<input type="checkbox"/> Restored annual leave					
<input type="checkbox"/> Advance annual leave					
<input type="checkbox"/> Accrued sick leave					
<input type="checkbox"/> Advance sick leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory time off					
<input type="checkbox"/> Other paid absence (specify in remarks)					
<input type="checkbox"/> Leave without pay					
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		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		(If disapproved, give reason. If annual leave, initiate action to reschedule.)	
8b. Reason for disapproval					
8c. Signature				8d. Date signed	
<b>Privacy Act Statement</b> 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.					

SF-8

**NOTICE TO FEDERAL EMPLOYEES  
ABOUT UNEMPLOYMENT INSURANCE**

This form has been given to you because (1) you have been appointed to your job, (2) you are placed in a supervisory status, or (3) your records have been transferred to a different payroll office.

**LAWYER'S FEES AND EXPENSES** - If you file a claim for benefits or sue under this law, you may be entitled to an attorney's fees and expenses similar to those of workers in private industry. If you become unemployed or sick in a mining state and want to FILE A CLAIM, go to the nearest U.S. AIR FORCE EMPLOYMENT SECURITY OFFICE OR THE STATE EMPLOYMENT SECURITY AGENCY OR INSURANCE COMMISSIONER'S OFFICE. If you file your claim for UNEMPLOYMENT BENEFITS, you CANNOT file a claim DDO BUT YOU MAY file a CLAINT. If you wish, your unemployment benefits may be reduced or you may not

To help EXPEDITE your claim, use this form with your Social Security NUMBER and OFFICIAL NAME or your most recent SEPARATION from your present NONFEDERAL status (Standard Form 50 if available). EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

**KEEP THIS FORM AND TACKLE WITH YOU IF YOU ARE A U.S. CITIZEN OR EMPLOYEE OF FEDERAL WORKERS PUBLISHED BY FEDERAL LAW**  
**(U.S. CODE, TITLE 5, CHAPTER 85). FOR MORE INFORMATION ABOUT G.I. BILL USE, READ THE REVERSE SIDE OF THIS FORM.**

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Presidente de la Caja, Dr. Juan  
Gómez de la Fuente, Gobernador  
del Distrito Federal.

**SF-15**  
**APPLICATION FOR 10-POINT VETERAN PREFERENCE**  
**(Page 1 of 2)**

APPLICATION FOR 10-POINT VETERAN PREFERENCE																																																								
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)																																																								
<p><b>U.S. Office of Personnel Management</b></p> <p><b>PERSON APPLYING FOR PREFERENCE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Name (Last, First, Middle)</td> <td style="width: 50%;">2. Name of Civil Service or Postal Service exam and/or job announcement number you have applied for or position which you currently occupy</td> </tr> <tr> <td>3. Home address (Street Number, City, State and ZIP Code)</td> <td>4. Social Security Number</td> </tr> <tr> <td></td> <td>5. Date exam was held or application submitted</td> </tr> </table> <p><b>VETERAN INFORMATION (to be provided by person applying for preference)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">6. Veteran's name (Last, First, Middle) exactly as it appears on Service Records</td> </tr> <tr> <td style="width: 25%;">7. Veteran's periods of service</td> <td style="width: 25%;">Branch of Service</td> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Service Number</td> </tr> <tr> <td></td> <td></td> <td></td> <td>8. Veteran's Social Security Number</td> </tr> <tr> <td></td> <td></td> <td></td> <td>9. VA claim number, if any</td> </tr> </table> <p><b>TYPE OF 10-POINT PREFERENCE CLAIMED</b></p> <p><b>Instructions:</b> Check the block 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 submit to support your application. (Please Note: Eligibility for veterans' preference is governed by 5 U.S.C. 2108 and 5 CFR Part 211. All conditions are not fully described on this form because of space restrictions. The office to which you apply can provide additional information.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">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.</td> <td style="width: 10%; text-align: right;">Documentation Required (See reverse of this form.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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.</td> <td style="text-align: right;">A and B</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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.)</td> <td style="text-align: right;">C and H</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13. Preference for a 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.)</td> <td style="text-align: right;">A, D, E, and G (Submit G when applicable.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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.)</td> <td style="text-align: right;">Disabled Veteran C, F, and H (Submit F when applicable.)</td> </tr> <tr> <td></td> <td>a. Are you presently married to the veteran?  b. Were you married to the veteran when he or she died?  c. Have you remarried? (Do not count marriages that were annulled.)  d. Are you separated? If Yes, do not complete C, go to D.  e. If married now, is your husband totally and permanently disabled?  f. If the veteran is dead, did he/she die in active service?</td> <td style="text-align: right;">Deceased Veteran A, D, E, and F (Submit F when applicable.)</td> </tr> </table> <p><b>PRIVACY ACT AND PUBLIC BURDEN STATEMENT.</b></p> <p>The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with other 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 for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a specific employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Executive Order 9397 (November 22, 1943) authorizes Federal agencies to use an individual's Social Security Number (SSN) to identify individual records in Federal personnel records systems. Your SSN will be used to ensure accurate retention of records pertaining to you and may also be used to identify you to 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.</p> <p>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 OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415. The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.</p> <p>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 begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%; vertical-align: top;"> <p>FOR USE BY APPOINTING OFFICER ONLY</p> <p>Signature of Appointing Officer</p> </td> <td style="width: 50%; vertical-align: top;"> <p><i>This form must be signed by all persons claiming 10-Point preference</i></p> <p>Signature of person claiming preference</p> <p>Date signed (Month, Day, Year)</p> </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"> <input type="checkbox"/> Preference entitlement was verified  Name of Agency </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"> Date signed (Month, Day, Year) </td> </tr> </table>				1. Name (Last, First, Middle)	2. Name of Civil Service or Postal Service exam and/or job announcement number 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	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	<input type="checkbox"/>	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.	Documentation Required (See reverse of this form.)	<input type="checkbox"/>	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 B	<input type="checkbox"/>	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	<input type="checkbox"/>	13. Preference for a 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.)	<input type="checkbox"/>	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.)		a. Are you presently married to the veteran?  b. Were you married to the veteran when he or she died?  c. Have you remarried? (Do not count marriages that were annulled.)  d. Are you separated? If Yes, do not complete C, go to D.  e. If married now, is your husband totally and permanently disabled?  f. If the veteran is dead, did he/she die in active service?	Deceased Veteran A, D, E, and F (Submit F when applicable.)	<p>FOR USE BY APPOINTING OFFICER ONLY</p> <p>Signature of Appointing Officer</p>		<p><i>This form must be signed by all persons claiming 10-Point preference</i></p> <p>Signature of person claiming preference</p> <p>Date signed (Month, Day, Year)</p>			<input type="checkbox"/> Preference entitlement was verified Name of Agency			Date signed (Month, Day, Year)
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	5. Date exam was held or application submitted																																																							
6. Veteran's name (Last, First, Middle) exactly as it appears on Service Records																																																								
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			9. VA claim number, if any																																																					
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<p>FOR USE BY APPOINTING OFFICER ONLY</p> <p>Signature of Appointing Officer</p>		<p><i>This form must be signed by all persons claiming 10-Point preference</i></p> <p>Signature of person claiming preference</p> <p>Date signed (Month, Day, Year)</p>																																																						
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Previous editions not usable  
5 CFR 211

Standard Form 15  
Revised December 2004  
GSA GEN. REG. NO. 27  
NSN: 7540-00-034-3972

**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 unless a certified copy is specified.*

**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 documents :*

1. An official statement, *dated 1991 or later*, 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 1991 or later*, 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).**

If you checked Item 11 on the front of this form, *submit one of the following documents:*

1. An official statement, *dated 1991 or later*, 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 1991 or later*, 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.

1. Is the veteran currently working? If No, go to Item 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	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? A. Title and Grade of position most recently, or currently, held		Yes <input type="checkbox"/> No 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? If Yes, submit documentation of the resignation, disqualification, or separation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the veteran receiving a civil service retirement pension? If Yes, give the Civil Service or Federal employee retirement annuity number _____ ► CSA# _____		

Standard Form 15 (Back)  
Revised December 2004

**SF-50**  
**NOTIFICATION OF PERSONNEL ACTION**  
**(Page 1 of 2)**

Standard Form 50  
Rev. 7-91  
U.S. Office of Personnel Management  
GSA FPMR (41 CFR) Subtitle C, Chapter 105

**NOTIFICATION OF PERSONNEL ACTION**

1. Name - Last, First, Middle:		2. Serial Numeric Number:	3. Grade/Title:	4. Effective Date:
				10-12-2007
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>		
5. Job Title:	6. P. Name (Last, First, Middle):	7. Date of Action:		
121	Ex-Agencies	10-12-2007		
8. Grade:	9. Grade:	10. Grade:		
WGR	SC11A213S1030X31	64340601	6-12, except GS/DOJ	
11. Grade:	12. Grade:	13. Grade:	6-12, except GS/DOJ	
14. FPMR/Regulation Titles and References:		(S-70) Person Selected Number:		
		Enumeration PD: 38 Position: 090002018		
15. Pay Plan:	16. Pay Rate:	17. Grade:	18. GS/FLRA:	19. Pay Rate:
20. Basic Pay:	21. Knowles Act:	22. Avg. Bonus Pay:	23. Other Pay:	24. Basic Pay:
		\$12.25	\$0	\$12.25
25. Name and Location of Home or Permanent Residence:		26. Name and Location of Temporary Residence:		
		BUREAU OF THE CENSUS FIELD DIVISION SAN ANTONIO REGIONAL OFFICE SAN ANTONIO, TX 782708		
U.S.A.				
<b>EMPLOYEE DATA</b>				
27. Employee Number:	28. First Name:	29. Last Name:	30. Middle Name:	31. Suffix:
6	JANET	JOHNSTON	M	JR
31. Sex:	32. Age:	33. Grade:	34. Employment Status:	35. Length of Service:
M	41	GS-12	Full-time	0
36. FEPS:	37. Employment Status:	38. Length of Service:	39. Length of Service:	40. Length of Service:
	Ineligible	0	Not Applicable	0
41. Employment Status:	42. Service Type / Work Details:	43. Work Schedule:	44. Regular Rate:	45. Overtime Rate:
42. Work Details:				
46. Name:	10-12-2007	47. Intermediate:	48. Full-time:	49. Part-time:
<b>POSITION DATA</b>				
50. Name:	51. Grade:	52. Approximate Date:	53. Appointment Date:	54. Separation Date:
51. Approximate Date:	52. Grade:	53. Appointment Date:	54. Separation Date:	55. Retirement Date:
56. Approximate Date:	57. Grade:	58. Appointment Date:	59. Separation Date:	60. Retirement Date:
57. Grade:	58. Grade:	59. Grade:	60. Grade:	61. Grade:
62. Approximate Date:	63. Grade:	64. Appointment Date:	65. Separation Date:	66. Retirement Date:
63. Grade:	64. Grade:	65. Appointment Date:	66. Separation Date:	67. Retirement Date:
68. Approximate Date:	69. Grade:	70. Appointment Date:	71. Separation Date:	72. Retirement Date:
70. Grade:	71. Grade:	72. Appointment Date:	73. Separation Date:	74. Retirement Date:
73. Grade:	74. Grade:	75. Appointment Date:	76. Separation Date:	77. Retirement Date:
76. Grade:	77. Grade:	78. Appointment Date:	79. Separation Date:	80. Retirement Date:
80. Grade:	81. Grade:	82. Appointment Date:	83. Separation Date:	84. Retirement Date:
83. Grade:	84. Grade:	85. Appointment Date:	86. Separation Date:	87. Retirement Date:
86. Grade:	87. Grade:	88. Appointment Date:	89. Separation Date:	90. Retirement Date:
89. Grade:	90. Grade:	91. Appointment Date:	92. Separation Date:	93. Retirement Date:
92. Grade:	93. Grade:	94. Appointment Date:	95. Separation Date:	96. Retirement Date:
95. Grade:	96. Grade:	97. Appointment Date:	98. Separation Date:	99. Retirement Date:
98. Grade:	99. Grade:	100. Appointment Date:	101. Separation Date:	102. Retirement Date:
101. Grade:	102. Grade:	103. Appointment Date:	104. Separation Date:	105. Retirement Date:
104. Grade:	105. Grade:	106. Appointment Date:	107. Separation Date:	108. Retirement Date:
107. Grade:	108. Grade:	109. Appointment Date:	110. Separation Date:	111. Retirement Date:
110. Grade:	111. Grade:	112. Appointment Date:	113. Separation Date:	114. Retirement Date:
113. Grade:	114. Grade:	115. Appointment Date:	116. Separation Date:	117. Retirement Date:
116. Grade:	117. Grade:	118. Appointment Date:	119. Separation Date:	120. Retirement Date:
119. Grade:	120. Grade:	121. Appointment Date:	122. Separation Date:	123. Retirement Date:
122. Grade:	123. Grade:	124. Appointment Date:	125. Separation Date:	126. Retirement Date:
125. Grade:	126. Grade:	127. Appointment Date:	128. Separation Date:	129. Retirement Date:
128. Grade:	129. Grade:	130. Appointment Date:	131. Separation Date:	132. Retirement Date:
131. Grade:	132. Grade:	133. Appointment Date:	134. Separation Date:	135. Retirement Date:
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170. Grade:	171. Grade:	172. Appointment Date:	173. Separation Date:	174. Retirement Date:
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182. Grade:	183. Grade:	184. Appointment Date:	185. Separation Date:	186. Retirement Date:
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398. Grade:	399. Grade:	400. Appointment Date:	401. Separation Date:	402. Retirement Date:
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404. Grade:	405. Grade:	406. Appointment Date:	407. Separation Date:	408. Retirement Date:
407. Grade:	408. Grade:	409. Appointment Date:	410. Separation Date:	411. Retirement Date:
410. Grade:	411. Grade:	412. Appointment Date:	413. Separation Date:	414. Retirement Date:
413. Grade:	414. Grade:	415. Appointment Date:	416. Separation Date:	417. Retirement Date:
416. Grade:	417. Grade:	418. Appointment Date:	419. Separation Date:	420. Retirement Date:
419. Grade:	420. Grade:	421. Appointment Date:	422. Separation Date:	423. Retirement Date:
422. Grade:	423. Grade:	424. Appointment Date:	425. Separation Date:	426. Retirement Date:
425. Grade:	426. Grade:	427. Appointment Date:	428. Separation Date:	429. Retirement Date:
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551. Grade:	552. Grade:	553. Appointment Date:	554. Separation Date:	555. Retirement Date:
554. Grade:</td				

**SF-50**  
**NOTIFICATION OF PERSONNEL ACTION**  
**(Page 2 of 2)**

**NOTICE TO EMPLOYEE**

This is your copy of the official notice of a personnel action. Keep it with your records because it could be used to make employment, pay, and qualifications decisions about you in the future.

**The Action**

- Blocks E-5 and G-8 describe the personnel action(s) that occurred.
- Blocks 15-22 show the position and organization to which you are assigned.

**Pay**

- When the personnel action is an award or bonus, block 20 shows the amount of that one-time cash payment. When the action is not an award or bonus, block 12 shows your former total annual salary, and block 20 shows your new total annual salary (block 20E plus 20G). The amounts in blocks 12 and 20 do not include any non-time cash payments (such as performance awards and restituitions or reduction in pay) or payments that may vary from one pay period to the next (such as overtime pay, or other forms of premium pay).
- Block 20A is the scheduled amount for your gross and step, including any special salary rate you receive. It does not include any leave-base pay. This rate of pay serves as the basis for determining your rate of pay upon promotion, change to a lower grade, reassignment, and is used for pay retention purposes.
- Block 20B is the annual dollar amount of your basic Paykeeping Adjustment as, beginning in 1994, your leave-base compensation payment.
- Block 20C is your Adjusted Basic Pay, the total of blocks 20A and 20B. It serves as the basis for computing your retirement benefits, life insurance, premium pay, and severance pay.
- Block 20D is the total dollar amount of any Retention Allowances, Supervisor's Differentials, and Staffing Differentials that are listed in the awards block. These payments are made in the same manner as basic pay, but are not a part of basic pay for any purpose.

**Block 24 - Tenure**

- Identifies the nature of your appointment and is used to determine your rights during a reduction in force (RIF). Tenure groups are explained in more detail in subchapter 2B of FPM Supplement 2B-B3 and RIF is explained in FPM Supplement 2B1-1; both should be available for review in your personnel office.

**Block 26 - Veterans Preference to RIF**

- Indicates whether you have preference for reduction-in-force purposes.

**Block 30 - Retirement Plan**

- FICA
  - Social Security System
  - Civil Service Retirement System
  - Civil Service Retirement System for law enforcement and firefighter personnel
- CS-Spec
  - Foreign Service Retirement and Disability System
  - Federal Employees' Retirement System
- PERS-Reserve Tech
  - Federal Employees' Retirement System for National Guard Reserve Technicians
- PERS-ATC
  - Federal Employees' Retirement System for Air Traffic Controllers
- PERS-Spec
  - Federal Employees' Retirement System for law enforcement and firefighter personnel
- FSPS
  - Foreign Service Pension System

**Block 31 - Service Computation Date (Leave)**

- Shows when your Federal service began unless you have prior creditable service. If so, this date is constructed to include your total years, months and days of prior creditable civilian and military service.
- Full-time employees with fewer than 3 years of service earn 4 hours of annual leave each pay period; those with 3 or more years but less than 15 years earn 6 hours each pay period; and those with 15 or more years earn 8 hours each pay period.
- Your earnings and leave statement or your time and attendance card will indicate the number of hours you have earned.

**Block 32 - Work Schedule**

- Your work schedule is established by your supervisor.
- A full-time employee works on a prearranged scheduled tour of duty that is usually 40 hours per week. A part-time employee has a prearranged annual tour of duty that is usually between 16 and 32 hours per week. An intermittent employee has no prearranged scheduled tour of duty and works when needed.
- Full-time and part-time employees whose appointments are for 90 days or more are usually eligible to earn annual leave; intermittent employees are not. Seasonal employees work on an annually recurring basis for periods of less than 12 months each year; they may have a full-time, a part-time, or an intermittent schedule during their work season.
- On-call employees work during periods of heavy workload and are in pay status for at least 6 months of each year; they may have either a full-time or a part-time schedule when they are in pay status.

**Block 33 - Part-time Hours Per Biweekly Pay Period**

Indicates the number of hours a part-time employee is scheduled to work during a two-week pay period.

**Block 34 - Position Occupied**

Identifies the employment system under which you are serving — the Competitive Service, the Excepted Service, or the Senior Executive Service (SES).

The employment system determines your eligibility to move to other jobs in the Federal service, your rights in disciplinary and adverse actions, and your eligibility for reemployment if you have Federal service.

**Block 35 - FLSA Category**

Exempt employees are not covered by the minimum wage and overtime law (the Fair Labor Standards Act); nonexempt employees are covered.

**Block 37 - Bargaining Unit Status**

Identifies a bargaining unit to which you belong, whether or not you are actually a member of a labor organization. Code "7777" indicates you are eligible but not in a bargaining unit; code "BBBB" indicates you are ineligible for inclusion in a bargaining unit.

**Block 38 and 39 - Duty Station**

Identifies the city, county, and state or the overseas location, where you actually work.

**OTHER INFORMATION**

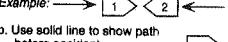
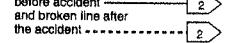
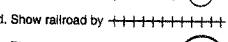
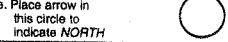
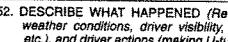
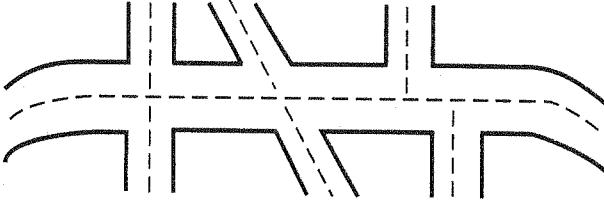
- If your appointment entitles you to other health benefits or life insurance, and you have not been provided notices explaining the programs available and the enrollment forms, contact your personnel specialist.
- Your personnel specialist will also tell you if your position is covered by an agreement between an employee organization (union) and your agency. If you are eligible to and elect to join an employee organization, you can elect to have your dues withheld from your salary.

It is your responsibility to read all the information on the front of this notice and tell your personnel office immediately if there is an error in it.

**SF-91**  
**OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT**  
**(Page 1 of 4)**

<b>MOTOR VEHICLE ACCIDENT REPORT</b>		Please read the Privacy Act Statement on Page 3. <b>INSTRUCTIONS:</b> 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.						
<b>SECTION I - FEDERAL VEHICLE DATA</b>								
1. DRIVER'S NAME ( <i>Last, first, middle</i> )		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 <input type="checkbox"/> YES <input type="checkbox"/> NO						
11. DESCRIBE VEHICLE DAMAGE								
<b>SECTION II - OTHER VEHICLE DATA</b> ( <i>Use Section VIII if additional space is needed.</i> )								
12. DRIVER'S NAME ( <i>Last, first, middle</i> )				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 <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24b. OWNER'S NAME(S) ( <i>Last, first, middle</i> )						
25. OWNER'S ADDRESS(ES)								
<b>SECTION III - KILLED OR INJURED</b> ( <i>Use Section VIII if additional space is needed.</i> )								
26. NAME ( <i>Last, first, middle</i> )				27. SEX		28. DATE OF BIRTH		
29. ADDRESS								
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY	
	34. TRANSPORTED BY		35. TRANSPORTED TO					
36. NAME ( <i>Last, first, middle</i> )				37. SEX		38. DATE OF BIRTH		
39. ADDRESS								
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY	
	44. TRANSPORTED BY		45. TRANSPORTED TO					
46. Pedes- trian	a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN ( <i>SW corner to NE corner, etc.</i> ) FROM _____ TO _____				
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT ( <i>Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.</i> )							

**SF-91**  
**OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT**  
**(Page 2 of 4)**

<b>SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)</b>																													
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																													
<b>50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED</b> <small>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</small> <p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.  <b>Example:</b> </p> <p>b. Use solid line to show path before accident and broken line after the accident. </p> <p>c. Show pedestrian by </p> <p>d. Show railroad by </p> <p>e. Place arrow in this circle to indicate NORTH </p> 																													
<b>51. POINT OF IMPACT (Check one for each vehicle)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">FED</td> <td style="width: 15%;">2</td> <td style="width: 15%;">AREA</td> </tr> <tr> <td></td> <td></td> <td>a. FRONT</td> </tr> <tr> <td></td> <td></td> <td>b. R. FRONT</td> </tr> <tr> <td></td> <td></td> <td>c. L. FRONT</td> </tr> <tr> <td></td> <td></td> <td>d. REAR</td> </tr> <tr> <td></td> <td></td> <td>e. R. REAR</td> </tr> <tr> <td></td> <td></td> <td>f. L. REAR</td> </tr> <tr> <td></td> <td></td> <td>g. R. SIDE</td> </tr> <tr> <td></td> <td></td> <td>h. L. SIDE</td> </tr> </table>			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
FED	2	AREA																											
		a. FRONT																											
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		f. L. REAR																											
		g. R. SIDE																											
		h. L. SIDE																											
<b>52. DESCRIBE WHAT HAPPENED</b> (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.).)																													
<b>SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)</b>																													
A 53. NAME (Last, first, middle)		54. WORK TELEPHONE NUMBER ( )																											
56. BUSINESS ADDRESS		55. HOME TELEPHONE NUMBER ( )																											
B 58. NAME (Last, first, middle)		59. WORK TELEPHONE NUMBER ( )																											
61. BUSINESS ADDRESS		60. HOME TELEPHONE NUMBER ( )																											
<b>SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)</b>																													
63a. NAME OF OWNER		63b. OFFICE TELEPHONE NUMBER ( )																											
63d. BUSINESS ADDRESS		63e. HOME ADDRESS																											
64a. NAME OF INSURANCE COMPANY		64b. TELEPHONE NUMBER ( )																											
65. ITEM DAMAGED		66. LOCATION OF DAMAGED ITEM																											
		67. ESTIMATED COST \$																											
<b>SECTION VII - POLICE INFORMATION</b>																													
68a. NAME OF POLICE OFFICER		68b. BADGE NUMBER ( )																											
69. PRECINCT OR HEADQUARTERS		70a. PERSON CHARGED WITH ACCIDENT																											
		70b. VIOLATION(S)																											

STANDARD FORM 91 PAGE 2 (REV. 2-93)

**SF-91**  
**OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT**  
**(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
---------------------------

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
----------------	------	-----------------------------------	--------------------------	------	-----------------------------------

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
---	---

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
--	--

81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS
--	---	-------------

82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER (       )
-----------------------------------	--------------------------------------	------------------------------------

STANDARD FORM 91 PAGE 3 (REV. 2-83)

**SF-91**  
**OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT**  
**(Page 4 of 4)**

<b>SECTION XI - ACCIDENT INVESTIGATION DATA</b>			
83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", explain below.)			
<b>84. PERSONS INTERVIEWED</b>			
a.	NAME	DATE	NAME
b.			c.
			d.
85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)			
<b>SECTION XII - ATTACHMENTS</b>			
LIST ALL ATTACHMENTS TO THIS REPORT			
<b>SECTION XIII - COMMENTS/APPROVALS</b>			
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: 1997 - 418-149/40099

STANDARD FORM 91 PAGE 4 (REV. 2-83)

**SF-94**  
**STATEMENT OF WITNESS**

**SF-95**

**CLAIM FOR DAMAGE, INJURY, OR DEATH**

**(Page 1 of 2)**

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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		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. <b>PROPERTY DAMAGE</b>  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. <b>PERSONAL INJURY/WRONFUL DEATH</b>  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. <b>WITNESSES</b>  NAME _____ ADDRESS (Number, Street, City, State, and Zip Code) _____					
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (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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NSN 7540-00-634-1046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

**SF-95**  
**CLAIM FOR DAMAGE, INJURY, 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 separate 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 filled 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 (FOR UNPAID**  
**COMPENSATION OF DECEASED CIVILIAN EMPLOYEE)**  
**(Page 1 of 3)**

**Designation of Beneficiary**

*Unpaid Compensation of Deceased Civilian Employee*

Important:  
Read all instructions before  
filling in this form

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.

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 %	

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


**SF-1152**  
**DESIGNATION OF BENEFICIARY (FOR UNPAID**  
**COMPENSATION OF DECEASED CIVILIAN EMPLOYEE)**  
**(Page 2 of 3)**

**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			

**SF-1152**  
**DESIGNATION OF BENEFICIARY (FOR UNPAID**  
**COMPENSATION OF DECEASED CIVILIAN EMPLOYEE)**  
**(Page 3 of 3)**

**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.

**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 claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of 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 is in the interest of economy and orderly administration that the Federal Government use exclusively the social security number for identification. 2) Disclosure of your social security 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
B. IS DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION ON FILE WITH AGENCY?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. ARE YOU NAMED BENEFICIARY?		
<input type="checkbox"/> YES <input type="checkbox"/> 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 to 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 indicate 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, foster, 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 of 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. As 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 for 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 and 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 identify them in connection with their rights under this form.

NSN 7540-00-634-4341  
PREVIOUS EDITION OBSOLETE  
1153-107

(Continued on other side)

STANDARD FORM 1153 (REV. 4-B2)  
Prescribed by GAO  
GSA 17-1

**SF-1153**  
**CLAIM FOR UNPAID COMPENSATION OF**  
**DECEASED CIVILIAN EMPLOYEE**  
**(Page 2 of 2)**

STANDARD FORM 1153 (BACK)  
Rev. 4-62

**PART D**

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

If we have been duly appointed \_\_\_\_\_ of the estate of the deceased, as evidenced 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, copied 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. *(Names of claimants)*

SIGNATURE OF WITNESS	DATE	SIGNATURE OF WITNESS	DATE
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.

**SF-1184**  
**UNAVAILABLE CHECK CANCELLATION**

BGFO - BUREAU OF GOVERNMENT FINANCIAL OPERATIONS

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form No. 1184 (Rev. 10/2005)  
 Prescribed by Dept. of the Treasury  
 ITFRM 4-7000  
 Previous Edition Unusable

**UNAVAILABLE CHECK CANCELLATION**

CK. SYM.	CHECK SERIAL	CHECK AMOUNT	CK. DATE	AGY./PAYEE ID NO.
		\$431.70	05/21/07	Agency 000000
LINE CODE		STOP CD.	AGENCY CODE	
3		D	M	
PAYEE NAME				
Test Personl				
ADDRESS				
170AB Make Believe Road				
Anywhere, USA 11111				
NAME OF DECEDENT				
D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT	
	\$431.70	XX XX XXXX	2	
AGENCY REFERENCE				
Schedule Number XX-XXXXXX				
<b>FOR AGENCY USE</b> Send Photocopy of front and back of check Check Sym. 3507 Check Number: 64838290 SSN: 111-11-1110 PP: 05/13/07 - 05/19/07 Employee received check. Check was then lost or stolen. Check was not endorsed.				
Bureau of the Census <i>Sample Supervisor 5/28/07</i> (Signature)				
Agency				

ORIGINAL-ADMINISTRATIVE AGENCY WILL FORWARD TO BGFO THROUGH DISBURSING OFFICE

**SSA-7004**  
**REQUEST FOR SOCIAL SECURITY STATEMENT**

Request for Social Security Statement	
<p><input type="checkbox"/> Please check this box if you want to get your Statement in Spanish instead of English.</p> <p>Please print or type your answers. When you have completed the form, fold it and mail it to us. If you prefer to send your requests using the Internet, contact us at <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a></p> <p>1. Name shown on your Social Security card:</p> <p>First Name _____ Middle Initial _____    Last Name Only _____</p> <p>2. Your Social Security number as shown on your card:    _____ - _____ - _____</p> <p>3. Your date of birth (Mo.-Day-Yr.)    _____ - _____ - _____</p> <p>4. Other Social Security numbers you have used:    _____ - _____ - _____    _____ - _____ - _____</p> <p>5. Your Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>For items 6 and 8 show only earnings covered by Social Security. Do NOT include wages from state, local or federal government employment that are NOT covered for Social Security or that are covered ONLY by Medicare.</p> <p>6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.</p> <p>A. Last year's actual earnings: (Dollars Only)    \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>B. This year's estimated earnings: (Dollars Only)    \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>7. Show the age at which you plan to stop working.  <input type="checkbox"/> <i>(Show only one age)</i></p> <p>8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.</p> <p>If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work, or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.</p> <p>If you don't expect any significant changes, show the same amount you are earning now (the amount in 8B).</p> <p>Future average yearly earnings: (Dollars Only)    \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	
<p style="margin-bottom: 0;">Form SSA-7004-SM (1-2003) EF (01-2003)</p> <p style="margin-top: 0; margin-bottom: 0;">Destroy prior editions</p>	
<p style="margin-bottom: 0;">Form Approved OMB No. 0960-0466</p> <p style="margin-top: 0; margin-bottom: 0;">SP</p>	
<p style="margin-bottom: 0;">U.S. City, State, Zip code (If Foreign Address, enter Name of Country only)</p> <p style="margin-top: 0; margin-bottom: 0;">Street Address</p> <p style="margin-top: 0; margin-bottom: 0;">Street Address (If Foreign Address, enter City, Province, Postal Code)</p> <p style="margin-top: 0; margin-bottom: 0;">U.S. City, State, Zip code (If Foreign Address, enter Name of Country only)</p>	
<p style="margin-bottom: 0;"><b>NOTICE:</b></p> <p style="margin-top: 0; margin-bottom: 0;">I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the Social Security Statement to the person and address in item 9.</p> <p style="margin-top: 0; margin-bottom: 0;">►</p> <p style="margin-top: 0; margin-bottom: 0;">Please sign your name (Do Not Print)</p>	
<p style="margin-bottom: 0;">Date _____ (Area Code) _____ Daytime Telephone No. _____</p>	

**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 dependents 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. 970, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nomarage income. If you have a large amount of nonmarriage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-EZ, 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:   | B |
|   | <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  |   |
| 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. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | F |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   | G |
| H | <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$92,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• 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.</li> </ul>  | H |
| I | 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.) ► I   | I |
| J | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 (\$26,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul> | J |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		OMB No. 1545-0074 <b>2009</b>																													
<b>Employee's Withholding Allowance Certificate</b>																															
<p>► 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1 Type or print your first name and middle initial.</td> <td style="width: 25%;">Last name</td> <td style="width: 25%;">2 Your social security number</td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="2">Home address (number and street or rural route)</td> <td colspan="2">3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</td> </tr> <tr> <td colspan="2">City or town, state, and ZIP code</td> <td colspan="2">4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1212 for a replacement card. ► <input type="checkbox"/></td> </tr> <tr> <td colspan="4">       5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)        6 Additional amount, if any, you want withheld from each paycheck        7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption:  <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability.</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul>       If you meet both conditions, write "Exempt" here ► <input type="checkbox"/> 7     </td> </tr> <tr> <td colspan="4">       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 ►     </td> </tr> <tr> <td colspan="2">8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</td> <td>9 Other code (optional)</td> <td>10 Employer identification number (EIN)</td> </tr> <tr> <td colspan="4">       For Privacy Act and Paperwork Reduction Act Notice, see page 2. OMB No. 102200 Form W-4 (2009)     </td> </tr> </table>				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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 1-800-772-1212 for a replacement card. ► <input type="checkbox"/>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability.</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here ► <input type="checkbox"/> 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 Other code (optional)	10 Employer identification number (EIN)	For Privacy Act and Paperwork Reduction Act Notice, see page 2. OMB No. 102200 Form W-4 (2009)			
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**W-4**  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**  
**(Page 2 of 2)**

Form W-4 (2009)

Page 2

Deductions and Adjustments Worksheet	
<p>Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction.</p> <p>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.)</p> <p>2 Enter:</p> <ul style="list-style-type: none"> <li>\$11,400 if married filing jointly or qualifying widow(er).</li> <li>\$ 6,350 if head of household.</li> <li>\$ 5,700 if single or married filing separately.</li> </ul> <p>3 Subtract line 2 from line 1. If zero or less, enter "-0-".</p> <p>4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919).</p> <p>5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 8 in Pub. 919.)</p> <p>6 Enter an estimate of your 2009 nonwage income (such as dividends or interest).</p> <p>7 Subtract line 6 from line 5. If zero or less, enter "-0-".</p> <p>8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction.</p> <p>9 Enter the number from the Personal Allowances Worksheet, line H, page 1.</p> <p>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 the total on Form W-4, line 6, page 1.</p>	
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____
10	\$ _____

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)	
<p>Note. Use this worksheet only if the instructions under line H on page 1 direct you here.</p> <p>1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).</p> <p>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 \$80,000 or less, do not enter more than "3."</p> <p>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.</p> <p>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.</p> <p>4 Enter the number from line 2 of this worksheet.</p> <p>5 Enter the number from line 1 of this worksheet.</p> <p>6 Subtract line 5 from line 4.</p> <p>7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.</p> <p>8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.</p> <p>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.</p>	
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____

Table 1
Table 2

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 - 8,000	1	6,001 - 12,000	1
8,001 - 18,000	2	12,001 - 16,000	2
18,001 - 22,000	3	16,001 - 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 - 39,000	6	50,001 - 65,000	6
39,001 - 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 - 85,000	12		
85,001 - 105,000	13		
105,001 - 125,000	14		
125,001 and over	15		

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 - \$85,000	850	\$0 - \$25,000	850
85,001 - 120,000	910	25,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 350,000	1,200	165,001 - 370,000	1,200
350,001 and over	1,280	370,001 and over	1,280

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 other 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 tax and 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 CMS 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 expense 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. 506, 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 \$35,483 (\$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.

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

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. 1022TP

**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.  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.  You cannot claim the EIC.  
 No. Continue.

 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.  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.  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)**

Form W-5 (2009)

Page 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. 501, 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 3307 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.

**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

**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

**BC-1759, SPECIAL SWORN STATUS**

PART A - IDENTIFICATION		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU		
1. Name - Last, first, middle		Month    Day    Year		
2. Place of birth - City and State or Country		2. Date of birth		
3. Citizenship		4. Social Security Number		
5. Local home address		Home telephone number		
6. Name and address of present employer		7. Prior investigation contact		
		Telephone number		
<b>PART B - WAIVER OF COMPENSATION</b>				
I, the undersigned, offer my services to the U.S. Census Bureau with Special Sworn Status on a volunteercontractor 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 volunteercontractor services for the Government of the United States.				
Signature		Date		
Witness signature		Date		
<b>PART C - AFFIDAVIT OF NON-DISCLOSURE</b>				
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 12, U.S.C. section 214 and title 19, U.S.C. 3651, 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 _____ Time (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.				
<b>PART D - DIVISION/OFFICE AUTHORIZATION</b>				
1. Work location	a. Div./Bldg./Org. code	b. Census facility	c. Non-Census	3. Special access (Attach documentation)
	d. Room	e. Office telephone number		
4. Approving Census Official	f. COTR/Division Chief - Type			g. Approver's telephone number
	h. Signature			i. Date of request
<b>PART E - TO BE COMPLETED BY SECURITY</b>				
1. Approved by Security		2. Badge issued for - Security time limit -	3. Fingerprints required <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Renewal		5. Badge issued <input type="checkbox"/> Yes <input type="checkbox"/>		

U.S. CENSUS BUREAU

## TITLE 13: CENSUS CONFIDENTIAL DATA

**(Page 1 of 3)**

### *Guidelines for Safeguarding Confidential Data*

#### **Preventing Access to Title 13 Data by Unauthorized Persons:**

- Share census confidential information only with those who: 1) are sworn to uphold the confidentiality of Title 13 data, and 2) are using it for Title 13 purposes.
- Ensure that only specifically authorized persons remove data from the premises.
- Don't engage in or promote unauthorized browsing.
- Always encrypt census confidential information in an attachment before e-mailing it, even within the Census Bureau.
- Before releasing statistical data to any non-Census Bureau employee (or person without SSS), strictly adhere to the Disclosure Review Board's disclosure clearance requirements.

#### **Storing and Disposing of Confidential Data:**

- Never leave paper copies, magnetic media, or electronic files containing Title 13 protected data unattended or unsecured.
- Keep data out of the view of others.
- Always store electronic files in a secure location when they are not in use.
- Always store your laptop in a secure location when it is not in use.
- Follow appropriate procedures for disposing of paper copies, magnetic media, and electronic files of data.
- Follow proper procedures for storing and archiving data.

#### **U.S. Census Bureau Privacy Principles:**

The U.S. Census Bureau will only collect information that is necessary for meeting the Census Bureau's mission and legal requirements.

The Census Bureau will ensure that participants in data collection activities are informed about the purpose and planned statistical uses of the information collection.

The Census Bureau will be considerate of respondents' time and desire for privacy and will respect their right to refuse to answer any questions.

The Census Bureau will ensure that confidentiality protections are included in its procedures to collect, process, and release data.

For more information on protecting Title 13 data, contact the Policy Office, 301-763-6440.

### **Title 13: Census Confidential Data<sup>1</sup>**

*An Employee's Guide to Protecting Data at the U.S. Census Bureau*



*The Census Bureau serves as the leading source of quality data about the nation's people and economy. We honor privacy, protect confidentiality, share our expertise globally, and conduct our work openly. We are guided on this mission by our strong and capable work force, our readiness to innovate, and our abiding commitment to our customers.*

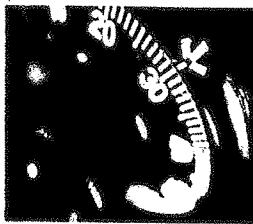
*— U.S. Census Bureau Mission Statement*

*<sup>1</sup>The term "Census Confidential" does not imply a national security designation.*



## TITLE 13: CENSUS CONFIDENTIAL DATA

**(Page 2 of 3)**



# Protecting Confidential Data at the Census Bureau

## *Title 13: The Basics*

Protecting Census Bureau data is the law! The basis for the Census Bureau's policies regarding confidentiality is defined by Title 13, Section 9 of the United States Code (13 U.S.C. 9) (Title 13 being the statutory codification of the Census Act).

Title 13 states that:

- Data from individuals, households, and establishments must be kept confidential.
- Data must be used only for statistical purposes.
- Data must not be distributed in a manner that could be used to identify a respondent.
- Data provided to the Census Bureau by individuals and establishments cannot be used in a court of law.

## *Penalties*

As an individual sworn to uphold Title 13, you are legally required to maintain the confidentiality of Census Bureau data. Title 13, U.S.C., Section 214, in combination with other federal laws, sets forth substantial penalties for confidentiality violations. **Penalties for wrongful disclosure are up to \$250,000 in fines and/or 5 years in prison.**

## *Employee Responsibilities*

As a U.S. Census Bureau employee or a Special Sworn Status (SSS) individual, you are responsible for protecting the data we collect or obtain. In order to access Title 13 protected data, you signed a Sworn Affidavit of Nondisclosure. This obligates you to accept the responsibility of keeping all Title 13 data confidential. Your sworn statement

constitutes a lifetime obligation, continuing even if you leave Census Bureau employment.

## *The Census Bureau's Reputation*

The Census Bureau reputation for nondisclosure of data is essential to accomplishing our mission. This reputation is a major factor in our ability to obtain respondent cooperation and in public confidence in the integrity of our work.

As stated in the Census Bureau Mission, we protect confidentiality. This is in accord with the four privacy principles adopted by the Census Bureau: mission necessity, informed consent, protection from unwarranted intrusion, and **confidentiality**. These principles are elaborated in policies referenced in this brochure.

## *Who Can Access Confidential Data?*

Only people sworn to protect Title 13 data may examine information that the Census Bureau collects directly or receives from other agencies, such as the Internal Revenue Service or the Social Security Administration. Protected information cannot be shared with anyone who is not sworn to maintain the confidentiality of Title 13 protected data – not even the FBI, IRS, a court of law, or the President.

## *What Is Considered Confidential?*

Census confidential data are data that could be used to identify individuals, households, businesses, and other organizations. These data must not be shared with anyone who is not sworn to maintain Census confidentiality and who does not have a business need to know.

## *Protecting Confidential Data*

### **Technological safeguards:**

- State-of-the-art computer systems and programs are set up to ensure that a respondent's information is protected from unauthorized access.

### **Statistical data protection:**

- Before their release, data products must meet Disclosure Review Board (DRB) standards that ensure it is safe to release them. Many of those products are reviewed by the DRB directly.

### **Restricted access:**

- Access is limited to those who are sworn to protect Title 13 confidential data.
- Data are further protected by the Census Bureau's Unauthorized Browsing Policy, which prohibits searching or looking through, for other than work related purposes, protected personal or business related information.
- Access to confidential data is restricted to Census Bureau secure spaces, such as buildings and offices.
- Census confidential data must be locked up when not in use.

## **TITLE 13: CENSUS CONFIDENTIAL DATA (Page 3 of 3)**

**Instructions for Title 13 Awareness Training for non-Census Bureau  
Visitors and Observers to 2006 Census Test Sites**

I have received and reviewed the Title 13 Awareness Brochure.

---

*Date*

---

*Full Name of Observer/Visitor (printed)*

---

*Signature of Observer/Visitor*

---

*Census Bureau Office Location*

---

*Signature of Census Bureau Employee  
that provides Title 13 Awareness Training  
brochure to Observer/Visitor*

**Note:** The original signed copy is given to the Administrative Area in the Regional Office, Local Census Office, or Census Field Office. A copy of the signed form should be given to the visitor and retained by the visitor as proof that Title 13 Awareness Training has been completed for current and future visits to Census Bureau facilities. The Administrative Officer in the RO, LCO, or CFO should FAX completed forms to the **Census Bureau's Security Office** at 301-457-1611. For issues concerning facsimile transmissions, please call 301-763-2881.

**VALIDATION AND REQUEST FOR CONTRACTOR/SPECIAL SWORN STATUS INDIVIDUAL RENEWAL****MEMORANDUM FOR OFFICE OF SECURITY (OSY)  
U.S. CENSUS BUREAU**FROM: \_\_\_\_\_  
(COTR and Division or Office)SUBJECT: Validation and Request for Contractor/Special Sworn Status Individual  
Renewal

As the COTR of the individual names below, I validate the need for this person's continued Census Special Sworn Status, and request renewal of access, as approved.

Contractor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

SSS Individual Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Position sensitivity risk level:  Low  Moderate  Moderate/IT  High

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

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

Special access requirements:

- Contractor Badge  
 Temporary building pass  
 24x7 access  
 James Bond ID  
 Bowie Computer Center access (list areas requested) \_\_\_\_\_  
 Data Center access (list rooms requested) \_\_\_\_\_  
 Other \_\_\_\_\_

---

COTR Signature/Date

Phone Number

## TRAINING RECORD CONTROL LOG

### TRAINING RECORD CONTROL LOG

NAME OF OPERATION: Non-Response Follow-Up NRFU

TRAINING SESSION DETAILS				APPOINTMENT FOLDER RECONCILIATION			TRAINING STATUS UPDA		
DATE(S)	TIME	SESSION*	ENROLLED##	APPOINTMENT FOLDERS SENT TO TRAINING	APPOINTMENT FOLDERS RETURNED	APPOINTMENT FOLDERS MISSING**	NO SHOWS***	SENT HOME	DROPPED
9/20 to 9/24	9 to 5	NRFU_0101_1	20	20	18	2	1	0	3
TOTAL			20	20	18	2	1	0	3

HIRING GOAL: 700

OVER/SHORT -684

\*Short Operation Name\_CLD\_Session #

\*\*Immediately Contact AMFO

\*\*\*Have clerk contact and update status in DAPPS

#Training Status must be updated in DAPPS and a Training Status Update Report Printed for each session

Yellow Columns are manual entries, remaining columns are automatically filled

##Number is derived from D-275, Record of Training



**D-449,  
EMERGENCY CONTACT INFORMATION CARD**

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.

Front:

U S C E N S U S B U R E A U

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)

**D-472**  
**TOP 10 ETHICS RULES for DECENTNIAL CENSUS EMPLOYEES**

D-472  
G-10-2009

U.S. DEPARTMENT OF COMMERCE  
Bureau of the Census Administration  
U.S. CENSUS BUREAU

**TOP 10 ETHICS RULES FOR DECENTNIAL 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 an 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.ous.doc.gov/ethics.htm](http://www.ous.doc.gov/ethics.htm); if you have questions, contact the Decennial Census Payroll/Personnel hotline at 1-877-233-4776.*

U S C E N S U S B U R E A U

**D-473**  
**GENERAL ETHICS PRINCIPLES**

D-473  
15-14-2008

U.S. DEPARTMENT OF COMMERCE  
Economic and Statistical 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  
May 7, 2009

U S C E N S U S B U R E A U

**D-1129**  
**PERSONAL TELEPHONE POLICY REIMBURSEMENT AGREEMENT**  
 Page 1 of 2

FORM D-1129  
 (0-28-08/09)

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

**PERSONAL TELEPHONE REIMBURSEMENT POLICY  
 AGREEMENT FOR 2010 CENSUS STAFF  
 2010 Census**

**NOTICE**

Please read this statement and the one-page attachment carefully and discuss any questions you may have with a member of the management staff or designee of the Census Bureau before signing it and acknowledging your understanding of the policy.

**POLICY**

As stated in your **Census Employee Handbook**, Chapter 3, Topic 4: Reimbursable Expenses

The Census Bureau will reimburse you for official census duty business related local and long-distance calls made from your home, cellular, or a public telephone, in excess of your existing plan or excess that was caused by Census-related calls. The Census Bureau will not reimburse you for personal phone calls.

**STATEMENT OF UNDERSTANDING**

I understand that I can claim reimbursement for official Census business related telephone calls made from my personal phone that exceed my standard or basic service or business related telephone calls made from a prepaid wireless plan. The Census Bureau will not reimburse me for charges that are covered by my basic service plan. The Census Bureau will not pay for the basic service plan itself, or any changes that I make to my basic service plan. Use of my personal phone for Census business related calls is voluntary.

I agree to submit an itemized copy of my telephone bill that verifies the total of reimbursable expenses that I enter on my payroll form.

**CERTIFICATION**

I have read, fully understand, and agree to the procedures regarding approval for telephone reimbursement. I understand that failure to follow the policy and procedures will result in my reimbursement claim not being processed or paid. Falsification of charges is grounds for removal.

Signature of employee	Date
-----------------------	------

Full name of employee – Please print.

U S C E N S U S B U R E A U

D-1129

**PERSONAL TELEPHONE POLICY REIMBURSEMENT AGREEMENT****Page 2 of 2****USE OF PERSONAL CELL PHONES**

1. When practical, use your personal land line for making business related calls. This will reduce the number of minutes used against your cell phone plan.
2. When having to use your cell phone, use during evenings and weekends when plans provide free minutes; it is advantageous to you and the Census Bureau. The same applies to within plan calls (e.g., Verizon to Verizon, or Sprint to Sprint).
3. For the LCO Field staff, cell phone use should be limited to setting up or confirming the daily meetings. Long conversations should be saved for when the parties meet in person.
4. The Census Bureau does not pay for roaming charges.
5. The Census Bureau does not pay for the phone, service plan, any additional devices (e.g., car chargers or the like) or additional services like text messaging, pictures, ring tones, screen savers, web access, call transfers, or the like.
6. Under no circumstances should you use your cell phone when driving a car without a hands-free device in place and operational. Without a hands-free device, you should find a safe place to park then make your call. You should never text while driving.
7. If the charges claimed are for cell phone usage (versus home or public phone), the employee will only be reimbursed for the minutes of calls made for official business only. However, an employee is only eligible for reimbursement if he/she goes over the monthly minutes allocated in their plan. Since business minutes used within the plan allowance may be the reason for going over the monthly minutes allocated in the plan, the employee can use those business minutes in calculating the reimbursement.

To calculate the amount the employee will be reimbursed for any one month, perform the following steps.

- a. Determine the total number of minutes (business and personal) that the employee was charged over the minutes allocated in the plan. This is X.
- b. Determine the total number of business related minutes the employee used. Include the business minutes used that are within the monthly allowance of the plan and over the plan. This is Y.
- c. Determine which is the lesser amount between X and Y.
- d. Multiply the lesser amount (X or Y) times the coverage rate. For example, the coverage rate may be 40 cents per minute. The coverage rate will be shown on the itemized bill.
8. There are specific procedures for claiming reimbursement of business related calls that are in excess of the service plan. They require (among other things):
  - a. An itemized bill, checking off or circling every business related call
  - b. Addition of all the minutes related to business calls
  - c. Comparison of Minutes used this month to Total Minutes allocated in the Plan to Total Minutes of Business Related Calls
  - d. Supervisory review and signatory approval of the claimed reimbursement
  - e. Claim totals in the appropriate area of the signed and approved Work Record or Cost Report with a copy of the itemized bill attached
9. There are similar procedures for reimbursing employees for business related calls made on a pre-paid wireless plan.
10. The Census Bureau has the right to limit the monthly amount of reimbursement for business related calls, based on funding limitations.

**D-269F**  
**SELECTION GUIDE FOR CREW LEADER ASSISTANT**  
**(Page 1 of 4)**

**2010**  
**Census**

**SELECTION GUIDE  
FOR CREW LEADER  
ASSISTANT**

A. Applicant's name
B. Interview date
C. Selecting official

**I. Introduction**

This selection guide is provided for your use in qualifying and selecting applicants for the crew leader assistant position. Practice using this guide to ensure that this guide is followed as closely as possible; in most cases, it should be followed verbatim.

**II. Selection Process**

You will be given a D-150, *Job Requisition*, which contains the selection criteria required for a particular assignment area. In addition to this guide, you will receive a D-425, *Selection Record* and the *Applicant Folder* for each person listed on the D-425. Always start the selection process from the top of the list. Applicants printed at the top of the D-425 may be veterans (preference eligibles) with a disability, and every effort must be

In making your qualifications and selections, use the criteria given in this guide. Only these criteria have been established as relevant and appropriate for qualification and selection.

made to contact and hire these applicants. All qualified 10-point compensable veterans must be hired first. Your nonselection of a preference eligible must be approved by a supervisor according to the guidance provided in the D-501, Local Census Office Administrative Manual, before you can select other applicants.

**III. Conduct the Applicant Interview**

Practice reading the interview. Fill in the blanks for the number of weeks the job will last, pay rate, hours the applicant is available, and date and time of training. Be prepared at the end of the interview to determine if you can offer the job on the basis of the interview results.

	Column A	Column B
<b>Hello. I'm (your name) with the U.S. Census Bureau. May I please speak to (name of applicant/former employee)?</b>		
<b>a. New Applicant:</b> Mr. (Ms.) (name), you filled out an application for census work on the 2010 Census. Are you interested and available to work with us?	1. Interested and available? a. <input type="checkbox"/> Yes – Continue with the interview.	<input type="checkbox"/> Not interested – End interview and record "Not interested (NI)" on the D-425  <input type="checkbox"/> Not Available – ask Will you be available in the future? <input type="checkbox"/> Yes – When?  <input type="checkbox"/> No
<b>b. Former Employee:</b> Mr. (Ms.) (name) you worked with us previously and our files indicate your information is still active. Are you still interested in working with us?	b. <input type="checkbox"/> Yes – Skip to question 3.	
<b>Local residents are needed as crew leader assistants to perform field enumeration duties and/or assist the crew leader in guiding and directing the work of a group of enumerators engaged in field data collection, or quality control enumerators who are engaged in quality control. Field enumeration involves locating and listing households and conducting interviews with respondents, explaining the purpose of the census, and asking questions as worded on census forms or hand-held computers. All Census information must be kept confidential. You will be working in and around your home county when possible. They also perform various preparation duties for each assignment area.</b>		
<b>The job will last about _____ (number range) weeks.</b>		
<b>Your actual work hours per week and length of employment are subject to work availability, which is highly variable. Your employment may end at any time due to the lack of work.</b>		
<b>You will be paid \$ _____ per hour and _____ cents per mile for miles driven for official business.</b>		
<b>2. One of the duties is to ask personal questions such as age, race and income. Are you willing to ask these types of questions?</b>	2. Sensitivity <input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. The job may require you to work some evenings and weekends – Saturday and/or Sunday, in order to contact persons you cannot reach during the day. Are you available to work during these hours?</b>	3. Availability <input type="checkbox"/> Yes	<input type="checkbox"/> No – What hours are you available? <input checked="" type="checkbox"/>

FORM D-269F (5-27-2009)

U S C E N S U S B U R E A U

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

**D-269F**  
**SELECTION GUIDE FOR CREW LEADER ASSISTANT**  
**(Page 2 of 4)**

**III. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>4. If selected, you will be trained on this Census operation and on your particular duties. Are you able to attend a _____-day training class from 9 to 5?</b>	<b>4. Available for Training</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No – When are you available for training? <input checked="" type="checkbox"/>
<b>5. Working Conditions</b>  a. This job requires traveling from housing unit to housing unit, carrying materials, driving at night and in bad weather, and working in all kinds of neighborhoods with all kinds of people. Would this be acceptable to you?  b. Also, not all housing units are easily accessible, such as multi-level units without elevators. Would this be acceptable to you?	<b>5. Working conditions</b> a. <input type="checkbox"/> Yes  b. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Please elaborate here <input checked="" type="checkbox"/>  <input type="checkbox"/> No – Please elaborate here <input checked="" type="checkbox"/>
<b>6. Are you willing and able to provide your own transportation or use public transportation (where available) to travel to the office, to training, and between locations in your assigned area?</b>  If there is a transportation requirement specified on the D-150, then ask the applicant the following question.  <b>Do you have a valid driver's license to operate a (type of transportation)?</b>	<b>6. Transportation</b> <input type="checkbox"/> Yes  Valid License <input type="checkbox"/> Yes – Specify type <input checked="" type="checkbox"/>	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>  <input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>If you are hired, you will most likely be assigned to work in the area where you live. For this reason, you will need to be very familiar with your area (or community, or neighborhood).</b>  <b>7. Are you very familiar with your area or neighborhood?</b> (Community volunteer work, church and school activities, public service work, taxi or bus driving, length of residence, etc. are some of the ways people get to know their communities.)	<b>7. Knowledgeable about the area?</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>

**D-269F**  
**SELECTION GUIDE FOR CREW LEADER ASSISTANT**  
**(Page 3 of 4)**

**III. Conduct the Applicant Interview - Continued**

	Column A	Column B
<b>(Change to language specified on the D-150 for this question.)</b> Only ask this question if the D-425 is a language selection certificate.) The questions below are to assist you in confirming an applicant's ability to read and communicate in the language specified on the D-150. The factual content of the applicant's responses to these questions is NOT RELEVANT for selection purposes.		
<b>8. Could you please describe how and when you first learned (insert language)?</b> Do you read (insert language)? If so, could you give me some example(s) of what you read? Tell me why you want to work for the Census Bureau.	b. Communicates in another language?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Explain and refer to supervisor for followup <input checked="" type="checkbox"/>
<b>9. As I mentioned earlier, crew leader assistants may assist the crew leader. They may be required to train clerks, to review their work to determine if it meets job standards, and then to take the necessary steps to ensure that the job is done properly.</b>	g. Describe leadership skills?	
<b>a. Do you think you would be able and willing to handle leadership responsibilities of the type I just described?</b>  The job of crew leader assistant may involve helping enumerators persuade residents to participate in the Census.	a. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>b. Would you be willing and able to do this?</b>  An important part of being a crew leader assistant is monitoring the progress of each enumerator in completing an assignment and monitoring the progress of your district as a whole and taking corrective action where needed.	b. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>c. Would you be willing and able to do this?</b>  An important part of the crew leader assistant job may be conducting a 5-day training session for enumerators, using verbatim training guides, classroom instructions, practice interviews, and on-the-job training.  You will also be required to take fingerprints at the training session.	c. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>d. Would you be willing and able to do this?</b>	d. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>10. I have explained to you the job of crew leader assistant. Are you still interested in the position?</b>	10. Still interested? <input type="checkbox"/> Yes	<input type="checkbox"/> No – Why? <input checked="" type="checkbox"/>
<b>11. These are all the questions I have. Do you have any for me?</b> (Allow time to answer questions.)  Please give me a few minutes to look over your application once again to see if there are any missed items.	If you notice an item missing from the application, ask for that missing item.	

**D-269F**  
**SELECTION GUIDE FOR CREW LEADER ASSISTANT**  
**(Page 4 of 4)**

**III. Conduct the Applicant Interview – Continued**

	Column A	Column B
<b>12.</b> Consider the entire interview with the applicant. Did the applicant:		
a. Speak and act in a tactful, agreeable, and courteous manner?	a. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for further review <input checked="" type="checkbox"/>
b. Avoid using rude or inappropriate language?	b. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for further review <input checked="" type="checkbox"/>
c. Refrain from making any statements which may be reviewed as offensive to some groups?	c. <input type="checkbox"/> Yes	<input type="checkbox"/> No – Explain and refer to supervisor for further review <input checked="" type="checkbox"/>

If **no** supervisor review is required, you may offer the job, and inform the applicant of the training session at this time.

**Thank you for your time Mr. (Ms.)** (last name). **The operation training will be held at (place) \_\_\_\_\_ from (date and time) \_\_\_\_\_.** If you do not know when or where the training is held, say, "We will notify you by phone when and where you will need to report." During training you will complete your appointment paperwork, which includes filling out where to send your paycheck. Please bring your checking or savings account number and the bank routing number where it is sent with you to the first day of training. After you are appointed, you will be fingerprinted. It is required that all federal employees be fingerprinted. Your fingerprint information, however, will be kept confidential.

If there are any answers in Column B, do not offer a job at this time, and refer to a supervisor. **Thank you for your time, Mr. (Ms.)** (last name). **You will be notified within the next 10 days if you are selected for this position.**

**IV. Record Interview Results – Forms**

The chart below summarizes the various entries that are required on the interview forms and in DAPPS. File selection guides and selection records according to the recordkeeping instructions.

Interview Results	Form D-425 Update Applicant Status	Update DAPPS Job Offer Results Page	Recordkeeping
Applicant's interview is acceptable or a supervisor has approved.	In the last column, enter 'S.' Enter the date.	Select 'Selected.'	Place all the approved selection guides into a folder with the D-425, Selection Record, and file.
Applicant's interview is found unacceptable by supervisor.	In the last column, enter 'I.' Enter the date and reason.	Select 'Ineligible' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.
Unable to contact applicant. Three attempts have been made at different times and days.	In the last column, enter the dates and times contacted.	Leave applicant's disposition as 'Available'.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant wants the job but is temporarily unavailable.	In the last column, enter the applicant's desired start date.	Leave applicant's disposition as 'Available.' Change applicant's availability date to the desired start date.	Place the selection guide in the applicant's folder and file alphabetically in the applicant file cabinet.
Applicant refuses all future job offers and/or no longer wants to be considered.	In the last column, enter 'OR.' Enter the date and reason.	Select 'Offer Refused' and reason.	Place the selection guide in the applicant's folder and file alphabetically in the Ineligible file cabinet.

Under the Freedom of Information Act, the applicant may ask to see any comments or responses recorded. Only make comments which are directly related to the job and which you can support with specifics from the interview.

**COMMENTS**

**THE CENSUS BUREAU IS AN EQUAL OPPORTUNITY EMPLOYER.**

No employment decision is made on the basis of age, race, color, sex, religion, national origin, lawful political affiliation, physical or mental disability, marital status, affiliation with an employee organization, sexual orientation, or other non-merit factor.

**D-247**  
**FEDERAL CIVILIAN and MILITARY ANNUITANTS**  
**WAIVER**

FORM D-247  
05-14-2009

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. CENSUS BUREAU

**DD-214,**

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		THIS IS AN IMPORTANT RECORD. SAFEGUARD IT		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
<b>CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</b>					
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 <input type="checkbox"/> <span style="float: right;">NONE</span> <span style="float: right;">AMOUNT: \$</span>	
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			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)		MONTH(S)
		b. SEPARATION DATE THIS PERIOD			DAY(S)
		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		<input type="checkbox"/> YES <span style="float: right;">NO</span>			
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		<input type="checkbox"/> YES <span style="float: right;">NO</span>			
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) If Yes, Years of commitment:		<input type="checkbox"/> YES <span style="float: right;">NO</span>			
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 <input type="checkbox"/> YES <span style="float: right;">NO</span>			
18. REMARKS					
<p>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.</p> <p><b>L</b></p>					
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 <input type="checkbox"/> YES <span style="float: right;">NO</span>			
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		<input type="checkbox"/> YES <span style="float: right;">NO</span>			
21a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, rate, signature)		d. DATE (YYYYMMDD) <b>E</b>
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (include upgrades)			
25. NARRATIVE REASON FOR SEPARATION					
26. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)		30. MEMBER REQUESTS COPY 4 (initials)			

**DD-1300,  
REPORT OF CASUALTY**

<b>REPORT OF CASUALTY</b>					<b>REPORT CONTROL SYMBOL</b> DD-P&R(AR)1664
		1. REPORT TYPE Final			2. DATE PREPARED 02 Feb 2005
<b>3. SERVICE IDENTIFICATION</b>					
a. NAME (Last, First, Middle and Suffix) Smith, Barbara Jean		b. SOCIAL SECURITY NO. 123-45-6789	c. RANK SSG	d. PAY GRADE E-5	e. OCCUPATIONAL CODE/RATING 42A00
f. COMPONENT Regular	g. BRANCH USA	h. ORGANIZATION HQ Company, 1st Battalion, 9th Cavalry, (82nd Abn Div) Fort Hood, TX 76554			
<b>4. CASUALTY INFORMATION</b>					
a. TYPE Hostile	b. STATUS Deceased	c. CATEGORY Killed in Action	d. DATE OF CASUALTY 24 Jan 2005	e. PLACE OF CASUALTY Khalidiyah, Iraq	
<b>5. CIRCUMSTANCES</b> Hostile Action - Killed in an explosion when the vehicle she was riding in was struck by an improvised explosive device (IED)					
a. DUTY STATUS Active - On Duty					b. BODY RECOVERED Yes
<b>6. BACKGROUND INFORMATION</b>					
a. DATE OF BIRTH 17 Feb 1980	b. PLACE OF BIRTH Berlin, NH	c. COUNTRY OF CITIZENSHIP United States			
d. RACE White					
e. ETHNICITY None					f. SEX Female
g. RELIGIOUS PREFERENCE No Religious Preference					
<b>7. ACTIVE DUTY INFORMATION</b>					
a. PLACE OF ENTRY Kansas City, MO	b. DATE OF ENTRY 29 Sep 1998	c. HOME OF RECORD AT TIME OF ENTRY Kansas City, MO			
7. INTERESTED PERSONS/REMARKS (Name, Address, and Relationship. Continue on separate sheet if necessary) James C. Smith, 1234 Ruskin Way, Kansas City, MO 64128-3123 (Husband 1,2,3 / SGLI - 100%) Jimmy D. Smith, address same as above (son) Robert Dean Smith, 2468 Water Way, Kansas City, MO 64126-3123 (Father) Judy R. Brown, 4515 Platte Ave., Topeka, KS 66609-2864 (Mother)					
Sergeant Barbara J. Smith was posthumously promoted to the grade of Staff Sergeant, E-6 as of 24 January 2005, under the provisions of Public Law 680, 77th Congress, as amended. Pay grade shown in item 3d is that of E-5 since additional pay is not involved.					
FOOTNOTES: 1. Adult next of kin. 2. Beneficiary for gratuity pay in event there is no surviving spouse or child - as designated on record of emergency data. 3. Beneficiary for unpaid pay and allowances - as designated on record of emergency data.					
<b>8. REPORTING INFORMATION</b>					
a. COMMAND AGENCY CDR, 3d AHRCON, Kuwait APO AE 09304					b. DATE RECEIVED 24 Jan 2005
9. DISTRIBUTION DRU HOO		10. SIGNATURE ELEMENT BY ORDER OF THE SECRETARY OF THE ARMY			
NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.					

DD FORM 1300, MAR 2004

PREVIOUS EDITION MAY BE USED

Reset

## **Appendix B**

### **Completing and Reviewing the Form BC-27, Time, Attendance, and Cost Report and Form BC-27A, Field Employee's Reimbursement Expenses**

#### **Topic 1: General Information**

##### **The 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, II, Item 7, and Item 8.
- Complete Item 2 (signature and date).
- Fax copy to the Regional Census Center (RCC) and mail original by the end of the month.

##### **The 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 Through 6

- **Item 1:** - Print your last name, first name, and middle 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 LCO 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:
  - Transaction code, if not preprinted (a).
  - Project number (b).
  - Task code (c).

If you need additional lines for project numbers and task codes, use a second 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, 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 your 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 BC-27 by project number and task code.

#### Section II – Per Diem

Forward the BC-27A to the RCC, with 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 costs 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):** - Add 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 BC-27 by project number and task code.

## **BC-27: Time, Attendance, and Cost Report**

## **BC-27A: Field Employee's Reimbursement Expenses**

\* Basidiocarps, bridges or hairy with  
peeling skin, with common characteristics  
of other microcystis forms.

#### **YELLOW - GREEN GREY**

Copy distribution: WHITE (Subiect with PC-27) - Payroll  
USCENSUS BUREAU

## NOTES



## Appendix C

### Completing and Reviewing the D-308, Daily Pay and Work Record

#### Topic 1: General Information

##### **Overview**

Complete a Form D-308 for each day worked. Pay periods are weekly beginning on Sunday and ending the following Saturday. Every day within the pay period must be accounted for whether work is performed or not. For days that no work is performed, write, *No work performed on (enter day and date)* in the Remarks section on the D-308 for the day before and after.

Except for signatures, print entries on the D-308 using a blue or black-ink ballpoint pen. Press hard so the writing is visible on all copies.

Record hours worked and expenses by task codes. Task codes are divided into two expense categories: training and production. Employees should use the category that applies to a specific duty within their operation.

Supervisors review all D-308s for accuracy and reasonableness before forwarding the forms to the payroll section. All D-308s must show the required, legible signatures of the employee and the supervisor. D-308s will not be processed without the required signatures.

Employees retain copy #3 of their D-308s for their permanent records and for salary reconciliation purposes. The remaining two copies are forwarded to the payroll section.

If per diem expenses for overnight travel are claimed, ensure that the D-308A, *Per Diem Expense Record*, is attached. Do not approve per diem claims without the attachment.

Review the mileage and determine if the miles driven are reasonable for the hours worked and the nature of the assignment. Familiarity with each assignment is necessary to properly assess what is reasonable and what is not. Question those entries where there is excessive mileage claimed and few hours worked. If the employee works in a sparsely populated area, it may be reasonable to have excessive mileage claims in comparison to work hours.

**Completing Part A – Employee Information**

- Enter first name, middle initial, last name and employee id number
- **Item 1:** - Enter month, day and year worked. Place an X in the day worked. Mark the box if the D-308 is a reclaim.
- **Item 2:** - Enter the task code and the operation name.
- **Item 3:** - Enter the office code and name.
- **Item 4:** - Enter areas that you travel “from and to” within your work day.
- **Remarks:** - Use this for any comments such as *reclaim* or *no work performed on (day and date)*, or for documenting other reimbursements.

**Completing Part B – Pay Information**

For Item 1 – Hours worked:

- **Regular:** - Enter the total number of hours worked for routine field production work or office work.
- **Training:** - Enter the total number of hours spent in training for that day worked.
- **Night differential (only if authorized):** - Enter the number of hours worked between 6 p.m. and 6 a.m. These hours must be authorized in advance; or, must be an employee's regularly scheduled tour of duty; or, be temporarily assigned to a daily tour of duty that includes night work. These hours comprise a part of the eight hours claimed in the day and are **not** in addition to the eight hours. This is only for office employees.
- **Overtime:** - Enter the total number of hours worked after the employee has worked 40 hours in the administrative work week. These overtime hours must be approved in advance by the Area Manager or the RD's designee on a CD-81, *Authorization for Paid Overtime and/or Holiday Work, and for Compensatory Overtime*. See Chapter 3, Topic 3 for the full overtime policy.
- **Night differential/overtime:** - Enter the total number of hours worked between 6 p.m. and 6 a.m. after the employee has worked eight hours for that day. These overtime hours do **not** comprise a part of the eight hours claimed in the day and **are** in addition to the regular hours worked.

**Total:** Enter the total number of hours worked for all the above.

**Completing Part B –  
Pay Information  
*continued***

Revised 9/2009

For Item 2 – Times of day worked:

- **Start:** - Enter the starting time for each period of work.
- **End:** - Enter the ending time for each period of work.

**Note:** *Do not include break time when recording periods of work.*

For Item 3 – Disclaimer:

- Enter any hours that you worked but did not claim on the D-308.
- Provide an explanation as to why you did not claim these hours for processing.

For Item 4 – Reimbursements:

- **Miles driven:** - Enter the total number of miles driven for work related purposes. Miles must be recorded using whole numbers. Round up partial miles equal to .5 or greater to the next whole number. Round down partial miles less than .5 to the nearest whole number.
- **Telephone:** - Enter the total cost of official business telephone calls. An itemized telephone bill must be attached to the D-308 when the amount is \$5 or greater.
- **Other:** - Enter the total amount being claimed for other official business expenses. Specify in the Remarks section the exact nature of the purchase and attach receipts for items \$5 or more.

**Completing the Cases  
Completed Section**

Supervisors complete this section, entering all items as required. Specific instructions on how to fill the items are contained in the various operational manuals. Ensure that the supervisor completes the Crew Leader District (CLD) number on every D-308 submitted. This item is **required** for all Enumerators.

The actual numbers recorded in this section are very important as they are used when creating cost and progress reports. If any of the information in the *Cases Completed* section is missing or incomplete, the reports will be adversely impacted.

**Completing Part C -  
Certification**

This section must be completed if the employee is to be paid for work covered by the D-308. When signed, the employee and the supervisor are certifying that all information is complete and accurate to the best of their knowledge. If one or both signatures are not present, return the D-308 for correction.

**For Office Use Only**

Clerks in the LCO complete this section. Clerks will initial to show that they have audited the D-308. Clerks may use the Remarks section to add relevant comments, if needed.

## Appendix D

# Completing the Form D-308A, Per Diem Expense Record

### Topic 1: General Instructions

#### **Overview**

All trips requiring per diem must be authorized in advance by the Area Manager. Determine the maximum per diem rate for the location at the time of authorization. Employees will not receive allowances or reimbursements without advance written approval. See Chapter 11, Topic 2 for more details.

Prepare a D-308A, *Per Diem Expense Record*, for each approved trip. Submit the form immediately upon completion of the trip. Do not combine two individual trips on one D-308A. If there is a one-day or more break in travel, complete a separate D-308A for each trip.

Print all entries, except for signatures, using a blue or black-in ballpoint pen.

Supervisors review the D-308A for reasonableness, certify the form if the expenses are approved, and give the employee the yellow copy for their files.

#### **Per Diem Expenses – Section 1**

- **Column (1):** - Enter the departure date of travel.
- **Column (2):** - Enter the exact departure time from home or temporary duty station (circle a.m. or p.m., as appropriate).
- **Columns (3) and (4):** - Enter the names of the departure and arrival locations. Interim points of travel need not be identified unless requested by the supervisor. For each day on duty at a temporary duty station, enter *on-duty (name of location)* in column (4). An entry must be made for each day.
- **Column (5):** - Enter the arrival date at the temporary duty station.
- **Column (6):** - Enter the exact arrival time at the temporary duty station (circle a.m. or p.m., as appropriate).

- **Columns (7) and (8):** - The entries are the authorized lodging and meals and incidental expense (M&IE) rates authorized for the temporary duty location. A Local Census Office (LCO) clerk will enter the appropriate amounts in columns (7) and (8) before the employee begins travel.
- **Columns (9) and (10):** - Enter the amounts claimed for lodging and/or incidental expenses. The amounts must not exceed the maximum allowable rates in Columns (7) and (8). On the first and last day of travel, you can claim only three-fourths (3/4) of the applicable amount for M&IE. For each day between the first and last day of travel, you are authorized the full fixed amount for M&IE.
- **Column (11):** - Enter the sum of the amounts in Columns (9) and (10).
- **Item 12:** - Enter the sum of all Column (11) entries as the *Total Per Diem Claimed*.

**Completing Section II,  
Certification  
Statements**

Employees review the completed D-308As with their supervisor and, if the supervisor concurs with the entries, both parties sign and date the form. Employees keep the yellow copy of the form and give the original copy along with all receipts for lodging to their supervisors. Supervisors forward the D-308As to the payroll section for processing.

**Completing Section III,  
Audited By**

Do not make entries in this section.

## Appendix E

### Who Must Register for Selective Service

#### **Who Must Register**

Almost all male U.S. citizens regardless of where they live, and male immigrant aliens residing in the U.S., are required to be registered with Selective Service if they are at least 18 years old but are not yet 26 years old. Men who are 26 years old and older are too old to register.

Some of the requirements are shown in the tables below:

CATEGORY	REQUIRED TO REGISTER	
Military-Related	Yes	No
Active duty military		X*
Men attending service academies, like the U.S. Air Force Academy		X*
Men attending the U.S. Coast Guard Academy		X*
Men attending the Merchant Marine Academy	X	
Male students in military officer procurement programs at The Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A & M University, and Virginia Polytechnic Institute and State University		X*
Members of the National Guard or Reserves not on active duty	X	
Delayed entry program enlistees	X	
Men who separate from active duty military for any reason before they turn 26	X*	
Men rejected for enlistment for any reason before turning 26	X	

\*Must register within 30 days of release unless already age 26; already registered when released; or exempt during entire period age 18 through 25.

CATEGORY	REQUIRED TO REGISTER	
	Yes	No
Aliens*		
Lawful nonimmigrants on visas; for example, 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-444)		X
Permanent residents aliens	X	
Special (seasonal) agricultural workers (Form I-688)	X	
Special (seasonal) agricultural workers (Form I-688A)		X
Refugee, parolee, and asylee aliens	X	
Undocumented (illegal) Aliens	X	

**Note:** Immigrants who did not enter the United States or who maintained their lawful nonimmigrant status by continually remaining on a valid visa until after they were 26 years old were never required to register. Also, immigrants born before 1960 who did not enter the United States or who maintained their lawful nonimmigrant status by continually remaining on a valid visa until after March 29, 1975 were never required to register.

\*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.

CATEGORY	REQUIRED TO REGISTER	
Confined	Yes	No
Incarcerated, hospitalized, or institutionalized for medical reasons		X**

CATEGORY	REQUIRED TO REGISTER	
Handicapped Physically or Mentally	Yes	No
Able to function in public with or without assistance	X	
Continually confined to a residence, hospital, or institution		X

\*\*Must register within 30 days of release unless already age 26; already registered when released; or exempt during entire period age 18 through 25.

Template for Selective Service Denial of Waiver Letter

(Enter Date)

(Enter Name & Address)

Dear (Enter Name),

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 were required to register with Selective Service.

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. The available information is insufficient to demonstrate 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 employment with the Bureau of the Census.

Inasmuch as you are not currently an employee of the Bureau of the Census, this decision is not subject to administrative appeal.

Sincerely,

(Enter Regional Director Name)  
Regional Director  
(Enter name of Regional Census Center)

*Updated 05/10*

## Appendix F

### Modified Oath of Office, Signature

#### 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 G

### WARS, CAMPAIGNS, AND EXPEDITIONS OF THE ARMED FORCES

#### **Wars Which Qualify for Veterans' Preference**

<u>War</u>	<u>Inclusive dates</u>
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:**

<u>Campaign or Expedition</u>	<u>Inclusive dates</u>
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, 1950 to July 27, 1953
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
Mayaguez 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

<u>Campaign or Expedition</u>	<u>Inclusive dates</u>
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:**

<u>Campaign or Expedition</u>	<u>Inclusive dates</u>
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:**

<u>Campaign or Expedition</u>	<u>Inclusive dates</u>
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

<u>Campaign or Expedition</u>	<u>Inclusive dates</u>
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
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

**Uniformed Service Qualifying for Veterans' Preference Purposes**

<u>Capacity or Organization in Which Service is Performed</u>	<u>Qualify for Preference</u>
<b>Air Force Service:</b>	
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 States (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
<b>Army Service:</b>	
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 <i>Federal Service</i> .....	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

**Uniformed Service Qualifying for Veterans' Preference Purposes**

<b>Capacity or Organization in Which Service is Performed</b>	<b>Qualify for Preference</b>
Auxiliary Military Police .....	NO
Bureau of Marine Inspection and Navigation .....	NO
Cadet Nurse Corps .....	NO
<b>Chaplains:</b>	
Army .....	YES
Knights of Columbus .....	NO
Navy .....	YES
Y.M.C.A.....	NO
<b>Chemical Warfare Service:</b>	
Civilian and Contract employees .....	NO
Military personnel on active duty.....	YES
Citizens Military Training Camps.....	NO
<b>Civil Aeronautics Administration Pilot Training:</b>	
Prior to September 1, 1943.....	NO
After September 1, 1943 .....	YES
Civil Air Patrol .....	NO
<b>Civilian Conservation Corps (reserve Officers of the Army called to active duty with the Civilian Conservation Corps):</b>	
Service for at least 30 days before July 25, 1939.....	YES
Other personnel .....	NO
<b>Coast and Geodetic Survey Personnel {see note 4}:</b>	
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
<b>Coast Guard Service in or in connection with:</b>	
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

<u>Capacity or Organization in Which Service is Performed</u>	<u>Qualify for Preference</u>
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
<b>Marine Corps:</b>	
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
<b>Navy, service in connection with:</b>	
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
<b>Public Health Service:</b>	
Officers and employees detailed to duty with the Army or Navy by Executive Order 2571, during World War I .....	YES

<u>Capacity or Organization in Which Service is Performed</u>	<u>Qualify for Preference</u>
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.)

## Appendix H: Administrative Training

### Overview

#### Introduction

As part of the appointment process, all Local Census Office (LCO) managers, the Administrative Assistants, and LCO office and field staffs, such as office operations supervisors, clerks, recruiting assistants, crew leaders, enumerators, and so forth, must complete the four training modules provided in this appendix. The four trainings are:

- No FEAR Act
- Personally Identifiable Information (PII)
- Title 13
- Information Technology (IT) Security Awareness

After completion of the training sessions, a certificate must be completed. Appointees should sign each of the certificates and give them to the trainer or supervisor. When reviewing appointment folders, the trainer or supervisor must complete their section of the certificates, and also ensures that all appointees printed their name, and signed and dated each certificate. All certificates are sent to the LCO along with the appointment folders and the D-275, Record of Training.

**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.**

Certificates for the LCO Managers and Administrative Assistants should be sent to the Regional Census Center for filing in their Employee Performance Folder.

The section on IT 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, please immediately notify your supervisor and Automation Support staff in your office.

## 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, known 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.

Now, let's review Antidiscrimination Laws.

As a federal employee, you are protected from illegal discrimination in employment matters on the basis of your race, color, religion, sex, national origin, age, and disability.

Equal employment opportunity cannot be denied 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. A 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 comes from a particular place, because of their ethnicity or accent, unless the accent materially interferes with job performance, or because it is believed that 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.

Now, let's discuss the Title VII (seven) of the 1964 Civil Rights Act.

Title Seven of the 1964 Civil Rights Act, as amended, protects employees from employment discrimination on the basis of sex, race, color, national origin, or religion. Sexual harassment and pregnancy discrimination are considered forms of sex discrimination and are prohibited by Title Seven.

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 Seven 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 next topic is the Age Discrimination in Employment Act of 1967:

The Age Discrimination in Employment Act, referred to as 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 that is 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 that discrimination 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 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 Departmental Administrative Orders 215-11, referred to as the DAO, 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.

Now, let's review 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 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.

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/](http://www.census.gov/eeo/). Additional Information is available at the Department of Commerce Web site: [www.osec.doc.gov/ocr/](http://www.osec.doc.gov/ocr/)

For a detailed explanation of the EEO complaint process visit:

[www.osec.doc.gov/ocr/eeoprocess.html](http://www.osec.doc.gov/ocr/eeoprocess.html), or

[www.access.gpo.gov/nara/cfr/waisidx\\_03/29cfr1614\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/29cfr1614_03.html), or [www.eeoc.gov](http://www.eeoc.gov).

Information regarding the Whistleblower Act and Protections can be obtained from your local HR Office, or visit [www.osc.gov](http://www.osc.gov).

To view Census Bureau's No FEAR Act Notice, go to:

[www.osec.doc.gov/ocr/nofearcensus.htm](http://www.osec.doc.gov/ocr/nofearcensus.htm)

## Personally Identifiable Information (PII)

We will now discuss Personally Identifiable Information, or PII for short.

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.

Let's now review the following rules and guidelines to safeguard the PII of all persons for whom the Census Bureau maintains records:

First, let's discuss 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.

Now, 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.

Now, let's talk about 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 that 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.

**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 that you need to know regarding confidentiality of Title 13 data.

**First--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.

**Second: 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. Also, 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. 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?**

There are three ways in which the Census Bureau protects Census confidential data. 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, which 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. Also, 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.

In closing, 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.

## Information Technology (IT) Security Awareness Training

Welcome to the U.S. Census Bureau's IT Security Awareness Training for FY09. This training takes approximately 30 minutes to complete. If, due to a disability, additional assistance is needed to complete this training, please contact the Disability Program Office via email at [hrd.disability.program@census.gov](mailto:hrd.disability.program@census.gov) or call at (301) 763-4060 (Voice) or (301) 763-0376 (TTY).

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.

### 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.

After completing this course, you will understand why IT security policies are important. You will also learn about risks, threats, vulnerabilities, countermeasures, how to protect sensitive information, how to secure your workstation, 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 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.

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. If more information about these laws is needed, click the Laws button above.

### **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](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 VS 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 email 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.

**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.

## 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).

### **To change your password:**

1. Press the Alt+Ctrl+Del keys (simultaneously).
2. Click Change Password.
3. Select all resources in the resource list to ensure password synchronization.

4. Enter your old password and your new password.
5. Click OK. Click OK again. Your password is changed for all selected resources.

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.
- Either one number or 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

**To create a strong password, follow these steps as an example:**

1. Create an acronym using your favorite movie or song to select characters (for example, type the acronym for "Luke, I Am Your Father" = LIAYF).
2. Choose your favorite year to select numbers (for example, 87).
3. Hold down the shift key while typing your favorite year to select symbols (for example, hold down shift key and type 87=\*&).
4. Put your characters, numbers, and symbols together to form a strong password (for example, LIAYF87\*&).

**Countermeasure: Password-Protected Screen Savers**

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 by using a password-protected screen saver and/or locking your workstation while unattended. Locking your workstation and using password-protected screen savers help safeguard sensitive information that resides on workstations and/or servers, and are required by Census Bureau policy. They reduce the possibility of unauthorized users gaining access to sensitive information by simply sitting down at a computer that is unattended.

Protect yourself and the Census Bureau by using a password-protected screen saver and/or locking your workstation while unattended.

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 enable the password-protected screen saver:**

1. Right click on your Desktop.
2. Click Properties.
3. Click the Screen Saver tab.
4. Set the time in the area titled Wait \_\_\_\_ Minutes. Set it for no more than 15 minutes.
5. Click OK.

**Countermeasure: Locking Your Workstation**

When you leave your desk, you can secure your workstation from unauthorized use by manually locking your workstation. This will not disrupt any work you are performing on your computer.

**To lock and unlock your workstation:**

To lock your workstation,

- Press CTRL+ALT+DEL (simultaneously).

- Click Lock Workstation.

To unlock your workstation,

- Press CTRL+ALT+DEL (simultaneously).
- Enter your password. Your password is your workstation password.
- 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 that you possess.

You can protect yourself and the Census Bureau by following these safeguards:

- Encrypt Census confidential information before transmitting it electronically via email.
- 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 that results 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 email 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 An Incident?

If you suspect an IT security incident, contact the Decennial CIRT at 1 (877) 744-1522. Let the Decennial CIRT know the following:

- Location of incident
- Your name, title and organization
- Date and time of report filing
- Date and time of incident
- Details of incident (who, what, when, where, how, and why)

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 legal notice displays stating you are accessing a government computer. 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

([http://cww2.census.gov/it/itso/docs/Census\\_Policy\\_on\\_Internet\\_Use.doc](http://cww2.census.gov/it/itso/docs/Census_Policy_on_Internet_Use.doc)).

During business hours, employees may use Bureau-provided Internet access and related computer resources for unofficial purposes only if they are on non-duty time and have received prior approval from the Division.

Outside of business hours, employees may use Bureau-provided Internet access and related computer resources for unofficial purposes only if they are on non-duty time; however, prior approval from the Division is not required.

Image A: A dialog like the one below displays each time you log-in stating

WARNING: 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.

### **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.
- 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 - Acceptable Email Use**

Acceptable email 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.

## **IT Resources - Email 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.

### **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](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/itsd/docs/Census\\_Policy\\_on\\_Internet\\_Use.doc](http://cww2.census.gov/it/itsd/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) also 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.

### 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 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) ([http://cww.hrd.census.gov/hrd/Telework/telework\\_policy.pdf](http://cww.hrd.census.gov/hrd/Telework/telework_policy.pdf)) to access the official Telework policy.

### **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.

Wireless capability must be disabled on PDAs (for example, Palm Pilot or iPAQ) prior to connecting it to the Census Bureau network.

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 CIO 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 so as to transfer or exchange computer files. Department of Commerce Infomation 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](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.
- Log-out and turn off the PC when not in use.
- Avoid storing sensitive information in 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).

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 every 90 days. The system will automatically prompt you. Also, lock your workstation and use a password-protected screen saver. 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 email attachments with viruses.

### **Want To Know More About IT Security?**

For technical support, contact the Customer Help Center at (301) 763-3333.

If you have questions about computer security policies, contact the IT Security Office at (301) 763-2862.

If you have questions about an IT security incident, contact the Decennial CIRT at 1 (877) 744-1522.

### **Knowledge Check Questions**

1. Internet and email 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 email attachments.
  - B. Policies about providing passwords over the phone.
  - C. Automatic removal of suspicious email attachments that might contain viruses.
  - D. Procedures for reporting software problems.
  
3. If you think your computer may be infected with malicious code, normal email 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.

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 email attachments.
- B. Policies about providing passwords over the phone.
- C. Automatic removal of suspicious email 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 email 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 email 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 for Fiscal Year 2009! Please complete the Certificate of Completion and give it to your supervisor.

## **Acceptable Use Policy for U.S. Census Bureau Information Technology Systems**

Acceptable use policy, also called rules of behavior, instructs people about acceptable ways in which they may and may not use information technology (IT) systems. These rules communicate to every individual (including management, administrators, federal personnel, and contractors) accessing IT resources their role in protecting those resources, and advise them of their obligations. These rules apply whether working in a Census Bureau office, teleworking, or using remote access.

The Census Bureau's networks and IT systems do not inherently provide users a right of privacy; the Census Bureau is permitted to monitor the use of these systems, including hardware and software, in accordance with the acceptable use policy.

### **Individual Accountability**

Census Bureau personnel (including both federal employees and contractors), as representatives of the Census Bureau, are to be held accountable for their actions and may be subject to administrative penalties, fines, termination (removal), and/or imprisonment.

### **Data Stewardship**

The Census Bureau collects and processes data from many different sources. Much of this data is sensitive in nature and is protected under the Privacy Act as well as Titles 13, 15, 26, and 42 of the U.S. Code Title 5, which applies to the

protection of personally identifiable information, is also in the U.S. Code. This law makes the release of covered data a criminal act punishable by federal law.

Therefore, the unauthorized use of sensitive data by employees and contractors is prohibited. Sensitive data may not be transmitted in any form without the appropriate encryption. Personally identifiable information may not be stored or written to any portable media or devices with the exception of authorized laptops equipped with FIPS 140-2 compliant full-disk encryption. More information may be found at <http://cww.census.gov/datastewardship>.

## **Security Practice**

Census Bureau personnel are responsible for securing their IT resources (i.e. computers, workstations, terminals, BlackBerry® wireless devices, etc.) to prohibit unauthorized access. To better protect and secure your workstation or device, always:

- Log out of secure applications running on your workstation that you are not using.
- Lock your password-protected workstation if you leave your desk. Log out at the end of each workday.
- Do not share your workstation or device password with anyone except authorized Census Bureau personnel such as LAN staff. Once shared, your password must be changed as soon as possible after the need has ended. If there is a chance your password has been compromised, change it immediately.

- Be careful while typing your password so that your password is not observed.

### **Government Computer Use**

Use of government computers, personal digital assistants (PDA's), BlackBerry® wireless devices, wired or wireless communications systems, data, and other information is meant for authorized purposes. Unauthorized use of government equipment is prohibited.

Census Bureau personnel are given access to Census Bureau systems based on the need to perform their job responsibilities. Census Bureau personnel are requested to work within the confinement of this access and are not to attempt to access systems or applications to which access has not been authorized.

### **End-User Software Use**

Unauthorized software may not be installed on any official government computer. Copyrighted software must be installed consistent with the respective licensing agreement and only after installation have been approved by Census Bureau management.

### **Portable Media Use**

Portable media or devices may be used for sensitive information only if authorized by management and if recommended safeguards are in place. Portable media include devices such as:

- Optical media (CD, DVD)
- Removable media (floppy, ZIP®, hard disk)
- Hard drives (portable, external)
- Flash drives (USB)
- Laptops
- Paper printouts

For printing paper copies, use only printers under your direct observation such as at your desk or that print only with your personal identification number. 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.

Census Bureau personnel may not use floppy drives and CD/DVD-writers unless authorized. If necessary, USB flash drives, encrypted according to government standards and supplied by the IT Directorate, may be used. Government owned laptops may be loaned to Census Bureau personnel if authorized and approved.

## **Internet Use**

Internet access is limited to authorized Census Bureau personnel only. Use of the Internet is restricted for official (i.e. work-related) purposes when accessed through

government-owned hardware and software. The Census Bureau has developed specific security policies permitting the use of Census Bureau resources for personal tasks including the use of the Internet and e-mail. All Internet connections must conform to Census Bureau security and communications architecture.

### **Remote Access Use**

Remote access to the Census Bureau network is available to Census Bureau personnel in the event of an emergency only and with prior Census Bureau management and Information Technology Security Office (ITSO) authorization to proceed. The acceptable use policy also applies when accessing Census Bureau resources remotely.

### **E-mail Use**

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 systems 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)

- 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 program
- Do not send illegal transmissions (respect copyright laws)
- Follow established retention (archiving) policies
- Consent to monitoring and review activities

## **IT Security Incident Reporting**

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](mailto:Decennial.CIRT@census.gov)) or phone 1 (877) 744-1522. You must report the actual or suspected loss of sensitive data within one hour of discovery. A 24-hour, toll-free phone 1 (877) 744-1522 is available.

# **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: \_\_\_\_\_

**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 \_\_\_\_\_

## **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.

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**Print Name**

---

**Signature**

---

**Date**

---

**Printed Name and Title of Census Bureau Representative**

---

**Signature of Census Bureau Representative**

## 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)

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Supervisor’s Full Name (Print)



## Appendix I

### List of Agencies for Dual Federal Employment

*Updated 11/2009*

Access Board  
Advisory Council on Historic Preservation  
Agency for International Development  
American Battle Monuments Commission  
Appalachian Regional Commission  
Barry Goldwater Scholarship and Excellence in Education Foundation  
Broadcasting Board of Governors  
Commission of Fine Arts  
Commission on Civil Rights  
Commission on Security and Cooperation in Europe  
Committee for Purchase from People who are Blind or Severely Disabled  
Commodity Futures Trading Commission  
Consumer Product Safety Commission  
Corporation for National and Community Service  
Defense Nuclear Facilities Safety Board  
Department of Agriculture  
Department of the Air Force  
Department of the Army  
Department of Defense  
Department of Education  
Department of Energy  
Department of Health & Human Services  
Department of Housing and Urban Development  
Department of Labor  
Department of the Interior  
Department of the Navy  
Department of Transportation  
Department of Veteran Affairs  
Election Assistance Commission  
Environmental Protection Agency  
Farm Credit Administration  
Federal Communications Commission  
Federal Deposit Insurance Corporation  
Federal Mine Safety and Health Review Commission  
Federal Reserve System - Board of Governors  
Federal Trade Commission  
General Services Administration

Government Accountability Office  
Government Printing Office  
Institute of Museum and Library Services  
Inter-American Foundation  
James Madison Memorial Fellowship Foundation  
Library of Congress  
Marine Mammal Commission  
Medicare Payment Advisory Commission  
Merit Systems Protection Board  
Millennium Challenge Corporation  
Morris K Udall Scholarships and Excellence National Environmental Policy Foundation (Morris K Udall Foundation)  
National Aeronautics and Space Administration  
National Capital Planning Commission  
National Endowment for the Arts  
National Endowment for the Humanities  
National Labor Relations Board  
National Mediation Board  
National Science Foundation  
National Transportation Safety Board  
Nuclear Regulatory Commission  
Nuclear Waste Technical Review Board  
Occupational Safety and Health Review Commission  
Office of Compliance  
Office of National Drug Control Policy  
Office of Navajo and Hopi Indian Relocation  
Office of Personnel Management  
Office of Special Counsel  
Overseas Private Investment Corporation  
Pension Benefit Guaranty Corporation  
Railroad Retirement Board  
Selective Service System  
Small Business Administration  
Smithsonian Institution  
Social Security Administration  
Surface Transportation Board  
The Presidio Trust  
Trade and Development Agency  
U.S. Institute of Peace  
U.S. International Trade Commission  
U.S. Postal Service  
United States-China Economic and Security Review Commission

## List of Sub-Agencies for Dual Federal Employment

### **DEPARTMENT OF AGRICULTURE**

#### **AGENCY/SUBELEMENT**

Office of the Secretary of Agriculture

##### ***Staff Offices***

Civil Rights  
Departmental Administration  
National Appeals Division  
Office of Budget and Program Analysis  
Office of Communications  
Office of the Chief Economist  
Office of the Chief Financial Officer  
Office of the Chief Information Officer  
Office of the Executive Secretariat  
Office of the General Counsel  
Office of the Inspector General  
Homeland Security Staff

##### ***Farm and Foreign Agricultural Services***

Farm Service Agency  
Foreign Agricultural Service  
Risk Management Agency

##### ***Food, Nutrition and Consumer Services***

Food and Nutrition Service

##### ***Food Safety***

Food Safety and Inspection Service

##### ***Marketing and Regulatory Programs***

Agricultural Marketing Service  
Animal and Plant Health Inspection Service  
Grain Inspection, Packers and Stockyards Administration

##### ***Natural Resources and Environment***

Forest Service  
Natural Resources Conservation Service

##### ***Research, Education, and Economics***

Agricultural Research Service

Cooperative State Research, Education, and Extension Service  
Economic Research Service  
National Agricultural Statistics Service

***Rural Development***

Rural Business-Cooperative Service  
Rural Housing Service  
Rural Utility Service

Center for Nutrition Policy and Promotion  
National Finance Center

**DEPARTMENT OF THE AIR FORCE**

**AGENCY/SUBELEMENT**

AF-wide Support Element  
Air Combat Command  
Air Education and Training Command  
Air Elements Defense Intelligence Agency  
Air Force Agency for Modeling and Simulation  
Air Force Audit Agency  
Air Force C2 & Intelligence, Surveillance & Reconnaissance  
Air Force Center for Environmental Excellence  
Air Force Center for Studies and Analyses  
Air Force Civilian Career Training  
Air Force Combat Operations Staff  
Air Force Communications Agency  
Air Force Cost Center  
Air Force Cyber Command  
Air Force Disposal Agency  
Air Force District of Washington  
Air Force Element OSD  
Air Force Elements, Europe  
Air Force Elements, Other than Europe  
Air Force Elements, U.S. Africa Command  
Air Force Elements, U.S. Atlantic Command  
Air Force Elements, U.S. Central Command  
Air Force Elements, U.S. Northern Command  
Air Force Elements, U.S. Pacific Command  
Air Force Elements, U.S. Southern Command  
Air Force Elements, U.S. Special Operations Command  
Air Force Elements, U.S. Strategic Command  
Air Force Elements, U.S. Transportation Command  
Air Force Engineering and Services Center

Air Force Financial Services  
Air Force Frequency Management Agency  
Air Force Global Strike Command  
Air Force Inspection and Safety Center  
Air Force Intelligence Service  
Air Force Intelligence, Surveillance, & Reconnaissance Agency  
Air Force Legal Services Center  
Air Force Logistics Management Agency  
Air Force Management Engineering Agency  
Air Force Manpower Agency  
Air Force Materiel Command  
Air Force Medical Services Center  
Air Force Morale, Welfare and Recreation Center  
Air Force National Security Emergency Preparedness  
Air Force Nuclear Weapons Agency  
Air Force Office of Security Police  
Air Force Office of Special Investigations  
Air Force Operational Test and Evaluation Center  
Air Force Personnel Center  
Air Force Personnel Operations Agency  
Air Force Petroleum Agency  
Air Force Program Executive Office  
Air Force Public Affairs Agency  
Air Force Real Property Agency  
Air Force Review Boards Office  
Air Force Service Information and News Center  
Air Force Special Operations Command  
Air Force Supply Center  
Air Force Technical Applications Center  
Air Mobility Command  
HQ USAF and Support Elements  
HQ USAF Direct Support Element  
Immediate Office, Headquarters, USAF

***Air National Guard***

11th Wing  
Air National Guard Support Center  
Air National Guard Units (Mobilization) (Title 5)  
Air National Guard Units (Title 32)  
Air Weather Service  
Headquarters, Air Force Reserve  
HQ AF Flight Standards Agency  
HQ Air Force Medical Operations Agency  
HQ NORAD  
HQ U.S. European Command

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Pacific Air Forces  
Space Command  
U.S. Air Force Academy  
U.S. Air Force Historical Research Center  
U.S. Air Forces, Europe  
U.S. Special Operations Command (ANG, Title 32)

#### **DEPARTMENT OF THE ARMY**

##### **AGENCY/SUBELEMENT**

Field Operating Agencies of the Army Staff  
Field Operating Agencies of the Army Staff Resourced Through OA-22  
Field Operating Offices of the Office of the Secretary of the Army  
Joint Services and Activities Supported by the Office, Secretary of the Army  
Office of the Secretary of the Army  
U.S. Army Network Enterprise Technology Command/9th Army Signal Command

##### ***Office of the Chief of Staff of the Army***

Eighth U.S. Army  
Immediate Office of the Chief of Staff of the Army  
Joint Activities

##### ***National Guard Bureau***

Army National Guard Units (Title 32)  
Office of the Chief of the National Guard Bureau

##### ***Surgeon General***

U.S. Army Accessions Command  
U.S. Army Acquisition Support Center  
U.S. Army Central  
U.S. Army Contracting Agency. Terminates January, 2010.  
U.S. Army Corps of Engineers  
U.S. Army Criminal Investigation Command  
U.S. Army Element SHAPE

##### ***U.S. Army Europe and Seventh Army***

1st Personnel Command  
21st Theater Army Area Command  
59th Ordnance Brigade  
Immediate Office of the Commander-in-Chief of the U.S. Army  
Seventh Army Training Command  
U.S. Army Forces Command  
U.S. Army Health Services Command  
U.S. Army Installation Management Agency

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U.S. Army Intelligence and Security Command  
U.S. Army Southern European Task Force  
U.S. Army V Corps  
U.S. Military Community Activity, Heidelberg

***U.S. Army Materiel Command (AMC)***

Headquarters, AMC  
Headquarters, Staff Support Activities, AMC  
Materiel Acquisition Activities  
Materiel Acquisition Project Managers  
Materiel Readiness Activities  
Training Activities, AMC  
U.S. Army Aviation and Missile Command  
U.S. Army Chemical Materials Agency  
U.S. Army Communications Electronics Command  
U.S. Army Contracting Command  
U.S. Army Joint Munitions Command  
U.S. Army Medical Command  
U.S. Army Military District of Washington  
U.S. Army Military Surface Deployment and Distribution Command  
U.S. Army North  
U.S. Army Research, Development and Engineering Command  
U.S. Army Reserve Command  
U.S. Army Security Assistance Command  
U.S. Army South  
U.S. Army Southern Command  
U.S. Army Space and Missile Defense Command/U. S. Army Forces Strategic Command  
U.S. Army Sustainment Command  
U.S. Army Tank-Automotive and Armament Command (TACOM)  
U.S. Army Test and Evaluation Command  
U.S. Army Training and Doctrine Command  
U.S. Army War College  
U.S. Army, Pacific  
U.S. Military Academy  
U.S. Military Entrance Processing Command  
U.S. Special Operations Command (Army)

**DEPARTMENT OF DEFENSE (except Departments of the Air Force, Army, and Navy)**

**AGENCY/SUBELEMENT**

***Office of the Secretary of Defense and Related Organizations***

Office of Inspector General  
Office of the Secretary of Defense  
Organization of the Joint Chiefs of Staff

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***Defense Agencies***

Business Transformation Agency  
Defense Advanced Research Projects Agency  
Defense Commissary Agency  
Defense Contract Audit Agency  
Defense Contract Management Agency  
Defense Finance and Accounting Service  
Defense Information Systems Agency  
Defense Intelligence Agency  
Defense Legal Services Agency  
Defense Logistics Agency  
Defense Security Cooperation Agency  
Defense Security Service  
Defense Threat Reduction Agency  
Missile Defense Agency  
National Geospatial-Intelligence Agency  
National Security Agency/Central Security Service  
Pentagon Force Protection Agency

***Field Activities of the Department of Defense***

American Forces Information Service  
Defense Human Resources Activity  
Defense Media Activity  
Defense Prisoner of War/Missing Personnel Office  
Defense Technical Information Center  
Defense Technology Security Administration  
Department of Defense Counterintelligence Field Activity  
Department of Defense Education Activity  
Department of Defense Test Resource Management Center  
Office of Economics Adjustment  
TRICARE Management Activity  
Washington Headquarters Services

***Other Activities/Organizations***

Armed Forces Radiobiology Research Institute  
Army and Air Force Exchange Service (nonappropriated fund)  
Civilian Personnel Management Service  
Consolidated Metropolitan Technical Personnel Center  
Defense Career Management and Support Agency  
Defense Microelectronics Activity  
Defense Programs Support Activity  
Eastern Regional Support Center  
Joint Improvised Explosive Device Defeat Organization  
National Defense University

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Pentagon Renovation Program Office  
U.S. Court of Appeals for the Armed Forces  
U.S. Transportation Command  
Unified Combatant Command Headquarters  
Uniformed Services University of the Health Sciences  
Virginia Contracting Activity

#### **DEPARTMENT OF EDUCATION**

##### **AGENCY/SUBELEMENT**

Advisory Councils and Committees  
Federal Student Aid  
Immediate Office of the Secretary of Education  
Institute of Education Sciences  
National Assessment Governing Board  
National Institute for Literacy  
Office for Civil Rights  
Office of Communications and Outreach  
Office of Elementary and Secondary Education  
Office of English Language Acquisition  
Office of Innovation and Improvement  
Office of Inspector General  
Office of Intergovernmental and Interagency Affairs  
Office of Legislation and Congressional Affairs  
Office of Management  
Office of Planning, Evaluation and Policy Development  
Office of Postsecondary Education  
Office of Safe and Drug-Free Schools  
Office of Special Education and Rehabilitative Services  
Office of the Chief Financial Officer  
Office of the Chief Information Officer  
Office of the Deputy Secretary of Education  
Office of the General Counsel  
Office of the Under Secretary  
Office of Vocational and Adult Education

#### **DEPARTMENT OF ENERGY**

##### **AGENCY/SUBELEMENT**

Bonneville Power Administration  
Energy Information Administration  
Southeastern Power Administration  
Southwestern Power Administration

Western Area Power Administration

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY/SUBELEMENT**

Office of the Secretary of Health and Human Services  
Administration for Children and Families  
Administration on Aging  
Centers for Medicare & Medicaid Services  
Program Support Center

***Public Health Service***

Agency for Healthcare Research and Quality  
Agency for Toxic Substances and Disease Registry  
Centers for Disease Control and Prevention  
Food and Drug Administration  
Health Resources and Services Administration  
Indian Health Service  
National Institutes of Health  
Office of the Assistant Secretary of Health  
Substance Abuse and Mental Health Services Administration

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**AGENCY/SUBELEMENT**

Assistant Secretary for Administration  
Assistant Secretary for Community Planning and Development  
Assistant Secretary for Congressional and Intergovernmental Relations  
Assistant Secretary for Fair Housing and Equal Opportunity  
Assistant Secretary for Housing–Federal Housing Commissioner  
Assistant Secretary for Policy Development and Research  
Assistant Secretary for Public Affairs  
Assistant Secretary for Public and Indian Housing  
Center for Faith-Based and Community Initiatives  
Government National Mortgage Association (Ginnie Mae)  
Office of Departmental Equal Employment Opportunity  
Office of Departmental Operations and Coordination  
Office of Federal Housing Enterprise Oversight  
Office of Field Policy and Management  
Office of General Counsel  
Office of Healthy Homes and Lead Hazard Control  
Office of Inspector General  
Office of the Chief Financial Officer  
Office of the Chief Information Officer  
Office of the Chief Procurement Officer

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Office of the Secretary of Housing and Urban Development  
Office of the Senior Coordinator for Great Plains  
Office of the Senior Coordinator for Mid-Atlantic  
Office of the Senior Coordinator for Midwest  
Office of the Senior Coordinator for New England  
Office of the Senior Coordinator for New York/New Jersey  
Office of the Senior Coordinator for Northwest/Alaska  
Office of the Senior Coordinator for Pacific/Hawaii  
Office of the Senior Coordinator for Rocky Mountains  
Office of the Senior Coordinator for Southeast/Caribbean  
Office of the Senior Coordinator for Southwest

#### **DEPARTMENT OF THE INTERIOR**

##### **AGENCY/SUBELEMENT**

Office of the Secretary of the Interior

##### ***Fish and Wildlife and Parks***

Indian Affairs  
National Park Service  
U.S. Fish and Wildlife Service

##### ***Land and Minerals Management***

Bureau of Land Management  
Minerals Management Service  
Office of Surfacing Mining, Reclamation and Enforcement  
Office of the Inspector General  
Office of the Solicitor

##### ***Water and Science***

Bureau of Reclamation  
Geological Survey

Federal Executive Boards

#### **DEPARTMENT OF LABOR**

##### **AGENCY/SUBELEMENT**

Bureau of International Labor Affairs  
Bureau of Labor Statistics  
Employee Benefits Security Administration  
Employment and Training Administration  
Employment Standards Administration

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Mine Safety and Health Administration  
Occupational Safety and Health Administration  
Office of Congressional and Intergovernmental Affairs  
Office of Disability Employment Policy  
Office of Public Affairs  
Office of the Assistant Secretary for Administration and Management  
Office of the Assistant Secretary for Policy  
Office of the Chief Financial Officer  
Office of the Inspector General  
Office of the Secretary of Labor  
Office of the Solicitor  
Veterans Employment and Training Services  
Women's Bureau

#### DEPARTMENT OF THE NAVY

##### AGENCY/SUBELEMENT

###### ***Navy Secretariat/Staff Offices***

Assistant for Administration, Under Secretary of the Navy  
Immediate Office of the Secretary of the Navy  
Navy Field Offices  
Navy Staff Offices  
Office of Naval Research

###### ***Chief of Naval Operations***

Bureau of Naval Personnel  
Chief of Naval Education and Training  
Commander, Navy Installations  
Immediate Office of the Chief of Naval Operations  
Military Sealift Command  
Naval Air Systems Command  
Naval Education and Training Command  
Naval Facilities Engineering Command  
Naval Intelligence Command  
Naval Medical Command  
Naval Meteorology and Oceanography Command  
Naval Reserve Force  
Naval Sea Systems Command  
Naval Security Group Command  
Naval Special Warfare Command  
Naval Supply Systems Command  
Navy Systems Management Activity  
Space and Naval Warfare Systems Command  
Strategic Systems Programs Office

U.S. Atlantic Fleet, Commander in Chief  
U.S. Marine Corps  
U.S. Naval Forces, Europe  
U.S. Pacific Fleet, Commander in Chief  
U.S. Special Operations Command (Navy)

## DEPARTMENT OF TRANSPORTATION

### AGENCY/SUBELEMENT

Federal Aviation Administration  
Federal Highway Administration  
Federal Motor Carrier Safety Administration  
Federal Railroad Administration  
Federal Transit Administration  
Maritime Administration  
National Highway Traffic Safety Administration  
Office of Inspector General  
Office of the Secretary of Transportation  
Pipeline and Hazardous Materials Safety Administration  
Research and Innovative Technology Administration  
Saint Lawrence Seaway Development Corporation  
Surface Transportation Board  
Transportation Administrative Service Center

## DEPARTMENT OF VETERANS AFFAIRS

### AGENCY/SUBELEMENT

Office of the Secretary

***Assistant Secretary for Congressional and Legislative Affairs***

Deputy Assistant Secretary for Congressional Affairs  
Deputy Assistant Secretary for Legislative Affairs  
Immediate Office of the Assistant Secretary for Congressional and Legislative Affairs

***Assistant Secretary for Human Resources and Administration***

Deputy Assistant Secretary for Administration  
Deputy Assistant Secretary for Equal Opportunity  
Deputy Assistant Secretary for Human Resources Management and Labor Relations  
Deputy Assistant Secretary for Office of Resolution Management  
Immediate Office of the Assistant Secretary for Human Resources and Administration

***Assistant Secretary for Information and Technology***

Deputy Assistant Secretary for Information and Technology

Immediate Office of the Assistant Secretary for Information and Technology

***Assistant Secretary for Management***

Deputy Assistant Secretary for Acquisition and Materiel Management  
Deputy Assistant Secretary for Budget  
Deputy Assistant Secretary for Finance  
Immediate Office of the Assistant Secretary for Management

***Assistant Secretary for Operations, Security, and Preparedness***

Deputy Assistant Secretary for Emergency Management  
Deputy Assistant Secretary for Security and Law Enforcement  
Immediate Office of the Assistant Secretary for Operations, Security, and Preparedness

***Assistant Secretary for Policy and Planning***

Deputy Assistant Secretary for Planning and Evaluation  
Deputy Assistant Secretary for Program and Data Analysis  
Deputy Assistant Secretary for Security Preparedness  
Immediate Office of the Assistant Secretary for Policy and Planning  
National Center for Veteran Analysis and Statistics

***Assistant Secretary for Public and Intergovernmental Affairs***

Board of Contract Appeals  
Board of Veterans Appeals  
Deputy Assistant Secretary for Intergovernmental Affairs  
Deputy Assistant Secretary for Public Affairs  
General Counsel  
Inspector General  
National Cemetery Administration  
Office of the Assistant Secretary for Public and Intergovernmental Affairs  
Veterans Benefits Administration  
Veterans Health Administration

**GENERAL SERVICES ADMINISTRATION**

**AGENCY/SUBELEMENT**

Federal Acquisition Service  
GSA Board of Contract Appeals  
Harry S. Truman Scholarship Foundation  
Illinois and Michigan Canal National Heritage Corridor Commission  
Immediate Office of the Administrator  
Inter-American Foundation  
International Boundary and Water Commission: United States and Mexico  
International Boundary Commission: United States and Canada  
International Joint Commission: United States and Canada

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James Madison Memorial Fellowship Foundation  
Japan-United States Friendship Commission  
Marine Mammal Commission  
Merit Systems Protection Board  
Millennium Challenge Corporation  
Morris K. Udall Scholarship and Excellence in National Environmental Policy Foundation  
Office of Childcare  
Office of Citizen Services and Communications  
Office of Civil Rights  
Office of Congressional and Intergovernmental Affairs  
Office of Congressional and Intergovernmental Affairs and Governmentwide Policy  
Office of Emergency Response and Recovery  
Office of General Counsel  
Office of Governmentwide Policy  
Office of Inspector General  
Office of Small Business Utilization  
Office of the Chief Acquisition Officer  
Office of the Chief Financial Officer  
Office of the Chief Human Capital Officer  
Office of the Chief Information Officer  
Offices of the Regional Administrators  
Public Buildings Service

***National Aeronautics and Space Administration***

Ames Research Center  
Dryden Flight Research Center  
George C. Marshall Space Flight Center  
Goddard Space Flight Center  
Headquarters, NASA  
John C. Stennis Space Center  
John F. Kennedy Space Center  
John Glenn Research Center at Lewis Field  
Langley Research Center  
Lyndon B. Johnson Space Center  
National Archives and Records Administration  
National Capital Planning Commission  
National Commission on Libraries and Information Science  
National Council on Disability  
National Credit Union Administration  
Space Station Program Office

***National Foundation on the Arts and the Humanities***

Institute of Museum and Library Services  
National Endowment for the Arts  
National Endowment for the Humanities

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National Labor Relations Board  
National Mediation Board  
National Science Foundation  
National Transportation Safety Board  
Nuclear Regulatory Commission  
Nuclear Waste Technical Review Commission  
Occupational Safety and Health Review Commission  
Office of Government Ethics  
Office of Navajo and Hopi Indian Relocation  
Office of Personnel Management  
Office of Special Counsel  
Office of the Director of National Intelligence  
Office of the Federal Coordinator for Alaska Natural Gas Transportation Projects  
Overseas Private Investment Corporation  
Peace Corps  
Pension Benefit Guaranty Corporation  
Postal Rate Commission  
Presidio Trust  
Public Interest Declassification Board  
Public International Organization  
Railroad Retirement Board  
Recovery Act Accountability and Transparency Board  
Securities and Exchange Commission  
Selective Service System  
Small Business Administration

***Smithsonian Institution***

John F. Kennedy Center for the Performing Arts  
National Gallery of Art  
Smithsonian Institution (except units administered under separate Boards of Trustees)  
Social Security Administration  
Tennessee Valley Authority  
Trade and Development Agency  
U.S. Holocaust Memorial Museum  
U.S. Interagency Council on Homelessness  
U.S. International Trade Commission  
U.S. Postal Service  
Utah Reclamation Mitigation and Conservation Commission  
Valles Caldera Trust  
Vietnam Education Foundation  
White House Commission on the National Moment of Remembrance  
Woodrow Wilson International Center for Scholars

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## Rules and Regulations Governing Conduct on Federal Property

November, 2003

### 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 or on such property. Each occupant agency shall be responsible for the observance of these rules and regulations. Federal agencies must post them placed in the Appendix to this part at each public entrance to each Federal facility.

**Inspection** (41 CFR 102-74.370) Federal agencies may, at their discretion, inspect premises, facilities and other considerations in the immediate possession of visitors, employees or other persons visiting or working at, visiting, or departing from Federal property. Federal agencies may conduct a full search of a person and the vehicle the person is driving or occupying upon his or her arrest.

**Admission to Property** (41 CFR 102-74.370) Federal agencies must:

- (a) Ensure no otherwise permitted, close property to the public during more than normal working hours. In those instances where a Federal agency has approved the abnormal-working hours use of buildings or facilities thereof for activities authorized by subpart D of this part, Federal agencies must not close the property or restricted portions thereof to the public;

(b) Close property to the public during working hours only when statutes require the action to ensure the orderly conduct of Government business. The designated official under the Occupant Financial Program may make such decision only after consultation with the buildings manager and the chief administrative or executive officer of the law enforcement organization responsible for protection of the property or the site. The designated official is defined in Secs. 102-71.21 of this chapter as the highest ranking official of the primary occupant agency, or the ultimate highest ranking official or designee selected by mutual agreement by other occupant agency officials; and

(c) When property or a portion thereof is closed to the public, restrict admission to the property or to affected portions to authorized persons who must register upon entry to the property and must, when requested, display Government or other identifying credentials to Federal police officers or other authorized individuals while entering, leaving or while on the property. Failure to comply with any of these applicable provisions 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) Illegally disposing of valuable property;
- (b) Stealing property;
- (c) Creating any hazards on property to persons or property;
- (d) Throwing articles of any kind from or at a building or directoring such articles, fountains, or any part of the building;

**Compliance with Signs and Directions** (41 CFR 102-74.386) Persons in or on property must at all times comply with official signs of a prohibitory, regulatory or directory nature and with the lawful direction of Federal police officers and other authorized individuals.

**Disturbances** (41 CFR 102-74.390) All persons entering

in or on Federal property are prohibited from loitering, estivating, or idly conduct or exhibiting other conduct or presence that:

- (a) Creates loud or unusual noise or a nuisance;
- (b) Unreasonably obstructs the usual use of entrances, lobbies, lobbies, corridors, offices, elevators, stairs, or parking lots;
- (c) Otherwise creates or disrupts the performance of official duties by Government employees; or
- (d) Provides 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 the vending or exchange of chances by licensed blind operators or nonprofit entities for any lottery not with a State law and authorized by section 203(b) of the Randolph-Sheppard Act (28 U.S.C. 107) or other intergovernmental compact, gambling on Federal property is prohibited.

(b) Persons engaged in the administration of gambling on Federal property are prohibited from:

- (1) Participating, games for money or other personal property;
- (2) Operating gambling devices;
- (3) Conducting a lottery or raffle; or
- (4) Selling or purchasing lottery tickets.

(c) This provision is not intended to prohibit prize drawings for personal property at otherwise permitted locations on Federally-owned property provided the game or drawing does not constitute gambling per se. Gambling per se means a game of chance where the participant risks 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 any narcotics, drugs, hallucinogens, marijuana, barbiturates, or amphetamines; or
- (b) Operating a motor vehicle on the property while under the influence of alcohol, narcotics, narcotics, drugs, hallucinogens, tranquilizers, barbiturates, or amphetamines.

**Alcohol, 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 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 items including money and non-monetary items or commercial or political donations, vending merchandise of all kinds, displaying or distributing commercial advertising, or collecting unpaid debts, except for:

(a) National or local drives for funds for welfare, health or other purposes as authorized by 5 CFR part 160, entitled "Selection of Federal Civilian and Uniformed Service Personnel for Contributions to Private Voluntary Organizations"; or contributions to private voluntary organizations" and sponsored or approved by the cognizant agency;

- (b) Contributions or personal moneys posted by employees on unremunerated leave boards;
- (c) Solicitation of labor organization membership or dues authorized by Executive Order 11017 (Pub. L. 64-541);

(d) Leasing or its agents and employees, with respect to space leased for commercial, cultural, educational, or recreational use under 40 U.S.C. 501(h). Public areas of GSA-controlled property may be used for other activities in accordance with subpart D of this part;

(e) Collection of non-monetary items that are sponsored or approved by the cognizant agency; and

- (f) Commercial activities conducted by recognized Federal employee associations and employee child care centers;
- (g) Noncommercial games for money or other personal property;
- (h) Conducting gambling devices;
- (i) Conducting a lottery or raffle; or
- (j) Selling or purchasing lottery tickets.

(k) This provision is not intended to prohibit prize drawings for personal property at otherwise permitted locations on Federally-owned property provided the game or drawing does not constitute gambling per se. Gambling per se means a game of chance where the participant risks something of value for the chance to gain or win a prize.

(l) Distributing materials such as narcotics, hallucinogens or amphetamines, unless conducted as part of authorized Government activities. This provision does not apply to public areas of the property as defined in Secs. 102-71.20 of this chapter. However, any person or organization proposing to distribute materials in a public area under this section must first obtain a permit from the buildings manager as specified in subpart D of this part. Any such person or organization must distribute materials only in accordance with the provisions as specified in this part. Failure to comply with those provisions 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) Space occupied by a tenant agency for non-commercial purposes only with the permission of the occupying agency concerned;
- (b) Space occupied by a tenant agency for commercial purposes only with written permission of the authorized official of the occupying agency concerned; and
- (c) Building entrances, lobbies, lobbies, lobbies, or auditoriums for news purposes.

**Dogs and Other Animals** (41 CFR 102-74.425) No person may bring dogs or other animals on Federal property for other than official purposes. However, a disabled person may bring

a seeing-eye dog, a guide dog, or other animal assisting or being trained to assist that individual.

**Breastfeeding** (41 CFR 102-74.426) Public Law 108-102, Section 622, Chapter 5, Title VI (Public Law 93-360), 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,

**Vehicular and Pedestrian Traffic** (41 CFR 102-74.430) All vehicle drivers entering or while on Federal property:

- (a) Must drive in a careful and safe manner at all times;
- (b) Must comply with the safety 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 Facility Administrator, which will have the same force and effect as these regulations;
- (e) Are prohibited from blocking entrances, driveways, walkways, parking platforms, or fire hydrants; and
- (f) Any vehicles 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. Vehicles parked in violation, where warning signs are posted, are subject to removal at the owner's risk and expense. Federal agencies may take as proof that a motor vehicle was parked in violation of these regulations, or directives as prima facie evidence that the registered owner was responsible for the violation.

**Explosives** (41 CFR 102-74.435) No person entering or while on Federal property may carry, process, explosives, or items intended to be used to injure an explosive or incendiary device, either openly or concealed, except for official purposes.

**Weapons** (41 CFR 102-74.440) Federal law prohibits the possession of firearms or other dangerous weapons in Federal facilities and Federal court facilities by 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 102-74.445) 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 terminating to furnish to such person or persons the use of any facility of a public nature, including all services, privileges, accommodations, and facilities provided on the property.

**Petitions** (41 CFR 102-74.450) 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. Imprisonment for not more than 30 days, or both.

**Violations of Other Laws or Regulations** (41 CFR 102-74.455) No rule or regulation in the subpart may be construed to notify any other Federal laws or regulations or any State and local laws and regulations applicable to any areas in which the property is situated [40 U.S.C. 1210c].

## 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.



## D-472, Top 10 Ethics Rules For Decennial Census Employees

D-472  
50-14-2009/

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS - APPLICABLE  
U.S. CENSUS BUREAU

### TOP 10 ETHICS RULES FOR DECENTNIAL 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 an 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.dos.gov/ethics.html](http://www.ogc.dos.gov/ethics.html); if you have questions, contact the Decennial Census Payroll/Personnel hotline at 1-877-233-4776.

U S C E N S U S B U R E A U

## D-473, General Ethics Principles

D-473  
10-14-2009U.S. DEPARTMENT OF COMMERCE  
Bureau of the Census, 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  
May 7, 2009

U S C E N S U S B U R E A U



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**

MEMORANDUM 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 (RCC) 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 LCO 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 or D520 *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 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.

#### D. 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 incident and what is lost, missing, or stolen
  - Was there any Personally Identifiable Information (PII) or Title 13 data was on the lost media or paper?
  - Police Report Number (if available)

In addition, the RCC Staff must contact the appropriate Federal Protective Services (FPS) Regional Office, if a laptop is involved (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-61 or 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 (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 LCO 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 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

**Attachment Two**

<b>Field Regions</b>	<b>Corresponding FPS Regions</b>			
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	Region 9—San		

	Way, Washington (AK, WA, OR, ID) 253-815-4700	Francisco (CA) 415-522-3440		
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(added 10/09)

## **ADMINISTRATIVE FINGERPRINT JOB AID for LCO AMA and Staff**

### **Prior to training:**

1. Applicants are selected and must be assigned to a training session. From DAPPS, run the D-275, Record of Training.
2. From Recruiting Reports in DAPPS, run a D-275A to generate a list of all training sessions scheduled for that day. Verify that a D-275 has been printed for each training session. You will need to print a total of four (4) D-275 copies. Distribution: 2 for CL or trainer, 1 for FOS, and 1 to file in the LCO.
3. From Recruiting Reports in DAPPS, print two sets of fingerprint card labels for all the applicants you assigned to the training session. Each label will include the applicant's last name and first initial, applicant ID, session ID, and bar coded applicant ID.
4. From Recruiting Reports in DAPPS, print two sets of FedEx package DAPPS labels. These labels will say, 'DAPPS Training Session ID'. The session ID will be bar coded. Under the Session ID, you will see the worked 'Envelope.' These labels will be placed on the FedEx envelope and the plain envelope. (The fingerprint cards will be placed inside the plain envelope and the plain envelope with the FedEx package DAPPS label attached will be placed inside the FedEx envelope.)
5. From the FedEx website, create three FedEx labels, two addressed to the NPC and one addressed to the LCO.
6. From the FedEx website, generate a FedEx report that displays all the NPC labels printed. Identify labels that are for each session, such as session 1 or session 2.
7. From the FedEx website, prepare two lists of FedEx drop-off locations, one for each trainer at the training session with pick-up times, which includes Friday and Saturday schedules.

8. Prepare two fingerprint folders and mark them Fingerprint Examiner Material. Each folder will contain:
  - ✓ One set of fingerprint card labels (applicant last name and first initial, applicant ID, session ID, and bar coded applicant ID)
  - ✓ D-308, Daily Pay and Work Record
  - ✓ FedEx label pre-addressed to the NPC and FedEx envelope
  - ✓ One plain envelope
  - ✓ Two FedEx package DAPPS labels (one to go on the outside of the FedEx package and one to go on the plain envelope inside)
  - ✓ One copy of the D-275, Record of Training
  - ✓ List of FedEx drop off locations with days and times
  - ✓ FedEx label pre-addressed to the LCO and envelope
  - ✓ Fingerprint Examiner Job Aid
9. Give the fingerprint folders to the Crew Leader or trainer along with any other training material.

**After Fingerprinting:**

1. When the FedEx package from the Fingerprint Examiner is received, updated DAPPS using the D-275. Any applicants who refused to be fingerprinted, if annotated in Column 'i,' will need to have a D-291 completed and a termination action for conduct processed. The LCO manager will have to sign the D-291.
2. File the Fingerprint Examiner's copy of the D-275 with the original one.
3. Track any fingerprint packages not showing as received in FedEx.
  - On Saturday, Monday at the latest, verify that all fingerprint packages shipped to NPC were received. Use the tracking tools below to track the fingerprint packages.

**Tracking tool:**

The reports are used to track employee fingerprints. The reports are:

- Fingerprint Status Report – From the Recruiting Reports in DAPPS, this report displays the employee status based on fingerprint results by employee name, ID, Disposition Code, Disposition Reason, Disposition Date, and status, such as active or terminated.
- Missing Fingerprint Report – From the Recruiting Reports in DAPPS, this report displays employees who have attended a training class, but their fingerprint cards have not been received at the National Processing Center within five (5) days of the training start date.

**Note:** You can access both reports in DAPP. From the DAPPS menu, select BOC Recruitment, Recruiting Reports. Scroll through the list of reports to find the ones above. Refer to the D-581, DAPPS Operating Guide, Chapter 21 for procedures on running reports.

**Missing Packages:**

The administrative staff will report missing packages. Please retain any reports with missing package and/or fingerprint card information in case the LCO or Decennial CIRT need supporting documentation.

A checklist has been attached to assist you in ensuring all the necessary steps are completed.

(added 10/09)

**Administrative Fingerprint Checklist  
for use in the LCO**

STEPS	INSTRUCTIONS	CHECK IF COMPLETED
<b>Prepare material for training:</b>		
1.	Select applicant and assign to a training session.	<input type="checkbox"/>
2.	Run a list of all training sessions scheduled for that day.	<input type="checkbox"/>
3.	From the Recruiting Reports in DAPPS, run the D-275, Record of Training. Verify that a D-275 has been printed for each training session.	<input type="checkbox"/>
4.	After you print the D-275, print the D-155, Applicant Data Sheet for each applicant selected and enrolled on the D-275.	<input type="checkbox"/>
5.	After you print the D-275 and D-155s, print applicant labels for all the applicants enrolled in the training session. Use Avery Labels #5163. You will print labels for the FedEx package and plain envelope, (DAPPS Training Session ID w/the word 'envelope'), and labels for each applicant, which include the applicant's last name and first name initial, and session ID. This function should produce one set of labels for each applicant, and labels for the plain and FedEx envelopes.	<input type="checkbox"/>
6.	From FedEx, create a label addressed to the <b>National Processing Center (NPC)</b> .  National Processing Center 1201 E 10 <sup>th</sup> St Jeffersonville, IN 47132 <b>Attn: Data Capture Branch--Bldg. 61G Fingerprinting</b> 1-812-218-2293	<input type="checkbox"/>
7.	From FedEx, create one labels addressed to the LCO.	<input type="checkbox"/>
8.	From FedEx, generate a FedEx report that displays all <b>NPC</b> labels printed.	<input type="checkbox"/>

9.	From the FedEx website, prepare a list of FedEx drop-off locations with pick-up times, which includes Friday and Saturday schedules.	<input type="checkbox"/>
10.	<p>Prepare fingerprint folders. Include:</p> <ul style="list-style-type: none"> <li>• One set of labels, that include a FedEx envelope and a plain envelope label, and fingerprint card labels for each applicant. Names <b>must</b> match the D-275</li> <li>• FedEx label addressed to the <b>NPC</b></li> <li>• D-275, Record of Training</li> <li>• List of FedEx drop off locations with days and times</li> <li>• LCO pre-addressed FedEx label</li> <li>• Two FedEx envelopes</li> <li>• Plain Envelope</li> <li>• Fingerprint Job Aid for the Trainer</li> </ul>	<input type="checkbox"/>
11.	Provide trainer with two (2) fingerprint folders.	<input type="checkbox"/>

#### **After fingerprinting:**

12.	Update the D-275. Remove any 'no-shows' and change the trainees Enrollment/Attendance from <b>enrolled</b> to <b>attending</b> , unless they dropped out of the training, then used <b>dropped</b> . If the trainees refused to be fingerprinted, check the box ' <b>Refused to be Fingerprinted.</b> ' By doing this, it notifies the CHEC Branch that no fingerprints will be arriving for the applicant indicated.	
13.	Add the names of the trainer's in DAPPS who took each set of fingerprints. From the DAPPS menu, select Set Up Training, Course Sessions. Enter the Course Code and Session number. Select the Fingerprint Tracking Tab, enter Fingerprint Examiner 1 and the FedEx tracking number associated with the this package, and Fingerprint Examiner 2 and the FedEx tracking number associated with the this package.	
14.	Any applicant who refused to be fingerprinted, complete a D-291, DAPPS Update form for termination. The reason is conduct.	

<b>FedEx package from Fingerprint Examiner received:</b>		
15.	Track any packages not showing as received in FedEx. If necessary, report any missing packages to Decennial CIRT at 1-877-744-1522.	
16.	Within a reasonable amount of time, verify that all fingerprints shipped were received by <b>NPC</b> staff.	
<b>FedEx package from Trainer received:</b>		
17.	Process D-308 for the Trainers.	
18.	Shred any ruined fingerprint cards.	
<b>Administrative responsibilities for closing out the Record of Training:</b>		
19.	After the training is complete, update the D-275, Record of Training by changing the Enrollment/Attendance field from <b>attending</b> to <b>completed</b> .	

(added 10/09)

## FINGERPRINT EXAMINER JOB AID 2010 Census

### BACKGROUND INFORMATION

The Census Bureau requires each employee to be fingerprinted on the first day of training. To ensure that at least one set of usable prints are collected, two fingerprint takers independently take the employee's prints. Each fingerprint taker is responsible for completing the corresponding documents. In most cases, the fingerprint takers will be the Trainer and an Assistant. This job aid is designed to describe the procedures for both fingerprint takers and will use the terms 'Trainer' and 'Assistant' to distinguish between their tasks.

#### **General:**

Each fingerprint taker will be trained to perform the tasks related to collecting fingerprints. After being trained, each fingerprint taker will receive a kit containing the following items and will bring it to the sessions where the fingerprints are collected:

- Fingerprint cards
- Fingerprint card holder
- Wipes
- Tabs to use on the fingerprint card in case a finger is required to be reprinted.
- Cornhuskers lotion (this may not be a part of your kit, but will be provided at the time you receive your kit.)

#### **Procedures for Trainer:**

Prior to the beginning of the training session in which fingerprints will be taken, you will receive a D-275, *Record of Training*. The Record of Training shows the names of trainees who are scheduled to be in the training session.

- Review for form and verify that there are no additions or deletions to the list of names.
- If any trainees have previously been fingerprinted, there will be a 'No' in Column 'j'. It is not necessary to take the fingerprints of these trainees since they have previously been fingerprinted.
- Before you start the fingerprint taking process, place a circle around the word 'Yes' in column 'g' on the record of training for each trainee who showed up for training (attending), and a circle around the word 'No' in column 'g' for any trainee who did not show up (no-show).

**TAKING THE FINGERPRINTS BY THE TRAINER:**

STEPS	PROCESS
1	Call the trainee starting with the trainee who lives the farthest first.
2	Enter the employee's last name and first name initial in the upper middle section of the fingerprint card in the area labeled, "last name, first name."
3	Attach the applicant card label (with barcode) to the upper-right hand corner (the label should rest on the thick blue line). <b>Do Not</b> use a label for any trainee who does not attend the training session (no-shows).
4	Ask the trainee to verify their identity with a picture ID.
5	Have the trainee place his or her initials in the top right corner of the fingerprint card in the space labeled ' <b>Leave Blank.</b> '
6	Collect the trainee's fingerprints.
7	Place a check mark in Column 'i' to indicate that the fingerprints were collected, and direct the trainee to Station 2.

- If a trainee refuses to be fingerprinted, immediately annotate the D-275 in the Remarks section, Column 'i'. Tell the trainee that they cannot continue working unless they are fingerprinted. Tell the trainee to leave the training session and not the time they left on the D-275 in the remarks section.
- If you attach a label to a fingerprint card and the trainee refuses to be fingerprinted, save the ruined fingerprint card and return it to the attention of the Assistant Manager for Administration (AMA) at the LCO when you return your other unused supplies. The AMA or administrative staff will shred the fingerprint card(s).
- If a fingerprint is ruined, create a new one using the tabs provided from the administrative staff. You may use up to two printover tabs for each rolled impression block.

**Processing the Fingerprint by the Trainer:**

- Keep all fingerprint cards in your possession unless they were ruined during fingerprinting. Return any ruined fingerprint cards to the AMA. Recheck the D-275 and verify that you have a fingerprint card for all trainees that you annotated with a check in Column 'i'. If a trainee refuses to be fingerprinted, immediately annotate the D-275 in the Remarks section, Column 'i'. Tell the trainee that he or she cannot continue the training session and be hired without being fingerprinted.
- Insert the fingerprint cards in the plain envelope. Make sure the FedEx package DAPPS label is attached to the front center of the plain envelope.

- Insert the fingerprint cards in the plain envelope. Make sure the FedEx package DAPPS label is attached to the front center of the plain envelope.
- Insert the plain envelope, with the fingerprint cards inside, in the FedEx envelope (inside the plastic pouch) and the FedEx package DAPPS label is placed somewhere on the FedEx envelope.
- Record the FedEx tracking number on the D-275 and place it in the pre-addressed FedEx package for the LCO.
- Rearrange or disassemble your workstation to its original state.
- Either you or the Assistant must drop off the FedEx envelopes at the nearest FedEx box or FedEx location at the end of the training session for the day.
- Return to the attention of the AMA, in person or FedEx any:
  - Ruined fingerprint cards
  - Unused labels
  - The D-275, *Record of Training*, with check marks by you and the Assistant.
  - The Four training Certificates for all trainees:
    - No Fear
    - PII
    - Title 13
    - IT Security Awareness, if appropriate

#### **Procedures for the Fingerprint Assistant:**

You will receive a folder labeled **Fingerprint (FP) Folder**. The folder will contain the following materials:

- Label pre-addressed to NPC for a FedEx package and an envelope.
- One set of fingerprint card labels, which include each trainee's last name and first name initial, applicant ID, session ID, and bar coded applicant ID.
- Two DAPPS labels (one to go on the outside of the FedEx package and one to go on the plain envelope).
- One plain envelope (fingerprint cards go inside the envelope).
- Information on FedEx drop-off locations and pick-up times, which includes Friday and Saturday schedules.

**TAKING THE FINGERPRINTS BY THE ASSISTANT:**

STEPS	PROCESS
1	The Trainer will call each trainee in the order of the trainees who live farthest first. After the Trainer completes the process of taking the first set of fingerprints, the trainee will be directed to your Station 2.
2	Enter the employee's last name and first name initial in the upper middle section of the fingerprint card in the area labeled, "last name, first name."
3	Attach the fingerprint card label (with barcode) to the upper-right hand corner (the label should rest on the thick blue line). <b>Do Not</b> use a label for any trainee who does not attend the training session. (no-shows).
4	Ask the trainee to verify their identity with a picture ID.
5	Have the trainee place his or her initials in the top right corner of the fingerprint card in the space labeled ' <b>Leave Blank.</b> '
6	Collect the trainee's fingerprints.
7	Place a check mark in Column 'i' to indicate that the fingerprints were collected. (The Trainer and you will both place a check mark in Column 'i'). After taking the fingerprints, tell the trainee to return to their seat or leave according to the instructions provided by the Trainer.

**Processing the Fingerprints by the Assistant:**

- Keep all fingerprint cards in your possession unless they were ruined during fingerprinting. Give any ruined or unused fingerprint cards and labels to the Trainer to return to the AMA. Recheck the D-275 and verify that you have a fingerprint card for all trainees that you annotated with a check mark in Column 'i'.
- Insert the fingerprint cards in the plain envelope. Make sure the FedEx package DAPPS label is attached to the front center of the plain envelope.
- Insert the plain envelope, with the fingerprint cards inside, in the FedEx envelope addressed to NPC and seal. Make sure the FedEx label is already on the envelope (inside the plastic pouch) and the FedEx package DAPPS label is placed somewhere on the FedEx envelope.
- Record the FedEx tracking number on the D-275, from the fingerprint package that the Trainer will return in the pre-addressed FedEx package to the LCO.
- Rearrange or disassemble your workstation to its original state.
- Either you or the Trainer must drop off the FedEx envelopes at the nearest FedEx box or FedEx location at the end of the training session for the day.

Illustration 1-1: *Fingerprint Card*

SEARCHED (REV. 8/2001, DODIG-2002-001)	SEARCHED (REV. 8/2001, DODIG-2002-001)	LEADS: GERALD	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: GERALD FIRST NAME: T	SEARCHED INDEXED SERIALIZED FILED FBI	SEARCHED INDEXED SERIALIZED FILED FBI
SIGNATURE OF PERSON PINGEPRINTED		GERALD, T		SEARCHED INDEXED SERIALIZED FILED FBI	
RESIDENCE OF PERSON PINGEPRINTED		RENTAL NO. (OPTIONAL ONLY) 000A		DATE OF BIRTH (DD MONTH YY) 10 00 00	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	ALIASES (AKA)	SEX	PLACE	HAIR
TITLE AND ADDRESS		SCARS, MARKS, AND TATTOOS		PLACE OF BIRTH (POB)	
POSITIONS TO WHICH APPOINTED		FINGER PRINT		DAPPS SESSION ID: ACU0100007 Gerald, T 151601	
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)		SOCIAL SECURITY NO. (SSN)			
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. PINKY	5. L. PINKY	6. L. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. PINKY	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**Step 1.** Trainee enters last name and first name initial.

**Step 3.** Trainee initials after the label is attached.

**Step 2.** Attach the Fingerprint Card Label here.

**Step 4.** Fingerprints are captured in these three rows of boxes.



Owner: toth0005.FLD.FLDNET.CENSUS

Job Name: Microsoft Word - Appendix M - Fingerprint Job Aids and

Submitted: 8-20-10 11:06:52 am

[www.novell.com/iPrint](http://www.novell.com/iPrint)



(added 10/09)

## **ADMINISTRATIVE FINGERPRINT JOB AID for LCO AMA and Staff**

### **Prior to training:**

1. Applicants are selected and must be assigned to a training session. From DAPPS, run the D-275, Record of Training.
2. From Recruiting Reports in DAPPS, run a D-275A to generate a list of all training sessions scheduled for that day. Verify that a D-275 has been printed for each training session. You will need to print a total of four (4) D-275 copies. Distribution: 2 for CL or trainer, 1 for FOS, and 1 to file in the LCO.
3. From Recruiting Reports in DAPPS, print two sets of fingerprint card labels for all the applicants you assigned to the training session. Each label will include the applicant's last name and first initial, applicant ID, session ID, and bar coded applicant ID.
4. From Recruiting Reports in DAPPS, print two sets of FedEx package DAPPS labels. These labels will say, 'DAPPS Training Session ID'. The session ID will be bar coded. Under the Session ID, you will see the worked 'Envelope.' These labels will be placed on the FedEx envelope and the plain envelope. (The fingerprint cards will be placed inside the plain envelope and the plain envelope with the FedEx package DAPPS label attached will be placed inside the FedEx envelope.)
5. From the FedEx website, create three FedEx labels, two addressed to the NPC and one addressed to the LCO.
6. From the FedEx website, generate a FedEx report that displays all the NPC labels printed. Identify labels that are for each session, such as session 1 or session 2.
7. From the FedEx website, prepare two lists of FedEx drop-off locations, one for each trainer at the training session with pick-up times, which includes Friday and Saturday schedules.

8. Prepare two fingerprint folders and mark them Fingerprint Examiner Material. Each folder will contain:
  - ✓ One set of fingerprint card labels (applicant last name and first initial, applicant ID, session ID, and bar coded applicant ID)
  - ✓ D-308, Daily Pay and Work Record
  - ✓ FedEx label pre-addressed to the NPC and FedEx envelope
  - ✓ One plain envelope
  - ✓ Two FedEx package DAPPS labels (one to go on the outside of the FedEx package and one to go on the plain envelope inside)
  - ✓ One copy of the D-275, Record of Training
  - ✓ List of FedEx drop off locations with days and times
  - ✓ FedEx label pre-addressed to the LCO and envelope
  - ✓ Fingerprint Examiner Job Aid
9. Give the fingerprint folders to the Crew Leader or trainer along with any other training material.

**After Fingerprinting:**

1. When the FedEx package from the Fingerprint Examiner is received, updated DAPPS using the D-275. Any applicants who refused to be fingerprinted, if annotated in Column 'i,' will need to have a D-291 completed and a termination action for conduct processed. The LCO manager will have to sign the D-291.
2. File the Fingerprint Examiner's copy of the D-275 with the original one.
3. Track any fingerprint packages not showing as received in FedEx.
  - On Saturday, Monday at the latest, verify that all fingerprint packages shipped to NPC were received. Use the tracking tools below to track the fingerprint packages.

**Tracking tool:**

The reports are used to track employee fingerprints. The reports are:

- Fingerprint Status Report – From the Recruiting Reports in DAPPS, this report displays the employee status based on fingerprint results by employee name, ID, Disposition Code, Disposition Reason, Disposition Date, and status, such as active or terminated.
- Missing Fingerprint Report – From the Recruiting Reports in DAPPS, this report displays employees who have attended a training class, but their fingerprint cards have not been received at the National Processing Center within five (5) days of the training start date.

**Note:** You can access both reports in DAPP. From the DAPPS menu, select BOC Recruitment, Recruiting Reports. Scroll through the list of reports to find the ones above. Refer to the D-581, DAPPS Operating Guide, Chapter 21 for procedures on running reports.

**Missing Packages:**

The administrative staff will report missing packages. Please retain any reports with missing package and/or fingerprint card information in case the LCO or Decennial CIRT need supporting documentation.

A checklist has been attached to assist you in ensuring all the necessary steps are completed.

(added 10/09)

**Administrative Fingerprint Checklist  
for use in the LCO**

STEPS	INSTRUCTIONS	CHECK IF COMPLETED
<b>Prepare material for training:</b>		
1.	Select applicant and assign to a training session.	<input type="checkbox"/>
2.	Run a list of all training sessions scheduled for that day.	<input type="checkbox"/>
3.	From the Recruiting Reports in DAPPS, run the D-275, Record of Training. Verify that a D-275 has been printed for each training session.	<input type="checkbox"/>
4.	After you print the D-275, print the D-155, Applicant Data Sheet for each applicant selected and enrolled on the D-275.	<input type="checkbox"/>
5.	After you print the D-275 and D-155s, print applicant labels for all the applicants enrolled in the training session. Use Avery Labels #5163. You will print labels for the FedEx package and plain envelope, (DAPPS Training Session ID w/the word 'envelope'), and labels for each applicant, which include the applicant's last name and first name initial, and session ID. This function should produce one set of labels for each applicant, and labels for the plain and FedEx envelopes.	<input type="checkbox"/>
6.	From FedEx, create a label addressed to the <b>National Processing Center (NPC)</b> .  National Processing Center 1201 E 10 <sup>th</sup> St Jeffersonville, IN 47132 <b>Attn: Data Capture Branch--Bldg. 61G Fingerprinting</b> 1-812-218-2293	<input type="checkbox"/>
7.	From FedEx, create one labels addressed to the LCO.	<input type="checkbox"/>
8.	From FedEx, generate a FedEx report that displays all NPC labels printed.	<input type="checkbox"/>

9.	From the FedEx website, prepare a list of FedEx drop-off locations with pick-up times, which includes Friday and Saturday schedules.	<input type="checkbox"/>
10.	<p>Prepare fingerprint folders. Include:</p> <ul style="list-style-type: none"> <li>• One set of labels, that include a FedEx envelope and a plain envelope label, and fingerprint card labels for each applicant. Names <b>must</b> match the D-275</li> <li>• FedEx label addressed to the <b>NPC</b></li> <li>• D-275, Record of Training</li> <li>• List of FedEx drop off locations with days and times</li> <li>• LCO pre-addressed FedEx label</li> <li>• Two FedEx envelopes</li> <li>• Plain Envelope</li> <li>• Fingerprint Job Aid for the Trainer</li> </ul>	<input type="checkbox"/>
11.	Provide trainer with two (2) fingerprint folders.	<input type="checkbox"/>

#### After fingerprinting:

12.	Update the D-275. Remove any 'no-shows' and change the trainees Enrollment/Attendance from <b>enrolled</b> to <b>attending</b> , unless they dropped out of the training, then used <b>dropped</b> . If the trainees refused to be fingerprinted, check the box ' <b>Refused to be Fingerprinted.</b> ' By doing this, it notifies the CHEC Branch that no fingerprints will be arriving for the applicant indicated.	
13.	Add the names of the trainer's in DAPPS who took each set of fingerprints. From the DAPPS menu, select Set Up Training, Course Sessions. Enter the Course Code and Session number. Select the Fingerprint Tracking Tab, enter Fingerprint Examiner 1 and the FedEx tracking number associated with the this package, and Fingerprint Examiner 2 and the FedEx tracking number associated with the this package.	
14.	Any applicant who refused to be fingerprinted, complete a D-291, DAPPS Update form for termination. The reason is conduct.	

<b>FedEx package from Fingerprint Examiner received:</b>		
15.	Track any packages not showing as received in FedEx. If necessary, report any missing packages to Decennial CIRT at 1-877-744-1522.	
16.	Within a reasonable amount of time, verify that all fingerprints shipped were received by NPC staff.	
<b>FedEx package from Trainer received:</b>		
17.	Process D-308 for the Trainers.	
18.	Shred any ruined fingerprint cards.	
<b>Administrative responsibilities for closing out the Record of Training:</b>		
19.	After the training is complete, update the D-275, Record of Training by changing the Enrollment/Attendance field from <b>attending</b> to <b>completed</b> .	

(added 10/09)

## FINGERPRINT EXAMINER JOB AID 2010 Census

### BACKGROUND INFORMATION

The Census Bureau requires each employee to be fingerprinted on the first day of training. To ensure that at least one set of usable prints are collected, two fingerprint takers independently take the employee's prints. Each fingerprint taker is responsible for completing the corresponding documents. In most cases, the fingerprint takers will be the Trainer and an Assistant. This job aid is designed to describe the procedures for both fingerprint takers and will use the terms 'Trainer' and 'Assistant' to distinguish between their tasks.

#### General:

Each fingerprint taker will be trained to perform the tasks related to collecting fingerprints. After being trained, each fingerprint taker will receive a kit containing the following items and will bring it to the sessions where the fingerprints are collected:

- Fingerprint cards
- Fingerprint card holder
- Wipes
- Tabs to use on the fingerprint card in case a finger is required to be reprinted.
- Cornhuskers lotion (this may not be a part of your kit, but will be provided at the time you receive your kit.)

#### Procedures for Trainer:

Prior to the beginning of the training session in which fingerprints will be taken, you will receive a D-275, *Record of Training*. The Record of Training shows the names of trainees who are scheduled to be in the training session.

- Review for form and verify that there are no additions or deletions to the list of names.
- If any trainees have previously been fingerprinted, there will be a 'No' in Column 'j'. It is not necessary to take the fingerprints of these trainees since they have previously been fingerprinted.
- Before you start the fingerprint taking process, place a circle around the word 'Yes' in column 'g' on the record of training for each trainee who showed up for training (attending), and a circle around the word 'No' in column 'g' for any trainee who did not show up (no-show).

**TAKING THE FINGERPRINTS BY THE TRAINER:**

STEPS	PROCESS
1	Call the trainee starting with the trainee who lives the farthest first.
2	Enter the employee's last name and first name initial in the upper middle section of the fingerprint card in the area labeled, "last name, first name."
3	Attach the applicant card label (with barcode) to the upper-right hand corner (the label should rest on the thick blue line). <b>Do Not</b> use a label for any trainee who does not attend the training session (no-shows).
4	Ask the trainee to verify their identity with a picture ID.
5	Have the trainee place his or her initials in the top right corner of the fingerprint card in the space labeled ' <b>Leave Blank.</b> '
6	Collect the trainee's fingerprints.
7	Place a check mark in Column 'i' to indicate that the fingerprints were collected, and direct the trainee to Station 2.

- If a trainee refuses to be fingerprinted, immediately annotate the D-275 in the Remarks section, Column 'i'. Tell the trainee that they cannot continue working unless they are fingerprinted. Tell the trainee to leave the training session and not the time they left on the D-275 in the remarks section.
- If you attach a label to a fingerprint card and the trainee refuses to be fingerprinted, save the ruined fingerprint card and return it to the attention of the Assistant Manager for Administration (AMA) at the LCO when you return your other unused supplies. The AMA or administrative staff will shred the fingerprint card(s).
- If a fingerprint is ruined, create a new one using the tabs provided from the administrative staff. You may use up to two printover tabs for each rolled impression block.

**Processing the Fingerprint by the Trainer:**

- Keep all fingerprint cards in your possession unless they were ruined during fingerprinting. Return any ruined fingerprint cards to the AMA. Recheck the D-275 and verify that you have a fingerprint card for all trainees that you annotated with a check in Column 'i'. If a trainee refuses to be fingerprinted, immediately annotate the D-275 in the Remarks section, Column 'i'. Tell the trainee that he or she cannot continue the training session and be hired without being fingerprinted.
- Insert the fingerprint cards in the plain envelope. Make sure the FedEx package DAPPS label is attached to the front center of the plain envelope.

- Insert the fingerprint cards in the plain envelope. Make sure the FedEx package DAPPS label is attached to the front center of the plain envelope.
- Insert the plain envelope, with the fingerprint cards inside, in the FedEx envelope (inside the plastic pouch) and the FedEx package DAPPS label is placed somewhere on the FedEx envelope.
- Record the FedEx tracking number on the D-275 and place it in the pre-addressed FedEx package for the LCO.
- Rearrange or disassemble your workstation to its original state.
- Either you or the Assistant must drop off the FedEx envelopes at the nearest FedEx box or FedEx location at the end of the training session for the day.
- Return to the attention of the AMA, in person or FedEx any:
  - Ruined fingerprint cards
  - Unused labels
  - The D-275, *Record of Training*, with check marks by you and the Assistant.
  - The Four training Certificates for all trainees:
    - No Fear
    - PII
    - Title 13
    - IT Security Awareness, if appropriate

#### **Procedures for the Fingerprint Assistant:**

You will receive a folder labeled **Fingerprint (FP) Folder**. The folder will contain the following materials:

- Label pre-addressed to NPC for a FedEx package and an envelope.
- One set of fingerprint card labels, which include each trainee's last name and first name initial, applicant ID, session ID, and bar coded applicant ID.
- Two DAPPS labels (one to go on the outside of the FedEx package and one to go on the plain envelope).
- One plain envelope (fingerprint cards go inside the envelope).
- Information on FedEx drop-off locations and pick-up times, which includes Friday and Saturday schedules.

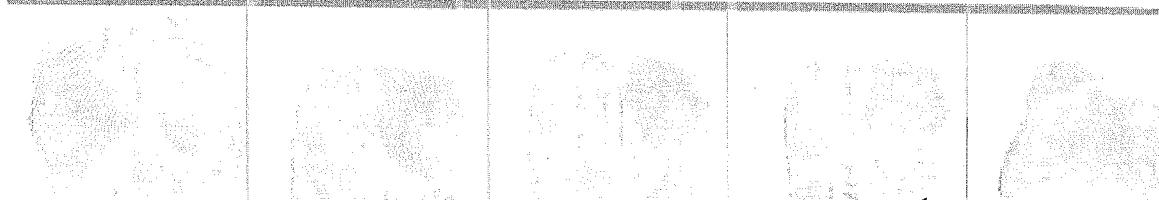
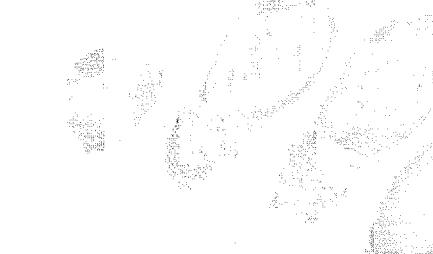
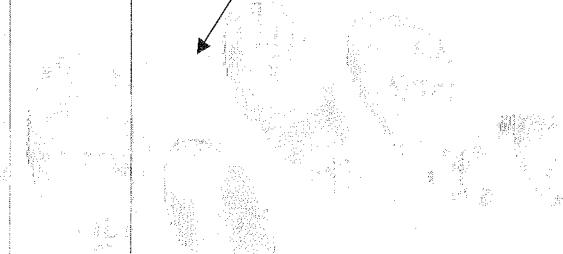
**TAKING THE FINGERPRINTS BY THE ASSISTANT:**

STEPS	PROCESS
1	The Trainer will call each trainee in the order of the trainees who live farthest first. After the Trainer completes the process of taking the first set of fingerprints, the trainee will be directed to your Station 2.
2	Enter the employee's last name and first name initial in the upper middle section of the fingerprint card in the area labeled, "last name, first name."
3	Attach the fingerprint card label (with barcode) to the upper-right hand corner (the label should rest on the thick blue line). <b>Do Not</b> use a label for any trainee who does not attend the training session. (no-shows).
4	Ask the trainee to verify their identity with a picture ID.
5	Have the trainee place his or her initials in the top right corner of the fingerprint card in the space labeled ' <b>Leave Blank.</b> '
6	Collect the trainee's fingerprints.
7	Place a check mark in Column 'i' to indicate that the fingerprints were collected. (The Trainer and you will both place a check mark in Column 'i'). After taking the fingerprints, tell the trainee to return to their seat or leave according to the instructions provided by the Trainer.

**Processing the Fingerprints by the Assistant:**

- Keep all fingerprint cards in your possession unless they were ruined during fingerprinting. Give any ruined or unused fingerprint cards and labels to the Trainer to return to the AMA. Recheck the D-275 and verify that you have a fingerprint card for all trainees that you annotated with a check mark in Column 'i'.
- Insert the fingerprint cards in the plain envelope. Make sure the FedEx package DAPPS label is attached to the front center of the plain envelope.
- Insert the plain envelope, with the fingerprint cards inside, in the FedEx envelope addressed to NPC and seal. Make sure the FedEx label is already on the envelope (inside the plastic pouch) and the FedEx package DAPPS label is placed somewhere on the FedEx envelope.
- Record the FedEx tracking number on the D-275, from the fingerprint package that the Trainer will return in the pre-addressed FedEx package to the LCO.
- Rearrange or disassemble your workstation to its original state.
- Either you or the Trainer must drop off the FedEx envelopes at the nearest FedEx box or FedEx location at the end of the training session for the day.

Illustration 1-1: *Fingerprint Card*

27 MAY 2010, APRIL 2009 US CIVILIAN FINGERPRINTS ARMED FORCES EX-TRAIL		LEAVING NAME	TYPE OR PRINT ALL INFORMATION IN BOXES LAST NAME FIRST MIDDLE INITIAL				1 TO 5	LEAVE BLANK		
			<i>GERALD, T</i>					<i>TJ</i>		
SIGNATURE OF PERSON FINGERPRINTED										
RESIDENCE OF PERSON FINGERPRINTED										
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		ALIAS/SEN. NAME	SEX	AGE	RACE	WGT	EYES	HAIR	PLACE OF BIRTH POB
TITLE AND ADDRESS		SCARS, MARCS, AND TATTOOS				DAFFS SESSION ID: AC00160007				
POSITION TO WHICH APPOINTED		PER INC. PHO				<i>Gerald, T</i>				
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)		SOCIAL SECURITY NO: SOC								
										
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. PINK.	Step 4. Fingerprints are captured in these three rows of boxes.						
5. L. THUMB	6. L. INDEX	7. L. MIDDLE	8. L. PINK.							
 LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	 RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				

**Step 1.** Trainee enters last name and first name initial.

**Step 2.** Attach the Fingerprint Card Label here.

**Step 3.** Trainee initials after the label is attached.



## Veterans' Preference Examples

### Example 1

Preference	Order	Score	Rank
<b>1. 100% VET</b>			
<b>2. 100% VET</b>			
100% VET	1	100	1
100% VET	2	100	2
100% VET	3	100	3
100% VET	4	100	4
100% VET	5	100	5
100% VET	6	100	6
100% VET	7	100	7
100% VET	8	100	8
100% VET	9	100	9
100% VET	10	100	10
100% VET	11	100	11
100% VET	12	100	12
100% VET	13	100	13
100% VET	14	100	14
100% VET	15	100	15
100% VET	16	100	16
100% VET	17	100	17
100% VET	18	100	18
100% VET	19	100	19
100% VET	20	100	20
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### Example 1 (cont)

Page No.	Date								
104	1964-01-01	105	1964-01-02	106	1964-01-03	107	1964-01-04	108	1964-01-05
109	1964-01-06	110	1964-01-07	111	1964-01-08	112	1964-01-09	113	1964-01-10
114	1964-01-11	115	1964-01-12	116	1964-01-13	117	1964-01-14	118	1964-01-15
119	1964-01-16	120	1964-01-17	121	1964-01-18	122	1964-01-19	123	1964-01-20
124	1964-01-21	125	1964-01-22	126	1964-01-23	127	1964-01-24	128	1964-01-25
129	1964-01-26	130	1964-01-27	131	1964-01-28	132	1964-01-29	133	1964-01-30
134	1964-01-31	135	1964-02-01	136	1964-02-02	137	1964-02-03	138	1964-02-04
139	1964-02-05	140	1964-02-06	141	1964-02-07	142	1964-02-08	143	1964-02-09
144	1964-02-10	145	1964-02-11	146	1964-02-12	147	1964-02-13	148	1964-02-14
149	1964-02-15	150	1964-02-16	151	1964-02-17	152	1964-02-18	153	1964-02-19
154	1964-02-20	155	1964-02-21	156	1964-02-22	157	1964-02-23	158	1964-02-24
159	1964-02-25	160	1964-02-26	161	1964-02-27	162	1964-02-28	163	1964-02-29
164	1964-03-01	165	1964-03-02	166	1964-03-03	167	1964-03-04	168	1964-03-05
169	1964-03-06	170	1964-03-07	171	1964-03-08	172	1964-03-09	173	1964-03-10
174	1964-03-11	175	1964-03-12	176	1964-03-13	177	1964-03-14	178	1964-03-15
179	1964-03-16	180	1964-03-17	181	1964-03-18	182	1964-03-19	183	1964-03-20
184	1964-03-21	185	1964-03-22	186	1964-03-23	187	1964-03-24	188	1964-03-25
189	1964-03-26	190	1964-03-27	191	1964-03-28	192	1964-03-29	193	1964-03-30
194	1964-03-31	195	1964-04-01	196	1964-04-02	197	1964-04-03	198	1964-04-04
199	1964-04-05	200	1964-04-06	201	1964-04-07	202	1964-04-08	203	1964-04-09
204	1964-04-10	205	1964-04-11	206	1964-04-12	207	1964-04-13	208	1964-04-14
209	1964-04-15	210	1964-04-16	211	1964-04-17	212	1964-04-18	213	1964-04-19
214	1964-04-20	215	1964-04-21	216	1964-04-22	217	1964-04-23	218	1964-04-24
219	1964-04-25	220	1964-04-26	221	1964-04-27	222	1964-04-28	223	1964-04-29
224	1964-04-30	225	1964-05-01	226	1964-05-02	227	1964-05-03	228	1964-05-04
229	1964-05-05	230	1964-05-06	231	1964-05-07	232	1964-05-08	233	1964-05-09
234	1964-05-10	235	1964-05-11	236	1964-05-12	237	1964-05-13	238	1964-05-14
239	1964-05-15	240	1964-05-16	241	1964-05-17	242	1964-05-18	243	1964-05-19
244	1964-05-20	245	1964-05-21	246	1964-05-22	247	1964-05-23	248	1964-05-24
249	1964-05-25	250	1964-05-26	251	1964-05-27	252	1964-05-28	253	1964-05-29
254	1964-05-30	255	1964-05-31	256	1964-06-01	257	1964-06-02	258	1964-06-03
259	1964-06-04	260	1964-06-05	261	1964-06-06	262	1964-06-07	263	1964-06-08
264	1964-06-09	265	1964-06-10	266	1964-06-11	267	1964-06-12	268	1964-06-13
269	1964-06-14	270	1964-06-15	271	1964-06-16	272	1964-06-17	273	1964-06-18
274	1964-06-19	275	1964-06-20	276	1964-06-21	277	1964-06-22	278	1964-06-23
279	1964-06-24	280	1964-06-25	281	1964-06-26	282	1964-06-27	283	1964-06-28
284	1964-06-29	285	1964-06-30	286	1964-07-01	287	1964-07-02	288	1964-07-03
289	1964-07-04	290	1964-07-05	291	1964-07-06	292	1964-07-07	293	1964-07-08
294	1964-07-09	295	1964-07-10	296	1964-07-11	297	1964-07-12	298	1964-07-13
299	1964-07-14	300	1964-07-15	301	1964-07-16	302	1964-07-17	303	1964-07-18
304	1964-07-19	305	1964-07-20	306	1964-07-21	307	1964-07-22	308	1964-07-23
309	1964-07-24	310	1964-07-25	311	1964-07-26	312	1964-07-27	313	1964-07-28
314	1964-07-29	315	1964-07-30	316	1964-07-31	317	1964-08-01	318	1964-08-02
319	1964-08-03	320	1964-08-04	321	1964-08-05	322	1964-08-06	323	1964-08-07
324	1964-08-08	325	1964-08-09	326	1964-08-10	327	1964-08-11	328	1964-08-12
329	1964-08-13	330	1964-08-14	331	1964-08-15	332	1964-08-16	333	1964-08-17
334	1964-08-18	335	1964-08-19	336	1964-08-20	337	1964-08-21	338	1964-08-22
339	1964-08-23	340	1964-08-24	341	1964-08-25	342	1964-08-26	343	1964-08-27
344	1964-08-28	345	1964-08-29	346	1964-08-30	347	1964-08-31	348	1964-09-01
349	1964-09-02	350	1964-09-03	351	1964-09-04	352	1964-09-05	353	1964-09-06
354	1964-09-07	355	1964-09-08	356	1964-09-09	357	1964-09-10	358	1964-09-11
359	1964-09-12	360	1964-09-13	361	1964-09-14	362	1964-09-15	363	1964-09-16
364	1964-09-17	365	1964-09-18	366	1964-09-19	367	1964-09-20	368	1964-09-21
369	1964-09-22	370	1964-09-23	371	1964-09-24	372	1964-09-25	373	1964-09-26
374	1964-09-27	375	1964-09-28	376	1964-09-29	377	1964-09-30	378	1964-10-01
379	1964-10-02	380	1964-10-03	381	1964-10-04	382	1964-10-05	383	1964-10-06
384	1964-10-07	385	1964-10-08	386	1964-10-09	387	1964-10-10	388	1964-10-11
389	1964-10-12	390	1964-10-13	391	1964-10-14	392	1964-10-15	393	1964-10-16
394	1964-10-17	395	1964-10-18	396	1964-10-19	397	1964-10-20	398	1964-10-21
399	1964-10-22	400	1964-10-23	401	1964-10-24	402	1964-10-25	403	1964-10-26
404	1964-10-27	405	1964-10-28	406	1964-10-29	407	1964-10-30	408	1964-10-31
409	1964-11-01	410	1964-11-02	411	1964-11-03	412	1964-11-04	413	1964-11-05
414	1964-11-06	415	1964-11-07	416	1964-11-08	417	1964-11-09	418	1964-11-10
419	1964-11-11	420	1964-11-12	421	1964-11-13	422	1964-11-14	423	1964-11-15
424	1964-11-16	425	1964-11-17	426	1964-11-18	427	1964-11-19	428	1964-11-20
429	1964-11-21	430	1964-11-22	431	1964-11-23	432	1964-11-24	433	1964-11-25
434	1964-11-26	435	1964-11-27	436	1964-11-28	437	1964-11-29	438	1964-11-30
439	1964-12-01	440	1964-12-02	441	1964-12-03	442	1964-12-04	443	1964-12-05
444	1964-12-06	445	1964-12-07	446	1964-12-08	447	1964-12-09	448	1964-12-10
449	1964-12-11	450	1964-12-12	451	1964-12-13	452	1964-12-14	453	1964-12-15
454	1964-12-16	455	1964-12-17	456	1964-12-18	457	1964-12-19	458	1964-12-20
459	1964-12-21	460	1964-12-22	461	1964-12-23	462	1964-12-24	463	1964-12-25
464	1964-12-26	465	1964-12-27	466	1964-12-28	467	1964-12-29	468	1964-12-30
469	1964-12-31	470	1965-01-01	471	1965-01-02	472	1965-01-03	473	1965-01-04
474	1965-01-05	475	1965-01-06	476	1965-01-07	477	1965-01-08	478	1965-01-09
479	1965-01-10	480	1965-01-11	481	1965-01-12	482	1965-01-13	483	1965-01-14
484	1965-01-15	485	1965-01-16	486	1965-01-17	487	1965-01-18	488	1965-01-19
489	1965-01-20	490	1965-01-21	491	1965-01-22	492	1965-01-23	493	1965-01-24
494	1965-01-25	495	1965-01-26	496	1965-01-27	497	1965-01-28	498	1965-01-29
499	1965-01-30	500	1965-01-31	501	1965-02-01	502	1965-02-02	503	1965-02-03
504	1965-02-04	505	1965-02-05	506	1965-02-06	507	1965-02-07	508	1965-02-08
509	1965-02-09	510	1965-02-10	511	1965-02-11	512	1965-02-12	513	1965-02-13
514	1965-02-14	515	1965-02-15	516	1965-02-16	517	1965-02-17	518	1965-02-18
519	1965-02-19	520	1965-02-20	521	1965-02-21	522	1965-02-22	523	1965-02-23
524	1965-02-24	525	1965-02-25	526	1965-02-26	527	1965-02-27	528	1965-02-28
529	1965-02-29	530	1965-03-01	531	1965-03-02	532	1965-03-03	533	1965-03-04
534	1965-03-05	535	1965-03-06	536	1965-03-07	537	1965-03-08	538	1965-03-09
539	1965-03-10	540	1965-03-11	541	1965-03-12	542	1965-03-13	543	1965-03-14
544	1965-03-15	545	1965-03-16	546	1965-03-17	547	1965-03-18	548	1965-03-19
549	1965-03-20	550	1965-03-21	551	1965-03-22	552	1965-03-23	553	1965-03-24
554	1965-03-25	555	1965-03-26	556	1965-03-27	557	1965-03-28	558	1965-03-29
559	1965-03-30	560	1965-03-31	561	1965-04-01	562	1965-04-02	563	1965-04-03
564	1965-04-04	565	1965-04-05	566	1965-04-06	567	1965-04-07	568	1965-04-08
569	1965-04-09	570	1965-04-10	571	1965-04-11	572	1965-04-12	573	1965-04-13
574	1965-04-14	575	1965-04-15	576	1965-04-16	577	1965-04-17	578	1965-04-18
579	1965-04-19	580	1965-04-20	581	1965-04-21	582	1965-04-22	583	1965-04-23
584	1965-04-24	585	1965-04-25	586	1965-04-26	587	1965-04-27	588	1965-04-28
589	1965-04-29	590	1965-04-30	591	1965-05-01	592	1965-05-02	593	1965-05-03
594	1965-05-04	595	1965-05-05	596	1965-05-06	597	1965-05-07	598	1965-05-08
599	1965-05-09	600	1965-05-10	601	1965-05-11	602	1965-05-12	603	1965-05-13
604	1965-05-14	605	1965-05-15	606	1965-05-16	607	1965-05-17	608	1965-05-18
60									

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## Example 1 (cont)

VETERAN PREFERENCE EXAMPLES	
This section contains four examples of how veterans can rank their preferences for benefits.	
Each example includes a table of benefit values and a ranking table.	
Benefit	Value
Healthcare	100
Housing	90
Pension	80
Vocational Training	70
Childcare	60
Employment Services	50
Transportation	40
Food Stamps	30
Child Support	20
Childcare	10
Other	0
Ranking Table	
The ranking table shows the rank assigned to each benefit by the veteran.	
Benefit	Rank
Healthcare	1
Housing	2
Pension	3
Vocational Training	4
Childcare	5
Employment Services	6
Transportation	7
Food Stamps	8
Child Support	9
Other	10

### Example 2

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## Example 2 (cont)

(continued) D-501

Preference	Order	Value
1. 100% VA	1	100%
2. 100% VA + 10% PVA	2	110%
3. 100% VA + 20% PVA	3	120%
4. 100% VA + 30% PVA	4	130%
5. 100% VA + 40% PVA	5	140%
6. 100% VA + 50% PVA	6	150%
7. 100% VA + 60% PVA	7	160%
8. 100% VA + 70% PVA	8	170%
9. 100% VA + 80% PVA	9	180%
10. 100% VA + 90% PVA	10	190%
11. 100% VA + 100% PVA	11	200%
12. PVA	12	0%

*D. 100% VA*

### Example 2 (cont)

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### Example 2 (cont)



# **Chapter 1: Organization and Staffing in the LCO**

## **Topic 1: Organization**

This chapter describes the Local Census Office (LCO) organizational structure and duties assigned to each authorized position in the LCO.

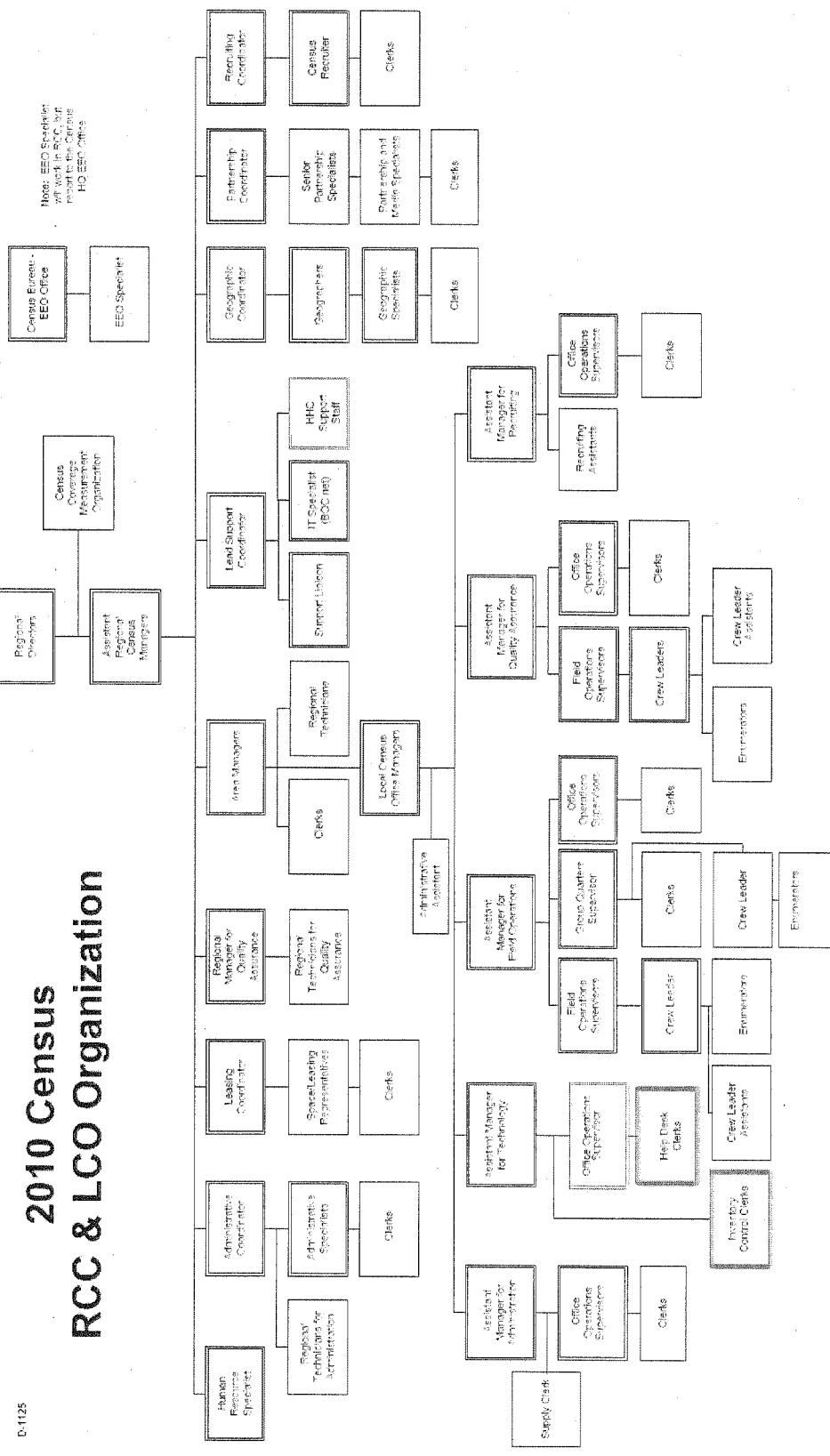
### **Organizational Chart**

The LCO Manager (LCOM) leads and directs the activities of subordinate staff in the LCO according to the organizational chart shown in Illustration 1-1 on the next page.

```

graph TD
    RCC[RCC & LCO Organization] --> 2010Census[2010 Census]
    RCC --> LCO[LCO Organizational Chart]
    LCO --> Regions[Regions' Committees]
    LCO --> LocalComm[Local Committees]
    
```

The diagram illustrates the organizational structure of RCC & LCO. At the top is the title "RCC & LCO Organization". A downward arrow leads to the subtitle "2010 Census". Another downward arrow leads to the main organizational chart titled "LCO Organizational Chart". This chart shows two main branches: "Regions' Committees" and "Local Committees".



**Staffing**

The Regional Office (RO) Area Manager informs the LCOM of the number of persons required to perform specific operations and the dates of their employment, who then discusses staffing allocations with the appropriate supervisors. The supervisors then request a list of applicants by identifying the selection criteria for a position using a Form D-150, *Job Requisition*.

**Positions**

During the census, each hired employee is to do a specific job with the goal of completing all field and office operations on time according to established procedures. Illustration 1-2 on page 1-7 contains a listing of all LCO position titles, the respective series and pay plan, and position number.

Described below are the duties and responsibilities of the LCO positions.

**LCO Manager  
(LCOM)**

The LCOM manages the entire LCO operations, ensuring work are completed and on schedule according to established procedures and quality standards, and within budget allocations. The LCOM also works with the Partnership Specialist to develop and maintain good public relations with the news media, community leaders, and local government officials. The LCOM's efforts are directed at promoting community cooperation by informing the public of the purpose and importance of the census.

**Assistant Manager for  
Field Operations  
(AMFO)**

The AMFO manages, and monitors field production of all data collection operations. The AMFO is responsible for the activities of the entire field work force, as well as several office workers, during the conducting of field operations. Importantly, the AMFO is responsible for the completion of all field production operations in a timely and cost efficient manner.

**Assistant Manager for  
Administration (AMA)**

The AMA manages and monitors all office administrative functions, such as personnel, payroll, supply requisitioning, equipment, shipping, and so forth. The AMA also provides LCO managers with administrative management reports.

**Assistant Manager for Recruiting (AMR)**

The AMR oversees the recruiting and testing of job applicants for field positions and clerks in the LCO. The AMR serves as the main contact with all recruiting sources, and works with the Partnership Specialist to ensure that an adequate pool of qualified applicants are available when and where they are needed.

**Assistant Manager for Quality Assurance (AMQA)**

The AMQA provides oversight to ensure that all field operations adhere to quality standards. The AMQA supervises office staff that review completed work from the field. For Nonresponse Followup, the AMQA supervises office and field staff who conduct reinterview.

**Assistant Manager for Technology (AMT)**

The AMT leads 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.

The AMT also provide technical guidance and support to Assistant Managers at the LCO and train LCO office employees on software, hardware, and automation operations. The AMT also administer user accounts for the various programs utilized by the LCO staff. Additionally, the AMT manages property through paper and automated procedures, and reports and documents lost, missing, and stolen equipment and coordinate warranty repairs. Further, the AMT troubleshoot by identifying problems with hardware or software and solving the problems when possible. Office Operations Supervisors (OOS) and Inventory Control Clerks (ICC).

**Administrative Assistant (AA)**

The AA provides administrative and secretarial assistance to the LCOM as well as clerical support to other LCO management staff. The AA receives and screens telephone and personal callers. The AA also monitors visitors to the LCO and issues temporary ID badges. Additionally, the AA prepares time sheets for mixed tour, leave-earning LCO staff.

**Field Operations Supervisor (FOS)**

The FOS coordinates, supervises, and oversees the work performed by Crew Leaders, Crew Leader Assistants, and Enumerators. The FOS, if necessary, also completes the appointment process, reviews and certifies daily payroll forms for

Crew Leaders, Crew Leader Assistants, and Enumerators.

**Census Coverage Measurement, Field Operations Supervisor (CCM FOS)**

The CCM FOS appoints, trains and supervises CCM crew leaders and, if necessary, ensures CCM Enumerators engaged in the CCM or quality control operations. The CCM FOS also coordinates and oversees the CCM or quality control operations performed by the CCM CL and CCM Enumerators as well as reviews and certifies daily payroll forms for CCM CL, and, if necessary, CCM Enumerators.

**Office Operations Supervisor (OOS)**

The OOS coordinates, supervises, and oversees the work of office clerks in specific functional areas of the LCO including administration, recruiting, employee selection, field operations, payroll/personnel, quality assurance, and automation technology.

**Partnership Assistant (PA)**

The PA assists in 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.

**Recruiting Assistant (RA)**

The RA assists in recruiting and testing job applicants. The RAs duties include contacting recruiting sources, locating testing space, administering tests, maintaining applicant files, and preparing various recruiting status reports.

**Clerk**

Office clerks perform a wide variety of clerical functions in support of field data collection, recruiting, payroll/personnel, automation technology, and quality assurance operations.

**Crew Leader (CL)**

The CL appoints, trains, and supervises Enumerators that are engaged in data collection. The CL coordinates and oversees the data collection performed by Enumerators, regularly meets with Enumerators to distribute assignments and monitor work in progress, and reviews and certifies payroll forms for Enumerators.

**CCM Crew Leader (CCM CL)**

CCM CL appoints, trains, and supervises CCM Enumerators engaged in the CCM or quality control operations. The CCM CL coordinates and oversees the CCM or quality control operations performed by the CCM Enumerators, regularly meets with CCM

Enumerators to distribute assignments and monitor work in progress and reviews and certifies daily payroll forms for CCM Enumerators.

**Crew Leader Assistant  
(CLA)**

The CLA aid CL in guiding and directing the work of a group of Enumerators engaged in field data collection. The CLA conducts replacement training sessions for Enumerators. They also meet regularly with Enumerators to ensure assignments are completed accurately and to assign work. CLA cannot sign the Supervisor's Certification section of the daily payroll form.

**CCM Crew Leader  
Assistant (CCM CLA)**

The CCM CLA aid CL in guiding and directing the work of a group of CCM Enumerators engaged in quality control listings. The CCM CLA conducts replacement training sessions for CCM Enumerators, participates in CCM recruiting and testing activities, and regularly meets with CCM Enumerators to assure assignments are completed accurately and to assign work.

**Enumerator**

Enumerators are locally hired workers who perform field enumeration activities in and around their respective neighborhoods. Their responsibilities may include: verifying addresses, canvassing and listing addresses, and interviewing.

**CCM Enumerator**

CCM Enumerators are locally hired workers who perform field activities for the CCM or quality control operations in their neighborhood, which involves verifying addresses, canvassing, listing, and interviewing.

**Illustration 1-2****LCO Positions, Series, and Position Numbers**

<b>POSITION TITLE</b>	<b>SERIES PAY PLAN</b>	<b>POSITION NUMBER</b>
Local Census Office Manager	AD-0301/00	SD0206
Assistant Manager for Field Operations	AD-0301/00	SD0202
Assistant Manager for Recruiting	AD-0301/00	SD0204
Assistant Manager for Administration	AD-0301/00	SD0200
Assistant Manager for Quality Assurance	AD-0301/00	SD0203
Assistant Manager for Technology	AD-0301/00	SD0155
Field Operations Supervisor	AD-0301/00	SD0212
Office Operations Supervisor	AD-0301/00	SD0207
Administrative Assistant	AD-0303/00	SD0201
Recruiting Assistant	AD-0303/00	SD0162
Partnership Assistant	AD-0303/00	EE0023
Clerk	AD-0301/0303	SD0156
Crew Leader	AD-0303/00	SD0209
Enumerator	AD-0303/00	SD0211
Crew Leader Assistant	AD-0303/00	SD0210
CCM Crew Leader	AD-0303/00	CM0012
CCM Enumerator	AD-0303/00	CM0011
CCM Crew Leader Assistant	AD-0303/00	CM0009
CCM Field Operations Supervisor	AD-0301/00	CM0006
Stock Clerk	AD-0301/00	SD0192



## Chapter 2: Space Acquisition

### Topic 1: Office and Training Space

#### Office Space

The Regional Census Center (RCC), working in conjunction with Census Headquarters (HQ), acquires space for Local Census Offices (LCOs). The RCC coordinates all aspects of lease administration for the LCO. The LCO Manager (LCOM) should attempt to resolve janitorial problems, maintenance issues, and so forth, within the terms of the contract before contacting the RCC for assistance. The RCC Area Manager or other representative of the RCC will provide the terms of the lease to the LCOM. The lease documents the responsibilities of the lessor.

#### Training Space

Any space used for training must meet the following conditions:

- Be available for sessions lasting from three (3) to seven (7) days.
- Be centrally located for trainees.
- Be clean, secure, and well ventilated.
- Be free of through traffic and distractions.
- Be sufficiently illuminated for reading.
- Be handicapped accessible (ADA compliant).
- Have a chair for each trainee.
- Have enough table space for trainees to spread out their training materials.
- Have restrooms and a water fountain nearby.
- Accommodate at least 20 people.

Additionally, any space used for Nonresponse Followup or Address Canvassing training must have these attributes:

- Have a standard single-line telephone port (RJ11/dataline or port).
- Have power outlets.
- Have windows that do not produce glare or windows with drapes or shades.

**Note:** All persons who inspect space for training should note the number of power outlets and report this number to the LCOM or designee. In addition, if there is a fee for the space, or a fee deposit required for the use of the telephone line, report this as well to the supervisor. The LCOM (or designee) will determine the space's adequacy and acceptability based on information obtained during the initial inspection

**Office Training Space**

Space should be available in the LCO for training supervisory personnel and office clerks. If space is not available in the office, the LCOM or the Assistant Manager for Recruiting (AMR) must obtain adequate, free space as described below.

**Field Training Sites**

The LCOM, the Assistant Manager for Field Operations (AMFO), the Field Operations Supervisor (FOS), the Assistant Manager for Recruiting (AMR) and the Recruiting Assistants (RAs) share responsibility for securing space for all field training. If adequate space for Enumerator training is not located before the Crew Leader(s) enter on duty, then the Crew Leader(s) will need to find space while doing their census preparatory work.

Office staff should make every possible effort to locate Enumerator training space before Crew Leaders enter on duty.

Excellent possibilities for locating free training space includes:

- Colleges and universities
- Local governmental offices
- State employment services
- National Guard armories/Military Reserve Centers
- Schools
- Fire stations
- Local community-based organizations
- Community and senior centers
- Banks
- Libraries
- Clubs
- Places of worship
- Public utility companies
- Post Offices

When rent-free space is obtained from private citizens, state or local agencies and institutions, or from the federal government, the employee making the arrangements should use a D-276(L), *Thank You Donor of Space*, to thank the owner or official who agreed to donate the space. Appendix A contains an illustration of the D-276(L). Send a copy of the original D-276(L) to the donor, retain the pink copy for the employee's own file, and give the yellow copy to the AMR for the office files. The file copy becomes a letter of agreement, showing that both parties understand the precise nature of the agreement.

**Note:** Any request of property owners who are willing to donate free space, but ask for a signed agreement to either hold them harmless or waive the right to sue in the event of an accident or injury during the use of the property **must be denied**. Signing such an agreement violates government policy. Seek other donors for free space.

#### Rental of Training Sites

If, after a thorough search, rent-free space is not available for a training session, try to locate at least two suitable sites, which can be rented at a minimal cost. Often, training space can be secured if a modest custodial fee is paid. Advise the RCC of the rental cost of each training site; include a recommendation. Document the reason(s) if locating at least two suitable sites cannot be found, or if the lowest cost site is not recommended. The RCC will approve or disapprove of the proposal and make final payment arrangements, as needed, with the provider. The RCC will notify you of these arrangements.

If the RCC approves of the arrangement for a paid rental, fax a copy of the D-218, Testing/Training Space Worksheet, to the RCC person responsible for payment; include with the fax the documentation explaining why only one site was identified, or the reason that the lowest cost site was not recommended. The RCC creates a suspense file for reference for invoice received. The RCC will request that the provider submit an invoice to the LCO as soon as the use of the training space was completed. Upon receipt of the invoice, obtain the LCOM's certification for payment, and process and forward it to the RCC in accordance with the instructions in Chapter 13, Payment of Bills.

LCO personnel may *not* make final commitments for training space requiring monetary payments.

**Injuries or Damage to Training Space***Updated 03/10*

In the event that injury or damage is caused by Census Bureau employees while acting within the scope of their authority, the incident will be covered under the *Federal Tort Claims Act, 28 U.S.C., section 2671, et seq.* Any claims arising from such incidents may be filed with the Census Bureau and will be promptly addressed. Procedures for filing tort claims are covered in Chapter 15.

Any injury occurring to Census Bureau employees while acting within the scope of their employment will be covered under the *Federal Employees Compensation Act, Title 5 U.S.C., Chapter 81*. Procedures for filing accident and injury, and personal property damage claims are covered in Chapter 15. Because the federal government is self-insured, it does not purchase or pay for commercial liability insurance. Also, the *Anti-Deficiency Act, Title 31 U.S.C., section 1341, et seq.*, prohibits any federal agency from undertaking contingent and undetermined liability without funds being appropriated by Congress for such purpose. For this reason, the government cannot agree to a *hold-harmless* clause, nor can it waive the right to sue. However, this should not be an impediment to concluding your agreements. The Government is self-insured and does not maintain general liability insurance. In lieu of any insurance, exclusively the provisions of the Federal Tort Claims Act govern the Department's liability for negligence of its employees in performing their duties. Therefore, please substitute the following in place of a "hold harmless" clause in any agreements you or your staff signs:

"Census agrees to promptly consider and adjudicate any and all claims which may arise out of use of subject licensor's premises resulting from the actions of Census or duly authorized representatives or contractors of Census and to pay for any damage or injury as required by Federal law. Such adjudication will be made pursuant to the Federal Tort Claims Act, 28 U.S.C. 2671, or such other legal authority as may be pertinent. Census also agrees to consider and adjudicate any claims for damage or injury sustained by Census personnel in the performance of their official duties. Such adjudication will be made pursuant to the Federal Employees Compensation Act, Title 5, Chapter 81, or other such legal authority as may be pertinent."

Actual compensation will be dependent on the third party's own insurance coverage, the circumstances surrounding the damage and injury, the extent of the damage or injury, and other relevant factors. Procedures for filing tort claims by third party are covered in Chapter 15.

**Utilities for the Office**

Heating and air conditioning, light and water utilities are generally included in the lease. If additional utilities or other temporary services are required for the office or for training space, contact the RCC for instructions.

**LCO Site Management**

Refer to the *D-503, Security and Logistics Manual*. Located under the topic of 'Site Management,' this topic gives detailed instructions on management of the LCO space. This includes specific instructions on maintenance issues such as janitorial service and access.



## Chapter 3: Opening and Equipping the Office

### Topic 1: Getting Started

#### Introduction

A representative from the Regional Census Center (RCC) will give the office keys to the Local Census Office Manager (LCOM) or advise where the keys may be picked up. Also, the RCC will give the LCOM other pertinent information regarding the leased space, name of lessor, who to contact for problems, janitorial service, and so forth. A copy of the lease or the solicitation for offers will detail the frequency of cleaning and responsibilities of the lessor.

#### Office Layout

The RCC and Census Headquarters (HQs) review the Local Census Office (LCO) space layout, and determine the placement of power and telephone outlets, the location of computers, and where various operations will be situated.

#### Office Furniture and Equipment

Furniture and equipment will be leased or purchased.

##### Furniture

LCO furniture is being rented from private companies. Rental arrangements have already been made and the LCOM will be advised when to expect furniture delivery.

There will also be some cardboard items such as tables, partitions, and boxes (used for filing and organizing), which are to be disposed of when the LCO closes. The cardboard items will be shipped to the LCO from the National Processing Center (NPC) in Jeffersonville, Indiana.

##### Equipment

Equipment for the LCO will be rented, purchased, or provided by Census HQs including computer equipment. The RCC may provide the LCO with a used fax machine or make arrangements for the purchase of a fax machine.

Mail metering machines can only be rented. Census HQ, working with NPC, will arrange for the installation of a mail metering machine in the LCO. The photocopiers will be rented and will be delivered by the local company representative.

**Delivery Acceptance**

When rental items are delivered, the LCOM will inspect the equipment to be sure the proper quantities arrive in good condition. **Do not sign the delivery ticket or invoice until all necessary adjustments are made or noted on the delivery ticket.**

**Telephones**

Headquarters will work with the FDCA contractor for telephone installation in the LCO.

**Use of Telephones**

LCO telephones are for official use only. Except for emergencies, no personal calls are authorized. If available, attach an *official use only* sticker to each telephone.

Keep a D-228, *Long Distance Telephone Log*, by each telephone to record long distance calls. Employees making a long distance call must record the date, time, employee name, division or office called, and telephone number. Appendix A contains an illustration of the D-228, *Long Distance Telephone Log*.

The LCOM is responsible for the overall control of the telephone system and enforcement of the telephone rules including the following:

- Monitoring the telephone logs.
- Reviewing the telephone bills for any unofficial calls made.
- Identifying unofficial long distance call(s) on the bill(s) and trying to determine who made the call(s).
- Reporting any violation of the telephone regulations to the RCC promptly.
- Certifying the telephone bills and submitting them to the RCC for payment.

**Installation and Listing  
of Telephones**

The telephone lines will be installed before opening the office, or as soon as possible thereafter. The main number will be listed with the telephone company as follows:

U.S. Census Bureau  
Address, Telephone Number

All other telephone numbers will be unlisted with the telephone company because they are not to be used by the public.

**Telephone System**

Only RCC IT Support staff can make adjustments to the telephone system after it has been installed. However, the LCO telephone system may be modified to add additional features or change existing features to conduct business more efficiently. Examples of added features include:

- Establishing/change answering groups.
- Establishing/change voice mail.
- Providing for automated call distribution.
- Password reset.

**Telephone Tips**

While using the telephone, remember that you are representing the United States Government, the U.S. Department of Commerce, and the Census Bureau. You and your employees should be alert, courteous, and professional. Here are some tips that will help:

- Answer promptly. Do not let the phone ring repeatedly or put someone on hold for a long period without explaining the reason for the delay.
- Answer with a *smile*. Your voice will project your attitude.
- Always identify the Census Bureau office and your name when answering. Office employees should answer incoming calls in a standardized manner, such as

*This is the United States Census Bureau, Anytown, office.  
I'm Jane Doe, how may I help you?*

- Don't interrupt callers while they are speaking.
- If you cannot help the caller, transfer the call to someone who can. Explain why you are transferring the call.
- When taking a message or writing a note, repeat names

and numbers to ensure accuracy.

- Do not use slang, *cute* names, colloquial expressions, or census acronyms with the public.
- Do not keep callers waiting; have a pen and telephone message pad handy.

**Contacting the Post Office**

The LCOM (or designee) should visit the servicing post office to provide an estimate of the volume of mail delivery and returns and other mail that will be coming into the LCO. Verify that the LCO address is correct.

## Chapter 4: Office Security

### Topic 1: Physical Security

This chapter provides procedures for ensuring the security of the Local Census Office (LCO) and for protecting the confidentiality of all census information. LCO Managers are responsible for the security of the office and they should emphasize the importance of security to each employee. Refer to the D-503, Security and Logistics Manual, Chapter 2, for additional information.

#### LCOM Responsibilities for Security

The LCO Manager (LCOM) is responsible for:

- Ensuring the overall security of the office.
- Implementing and enforcing security procedures.
- Designating the Assistant Manager for Administration (AMA) as the security officer for the LCO.
- Consulting with the Regional Census Center (RCC) staff for clarification and advice when problems occur.

#### Getting Started

Designate one entrance to the LCO as the main entrance. Have a receptionist's desk located just inside that entrance and a designated employee stationed there at all times when the main entrance is open. Use the main entrance/receptionist desk area for performing the following activities:

- Checking employee badges as employees enter the premises.
- Issuing temporary employee passes, as needed.
- Greeting and registering visitors to the LCO (D-1145, Employee Register and BC-1204, Visitor Register).
- Issuing temporary visitor badges.

#### Perimeter Walls

Perimeter walls must be floor-to-ceiling. Countermeasures, such as wire mesh and intrusion detection systems can be used as a last resort to counter non-floor-to-ceiling areas. All exterior windows and doors must be equipped with adequate locks or locking devices with slat blinds. These items should have been provided through the lease. If not, advise the RCC Area Manager of the situation.

**Signs**

Post signs on strategic doors, stating *RESTRICTED AREA – Authorized Personnel Only*. Internal doors considered strategic doors can be marked *Restricted Area*, but caution should be used when marking exterior doors accessible to the public in this manner. Marking an external door with *RESTRICTED AREA* inadvertently attracts attention and may lead to increased security incidents. The Regional Director (RD), Area Manager, or the LCOM will determine which doors are strategic. Also, place a smaller sign on each strategic door directing visitors to the main entrance.

Clearly mark the main entrance with a sign instructing visitors to register at the receptionist's desk. Additionally, place a large sign near the receptionist's desk stating *VISITORS MUST REGISTER HERE*.

Place a sign denoting the presence of a fire extinguisher above each fire extinguisher.

Additionally, place a sign with the notation, *WARNING U.S. GOVERNMENT PROPERTY* on all entrances to the office.

The National Processing Center (NPC) will ship signs along with other materials to the LCO.

**Protection of Government Property**

All employees are responsible for protecting government property in their custody. The following rules should be followed to protect government property:

- Use locking supply cabinets or a lockable supply room to secure office calculators and other equipment overnight and for periods when they are not being used.
- Do not allow cameras in the LCO unless advance approval is given by the LCOM.
- Do not photograph or photocopy confidential materials, except as mandated by procedures and/or operational requirements.
- Do not use government computer equipment for personal use.

- Do not copy computer software. The creation of additional copies of commercial software packages for use on other machines at work, for use at home, or for distribution to friends or others is prohibited. If feasible, original software should be kept in a locked cabinet when not in use.
- Do not remove computer diskettes (compact discs) from the office, except as necessary to complete official tasks.
- Keep computers, printers, related software (tapes, diskettes, compact discs), and other computer accessories in a locked cabinet.
- Limit access to the automation area to those employees having a need to be there.
- Verify that paperwork is in order before a repair technician leaves the LCO with equipment which needs to be fixed offsite.
- Greet visitors to each functional area within the office and confirm that there is legitimate business to be conducted.

**Use of Personal E-mail**

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.

**Security Tips for Setting Up a New Office**

One of the most vulnerable periods for an office comes during the turmoil of a move. When setting up a new office, ensure that a staff member is present during the delivery of all furniture and equipment to monitor receipt of all items and check for any damage.

Noted below are a few security tips that may help to minimize any problems:

- Even in an empty office, the last person to leave should shut and lock the door. Vandalism can cost the Census Bureau time and money.
- Secure newly arrived equipment in a locked room until it is assembled or connected.
- Ensure that temporary storage areas do not have windows that allow viewing from the outside. If drapes or blinds are not available, use blank sheets of paper or cardboard to cover windows. If the area cannot be securely screened from outside view, move the materials to another location.
- Store empty equipment boxes for later use out of sight.
- Approach strangers in the office and ask if they need assistance. If they identify themselves as an employee, ask to see their identification (ID) card. If they are unable to provide the proper ID, ask them to leave and escort them from the area at once.
- Avoid hanging coats, sweaters, or umbrellas near a corridor door.

**Note:** The Census Bureau is not responsible for the loss, theft, or damage to personal articles in the office.

**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 next page to view the "Server Room Access Log."

## *Server Room Access Log*

**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 LCO

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 the Assistant Manager for Administration in the Local Census Office maintains 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 are under restricted guidelines.
- 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 hand-held 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*

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*

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 2: Occupant Emergency Plan

### General

The Local Census Office Occupant Emergency Plan (LCO-OEP) is a set of procedures to protect life and property in federally occupied space under defined emergency conditions. The LCO-OEP identifies specific responsibilities and provides guidelines for actions to take in an emergency situation. In the event of an emergency situation, the **first priority is for employees** to safely exit the Local Census Office building and go to a safer location or home, when an emergency situation exists. The next priority would be to temporarily house employees (as needed) for no more than one day, if conditions in or outside the building are not safe. The Emergency Management Official (EMO) or alternate official activates the plan if experience warrants doing so, if people or property is in immediate danger, or if the official gets advance notice of an emergency.

### Purpose

The purpose of this Occupant Emergency Plan (OEP) is to set forth responsibilities and procedures to be followed to accomplish an orderly response in case of an emergency.

### Authority for Occupant Emergency Plan

Chapter 101 of the Federal Property Management Regulations (FPMR), Part 101-20, spells out details of an Occupant Emergency Program. The FPMR defines an OEP as... "a short-term emergency response program that established procedures for safeguarding lives and property during emergencies in particular facilities."

**Comment [d1]:** Page 14  
Eff. 01/19/2005. Subchapter D Public Building Space, Part 102-74 replaced Chapter 101 of the FPMR, Part 101-20.

### OEP Annual Review

The Local Census Office Occupant Emergency Plan shall be reviewed, and signed, annually by the EMO. (See next page)

**Annual Review of Local Census Office OEP**

Emergency Management Official	Signature and Annual Review Date

**Comment [d2]:** Page: 15  
It should be stated that by signing the Annual Review form the LCOM or designated Official is indicating compliance with policy and regulation for that facility.

**Program Responsibilities**

The Local Census Office Manager, or the alternate, is responsible for maintaining, distributing and implementing a current OEP. The OEP shall be made available to each Local Census Office employee located within the Federal leased office space.

**Comment [MSOffice3]:** Page: 16  
I would not think that each LCOM would develop his/her own OEP.

**Who are the Emergency Management Official and Alternate?**

The Emergency Management Official (EMO) responsible for establishing, developing, applying, and maintaining this OEP is the Local Census Office (LCO) Manager, hereby termed the 'Emergency Management Official' (EMO). In the absence of the EMO, an alternate LCO staff member may be designated to carry out the duties. The EMO or alternate also establishes, assists in staffing, and trains the emergency organization of the LCO's employees. The alternate official in the LCO is the AMA, unless otherwise designated by the EMO.

**Who represents the EMO after normal duty hours?**

The senior federal official present in the LCO after normal duty hours represents the EMO (or alternate), and handles emergencies according to the procedures contained in the OEP.

**Comment [d4]:** Page: 16  
After Normal business hours, it is unlikely that any official would be "present". Call list notification would be activated to find response team.

**When does the EMO or alternate official activate the OEP?**

The EMO or alternate official activates the plan based upon the best available information including an understanding of local conditions, the sensitivity level of the U.S. Census Bureau office effected, experience with similar situations, advice from federal, state, or local law enforcement officials, and if experience warrants doing so, if people or property are in immediate danger, or if the official gets advance notice of an emergency.

**Supervisor Responsibilities**

Each LCO Supervisor shall:

- Ensure that employees read and are familiar with the Occupant Emergency Plan, the procedures contained therein, and know their respective evacuation routes.
- Assume responsibility of her/his respective area(s) in the event of an evacuation.
- Ensure that all employees, contractors, and visitors in his/her area(s) **evacuate immediately** at the sound of an alarm.
- Report any evacuation problems for his/her area(s) to the

**Comment [d5]:** Page: 16  
Will employees be expected to acknowledge in some write or tangible way that they did read and understand the OEP.

appropriate Monitor.

- Ensure that two primary and two alternate Monitors are assigned to each physically challenged individual to assist that individual during an evacuation. Also consider assigning one or more Monitors to any individual who has other impairments, permanent or temporary, that may impede that individual's ability to evacuate the building.

#### **Local Census Office Fire Alarm System**

All LCO space is equipped with audible Emergency Alarms. In addition, the training and storage rooms are equipped with audible/strobe alarms. Each floor is also equipped with an appropriate number and type of ~~Fire Extinguishers~~ specified for the space and building type encountered.

**Comment [d6]:** Page: 17  
Is this intended to mean that Census will conduct training on how to use fire extinguishers?

#### **Alarm Activation**

The Local Census Office Alarm system automatically activates if the sensors detect an emergency. The interior fire alarm will activate with a loud sound and the strobe-lighted alarms will also flash and emit sound. The Fire Department is automatically called and they will arrive quickly at the LCO

#### **Fire Evacuation Plan**

The evacuation routes are posted on various walls of the office and can be found at the end of this topic. On the first day an employee reports to work at the ELCO and during orientation for new employees, they will familiarize themselves with the evacuation plans of all floors of the office. When an emergency occurs, you may not be at your usual location.

#### **After-Hours Procedures**

When emergencies occur after normal working hours, any individuals in the building shall take appropriate action and immediately evacuate the building through the appropriate designated exits.

#### **Employee Evacuation Procedures**

Upon discovering a fire, **DO NOT PANIC. STAY CALM.** Immediately report all fires regardless of size or extent. If the fire is small, use the nearest portable fire extinguisher to extinguish the fire and notify the respective Emergency Management Official or alternate. Employees should learn the location of fire extinguishers and any emergency door exits.

1. Upon activation of the emergency alarm, the following procedures apply:

- Notify the Fire Department (911).

- Report the fire to the Building Management (if applicable).
- At the sound of the emergency alarm, all supervisors, employees, and contractors will immediately stop work, terminate all telephone calls and meetings, and exit the building immediately.
- Secure all sensitive, and Title 13 material. Protect it either by removing it under secure means, by placing it in locked storage cabinets or safes, or by properly destroying the information. Persons who are away from their offices and who have classified information in their possession at the time should properly safeguard such information.
- If possible, ensure passageways are clear and unobstructed for people to evacuate the area.
- Employees physically unable to evacuate down the stairs may need assistance to evacuate. If an employee or visitor with a physical disability is on the floor at the time the alarm sounds, the respective supervisor(s) and designated monitors will assist the employee or visitor as appropriate.
- Upon exiting the building, all personnel should proceed to the safe area designated by the LCO management staff or building security personnel and as directed by the security monitors.
- Once in the safe area, all personnel should immediately report to the LCO manager or designate(s). Identify anyone needing additional assistance. 100% accountability of all employees, visitors, contractors, etc., is required.
- Take your personal items (i.e., keys, purse, medications, etc.) with you.
- Close all doors.
- Proceed promptly, and in an orderly fashion, to the nearest exit. Use elevators **ONLY** if instructed.

**Comment [d7]:** Page: 18  
This is usually accomplished by having employees report to his/her supervisor because the supervisor is more familiar with employees on a day-to-day basis.

- Proceed to the designated assembly area and await the "all clear" instruction from the designated authority.
- 2. Any LCO employee receiving visitors is responsible for ensuring that the visitors are accompanied out of the building.
- 3. Employees, contractors, and visitors should move quickly away from the building entrance/exits to leave these areas clear for other personnel to exit.
- 4. At no time, or for any reason after an alarm has sounded should employees attempt to return to their workstations or be allowed to re-enter the building until instructed to do so by the EMO or alternate. Employees, who do not follow these instructions during drills, or actual emergencies, may be subject to disciplinary action.

**Evacuation of  
Physically Challenged  
Employees**

1. Individuals who are physically challenged are defined as:
  - a. Individuals having physical mobility impairments (permanent or temporary) that limit their ability to evacuate the building quickly
  - b. Individuals with a sight or hearing impairment
2. The EMO is responsible for ensuring that there is a system in place for assigning two primary and two alternate Monitors to each physically challenged individual within the regional office to assist those employees during an evacuation. The EMO also should consider the feasibility of assigning a Monitor to individuals who have other impairments that may impede the ability of those individuals to evacuate the building.
3. Evacuation procedures:
  - a. Upon activation of an alarm, assigned Monitors will proceed to their assigned individuals and assist them to the nearest exit.
  - b. Should that exit be a stairwell, for

employees having sight or mobility impairments, the Monitors will assist those individuals to the area of the stairwell, stay with these individuals allowing others to proceed ahead, and then exit when the majority of others have exited.

- c. It shall be the responsibility of any employee being visited by a person with a physical impairment to assist that person in evacuating the building.
- d. Once out of the building, the Monitors will accompany the physically challenged individual to the assigned assembly safe area for the LCO.
- e. If evacuation of a mobility-impaired individual would require the use of stairs, the LCO manager should consult local fire safety officials to determine if the affected building contains a fire-rated stairwell or other structure where the individual could safely shelter while awaiting evacuation by fire rescue personnel. **In an emergency, monitors must notify the EMO of the location of any person so sheltered.**

**All-Clear Procedures**

As soon as the EMO or Alternate and emergency officials determine that the emergency situation has been resolved, they will notify employees in the assembly area to return to the building. Employees must not re-enter the building until authorized personnel have notified them that the emergency has been terminated. The EMO or alternate will be responsible for directing that the "All clear" notice be given.

**Employee Response in Other Emergency Situations****A. Incidents of Violence, Sabotage, Vandalism, or Civil Disturbance.**

**Outside of Building** – including the parking lot surrounding the building. Notify Building Security (if applicable), or call local police/emergency (911).

**Inside of building** – Lobby Space, etc. Duress buttons connected to the Intrusion Detection System (IDS) and located within the LCO space, will sound an alarm when pressed and notify DHS/FPS (Mega Center) of an emergency. The Mega Center will notify the local police/emergency personnel in accordance with information provided in the Mega Center Alarm Requirement (MAR) document.

**B. Notification of SEVERE Weather, such as a tornado watch/warning or other natural disasters such as flood or snow,** will be relayed to the LCO Management team, who will notify employees. In the event of a **tornado warning**, the local Civil Defense Authority will sound sirens and employees and visitors will follow the established safety procedures.

- If possible move to the basement level or garage area of the building. Once all staff and visitors, etc have been accounted for, they will be advised to either remain in the safe area or report to specific areas until the emergency situation is cleared.
- Close all interior hallway doors and doors between rooms. Stand clear of all windows and/or doors to avoid flying debris. Take shelter under desks if needed.
- When the initial danger is over, the LCO Management Team will decide whether to evacuate the building.
- If evacuation is necessary, follow the instructions of the LCO Management Team.
  - Do not run outdoors. When leaving the building, watch for falling debris.

**C. Power Failure.** In case of a total or partial power failure, stay in the office until you receive instruction from the EMO or alternate, or from the Building Management (if applicable). If it becomes necessary to evaluate the building, you will be notified and will follow evacuation procedures as described above.

**Emergency Management Official (EMO)**

The Emergency Management Official for the Local Census Office is the Local Census Office Manager (LCOM). The LCOM:

1. Oversees and is responsible for all aspects of the Occupant Emergency Plan.
2. Ensures appropriate information is available such as building floor plans, listing of physically challenged employees, location and types of hazardous materials, and protocols for closure/evacuation.
3. Determines administrative policy and personnel decisions in response to any emergency.
4. Reports to the Mega Center as defined by the MAR document..
5. Ensures emergency evacuation training is provided for the LCO management staff.
6. Briefs responding officials.
7. Provides post-emergency reports to the Regional Census Center.
8. After each emergency or drill, chairs a meeting with other appropriate individuals to evaluate emergency procedures and responses.

**EMO Alternate**

The LCO Manager will designate an EMO Alternate who will follow action plan set forth for the EMO.

**Supervisors or Their Designated Representatives**

1. Assists the LCO manager during all emergencies, as appropriate.
2. Other duties as defined by the LCO Manager.
3. Maintains an up-to-date listing of individuals occupying Monitor positions.

**Instructions for Monitors**

1. Ensures that all employees are familiar with the Occupant Emergency Plan and know the evacuation routes.

**Comment [d8]:** Page: 22  
There are no instructions provided with "Attachment 2". Should there be?

2. Ensures that all employees, contractors, and visitors evacuate immediately at the sound of an alarm. Serves as access guides for Emergency Personnel.
3. Reports any problems evacuating to the appropriate office manager.
4. Monitors For Physically Challenged Employees.
  - At the sound of the evacuation alarm, go directly to the physically challenged employee.
  - Assist the physically impaired employee in evacuating the building. This may require waiting until the hallways and exit stairwell have sufficiently cleared so that evacuation of the physically impaired employee does not impede the other employees.
  - If evacuation of a mobility-impaired individual requires the use of stairs, the EMO should consult local fire safety officials to determine if the affected building contains a fire-rated stairwell or other structure where the individual could safely shelter while awaiting evacuation by fire rescue personnel.
  - In an emergency, monitors must notify the EMO of the presence of any person so sheltered. Monitors will also provide access for emergency personnel to secured areas on their assigned floor.

**Floor Monitors**

1. Ensures that all areas are evacuated on designated floor.
2. Ensures that fire doors are securely closed when exiting the building.
3. Serves as access guides for Emergency Personnel to LCO secured areas.
4. If warranted, check elevator for trapped

passengers. (In the event of a power outage or other situation that may interrupt elevator service, passengers may be trapped in the elevator.) Advise trapped passengers to keep away from the doors and to wait for assistance.

Passes the "all clear" report for the area to the EMO when exiting the building. Reports any other important information to the EMO (i.e., the location of a physically challenged individual waiting for assistance in evacuating the building, trapped elevator passengers, etc.)

**Local Census Office  
Floor Monitors and  
Alternatives**

Below is a copy of the Local Census Office Floor Monitors and Alternatives List which should be kept by the EMO.

**Local Census Office Floor Monitors and Alternatives**

Total Office Employee and Visitor Accountability:

LCO Manager: \_\_\_\_\_

Alternate: \_\_\_\_\_

Floor:

Monitors:

Alternate:

**Prototype Calling Tree  
for LCO Emergency  
Situations**

The LCOM must ensure that management staff have home or emergency contact numbers for all Local Census Office employees. Ensure that staff have the home or emergency contact numbers to contact management during non-working hours should an emergency or severe weather situation arise.

LCO Manager receives call of emergency situation from source – Mega Center, local law enforcement, Federal Protective Service, RCC, and Building Security or Management.

**If emergency exists in  
or around Local  
Census Office area  
during work hours**

Immediately proceed with LCO Evacuation Plan, ensuring that all staff are safely and swiftly evacuated from the LCO to a safe location. Advise staff that management will notify them when it is safe to return to work, or if they can listen to the local news to determine if access to the Local Census Office is restored for all employees.

Example: LCO Manager notifies Regional Techs and Area Manager.

**If emergency exists in  
or around Local  
Census Office area  
during non-working  
hours:**

LCO Manager or alternate proceed with Office Calling Tree, dividing responsibility either alphabetically or by area of supervision.

1. Remember to call staff who live farthest away or leave for work earliest first!
2. Advise staff on whether or not the office will be open or any other important information they need to know before starting their journey to the LCO.
3. If staff are instructed not to report to the LCO, advise staff as to when they can expect another call from their supervisor regarding the status of the LCO reopening, or that they can listen to local radio or television coverage to determine whether travel to the LCOs is deemed safe.

**Local Emergency  
Notification List**

The Local Census Office should compile a Local Emergency Notification List for LCO employees. An example of this list is on the next page.

## LCO Emergency Notification List

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

### Topic 3: Emergency Preparedness Plan - 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.

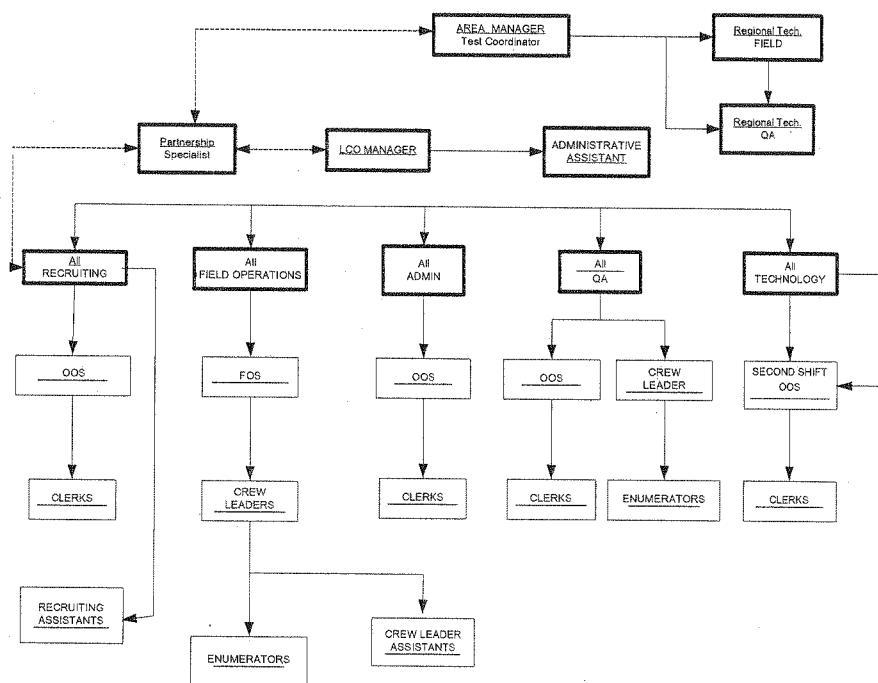
The amount of time you have to leave will depend on the hazard. If the event is a weather condition, such as a hurricane that can be monitored, you might have a day or two to get ready. However, many disasters allow no time for people to gather even the most basic necessities, which is why planning ahead 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 4-1.

**Figure 4-1: Decennial Organizational Chart**

#### **Field Emergency Contact Procedure**

The box in Figure 4-1 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 include 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 cannot 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 Form CD-415, Record of Employee's Address and Emergency Information, from the working personnel/payroll folder 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 passes.

**Evacuation Guidelines**

Table 4-1 provides guidelines when evacuation is necessary.

*Table 4-1: Evacuation Guidelines*

<b>ALWAYS:</b>	<b>IF TIME PERMITS:</b>
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: <ul style="list-style-type: none"> <li>• Close and lock doors and windows.</li> <li>• 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.</li> </ul>
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 4: Confidentiality and Privacy

### Introduction

Limit discussion of confidential data to that which is required for census operations. Title 13, Section 8 of the United States Code (U.S.C.) provides that all information given to the Census Bureau must be held in strict confidence and may be used for statistical purposes only. Any employee who wrongfully discloses any information obtained through the census is subject to a fine of not more than \$250,000 or imprisonment for not more than five years, or both.

Additionally, the *Privacy Act of 1974* requires that all federal agencies that collect information must provide individuals with the following information:

- The authority under which the information is being collected (Title 13, Section 196, U.S.C.).
- The primary purpose for which the information is used.
- The various uses which may be made of the information.
- The consequences of not responding to the census.
- Only sworn Census employees are permitted in areas where assignment materials, payroll forms, personnel records, and other documents containing confidential information about an individual or address are stored or are being processed.

The purposes of these security procedures are to:

- Ensure that only Census employees, sworn to protect the confidentiality of census documents, have access to areas containing Title 13 information.
- Provide a manageable method for controlling persons admitted to the office.
- Reduce the possibility of misplacement and/or the loss of census materials.
- Improve efficiency by reducing the confusion created by allowing unauthorized persons in the office.

**Data Stewardship**

The U.S. Census Bureau workforce is bound by an iron-clad commitment that is backed by federal law: we may not release personally identifiable information. **Data Stewardship** – providing quality data for public good while respecting individual privacy and protecting confidentiality – is the Census Bureau’s core responsibility. It is the formal process we use to care for the public’s information – from the beginning, when they answer a survey, to the end, when we release statistical data products.

The practice of data stewardship assures that the Census Bureau can effectively collect (and customers can use) high quality data while fully meeting the legal and reporting obligations levied by the Census Act (Title 13), the Privacy Act, and other applicable statutes, including the requirements of governmental and other suppliers of data to the Census Bureau. It also includes meeting higher ethical standards as identified by our privacy principles and other data stewardship best procedures and practices.

**Keeping the public's trust** is critical to our ability to carry out our mission as the leading source of quality data about the nation's people and economy.

**Security for Field Training Materials**

When materials are being transported to or from the training site, the materials should be in closed boxes or envelopes to prevent viewing by unauthorized persons. Do not mark these boxes or envelopes *Confidential* or *Census Materials* as doing so may inadvertently result in attracting attention from the public.

When selecting training space, choose training rooms that *do not* permit viewing by unauthorized persons. This includes such locations as windowed reading rooms in libraries, and classrooms on the first floor of a school building.

**Disposition of Confidential Materials**

The RD may authorize local disposal of confidential materials for the LCO. Destroy sensitive materials 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.

A Census Bureau employee must either destroy the sensitive material or be present during its destruction. In all cases, the individual destroying the material must be a responsible individual who has been briefed on destruction procedures and

approved by the RCC. A listing of individuals or position titles of persons authorized to destroy sensitive materials will be documented.

At the conclusion of the census, material may be shipped to the NPC in Jeffersonville for disposal. The LCO will be provided with further instructions by memoranda at the appropriate time.

Dispose of materials in a manner appropriate to their sensitivity. The LCO should have *document destruction containers* to store sensitive materials. Additionally, the LCO 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.

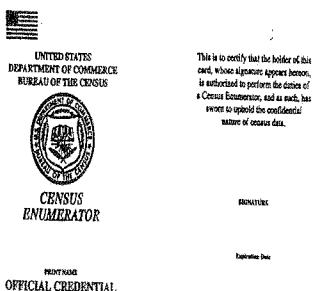
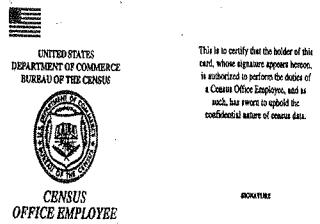
Files containing census data and personnel and payroll information must be kept confidential and stored in separate locked files. No one is to have access to these files except employees responsible for their maintenance. This type of material must *NEVER* be disposed of by depositing it in the trash or recycle containers.

### **Topic 5: Identification Cards**

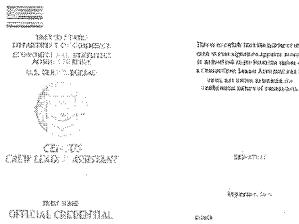
#### **Wearing Identification Cards**

All employees in office work areas must display identification cards above their waist at all times. Illustration 4-1, on page 4-34, shows an example of the ID issued to Office Employees and Enumerators. Illustration 4-2 on page 4-34 shows an example of the ID issued to Crew Leaders Assistants. Illustration 4-3, page 4-35, shows an example of the ID issued to Recruiting Assistants. Illustration 4-4, page 4-35, shows an example of the ID issued to Crew Leaders. Illustration 4-5, page 4-35, shows an example of the ID for Field Operations Supervisor.

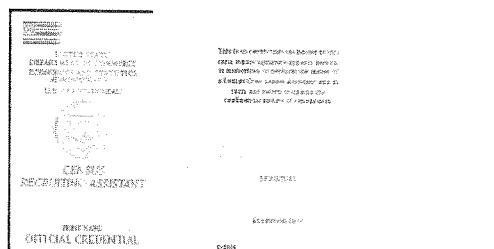
**Illustration 4-1**  
**Official Credential for Office Employees**  
**And Enumerators**



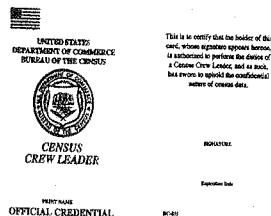
**Illustration 4-2**  
**Official Credential for Crew Leader Assistant**



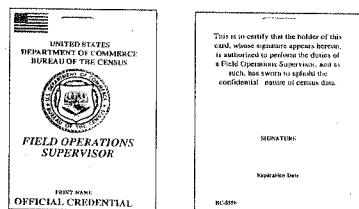
**Illustration 4-3**  
**Official Credential for Recruiting Assistant**



**Illustration 4-4**  
**Official Credential for Crew Leader**



**Illustration 4-5**  
**Official Credential for Field Operations Supervisor**



Identification cards for Crew Leaders, BC-555, and Enumerators, BC-110, are issued at the time of their initial classroom training.

**Issuing ID Cards to  
New Office Employees**

Prior to the employee's entrance on duty date, the appropriate LCO assistant managers (or designated OOS) will prepare a Form D-200, *Census Office Employee Official Credential*, for all employees selected to work in their area. The employee's name will be printed on the front of the ID card.

As soon as the employee(s) are sworn in, the appropriate supervisor will have the new employee sign the back of their ID and enter the appropriate expiration date.

**Note:** The term ID card and identification badge are often used interchangeably. Both terms, however, refer to the official identification credential of census employees or visitors to the office.

**Reporting Without ID  
Cards**

Employees are not to be admitted to the census office without their ID cards, except under the conditions outlined below.

**Under no circumstances may employees do any field work  
without their ID card.**

**First or Second  
Occurrence**

Office employees who report to work without their ID must be identified at the entrance by their supervisor, prior to being admitted to the work area.

After identification is made by the supervisor, issue the employee a temporary ID card for that day ONLY. Prepare the temporary ID as follows:

- Print the employee's name on the front of the Form D-200.
- Print the date and *TODAY ONLY* as the expiration date for the ID card.

The LCOM will keep a record of the temporary ID cards that are issued to employees in their respective areas. The temporary ID cards will be collected by the appropriate supervisor at the end of the day and given to the Administrative Assistant.

The Administrative Assistant will file the temporary ID cards in alphabetical order as a check to ensure that the same employee is

not issued a temporary ID card more than twice. This ID card file must be kept up-to-date. All cards should be filed before the close of business each day. If more than two cards are found for the same employee, the supervisor who was responsible for the second card issued and the LCOM must be advised.

**Third and Subsequent Occurrences**

After the second time, employees without their ID cards:

- Will not be permitted in the office.
- Will not be in a pay status until they return with their original ID card.
- Will obtain a new ID card if their ID card has been lost or stolen.

**Lost or Stolen ID Cards**

When employees lose their ID card, they must immediately report the loss in writing to their supervisor. Issue a new ID card to the employee, and file the report of the lost ID to document the need for replacement. Complete a BC-1206, *Security Incident Report*, and forward to the RCC when ID cards are lost or stolen.

**Issuing ID Cards to Visiting Census Staff for Observing LCO Activities**

Periodically, Census Headquarters (HQ) and/or RCC staff will visit LCOs to observe census activities. All visitors to the LCOs must stop at the front desk and sign the register.

**Issuing ID Cards to Non-Census Employees**

Observers who are not sworn census employees must be approved by Census HQs, the RCC, or the LCOM. Observers who are not sworn Census Bureau employees *must not* be permitted access to areas containing confidential Title 13 information until they are sworn in.

The following procedures apply:

- All visitors to the LCO must register at the main entrance receptionist's desk and obtain a visitor's badge.
- Visitors must show a valid picture ID (vendor ID, driver's license, and so forth) before a visitor's badge may be issued. If proper ID is not produced, the visitor's identity must be corroborated by an LCO employee who personally knows the visitor.

- Any visitor who is unable to produce proper identification and who cannot be identified by an LCO employee will not be allowed access to the LCO.
- Once a visitor has been properly identified, taken the Title 13 Oath of Nondisclosure, and issued a visitor's badge, the badge must be visible at all times while the visitor is within Census space. The badge must be turned in to the receptionist's desk at the end of the visit.
- All LCO visitors must be accompanied by a Census employee during the entire duration of their visit. Under no circumstances should they be left unattended to wander the LCO on their own.
- Visitors can not be admitted outside of normal working hours unless prior arrangements have been made with the RD or Area Manager.

A record of visitor badges issued and returned must be kept. Form BC-1204, *Visitors Register*, is an approved form for record keeping.

For non-Census visitors to the LCO, the Administrative Assistant also does the following:

- Prepares a *Visitor ID card* by entering the visitor's name and the last visitation date as the expiration date.
- Explains to visitors that they can not observe areas where confidential census or Privacy Act protected information is being processed or stored.

**Note:** Non-Census visitors who are authorized to visit the LCO and who are Special Sworn Status individuals will be given access to areas containing confidential information.

- Introduces the visitor to the LCOM and then to the appropriate supervisor.
- Collects visitors' ID cards daily when they leave the office and maintains them in a locked cabinet.

Reports lost or stolen visitor ID cards to the LCOM. The LCOM will prepare a written report documenting the lost or stolen ID.

#### **Limiting Access to Functional Areas Within the LCO**

All LCO employees and approved visitors must wear ID badges above the waist at all times while in the office.

Crew Leaders, Crew Leader Assistants, and enumerators who visit the LCO will be limited to the field operations area and then only when there is a need to be there.

**Disposition of ID Cards**

- Return Forms D-200, *Census Office Employee Official Credential*, of terminated employees to the Administrative Assistant.
- Return temporary Forms D-200, *Census Office Employee Official Credential*, to the Administrative Assistant at the end of the period for which the cards were issued (expiration date).
- Return Forms D-200, *Census Office Employee Official Credential*, issued to Census HQ or RO observers to the Administrative Assistant at the end of each visit.
- Return Visitor ID cards to the Administrative Assistant daily when the visitor leaves the office.

Upon closing the LCO at the end of all census operations, the LCOM will supervise the physical destruction of all ID cards issued to office and field employees. Destroy all previously issued ID cards by cutting or tearing into four parts. Return any unused ID cards to the RCC.

## Topic 6: Security Incidents

### Reporting Security Incidents

Advise the RCC immediately of security incidents such as unauthorized entry, vandalism, computer thefts, stolen ID cards, and so forth. The LCOM must complete and submit a Form BC-1206, *Security Incident Report*, to the RCC within two work days following the security incident. The RCC Administrative Coordinator will enter the information on the BC-1206 into the Security Incident Reporting System (SIRS).

The SIRS is an electronic database that has a reporting function which allows users to generate a variety of incident reports, for example; date, incident, type, input location, and so on. The incident report is immediately forwarded electronically to the Office of Security (OSY) at the Census Bureau. Additionally, the RCC will fax a copy of the BC-1206 and any supporting documents to the Office of Security (301) 763-4311, and to the Decennial Administrative Branch (301) 763-5081.

### Break-In or Vandalism

The LCOM must notify the police department of a break-in or acts of vandalism against the office. If the space is General Services Administration (GSA) leased, notify the Federal Protective Service (FPS). If federal property is vandalized, also notify the Federal Bureau of Investigation (FBI). Submit a copy of the police report with the completed BC-1206 to the RCC and a copy to the Decennial Administrative Branch (DAB).

### Missing Property

When an employee determines that property is missing, the LCOM should immediately have the area searched and make inquiries in the work area concerning the missing property. If the property cannot be located and theft is suspected, notify the police department, or the FPS and the FBI, if applicable.

In addition to the BC-1206, *Security Incident Report*, complete a Form CD-52, *Report of Review of Property*. The CD-52 should contain a complete description including the model number, serial number and barcode number of the item, if applicable. In the space provided for explanations, provide any facts that may aid in identifying the missing property.

**Note:** An electronic version of the BC-1206 can be downloaded from the electronic forms section via the Intranet.

Send the original BC-1206 and CD-52 to the RCC. If there is a police report, attach a copy to the CD-52. If a copy of a police report is not available, a police report number can be added to the BC-1206.

## Topic 7: Transporting and Shipping Materials

### Transporting Confidential Census Materials

#### Packaging

- Seal and reinforce all packages being shipped. Wrap boxes with filament tape completely around the length and width with a 4-inch minimum overlap. Reinforce envelopes by sealing the flap with tape.
- Enclose a list of contents being sent.

#### Labeling

- Do not use the term *Confidential*. This term is used only for information affecting national security.
- Never label, mark, or stamp *Census Confidential* on the outer cover or wrapping of any Census mail or shipment.

#### Mailing

- Mail census materials containing Title 13 information First Class (11 ounces and under) or Priority Mail (over 11 ounces).
- Double pack census materials containing Title 13 information before mailing. The inner envelope or package should be sealed, addressed, and labeled.
- Use certified and/or registered mail when mail tracing services are needed.
- Notify the addressee of the pending shipment and its contents.

#### Shipping via Contractors

- The RCC will designate a shipping contractor for the LCO.
- Ensure shipping contractors (carriers) understand that multiple packages containing census materials must be shipped and delivered as a unit.
- Notify the addressee of the pending shipment and its contents.

## Topic 8: Miscellaneous

### Security Guard Services

The Federal Protective Service (FPS) 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 space.

The RCC may have already determined a need for a security guard service and will advise the LCOM of its plans. If the LCOM determines a need for security guard services, contact the RO for instructions.

### Issuing and Controlling Office Keys

The LCOM is responsible for establishing procedures for the issuance and control of keys required to gain access to office space. Do not issue keys to more than four employees. The employee receiving the key must sign for the key.

Prepare an official record that contains the following:

- Employee's name.
- Last 4 digits of the employee's social security number.
- Date of issuance/date of return.
- Employee's signature.

Be sure to show the date the employee returns the key on the official record.

### Employee Accountability Clearance

The LCOM is responsible for ensuring that each employee returns and accounts for all government property, including census materials, keys, ID cards, and so forth, before separation. Supervisors and Crew Leaders are responsible for obtaining these materials from employees under their direct supervision.



## Chapter 5: Supplies and Equipment Control

### Topic 1: Supplies and Equipment

#### Shipment of Supplies and Equipment

Census Headquarters (HQ) will make arrangements with the National Processing Center (NPC) for shipment of supplies and equipment to be sent by private carrier. If the initial shipment does not arrive on the date scheduled by the Regional Census Center (RCC) or if the shipment is incomplete, notify the RCC Area Manager immediately.

Census HQ will give the Local Census Office (LCO) a *Checklist for Opening the LCO*, which includes lists of initial office supplies, equipment, and furniture including the quantities of each item to be received. Use the *Checklist for Opening the LCO* as a control document to verify the receipt of all items in their correct quantities.

#### 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 (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.

### **Organizing Materials Received in the LCO**

#### **Office Supply**

A number of different types of materials will arrive at the LCO. These materials include:

- General office supplies
- Furniture
- Automation equipment
- Envelopes and stationery
- Administrative forms
- D series forms
- Automation forms
- Manuals
- Training guides
- Self-studies

#### **Operational Training Kits**

These kits include the *training kits* used for Crew Leader and Enumerator training and *supply kits* which provide an initial supply of materials for Crew Leaders and Enumerators for field work.

For each census operation that requires classroom training, the training kits typically consist of a separate kit for the instructor and a different kit for the trainees. Both the instructor and trainee kits contain all of the forms, manuals, workbooks, pencils, paper,

and so forth, needed for the particular training session.

Kit numbering corresponds to the operational procedures manual and/or training guide. A letter suffix "A" is added to the kit number to indicate that the kit is a trainee kit.

The supply kit contains all of the forms Crew Leaders or Enumerators need to perform their job. Supply kits for Crew Leaders use the same form number as the Crew Leader manual for the specific census operation. For example, if the Crew Leader manual is D-515, the Crew Leader supply kit will be identified as Kit 515. Similarly, Enumerator supply kits use the same form number as the Enumerator manual. Thus, if the Enumerator manual is D-510, the Enumerator kit will be identified as Kit 510.

#### **Other Equipment**

The LCO may also receive shipments of other equipment or supplies that do not fall into any of the categories described on page 5-2. Instructions on the receipt and handling of these shipments will be furnished by memoranda.

#### **Receipt and Check-In of Initial Office Shipments**

A packing list will be enclosed in a carton with *Red Tape* wrapped around it. *A cutting knife and shears are also contained in the carton wrapped with red tape* (only for the initial office supply kits). Open this carton first. Use the enclosed packing list to check the receipt of all supplies. Count the cartons as they are received, keeping a separate count of any damaged cartons.

- Open any damaged packages soon after receipt and check each item on the packing list. Report any damage to the LCOM.
- Open and count all supplies and forms received in the *General Office Supply* kits. Check the contents of each carton against the packing list or checklist of forms. Notify the appropriate supervisor of any shortage.
- Count the number of Crew Leader and Enumerator training and supply kits received for each census operation.

If possible, stack like materials together as they are unloaded. This will make checking the shipment against the packing list much easier. Stack damaged cartons separately.

**Shipping Documents**

Shipping documents will vary depending on the origin of the shipment and how it is delivered.

**Carrier's Waybill**

The company that brings the shipment will present a carrier's waybill. If the shipment is complete and in satisfactory condition, sign and date all copies of the shipping document in the space provided or in any open space on the sheet of the shipping document.

If the shipment is damaged, note the total number of damaged cartons on *all* copies of the shipping document. Have the driver sign the notations before you sign and accept the shipment.

If the shipment is incomplete, or otherwise not satisfactory, note the discrepancies on the shipping document(s). Have the driver sign the notations before you sign and accept the shipment.

Do not sign the shipping documents unless the driver has signed for damaged cartons or discrepancies.

**Freight Transportation Service Order**

The NPC-579, *Freight Transportation Service Order (FTSO)*, is both a shipping document and an accounting form. The carrier must keep the original copy and present it to the government for payment. The carrier's driver or representative may or may not present the FTSO to an LCO employee for signature.

If the FTSO is presented for signature, do not sign before inspecting the shipment for shortage or damage. If there is no shortage or damage, sign and enter the date in any open space on the top sheet.

If a shipment is *not* complete, check off the items received by entering the date besides each item received under *Description of Articles*. Don't sign the form until the carrier's driver or representative marks *shortage* on the form.

If items are damaged, don't sign the FTSO until the driver marks *damage* on the FTSO.

## Inventory Control of Equipment

### Checklist for Opening the Office

Refer to the D-503, Security and Logistics Manual, for a checklist for opening the office and detailed instructions for this activity.

Read the checklist carefully and follow the directions exactly. The D-503 references several BC-1766, *Receiving Reports*, which must be completed and forwarded to the RCC.

Keep copies of all documents relating to the receiving and disposing of all property in the office. Retain this documentation in the Form D-616, *Property Management Records*, in accordance with the instructions for recording property transactions.

### Property Management Records

The LCO will receive a Form D-616, *Property Management Records*. The following items are contained inside the binder:

- Tab 1. FDCA Log Sheet
- Tab 2. FDCA Records
- Tab 3. Non-FDCA Log Sheet
- Tab 4. Non-FDCA Records

As the primary contact person for property-related questions, the Assistant Manager for Administration (AMA) is responsible for maintaining the *Property Management Book* and for retaining all documentation pertaining to property movement to and from the LCO.

### Property Management Manual – FDCA and Non-FDCA Property

Refer to the D-986, Property Management Manual – FDCA and Non-FDCA Property, for detailed instructions on the receipt issuance, control and recovery of equipment. These instructions cover Field Data Collection Automation (FDCA) and Non-FDCA property. FDCA property consists of all computers and automated equipment provided by the Harris Corporation. Non-FDCA property includes photocopiers, fax machine, mail meter and other miscellaneous equipment purchased or rented by the Census Bureau.

<b>Property Custodian</b>	As the designated property custodian, the LCOM is ultimately responsible for <i>all</i> property within the LCO. The LCOM is the only person in the LCO who is authorized to sign documentation pertaining to the receipt, transfer, and disposition of property.  <b>Note:</b> The Regional Director is the Property Custodian of Record.
<b>Property Pass</b>	The following rules govern the use of the BC-1550, <i>Property Pass</i> : <ul style="list-style-type: none"><li>• Any property which leaves the LCO for any reason <i>must</i> be assigned to a specific person and documented on a BC-1550.</li><li>• The LCOM as property custodian must sign the BC-1550.</li><li>• The AMA should maintain a folder with all outstanding BC-1550s.</li><li>• Upon return, the property should be reviewed to ensure it reflects all items listed on the BC-1550.</li><li>• Keep the signed (on back of form) yellow copy of the BC-1550 in a folder for disposition with other property documentation upon closing of the LCO.</li></ul>
<b>Posting and Transmitting Documents</b>	Follow the procedures in the D-986, Property Management Manual – FDCA and Non-FDCA Property, for posting, transmitting and filing documents.
<b>Arranging the Bulk Supply Area</b>	Follow the procedures in the D-503, Security and Logistics Manual, to arrange the bulk supply area.  Keep the supply area neat and orderly. Do not allow the supply area to become littered with paper, unusable cartons, or shipping materials. Keep the aisles clean, making sure that all exits and fire extinguishers are accessible.
<b>Storing and Controlling Small Items</b>	Store general office supplies in a lockable supply cabinet or storage room with limited access. Office supplies should be distributed only as needed.

**Storing and Controlling  
Personnel Identification  
Cards**

The Administrative Assistant will keep all of the unused ID cards in a locked desk drawer or cabinet. This includes:

- Form BC-110, *Enumerator ID Card*.
- Form BC-555, *Crew Leader ID Card*.
- Form D-200, *Office Employee Identification Card*.
- Form BC-1515, *Temporary Visitor Pass*.

**Organizing the Supply  
Area**

Store extra supplies and forms in the two-door supply cabinets and the four-shelf storage shelves.

**Refilling Supply Needs**

Make requests for additional supplies to the RCC. The RCC contact will initiate the resupply order with the General Services Administration (GSA) or an office supplies store, if appropriate, to send the supplies directly to the LCO. In general, resupply orders are limited only to items on the *Office Opening Supply List*, or from the list of initial *General Office Supplies* and/or Automation Supplies.

An initial bulk supply list for opening the LCO is shown as Illustration 5-1 on the next two pages.

The person in charge of supplies at the LCO must forecast the LCO's supply requirements at least three weeks in advance. **Do not wait until the office runs out of needed supplies before placing an order.**

**Illustration 5-1**  
**LCO Initial Bulk Supply List**

Item Description	Unit of Issue	Requested Quantity (CA/NC)	Quantity Received	Initials
Bandaids, 1"x 3" Strips	100/PKG	1		
Basket, Wastepaper, Gray 13"	1 EACH	24/36		
Batteries, AA for clocks, Alkaline	1 EACH	5		
Binder, White 3" Capacity	1 EACH	35/45		
Calculator, Printing	1 EACH	1		
Calculator, Solar, Handheld	1 EACH	10/20		
Calendar, Blotter, 18"x22"	1 EACH	10/10		
Calendar Board, Wall	1 EACH	10/12		
Calendar, Wall	1 EACH	10/12		
Cheesecloth	PKG	2		
Cleaning Compound, 22 OZ	BOTTLE	2		
Clip, Binder, Medium, 1/2"	DOZEN	15/20		
Clip, Binder, Large 1"	BOX	10/15		
Clip, Paper, No. 1	100/PKG	5/10		
Clip, Paper, Large	100/PKG	5/10		
Clock, Wall Battery Operated	1 EACH	5		
Correction Fluid	DOZEN	12/18		
Desk Tray, Legal, Black	1 EACH	24/36		
Dispenser, Tape, Strapping	1 EACH	4		
Dispenser, Tape, Desk	1 EACH	25/30		

**Illustration 5-1**  
**LCO Initial Bulk Supply List**  
**(continued)**

Easel, Dry Erase Board	1 EACH	2		
Easel Pad Tabletop, 3M	1 EACH	2/5		
Eraser, Draftsman	DOZEN	4		
Eraser, Pencil Tip, Wedge Shape	DOZEN	10/15		
Extinguisher, Fire, Heavy Duty	1 EACH	2		
Extension Cord, 12ft	1 EACH	2		
Finger Pad, Rubber Size 11 1/2	DOZEN	8/10		
Finger Pad, Rubber Size 12	DOZEN	8/10		
Finger Pad, Rubber, Size 13	DOZEN	8/10		
First Aid Kit	1 EACH	2		
Folder, Manila, Letter	100/BOX	30/40		
Folder, Manila, Legal	100/BOX	10/20		
Hammer	1 EACH	1		
Ink, Stamp Pad, Black	BOTTLE	5		
Inking Pad, Uninked	1 EACH	5		
Knife, Packing	1 EACH	2		
Label, Laser, Avery 1/2"x1 3/4"	BOX	10/20		
Label, Laser, Avery 2"x 4"	BOX	10/20		
Marker, Fine, Black	DOZEN	5/10		
Marker, Fine, Red	DOZEN	3/5		
Marker, Fine, Green	DOZEN	3/5		
Marker, Set Dry Erase	SET	2		

**Illustration 5-1**  
**LCO Initial Bulk Supply List**  
**(continued)**

Notebook, Steno, 6"x9"	EACH	25/50		
Opener, Letter	BOX	12		
Pad, Mouse, w/Wrist Pad	1 EACH	35		
Pad, Writing 8 1/2"x11"	DOZEN	20/40		
Paper, White, Copier, 8 1/2"x11"	CT	15/25		
Paper, White, Copier, 8 1/2"x14"	CT	10/15		
Paper, White, 11"x17" 5 RM/CT	CT	5/10		
Pencil, Black No. 2.5	DOZEN	20/25		
Pencil, Color Purple	DOZEN	20/25		
Pencil, Drawing Red. w/Eraser	DOZEN	15/20		
Pen, Black, Medium	DOZEN	25/35		
Pen, Ballpoint, Red, Medium	DOZEN	10/15		
Post It Notes, 3"x5", 12PDS/PG	DOZEN	10/15		
Post It Notes, 3"x3", Yellow	DOZEN	10/15		
Rack, Distributor, 8 Compartment	1 EACH	20/30		
Rubber Bands, No.19, 1/4LB	BAG	10/15		
Rubber Bands, No. 33, 1/4LB	DOZEN	10/15		
Ruler, 12"	EACH	36		
Shears, 8 1/4", Light Weight	1 EACH	15/20		
Screwdriver, Phillips Head	1 EACH	1		
Screwdriver, Flat	1 EACH	1		
Sharpener, Pencil, Electric	1 EACH	3/4		

**Illustration 5-1**  
**LCO Initial Bulk Supply List**  
**(continued)**

Sign: " Fire Exit Only" 11"x8 1/2"	1 EACH	5/10		
Sign: "Restricted Area" 11"x 8 1/2"	1 EACH	10/20		
Sign: "Exit"	1 EACH	5/10		
Sign: "No Food or Drink"	1 EACH	10/20		
Sign: "Keep Work Area Clean"	1 EACH	20		
Sign: "No Smoking," Laminated	1 EACH	10/20		
Stamp, Date Size 1	1 EACH	4		
Stamp, "Posted"	1 EACH	1		
Stapler, Standard	1 EACH	25/30		
Stapler, Heavy Duty	1 EACH	5		
Staples, 1/4" x 1/2" Standard	BOX	20/30		
Staples, Heavy Duty	BOX	10		
Staple Remover	EACH	25/35		
Tape, Filament, Strapping, 3/4"x 60 YDS	ROLL	80		
Tape, Filament, Strapping, 2" x 60 YDS	ROLL	8/10		
Tape, Transparent, 1" Core 3/4"x36"	ROLL	30		
Tape, Paper Calculator	1 EACH	8/10		
Telephone Pad	PKG	25/30		
Thumbtacks	100/BOX	5/10		

**Repairing Office  
Machines**

If government-owned office machines break down, call the RCC for instructions. If rented machines break down, call the vendor from whom the equipment was obtained to have the equipment repaired or replaced, as appropriate. Service contracts usually provide for repair services within 24 hours; call the RCC for information on your particular LCO, if not already provided. **Remember, if property is replaced, follow the directions in the D-986, Property Management Manual – FDCA and Non-FDCA Property.**

## Topic 2: LCO Role in Recovery of Equipment

### Overview

Each employee must properly care for, handle, use, protect and return Census-owned property issued to them. Employees can be held financially liable for property that is lost, stolen, damaged, or not returned as a result of their negligence. Each employee shall account for all assigned Census-owned property at the time of resignation or termination.

### Roles

*(Updated 2/24/10)*

The employee is responsible for returning the laptop to their immediate supervisor when they have completed work assignments and no additional work is assigned. If the employee is terminated or resigns and does not return the laptop, attempts will be made immediately to recover the laptop. If the laptop is not recovered, then the employee's pay can be withheld. See Chapter 9, Payroll Administration, for more information on withholding an employee's pay.

For instructions on recovery of equipment, review memorandum FLD PII and Security Memorandum No. 09-05 (Rev) located in Appendix L.

## Topic 3: Lost, Missing or Stolen Materials or Forms Containing PII Information

### Toll Free Number for Reporting Loss/Stolen

*(Updated 2/24/10)*

OMB Memorandum 06-19 requires that all Census employees must call the Decennial Computer Incident Response Team (CIRT) at 1-877-744-1522 to report lost, missing or stolen materials or forms.

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
- Was there any Personally Identifiable Information (PII) on the lost media or paper?

### Next Steps after Calling CIRT

*(Updated 2/24/10)*

- If the material or forms have been stolen, employee will call the local police department, file a report and obtain a copy of the police report and police report number.
- When it is discovered that forms or materials are lost, missing or stolen, 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..
- LCO staff contacts the RCC to notify them of the incident and provide them with the police report number, if the materials or forms were stolen
- The LCO maintains a Security Incident book with copies of the BC-1206 and police report.
- The LCO forwards the BC-1206 and a copy of the police report to the RCC within two days.

## Topic 4: Notifying Employees of Lost, Missing or Stolen PII

### Procedures Necessary for Notifying Employees of Lost/Missing or Stolen PII

### RCC/LCO Responsibility (Updated 2/24/10)

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, 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.

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.*

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.

**RCC/LCO  
Responsibility  
(Con't)**

It is the Census Bureau's responsibility to notify those individuals when we may have compromised PII data and provide guidance.

# Chapter 6: Recruiting and Testing

## Topic 1: Introduction to Recruiting

This chapter provides an overview of Local Census Office (LCO) procedures for recruiting and testing job applicants for the 2010 Census. Detailed job information on recruiting and testing can be found in the specific manuals and job aids listed in the section below entitled, *Supplemental References*.

### Administrative Responsibilities for Recruiting

Updated 10/09

Although Assistant Managers for Recruiting (AMR) and their staffs assume primary responsibility for LCO recruiting and testing activities, Assistant Managers for Administration (AMA) and their staffs play a prominent supporting role. The need for open and thorough communications between the administrative and recruiting areas is critical to the process of ‘moving’ job applicants from the application and testing phase to the point where they can be selected for a census position. AMRs must ensure that job applications are filled properly, test answer sheets scored, and applicant folders complete before *handing off* these materials to the administrative area.

In support of LCO recruiting and testing activities, administrative clerks do the following:

- Furnish selection certificates to the AMR, as requested, so the Office Operations Supervisor (OOS) for Recruiting, Recruiting Assistants (RA), and clerks can be hired.
- Enter applicant data into the Decennial Applicant, Personnel and Payroll System (DAPPS). This includes the following documents:
  - BC-170D, *Census Employment Inquiry*.
  - I-9, *Employment Eligibility Verification*.
  - D-267 or D-270, test answer sheet.
  - DD-214, *Certificate of Release or Discharge from Active Duty*, if applicable.
  - SF-15, *Application for 10-Point Veteran Preference*, if applicable.
  - DD-217, *Discharge Certificate*, if applicable
  - DD-1300, *Report of Casualty*, if applicable

- Return keyed documents to the proper applicant folder.
- Advise the AMR of applicants with no test record so that those persons can be contacted and scheduled for a test.
- Coordinate and resolve any other problems with the initial processing of applicant job data.

### Applicant Testing

The applicant testing goal is to test enough applicants to ensure a sufficient workforce to complete all field operations. These applicants should reflect the workforce composition (demographic make-up) of local areas to the tract level.

### Supplemental References

Regional Census Center (RCC) Partnership Specialists provide recruiting information on hard-to-enumerate areas, any previous contacts made, and how to become familiar with the LCO area. AMRs must be knowledgeable about the following materials as they relate to recruiting efforts.

- D-517-M1, Module 1: *General Information for Recruiting Staff*
- D-517-M2, Module 2: *Recruiting Activities in the Field*
- D-517-M3, Module 3: *Recruiting Activities in the Office*
- D-517-M4, Module 4: *Testing Process*
- D-517-M5, Module 5: *Supervision and Management of Recruiting*
- D-517- M1.1 Recruiting Job Aid for Securing Personally Identifiable Information (PII)
- D-617, *Instructor's Guide for Training - Recruiting*
- D-581, *Decennial Applicant, Personnel and Payroll System Operating Manual (DAPPS)*.
- D-1110, *Pre-Appointment and Personnel Handbook*.
- D-219, *Using Management Reports, Chapter 1 – Recruiting*

### Monitoring Recruiting and Equal Employment Opportunity Principles

The entire application process, including recruiting, testing, application review, interviewing, and selecting must ensure that census employment is consistent with EEO principles.

All qualified applicants will be considered without regard to non-merit factors such as race, gender, sexual orientation, national

origin, color, religion, age, or disability.

LCO Managers (LCOM) and Assistant Managers for Recruiting (AMRs) are responsible for monitoring recruiting and EEO standards using the reports available in DAPPS. Although the detailed procedures for generating the following reports are contained in the D-581, *DAPPS Operating Manual*, a brief description of the reports follow.

<b>REPORT</b>	<b>Title</b>	<b>Description</b>
D-275	Record of Training	This report lists selected applicants assigned to a specific course session.
D-275A	Training Class Status Report	This report provides a summary of each training class with the number of attendees that completed, dropped, or failed to show.
D-424A	Recruiting Sources Report by Sex	This report helps managers identify the most productive recruiting sources (by sex) for reaching a representative applicant pool. Managers must know the demographics of the area (including the tract data) and recruiting sources available to the community.
D-424B	County/Block Number Applicant Report	Shows by geographic location, the number of qualified applicants who have taken the D-267A/B/C or D, <i>Field Employee Selection Aid</i> , grouped by test score. The report also shows the applicants' security status under the Census Hiring and Employment Check (CHEC).
D-424C	Applicant Background Profile Rep	This report lists a statistical profile of the applicant pool by the disposition and the Experienced, Terminated employee categories by LCO code (one page per county).
D-424D	Applicant Background	This report lists the statistical profile of the applicant pool that shows the composition by ethnicity (all counties on one page per LCO).
D-424E	Master Applicant List by Name Report	This report lists applicants in name order, providing disposition and residence (city, block, Zip code) data. Shows disposition of each applicant. Helps LCOMs identify potential recruiting problems (for example, a high number of ineligible applicants) or bottlenecks in the application process (high number of applicants under review in CHEC).
D-424F	Regional Disposition Summary	This report lists all applicant dispositions, and Experienced and Terminated employee categories. Shows regional disposition of applicants in summary form. Used to track recruiting trends region-wide (for example, number of applicants available with test scores of 70 and greater or less than 70); identifies potential problems in the application process (for example, a high number of ineligible applicants or

		applicants under review by CHEC).
D-424H	Selected Applicants by Position	This report displays the number of applicants, by position, in the Selected status on the D-424E report. This report is to let supervisors and managers know the number of applicants that have been selected for each position. As applicants are hired within DAPPS, the system then removes them from this report.
D-424I	Wkly RA App Testing Report	This report summarizes weekly recruiting assistant's applicant testing costs.
D-424J	Crew Leader District Report	This report identifies applicants with language skills by operation within Crew Leader District order.
D-424K	Work Auth Date Notification	This report identifies applicants that have had their work authorization date expire or will expire within 90 days.
D-425A	Final Selection Reprint	This report is a duplicate of the final selection record. You may reprint the final selection record for office records, as needed.
D-426	Employees Hired by Position	This report lists the number of employees hired by position.
D-956	Daily Receipt of Applications	This report provides a summary of the number of applications that have been entered into DAPPS on a daily basis.
	Applicant Address Listing	As the name implies it is a list of the Applicant addresses.
D-155	Applicant Data Sheet	This form provides all applicant information that was keyed into DAPPS. The D-155 is used during the orientation/training session by the applicants to update any incorrect information and to complete tax data for personnel processing. Applicant Data Sheets may be printed individually when an applicant is assigned to a training session, or when the manual D-275 is used.
	Applicants DOB Check for Selective Service	This report will verify date of birth, current date, and update to 'AR' if the applicant turns 18. It also verifies selective service with males that are 18.
D-192	Applicants Ineligibility	This report, which is accessible to a supervisor only, provides a list of all applicants with a disposition of

		<i>Ineligible</i> when an approval is required.
	Applicant Mailing Labels	This report will generate mailing labels for applicants for a specified time period.
	Applicants with no Test Listing	This report prints a list of applicants name, ID number, telephone number, disposition, and date of all applicants that have no test record in DAPPS
	Avail Applicants by Tract	This report is accessible to a supervisor only and is used with the Geography Maptitude program. This report runs on the PC hard drive and only gives totals of available applicants.
	View Archived Report	This report shows a listing of applicant files that have been archived (saved) from prior operations.
	Fingerprint Status Action Report	This report displays, based on whether or not fingerprints were received, who should be placed in a non-working status, who should be terminated and who was returned to duty.
	Missing FingerPrint Report	This report shows employees who are missing fingerprints. The report lists the LCO, employee name, employee ID number, contact number, training course, and session number.
	LCO MGR Applicant Report	This reports purpose is to produce a selection record like report to be used in the selection process for LCO manager candidates.
	MGR Vacancy Worksheet	This report shows applicants who applied for LCO manager positions. The report lists the LCO, applicant ID, applicant name, score, veteran's preference, if they are qualified for a manager positions, status, and status reason.

## Topic 2: Recruiting Strategies

### Introduction

A variety of recruiting strategies and sources exist to attract applicants for census jobs. Importantly, strategies that work well in one LCO area may not be productive in another. Thus, LCOMs and AMRs must rely on a combination of proven tools to get the job done.

The remainder of this section includes an overview of recruiting strategies. Refer to the D-517-M2, Module 2: *Recruiting Activities in the Field*, for additional information on recruiting methods and sources.

### Outreach Activities

Census outreach is a vital component of any recruiting effort. Working with Partnership Specialists, AMRs are responsible for identifying and contacting influential community-based organizations (CBOs), civic groups, minority groups, advocates for persons without conventional housing, other community leaders, and local government officials to aid in recruiting job applicants.

### Regional Census Center Referrals

RCC Partnership Specialists play a vital role in the recruiting process by providing the names of CBOs who are willing to offer free space for testing and training to the AMRs.

The RCC may provide AMRs with the names of potential job applicants who have prior experience from special censuses, or one-time/ongoing surveys.

### Newspaper Advertising

If recruiting efforts do not produce sufficient numbers of qualified candidates in specific areas, AMRs may consider the use of paid advertising. At this point, AMRs should have already made every effort to secure free newspaper space in ethnic and community weeklies.

If free advertising space is not available in these types of periodicals, LCOMs must discuss the matter with the RCC Area Manager and seek permission to use paid advertising.

**Note:** When the RCC Area Manager approves the use of paid newspaper advertising, AMRs should be aware that placement of ads in large newspapers may attract too much interest from candidates living outside of the census test area. Thus, AMRs should place ads in ethnic-specific newspapers or in other small periodicals which serve the community within the test area. On all advertisement consult with regional management.

The RCC Area Manager prepares the text of the recruitment advertisement and coordinates all paperwork with the newspapers. The RCC Area Manager gives a copy of the correspondence to AMRs. When newspaper ads are published, AMRs should send a copy to the RCC for filing. Print the newspaper name and issue date on the copy.

RCCs are responsible for paying for advertising. All advertisements must contain a reference that the *Department of Commerce and the Census Bureau are Equal Opportunity Employers.*

## Topic 3: Testing

### Introduction

This section provides highlights of the census testing process. Detailed instructions for performing testing-related duties such as scheduling testing sessions, preparing for testing sessions, administering the test, reviewing the BC-170D, *Census Employment Inquiry* (or other forms of application), and scoring tests are contained in the D-517-M4, Module 4: *Testing Process*.

AMRs oversee the LCO testing process. All job applicants for Enumerator, Crew Leader, Clerk, Recruiting Assistant, Partnership Assistant, and Administrative Assistant positions must take the written test, *Field Employee Selection Aid*, D-267A, B, C, or D, and meet other employment criteria before they can be considered for employment. Applicants for the positions of *Office Operations Supervisor* (OOS) must take the *Field Employee Selection Aid for Supervisors*, D-270A or D-270B. These applicants will also complete a D-270.1, Supervisory Applicant Reference Sheet.

It is likely that there will be more than enough applicants interested in office positions, so it is important to test enough applicants interested in working in the field.

Applicants who complete the Spanish version of the test(s), D-267(S) A, B, C, or D (for Puerto Rico there are two versions of the test), must be given the *Measure of Adult English Proficiency Test (MAEP)*, D-280B. Score the MAEP test using the D-280C scoring key. Applicant scores must fall within categories A, B, or C to be eligible for consideration.

For all tests, count the number of correct answers from the test answer sheet. Record all raw test scores on the front of the BC-170D, *Census Employment Inquiry* at the bottom, in the For Office Use only section and check either the Non-Supervisory or Supervisory box depending on which test was taken.

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

### Testing for Supervisory Positions

Publicize and recruit for these vacancies all at one time, then use the D-270A or B, *Field Employee Selection Aid for Supervisors*, to administer the test. For LCO management positions, RCCs post vacancy announcements per Decennial Administrative Branch (DAB) guidelines. The RCC Area Manager provides the test materials necessary to fulfill LCO needs.

**Reasonable Accommodation at Testing Sites**

Applicants may take the employment test regardless of any apparent disability; 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 census information. To complete an assignment, it may be necessary to collect information from dwellings that do not meet the American Disability Act (ADA) accessibility standards.

If a specific accommodation is needed for a testing session and is not readily available, RAs should reschedule the applicant for another testing session and ensure the accommodation is reasonable. The applicant must request the specific type of accommodation needed and provide supporting medical documentation. To include the applicant in a regularly scheduled testing session, the Census Bureau must have ample lead-time to determine the merits of the requested accommodation and time to provide the accommodation.

All notes used by a disabled applicant during the test (as part of the reasonable accommodation) **must be destroyed**. As examples, the RA should shred paper or erase an audiotape before the disabled applicant leaves the testing site.

Examples of reasonable accommodations to a blind applicant include, but are not limited to:

- Conducting an individual testing session
- Waiving testing time limits.
- Allowing applicants to use note-taking equipment such as a slate and stylus, Braillewriter, or tape recorder. These devices must be provided by the applicant. All notes and used tapes must be given to the RA for destruction after the test.

For additional details on reasonable accommodation, see Chapter 19.

**Not Enough Applicants Passing the Test**

If an LCO is unable to fill the number of Enumerator vacancies authorized for an operation with applicants having examination scores of 70 or greater, the Regional Director (RD) may authorize the LCO to lower the cutoff score. If the request is approved and authorized, the LCO should contact the applicant(s) to make arrangements to conduct an *Evaluating Practice Test for Field Employee Positions*, D-222.

**Creating the Applicant Folder***Updated 07/2009*

Enter into DAPPS data from the BC-170D, *Census Employment Inquiry*. The D-267A, B, C, D, E, F, G, or H, *Field Employee Selection Aid*, or D-270A or B, *Field Employee Selection Aid for Supervisors*, test answer sheet, the I-9, *Employment Eligibility Verification*, and the DD-214, *Certificate of Release or Discharge from Active Duty* and/or the SF-15, *Application for 10 point Veteran Preference*, if applicable.

**Note:** If an applicant does not have a legal first name, and is verified on the I-9, enter FNU for "first name unused".

An applicant folder is created for each applicant after the data is entered in DAPPS. All materials, except the Test Answer Sheet, are maintained in the applicant folder. The applicant folder is labeled with the employee name, (last name, first name), applicant ID number, and state and county code. All applicant folders are filed alphabetically until the time of appointment. An 'Ineligible' file can be created for those applicants who may be furnishing additional documents or need other information in order for them to become 'eligible.' The applicant folder may remain in the 'Ineligible' file for up to 30 days before being placed in the applicant file.

**Updating the Applicant's Address**

Applicants may relocate after they have completed a BC-170D, I-9, and taken a test, at a testing site, within the boundaries of their old address. If:

- the new address is within the same LCO boundaries as the old address, the LCO staff can update the applicant's address and geography information in DAPPS.
- the new address is within the boundaries of another LCO under the same RCC, the RCC can update the applicant's address and geography information in DAPPS.
- the new address is outside the boundaries of the RCC, the DAB will update the applicant's address and geography information. Send an e-mail to the DAB with the Applicant ID, and new information, such as address, LCO Name and Number, State and County Code.

Forwarding Applicant Folders for Address Changes. If the address is:

- within RCC boundaries - The LCO will send the Applicant Folder to the current RCC. Then the current RCC will send the Applicant Folder to the new LCO.
- outside RCC boundaries - The LCO will send the

Applicant Folder to the current RCC. Then the current RCC will send the Applicant Folder to the new RCC, who will distribute appropriately.

**Note:** Upon saving, after updating the address and geography, the applicant will be re-sent through the Applicant Geo-Coding System for the new address.

**Disposition of Form I-9, Employee Eligibility Verification**

Form I-9, *Employment Eligibility Verification*, is to remain in the applicant folder until the applicant is hired in DAPPS. At that time, the I-9 is removed and filed separately, in alphabetical order with all I-9s of those people that have been hired. All I-9s of hired individuals are to remain in this file until the office is closed and then they are retired according to office closeout procedures.

**Disposition of Testing Materials**

*Updated 7/2010*

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.

**Responding to Questions from Applicants**

When applicants inquire in person or by telephone about their test scores, you may release this information to applicants provided they furnish their name, social security number, and date of birth.

Let applicants know that there is a minimum qualifying score that is used when referring applicants for initial placement.

When there are insufficient numbers of applicants with the minimum score in a given geographical area to meet hiring requirements, the RD must approve the consideration of applicants with test scores below the minimum.

## Chapter 7: Selection

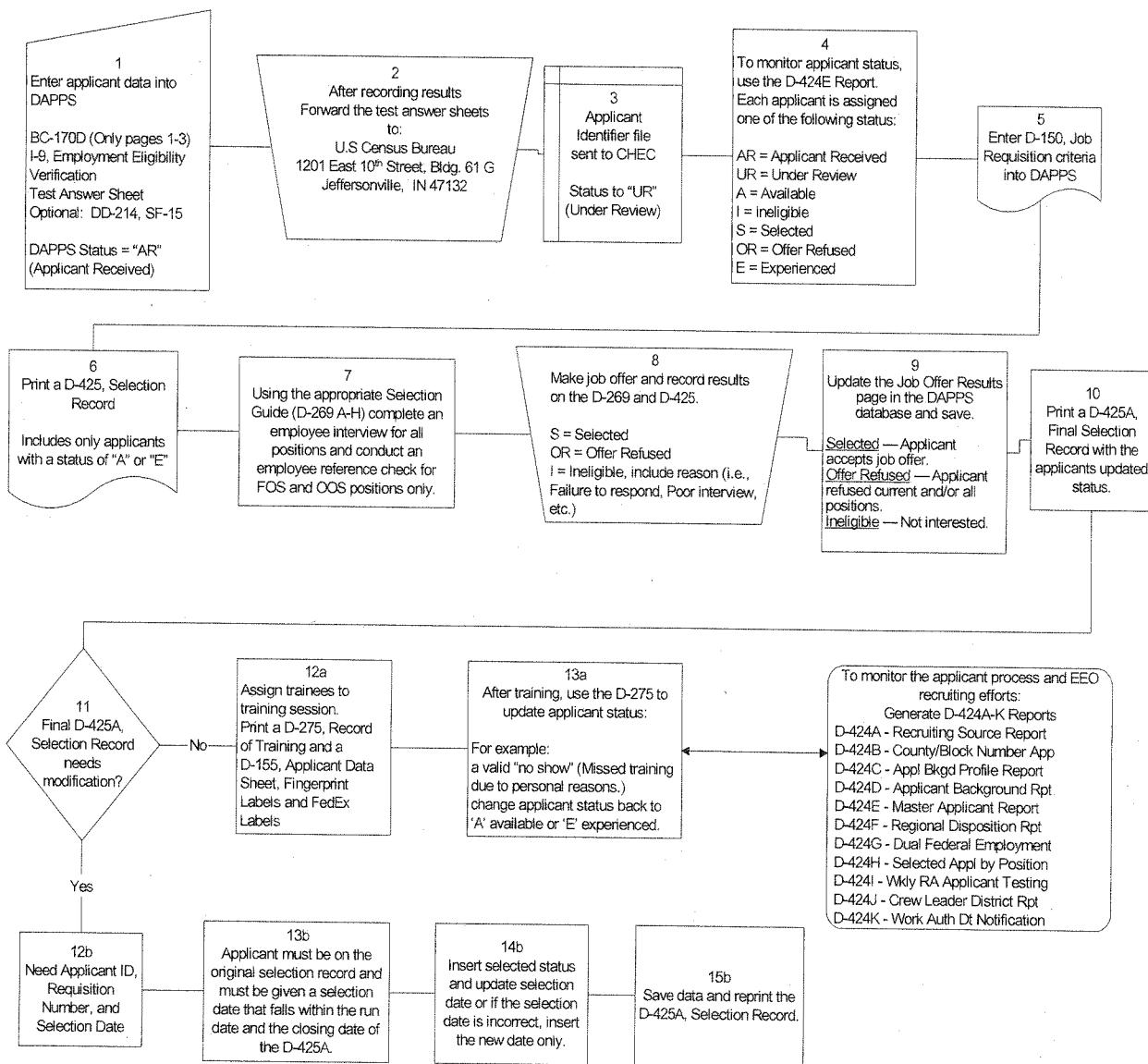
### Topic 1: Employment Eligibility

In addition to taking a written test, applicants must meet employment eligibility factors and hiring restrictions. These factors and restrictions must be considered before selections are made. Only the Regional Directors (RDs) makes eligibility determinations for the Excepted Service.

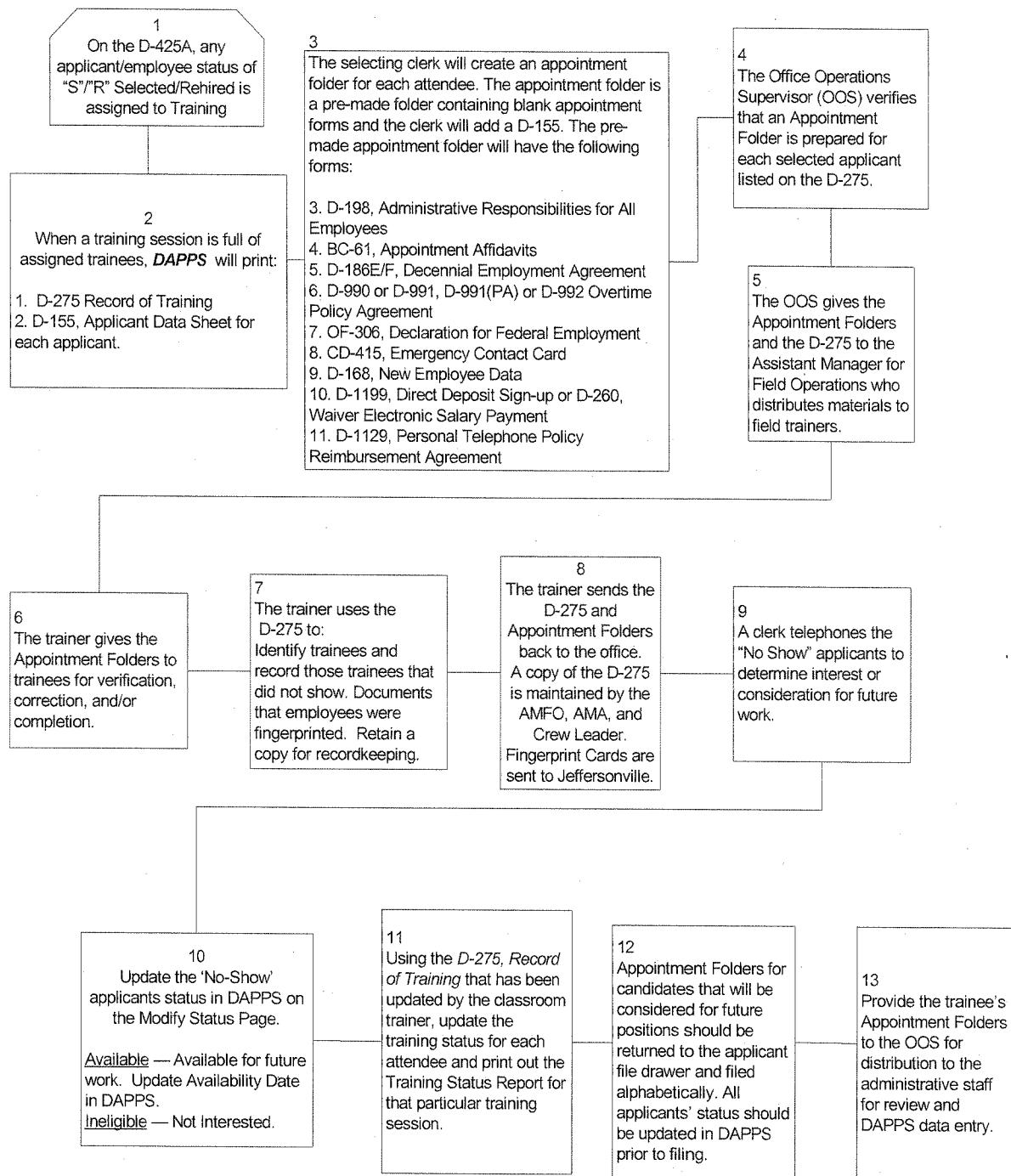
#### **Applicant Workflow Process**

Once the application review process is complete, applicant materials are entered into the Decennial Applicant Personnel and Payroll System (DAPPS). Illustration 7-1, shown on the following two pages, provides an overview of the DAPPS applicant workflow process.

**Illustration 7-1**  
**DAPPS Applicant Workflow Chart**



**Illustration 7-1**  
**DAPPS Applicant Workflow Chart**  
**(Continued)**



**Veterans' Preference***Updated 11/09*

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*, SF-15, *Application for 10-point Veteran Preference*, DD-217, *Discharge Certificate*, or DD-1300, *Report of Casualty*. All of these documents may be used to establish Veterans Preference.

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.

Proof of service will be verified and collected at the time of testing. Verify claims by checking the Branch, Rank, Awards, Badge, or Campaign Medals, and 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.

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. 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 Appendix G, Wars, Campaigns, and Expeditions of the Armed Forces.

**NOTE:** The National Defense Authorization Act for Fiscal Year 2006 clarified the scope of the term “veteran” for the purpose 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, rely upon the statue and this guidance in determining who is entitled to veterans’ preference.

**Citizenship**

United States citizens receive preference for census employment. In situations in which special language or cultural skills are required but cannot be satisfied from the available pool of citizens in DAPPS, non-citizens may be considered, particularly in areas where bilingual ability is a necessary qualification. All applicants must meet the USCIS I-9, *Employment Eligibility Verification*, requirements to be hired.

**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)*

Non-citizens may also be hired on a contract basis to serve as interpreters and/or cultural facilitators. Non-citizens hired as interpreters or facilitators are not census employees but are compensated for their interpretation services. Chapter 8 discusses the procedures and documentation requirements for hiring non – citizens or cultural facilitators.

**Age**

To be eligible to work for the Census Bureau, applicants must be at least 18 years old at the time they enter on duty.

If applicants are under the age of 18, they can submit an application; however, the application will remain in an ineligible status until the applicant turns 18 and meets all conditions of employment.

**Nepotism**

Nepotism (*favoritism shown on the basis of family relationships*) is prohibited. The Census Bureau will monitor restrictions on the employment of relatives to ensure that Census officials do not advocate one of their relatives for employment, promotion, or advancement. In addition, no relative of an employee may be employed or assigned to any position in which the employee may be able to directly or indirectly supervise, control, or influence the work or employment status of the relative or the affairs of the organizational unit to which the relative is to be assigned.

A relative is defined as: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, 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 or half-sister.

**Note:** Do not hire persons related to employees currently working in the payroll/personnel area of the Local Census Office (LCO).

**Dual Compensation Act**

Updated 03/10

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 regular hours worked with the Census Bureau are not overtime pay over their normal tour of duty from the other agency. The current approved agencies are listed in Appendix I, and the D-1110, Appendix D and 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.

**Retired Federal Annuitants**

Retired federal employees, including retired postal employees, are permitted to work on the 2010 Census. The Department of Commerce was granted approval for delegated authority to waive the dual compensation reduction to reemploy annuitants to meet staffing needs for the 2010 census. This authority is based on 5 U.S.C. 8344 (i)(1)(B) and the criteria in section 553.202 of title 5, Code of Federal Regulations. Retired military personnel also may

be hired if they meet all conditions of employment, job requirements, suitability, and selective factors, if any. Once hired, retired federal employees will receive Form D-247, Federal Civilian and Military Annuitants Waiver to complete, which capture their CSA Number.

**Retired Railroad Employees**

Current and/or retired railroad workers are not federal employees. Thus, they are not affected by the *Dual Compensation Act* and should be treated as any other applicant for a Census Bureau position.

**Debarment by the Office of Personnel Management (OPM)**

Do not hire applicants who are, or ever have been, barred from taking the Civil Service examination or accepting a competitive appointment. These situations are usually the result of submitting false information to OPM.

**Debarment of Applicants Not Registered with the Selective Service System**

Updated 05/10

If an applicant is between 18 and 25 and is required to register, but has not done so, he is eligible for appointment only after registering. If he states that he is not registered but has proof of military service as a veteran, or part-time National Guard or Reservist he is eligible for appointment. If the applicant is required to register, but refuses to do so, or has not registered as of his 26<sup>th</sup> birthday, inform him that a decision on his eligibility will have to be made by the Regional Director (RD).

If male applicants who otherwise meet the criteria for registration are not registered, *do not hire* them unless a favorable determination is made by the RD.

RDs are delegated authority to adjudicate cases of applicants' failure to register for Selective Service for excepted service positions. The decision of the RD is the final decision. If the applicants in question have had their appeals denied by the RD and would like to talk to someone else, refer applicant to the Decennial Administrative Branch (DAB) staff at (301) 763-4899. The DAB staff will affirm with the decision of the RD. Do NOT have the applicants contact OPM.

**The final** determination must be coordinated through the Area Manager.

- If the determination was favorable, the AMA will update the applicant's eligibility for employment from *ineligible*

to *application received* in DAPPS.

- Keep a copy of all decisions that denied the employees' request for a waiver in a separate file folder appropriately labeled. Upon request by OPM, make available the records used in the determination. Records will be maintained for two years from the date of the written determination.

Appendix E contains a chart that describes in detail who must register for the Selective Service and a template for Selective Service Denial of Waiver Letter.

**Note:** An applicant's Selective Service registration can be verified on the Internet at <http://www.sss.gov/hist.htm>.

*Select 'Records.' You need the applicant's last name, social security number, and date of birth to access a record.*

*This process is helpful when applicants do not remember if they registered or when LCO staffs are updating applicants status in DAPPS from 'Ineligible' (not registered) applicants to 'Application Received' in DAPPS.*

#### Military Annuitants

Under the provisions of the *National Defense Authorization Act for Fiscal Year 2000 (P.L. 106-65)*, reductions in retired or retainer pay are **no longer required** for retired members of a uniformed service who are employed in a civilian office or position of the U.S. Government.

#### State, Local, or Tribal Government Elected Officials

An elected official of any state, local, or tribal government cannot be hired for any position on the 2010 Census because of inherent conflict of interest between the government agency and the results of the census. If an office has inadvertently appointed an elected official, or a current census employee was elected into office, these employees are required to either resign from their Census Bureau appointment or decline (or resign) the elected position.

Prepare for the RDs signature a conflict of interest ethics letter. A sample letter is shown as Illustration 7-2 on the following page. If employees refuse to take action because of this notification, terminate their employment immediately for violating the Census Bureau's ethics policy. Discuss this termination with the RCC.

**Illustration 7-2**  
**Conflict of Interest Letter**

Date:

Name:

Address:

Dear [NAME]:

On [DATE], you were given an excepted appointment not-to-exceed of [DATE] as a [POSITION TITLE]. It has come to our attention that you are an elected official of [ELECTED POSITION, LOCATION]. You were elected to this position in [MONTH, YEAR] and your term ends in [MONTH, YEAR]. As stated in the D-501, Local Census Office (LCO) Administrative Manual, Chapter 7, Topic 1, the Census Bureau is prohibited from hiring elected officials of state, local or tribal governments or members of a governing body such as a legislature, board of supervisors, or city council. In general, this is considered a conflict of interest for decennial census employees.

A Federal conflict of interest status provides that a United States Government employee may not work on a matter which will have a direct and predictable effect on his financial interests or the financial interests of any non-Federal employer of the employee, unless a conflict of interest waiver has been issued (18 U.S.C. § 208). The results of the decennial census will be used to determine federal aid to localities and also for distribution of state and federal funding. It will determine voting districts as well. Therefore, state, local, and tribal governments have a financial interest in the outcome of the decennial census. Thus, without the issuance of a waiver, an employee of such a government may not work on the 2010 Census.

The Census Bureau, as stated in Chapter 7, Topic 1 of the LCO Administrative Manual, D-501, has the authority to issue conflict of interest waivers under 18 U.S.C., § 208 (b) (1), and has used this authority to hire state, local, and tribal employees for census positions who are not elected officials or members of state, local, or tribal governing bodies. Employees of any state, local, or tribal government cannot be hired for any 2010 Census position unless it is determined by the Regional Director that no inherent conflict of interest exists between the duties of the employee's primary government position and the results of the census. Furthermore, a waiver must be completed certifying that such a conflict of interest does not exist or is so minimal that it is unlikely to affect the integrity of the employee's conduct while working on the census. Based on guidance from the Ethics Division of the Department's Office of the General Counsel, we have determined that issuance of waivers to elected officials or members of governing bodies may, at the least, create the appearance of loss of objectivity and impartiality of census operations. Therefore, to ensure public confidence in census operations, waivers are not being issued to elected officials or members of government bodies.

Census employees can be candidates for public office in nonpartisan elections. However, if elected, employees must resign their Census Bureau appointment or decline the elected position.

We are sorry that this was not made clear to you at the time of your appointment. We appreciate all of your hard work and the commitment that you made to your census job. We apologize for any hardship or inconvenience that this ruling may cause. Due to the nature of your position, you cannot hold both an elected position and your Census Bureau appointment. Therefore, we ask that you inform us of your decision on this matter by DATE. If you do not resign either your elected position or your Census Bureau appointment, you may be subject to termination from your position for violating Census Bureau ethics regulations. If you have any questions, please call [NAME, TITLE], on [PHONE NUMBER].

Sincerely,

[NAME]  
Regional Director

**Employees of State,  
Local, or Tribal  
Governments**

Non-elected employees of state, local, or tribal government can be hired for positions on the 2010 Census if the RD determines that no inherent conflict of interest exists between the duties of the employee's primary government position and the results of the Census. Waivers do not need be obtained for these applicants, although they must still be screened for inherent conflicts of interest. When no inherent conflict of interest exists, they are eligible for dual employment for any position at the Field Operation Supervisor (FOS) level and below: that is, Enumerator, Crew Leader, Office Operation Supervisor, and clerk. A waiver must be obtained from the Regional Director to be considered for all other positions.

A copy of D-215, *Conflict of Interest Waiver for State, Local, or Tribal Government Employee*, is shown as Illustration 7-3 on the following page.

**Illustration 7-3**  
**Conflict of Interest Waiver for State,**  
**Local or Tribal Government Employee**

FORM D-215  
(0-24-2008)

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

**CONFlict OF INTEREST WAIVER FOR STATE,  
LOCAL OR TRIBAL GOVERNMENT EMPLOYEE**  
**2010 Census**

The person identified below is being appointed to a position in the U.S. Census Bureau, U.S. Department of Commerce. The person is also an employee of a state, local, or tribal government entity that has a financial interest in the conducting 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 2010 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 – <i>Mark (X) if applicable.</i>	
<input type="checkbox"/> The employee has a pension with the state, local, or tribal government employer.	

<b>WAIVER APPROVAL</b>	
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 ( <i>Regional Director</i> )	Date

U S C E N S U S B U R E A U

## Topic 2: Processing Applicant Data

### Status

The application review process begins with a clerical review of each applicant's folder for completeness. Next, reviewers use the D-268, *Application Review and Answer Key for Field Employee Selection*, or the D-271, *Answer Keys and Guidelines for Evaluating Supervisory Candidates*, as appropriate, to assess the applicants' eligibility for federal employment.

Eligibility issues involve 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:

- Whether the conduct of the individual may reasonably be expected to interfere or prevent effective performance in the position applied for or employed in.
- Whether the conduct of the individual may reasonably be expected to interfere with or prevent effective performance of the duties and responsibilities of the LCO.

As applicant data are entered into DAPPS, the system assigns a status code to applicant records. The following status codes are available in DAPPS:

- **AR** - Application received.
- **UR** - Under Census Hiring and Employment Check (CHEC) review.
- **A** - Available (applicants will continue to appear on selection records if they meet the selection criteria).
- **S** - Selected (job offer given and accepted).
- **I** - Ineligible (applicants will not appear on a selection record).
- **E** - Experienced employee.
- **OR** - Offer refused.

There are a number of reasons why applicants are coded as ineligible. These reasons are listed on the table that follows:

INELIGIBLE REASONS	EXPLANATION	RESOLUTION
Does not meet minimum age requirements	The DAPPS will automatically assign <i>Ineligible</i> based on the individual's age. Applicants must be at least 18 years old to be eligible for employment with the Census.	None
Invalid I-9 proof	USCIS I-9, <i>Employment Eligibility Verification</i> , has not been sufficiently completed. Applicant must show proof of an item from List A, or show proof of one item <b>each</b> from List B and List C.	Applicant can provide appropriate identity and employment proofs.
Not Registered for Selective Service	From the BC-170D, Item 10. Male applicants born after December 31, 1959, must register with the Selective Service System (as required by law).	Applicant registers, is a veteran or National Guard or Reservist with proof, or receives Selective Service waiver.
Poor Interview	Applicant was evaluated as not eligible for employment based on responses to interview questions from the D-269, <i>Selection Guide</i> (A-H).	None – Supervisor approves status.
Poor Reference Check	The check with former employer/job reference found the applicant was not eligible for employment based on responses to reference check from the D-269, <i>Selection Guide</i> (D).	None – Supervisor approves status.
Relative in Census Bureau	Described on the BC-170D, Item 22. Do not employ anyone in a position where the employee could, directly or indirectly, supervise, control, or influence the work or employment status of a relative.	Supervisor reviews applicant information and determines that relative does not directly or indirectly affect the applicant's position or determines that the relative works for a different agency.
Dual Federal Employment	The DAPPS automatically assigns a status of ineligible if the applicant responds that they are employed by a federal agency that does not have an agreement with the Census Bureau. Results are from the BC-170D, Items 18. The DAPPS automatically assigns a status of <i>ineligible</i> if the applicant's response is Yes.	None, unless an agreement is in place with the agency that individual employed. The supervisor may then override status. See Appendix I for a list of those agencies.

INELIGIBLE REASONS	EXPLANATION	RESOLUTION
Voluntary Separation Incentive Payment (Buyout) Recipient	Results are from the BC-170D, Item 21. Applicant received a buyout within five (5) years following the effective date of the separation.	Applicant must repay the full Buyout amount prior to being considered.
Application Incomplete	One or more required items were missing from the BC-170D data entered into DAPPS. <b>Note:</b> Absence of required entries may prevent you from being able to save the applicant data.	Application is returned to the recruiting area to complete missing items.
No Test Taken or DVR Certification	Applicant must have completed one of the following: D-267A1, B1, C1, or D1, D-267(S) A1, B1, C1, or D1, D-270A1 or B1, or provided state/VA certification.	Applicant takes test or provides DVR certification.
No English Proficiency Test	Applicants who take the D-267(S) must also have a score from the English Language Proficiency Test entered in DAPPS.	Applicant takes the English Language Proficiency Test.
Low Score on English Proficiency Test	Applicants who take the English Language Proficiency Test must achieve a score of 'C' or higher.	Applicant can retake the test to achieve the minimum score.
Does Not Meet Position Qualification	During the applicant interview, on the D-269, <i>Selection Guide</i> (A-H), it was noted that the applicant is not eligible for employment due to failure to meet qualification requirements.	Applicant will be considered for future positions if they meet qualification requirements.
Offer Refused 3 Times	Applicant has refused job offers on three separate occasions.	None.
Failure to Respond	Applicant did not respond to applicable interview questions from the D-269, <i>Selection Guide</i> (A-H).	None.
Not Interested	Applicant has stated at the time of interview/job offer that they are not interested in employment.	Applicant will be considered for future positions if interested.
Expiration of Visa	Applicant's Visa, as provided on the USCIS I-9 and recorded from BC-170D, has expired.	Applicant will not be considered for any position until Visa is renewed.

### Topic 3: Review Process for BC-170D

#### *(Supervisor Function Only)*

*added 06/2010*

##### **Review Process for BC-170D**

Managers must review the BC-170D, Census Employment Inquiry, and determine an applicant's eligibility based on responses to the background questions on the application. Supervisors will review the BC-170Ds for applicants who selected 'Yes' to the Background Information Questions and/or entered text in item 32. The review process will require managers to select a 'Yes' or 'No' radio button, enter their initials, and save the information. Refer to your Administrative Coordinator for legal guidance review material.

Additionally, supervisors should run the Pending Applicant Supervisor Review report. This report displays a list of applicant(s) that answered 'Yes' to the background questions on the BC-170D based on the information entered into DAPPS. A supervisor will review the paper BC-170D of each applicant on this list to verify that the responses to the background questions were entered into DAPPS correctly as well as review the responses. This report also lets the supervisor know that applications are waiting to be reviewed. The report can be found in DAPPS under:

BOC Recruitment>Recruiting Reports>*Pending Appl Supervisor Review*

For further guidance on reviewing BC-170Ds or the report, refer to the D-581.

## Topic 4: Selecting Applicants

### CHEC Review

All qualified applicants must undergo a background check before they can be selected for a position. The Census History and Employment Check (CHEC) is an automated process that forwards applicant information from the CHEC Office at Census Headquarters (HQ) to the Federal Bureau of Investigation (FBI) for a background check. The CHEC process may take between three (3) to five (5) days before applicants are cleared for hiring.

**Note:** The name check process for decennial applicants is re-initiated automatically after the original check is one year old.

The CHEC system forwards status codes back to DAPPS for each applicant. Applicants who have no criminal history in the FBI database will have a disposition of *Available* and will be eligible to appear on Selection Records. However, if applicant information such as name, social security number (SSN), or date of birth, matches data in the FBIs database, then CHEC staff at Census HQ will be notified, and the applicant's disposition will be updated to *Under Review*. Applicants with this status can not be hired until they have successfully cleared the CHEC process.

The table on the following page provides the description of the various CHEC status codes.

<b>APPS STATUS</b>	<b>CHEC STATUS</b>	<b>DESCRIPTION</b>	<b>RESOLUTION</b>
Under Review	Pending	CHEC forwards applicant information to the FBI for a background check.	Applicants with no criminal history in the FBI database = <i>Available</i> . Applicants that match with data in the FBI's database receive a status that requires additional information.
Under Review	In-Adjudication	Applicant's name, SSN, date of birth, etc, matches with the FBI's database.	CHEC staff reviews applicant and criminal records.
Under Review	Letter Sent	Request additional applicant Information.	A more in-depth investigation is needed. CHEC staff request fingerprint information, court documents, so on.
Ineligible	Risk	Applicant is not eligible to appear on a Selection Certificate.	CHEC staff determines that applicant is a risk to the public.
Under Review	Fingerprint Request Sent	CHEC staff sent the applicant a fingerprint card and is waiting for a reply.	CHEC staff requested fingerprints of the applicant to determine if there is a risk for hire.
Available	Available	Applicants that have no criminal history in the FBI database.	None

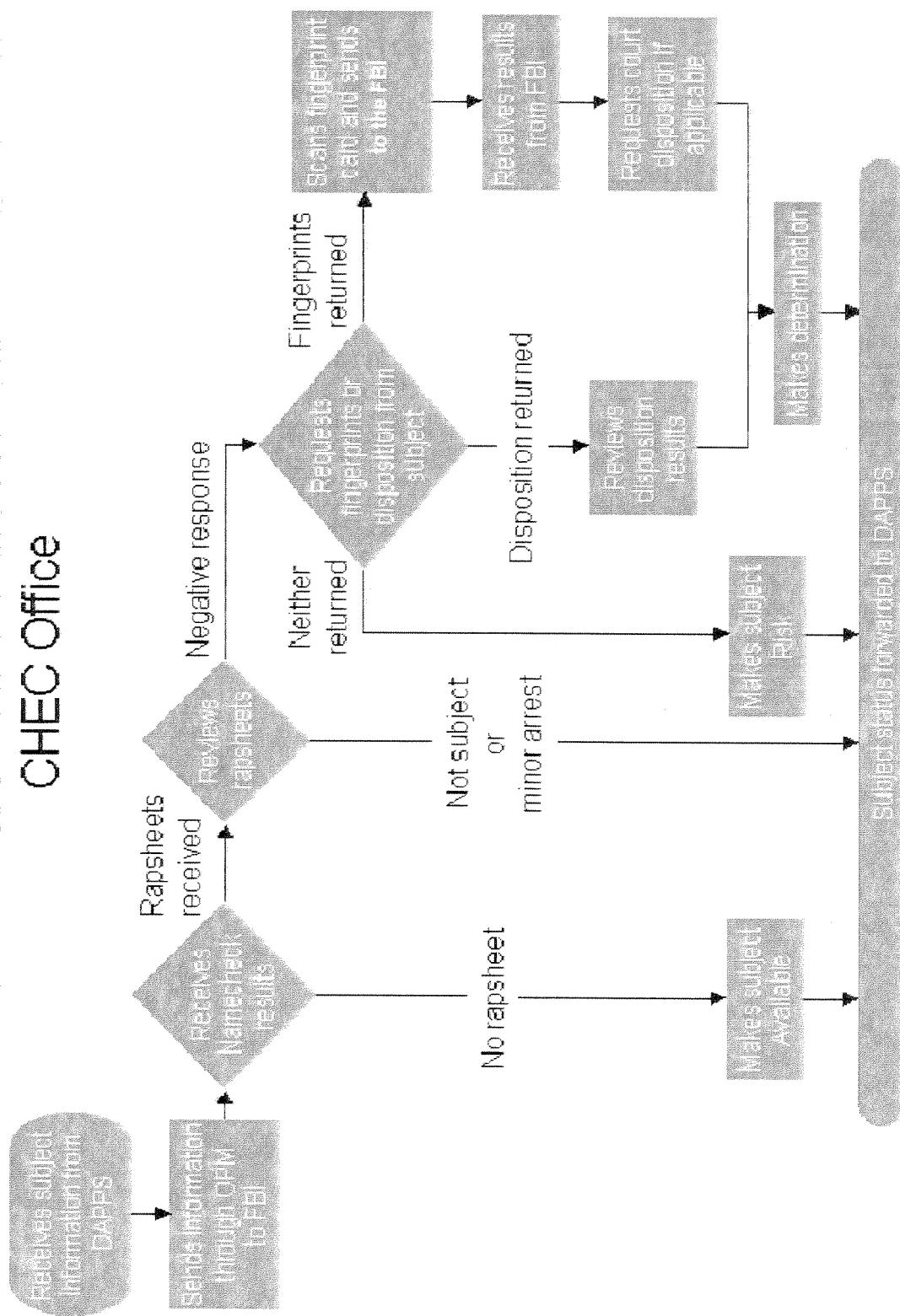
The CHEC adjudication process is summarized in Illustration 7-4 on the following page.

# Census Hiring and Employment Check

## Decennial Adjudication Process Flow

### CHEC Office

**Illustration 7-4**  
**CHEC Adjudication Process Flow**



**Applicant Geocoding System (AGS)**

In hiring personnel for a LCO, the Census Bureau primarily considers qualified applicants who live in the area of responsibility for that office, in other words, within the geographic boundaries of that LCO area.

It is important; therefore, to accurately establish the specific location of each applicant's home address, and to determine whether or not that applicant's residence is within the LCO boundary. This is done by determining the 'geocode' for an address. Then checking that geocode against a list of geocodes for that area.

The purpose of AGS is to perform automatic geocoding of addresses, enable manual update of address geocode data, transmit geocode data to DAPPS, and report the status of the address geocode process.

**Geocoding**

Geocoding refers to the process of assigning geographic codes. As an example, a geocoded address can consist of:

- A State code, which is a two-digit code; for example, California = 06 and North Carolina = 37.
- A County code, which is a three-digit code; for example, San Joaquin county = 077.
- A Census Tract code, which is a four-, five-, or six-digit code; for example, 0297 or 0309.02. If the code includes a decimal point, the part of the number before the decimal is termed the base, and the numbers after the decimal are termed the suffix.

A Block number code, which is a four- or five-digit code; for example, 11605.

The type of geocode assigned to an address differs depending on the type of address. In areas with city-style addresses – addresses with house numbers and street names –addresses are geocoded to TIGER block. This means that each address will have a State, County, Tract, and Block code.

But in areas with non-city-style addresses, such as some rural delivery areas, geocodes only include TIGER State, County, and

Tract; Block is not used.

#### AGS Function

AGS provides two methods or functions for developing address geocode data:

- Automatic geocoding
- Manual geocoding

**Automatic geocoding.** First, the system receives address data from DAPPS and automatically matches the addresses to geocode data, then sends the geocode information back to DAPPS to be stored in the applicant database.

**Manual geocoding.** The second AGS function enables an LCO clerk to manually insert geocode data for addresses that were not automatically geocoded. The system performs a check of geocode data validity, and stores the geocode data in the AGS database. AGS sends valid geocode data to DAPPS to update the applicant's record.

#### Obtaining Geocodes

*Updated 12/2009*

AGS will automatically determine geocode data for many city-style addresses, and will periodically send that data to DAPPS. You do not need to check automatically geocoded data.

When AGS is unable to automatically determine an address geocode, your first resource of finding a block number is to review the geography recorded on the BC-170D, Census Employment Inquiry. At the testing site, the applicant was instructed to identify the street they live on and record the block number referencing that area on the sign-in sheet. The trainer was responsible for recording the block number on the BC-170D.

If the above block number isn't available, you will need to look up the applicant's address using the Census Applicant Geocoding Maps. If you are able to locate the address on the Census Applicant Geocoding Maps you will write down the geocode Block data from the BC-170D and enter that data into the applicant's AGS record.

Instructions for determining the geocode data using the Census Applicant Geocoding Maps are contained in Chapter 2 and Appendix B of the D-1113, Applicant Geocoding System User

Guide.

**DAPPS Function***Added 12/09*

The system receives address data from DAPPS and automatically matches the addresses to geocode data, then sends the geocode information back to DAPPS to be stored in the applicant database. However, there are rare instances when geocode information is automatically geocoded incorrectly. For instance, the file sent back blank geocode information, the applicant was geocoded to the wrong tract, or the applicant was geocoded to a zero tract.

To manually push applicant records to AGS, refer to the D-581, DAPPS Operating Guide, Chapter 3, Monitoring the Applicant Process, Topic 5, How to Manually Push an Applicant Record to AGS.

**Selection Process***Updated 01/10*

The Assistant Manager for Field Operations (AMFO) or other managers complete a D-150, *Job Requisition*, specifying the number of positions to be filled, and identifies the area of consideration, that is, state, county, crew leader district, tract, block, or zip code. The AMFO also uses the D-150 to note any other selection criteria, such as language.

Note: Non-citizens will only be considered in situations that require special language or cultural skills that cannot be satisfied from the available pool of citizen applicants in DAPPS. These situations are identified as such on the D-425. The D-425 will display a row of dashes (----). Below the dashes are the List of Non-Citizens.

The D-150 is divided into sections that identify the position to be filled and the criteria to be used in selecting applicants for the position(s). An example of a completed D-150 is shown at the end of this topic.

**Part A – Position Requirements**

1. *Total number to hire (maximum 50 per D-150)*: identifies the number of applicants that are needed. This number is used to inform the selection staff, but is not entered into DAPPS.

Note: If the number of applicants to select changes; update the D-150 and have the supervisor initial the change or create a new D-150 for additional applicants.

2. *Class*: indicates whether it is either Decennial or Census

Coverage Measurement hiring.

3. *Operation:* indicates the Census data collection phase to be performed, such as Non-Response Follow-up or Address Canvassing.
4. *Position:* identifies the position being filled (such as, Enumerator, Crew Leader Assistant, Crew Leader, Field or Office Operations Supervisor, Clerk, and so forth).
5. *For interviewing purposes:*
  - 5a. *Length of job* (weeks or months): This is written on the D-269A-H and used during the applicant interview to inform the applicant how long the work /job will last.
  - b. *Pay:* This is written on the D-269A-H to inform the applicant of the hourly rate of pay.

#### Part B – Selection Criteria

1. *Office Code:* identifies the 4-digit LCO requesting the selection record.
2. *FIPS Codes (Federal Information Processing Standards):* specifies the state and county for which the selection record should be generated.
3. *Specific Assignment Area:* identifies at what geographic level the selection record is to be requested, highest level is county, lowest level is block.
4. *CLD (Crew Leader District) Number:* this number is used for assigning newly selected applicants to the appropriate training session.
5. *Availability:* identifies the minimum hours per week or specific days of the week required to complete the assignment.
6. *Language Requirement:* identifies a need for a specific language in the assignment area.
7. *Transportation Type:* identifies when a specific type of transportation is required within the assignment area.
8. *Training date(s):* identifies the training date to be written on the D-269A-H and used during job interviews.
9. *Training time(s):* identifies the training time to be written on D-269A-H and used during job interviews.
10. *Training location:* identifies the location where the

training will be given. If the AMFO provided the training information to the clerk prior to the interview, the training information can be recorded on the D-269A-H and given to the applicant at the end of the interview.

#### Part C – Additional Criteria

1. *Position Location:* identifies if the position will be located in the office or the field.
2. *a. Test ID:* identifies which test the applicant must have taken, the D-267 (non-supervisory) or the D-270 (supervisory) to be considered for the position listed in Part A. If the applicant took the D-267(S), Spanish Version, then they also need to take the English Proficiency Test and score a letter grade of A/B/C. When the test type is keyed into DAPPS, it must agree with the position.

See the chart below that shows the test type for each position.

If you take the...	Then you can be considered for.....
D-267 A, B, C, or D	Enumerator
D-267 (S) A, B, C, or D	Crew Leader Trainee Crew Leader Assistant Partnership Assistant Recruiting Assistant Office Clerk Administrative Assistant CCM Enumerator CCM Crew Leader CCM Crew Leader Assistant
If you take the...	Then you can be considered for.....
D-270 A/B and complete the D-270.1	Office Operations Supervisor Field Operations Supervisor Trainee CCM Field Operations Supervisor

b. *Minimum Score:* identifies the minimum score of 70 the applicant must have achieved to be eligible for this selection record. However, if enough applicants do not meet the minimum score of 70, the Regional Director can approve a Job Requisition for applicants that score less than 70. For additional guidance, refer to the D-501, Chapter 6.

3. *Requirements Search Number:* after the D-150 requirements have been entered and saved in DAPPS, the DAPPS assigns a Search Requirement Number on screen that corresponds to the D-150. That number is written here.
4. *Personnel Status:* managers may request experienced employees only (for example, employees who resigned or were terminated for lack of work or personal reasons within the past year and previously occupied the same type of position identified on the D-150); otherwise, the selection record will include both experienced employees and applicants.

#### Part D – Requester Information

1. *Requester Name:* this is the name of the manager requesting the selection record.
2. *Date:* the date the requester/manager completes the D-150.

Instructions on completing the D-150 are provided on the reverse side of the form. The administrative area uses the D-150 to generate a list of candidates who meet certain criteria and live in a predetermined geographic area where the 2010 Census has vacancies. Once the clerk keys the Job Requisition data into DAPPS, and runs the D-425, Selection Record, you cannot make any changes to the Job Requisition criteria. The data will be in ‘View Only’ mode. You can only execute the specified Job Requisition Number once.

An Administrative Clerk, using the requirements specified on the D-150, generates a D-425, *Selection Record*, from DAPPS. If *Language* is used as selection criteria, an ‘L’ will appear after the Job Requisition Number on the D-425. Up to 50 applicants are listed on the D-425 by veterans’ preference and in descending test score order.

Selection Clerks begin the interview process starting with the first person listed at the top of the D-425 and continue interviewing applicants in descending test score order. Selections for all positions are based on test score and veterans’ preference. The

Office Operations Supervisor (OOS) for Administration has the authority to approve all nonselections of nonpreference eligibles. However, passing over a preference eligible requires the approval of Census HQ.

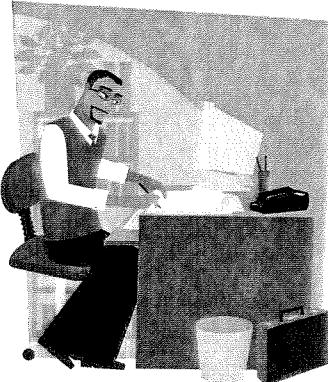
Once the OOS approves the selections, clerks update the status of selected applicants in DAPPS and assigns them to a training session. From DAPPS, clerks also generate a D-275, *Record of Training* for the classroom instructor as well as a D-155, *Applicant Data Sheet*, and Fingerprint labels for each selectee assigned to the training session. FedEx labels are also printed with the applicants' labels.

Detailed instructions for conducting the selection process are included in the D-1110, *Pre-Appointment and Selection Handbook*. Illustration 7-5 on the following page shows a detailed overview of the selection process.

**Illustration 7-5**  
**Overview of Selection Process**



AMFO fills the D-150, Job Requisition specifying the number of positions needed by census geography



Clerk generates a D-425, Selection Record, from DAPPS based on hiring requirements. Applicants are listed by veterans preference and in descending test score order.



Clerk conducts telephone interviews starting with the first person listed and continuing in descending test score order.



OOS approves all selections and non-selections of non-preference eligibles

Clerk:

- (1) Updates status of selected applicants in DAPPS.
- (2) Assigns applicants to a training session and generates a D-275, Record of Training, for the classroom instructor as well as D-155, Applicant Data Sheet, fingerprint labels for each selectee assigned to the training session. FedEx labels are also printed with the applicants' labels.

*1 All qualified applicants must first be cleared through the CHEC before they can be selected for a position  
 2 The non-selection of preference eligibles must be approved by Census HQ.*

**Selecting Procedures for Supervisory Positions**

Use the procedures outlined in the D-271, *Answer Key and Guidelines for Evaluating Supervisory Candidates*, to evaluate the applicants for each position to be filled. Clerks forward the D-425, *Selection Record*, along with applicant materials (interview guide and applicant folder), to the appropriate assistant manager to conduct interviews and make selections.

**Selecting Experienced Former Employees in Upcoming Operations**

Updated  
09/2009

Experienced former employees are defined as:

- Employees who separated (resigned/terminated for reasons other than cause) within the past year and who previously occupied the **same type of position** identified on the D-150, *Job Requisition*.

Managers may limit selection considerations to experienced employees or both experienced and new applicants. Selecting officials should give first consideration to experienced employees.

**Note:** Selecting officials are not obligated to hire experienced employees before considering new applicants.

The requesting manager prepares a D-150, *Job Requisition*, and forwards it to the Assistant Manager for Administration (AMA) for processing. An Administrative Clerk, following the procedures contained in the D-581, *DAPPS Operating Manual*, generates a D-425, *Selection Record*.

When managers request experienced employees *only*, the list will include employees separated within the past year for reasons other than cause and who previously occupied the **same type of position** they are currently applying for. Experienced employees who are compensable veterans with service-connected disabilities of 30 percent or more, or at least 10 percent, but less than 30 percent will be listed first in **score** order. All other experienced applicants (10-point disability, 10-point other, 5-point, and non veterans) will be listed after that in **score** order.

Updated 07/2009

Selecting officials make selections beginning at the top of the list using the rule of three. When selecting officials are unable to contact experienced employees to make a job offer, but are able to leave a message with a family member or on an answering machine, state that the individuals are being considered for a census job and that they need to return the call no later than close of business on a specified date. Allow the individual 48 hours from the time the message was left to return the call. Document

this on the selection record with a notation such as, *left message on answering machine on March 12, 2010 to return call within 48 hours.*

However, when selecting officials are unable to leave a message, they should attempt to contact the applicant at least two more times, documenting each attempt on the D-425, Selection Record.

#### Selecting New Applicants

New applicants are defined as:

- Applicants who have a status of A in DAPPS.
- Previous employees whose separation for reasons other than cause has exceeded one year.

New applicants are listed on the D-425, *Selection Record*, in test score order with veterans' preference, if applicable. The first group of applicants includes *compensable* veterans with service-connected disabilities of 30 percent or more, or at least 10 percent, but less than 30 percent. These 10-point preference eligibles are **always** placed at the top of the list in order of their converted test scores.

The next group of qualified applicants includes 10-point disability preference, other 10-point *noncompensable* veterans, 5-point preference eligibles, and all applicants not claiming veterans' preference. Applicants are ranked in descending test score order. However, at each test score, 10-point eligibles precede 5-point eligibles who, in turn, precede nonpreference eligibles.

Selecting officials make selections beginning at the top of the list. When selecting officials are unable to reach an applicant, they note the date and time of **each** failed attempt, at least **three** telephone attempts, on the selection record. Enter *no answer* next to the date/time.

When selecting officials are unable to contact applicants to make a job offer, but are able to leave a message with a family member or on an answering machine, state that the applicants are being considered for a census job and that they need to return the call no later than close of business on a specified date.

Allow the applicant 48 hours from the time the message was left to return the call. Document this on the selection record with a notation such as, *left message on answering machine on March 12, 2010 to return call within 48 hours.*

However, when selecting officials are unable to leave a message, they should attempt to contact the applicant at least two more

times, documenting each attempt on the D-425.

#### **Passing Over a Preference Eligible**

When selecting officials want to pass over a preference eligible to select a nonpreference eligible, they must obtain prior written approval from the RD and Chief, Field Division (FLD). Requests to pass over preference eligibles must include the following information:

- A copy of the D-150, *Job Requisition*.
- A copy of the D-425, *Selection Record*.
- Reasons for the selection and nonselections of each candidate being considered.
- A copy of the BC-170D, *Census Employment Inquiry*, for all candidates being bypassed and the name of the selectee.
- All veterans' preference documentation for each preference eligible. This documentation may include the applicant's DD-214, *Certificate of Release or Discharge from Active Duty*, SF-15, *Application for 10-Point Veteran Preference*, or letter from the Department of Veterans Affairs.

The justification memorandum must include information or evidence which clearly shows that the preference eligible is **not qualified** for the particular position. A poor reference check, and/or being fired from a job are not sufficient reasons for passing over a preference eligible. Census HQ will send written approval or disapproval to the RD for documentation and recordkeeping.

#### **Callbacks**

Keep selection records open for a reasonable period. The Local Census Office Manager (LCOM) or AMA makes this determination based on work needs.

Offer preference eligibles a position if they call back *before* a selection record is closed. If feasible, offer preference eligibles who call back *after* the selection record is closed a position as well. If this is not possible, tell them of all attempts made to contact them and state that they will remain available for future positions.

**Note:** DAPPS automatically closes open selection records after ten (10) calendar days.

#### **Selection Guides**

Verbatim selection guides are available when qualifying and

selecting applicants. Follow these verbatim guides as written. The following eight selection guides are available:

- D-269A, *Selection Guide for Enumerator Positions*.
- D-269B, *Selection Guide for Crew Leader Positions*.
- D-269C, *Selection Guide for Office Clerk Positions*.
- D-269D, *Selection Guide for Supervisor Positions*.
- D-269E, *Selection Guide for Recruiting Assistant Positions*
- D-269F, *Selection Guide for Crew Leader Assistant Positions*
- D-269G, *Selection Guide for Enumerator Positions (Portable Digital Assistant (PDA) Sampling Observation)*
- D-269H, *Selection Guide for Partnership Assistant Positions*

Use a separate selection guide for each applicant you contact. The selection clerk must sign and date the bottom of each selection guide after the phone call is completed. All selection guides are then filed with the D-150, *Job Requisition*, D-425, *Selection Record*, and the D-425, *Final Selection Request*.

**Pre-employment Reference Checks**

Reference checks are not required for applicants applying for positions below that of the Field Operations Supervisor (FOS) or OOS.

**Recordkeeping**

The AMA is responsible for maintaining all applicant-related documentation and selection records.

**Applicant Folder**

*Updated 10/09*

Applicant folders contain the following forms:

- BC-170D, *Census Employment Inquiry*
- USCIS I-9, *Employment Eligibility Verification*
- DD-214, *Certificate of Release or Discharge from Active Duty*, if applicable
- DD-217, *Discharge Certificate*, if applicable
- DD-1300, *Report of Casualty*, if applicable
- SF-15, *Application for 10-Point Veteran Preference*, if applicable
- D-237, Certification of Voluntary Separation Incentive Payment (VSIP) or Buyout, if applicable

**Selection Records**

Attach the D-150, *Job Requisition*, D-425, *Selection Record*, and the D-425A, *Final Selection Record* together, along with any other supporting documentation, such as the D-269, and return to the AMA. The AMA verifies that the records are complete and maintains the files by the Job Requisition number in numerical order.

**NOTE:** If you have a large number of Selection Records, you may band them together and file them behind the D-150, D-425, and D-425A.

## Topic 5: The Training Record Control Log

### Overview

The Training Record Control Log (TRCL) is a spreadsheet that allows the AMA and OOS to track training session details, reconcile appointment folders for each training session, monitor the training status of each training session, and track the hiring actions completed for each of those trainings. The OOS will update the Training Record Control Log by creating a new training session entry. The Training Record Control Log should be updated during all stages of the training session so that all appointees and their folders are accounted for. The AMA or OOS can use the TRCL to track all of the training sessions for a particular operation. As other operations begin, additional worksheets will be added to the Log by HQ.

TRAINING RECORD CONTROL LOG											
TRAINING SESSION DETAILS				APPOINTMENT FOLDER RECONCILIATION			TRAINING STATUS UPDATE			PERSONNEL ACTIONS	
DATE(S)	TIME	SESSION#	ENROLLED*	APPOINTMENT FOLDERS SENT TO TRAINING	APPOINTMENT FOLDERS RETURNED	APPOINTMENT FOLDERS MISSING**	NO SHOWS***	SENT HOME	DROPPED COMPLETED	TOTAL TO BE HIRED	REMAINING TO BE HIRED
9/20 to 9/24	9 to 5	NRFO_0101	20	20	18	2	1	0	3	16	9
<b>TOTAL</b>			<b>20</b>	<b>20</b>	<b>18</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>16</b>	<b>9</b>
<b>HIRING GOAL:</b>	700										
<b>OVER/SHORT</b>	(684)										

### Training Session Details

The OOS will update the Training Session Details columns with information on the dates, time, session number and number of appointees enrolled. The information that needs to be entered in this section are:

1. Date(s): This column should have the beginning and ending dates of the training session
2. Time: This column should have the beginning and ending times of the training session.

3. Session: This column should have the session number that was created in DAPPS.
4. Enrolled: This column should have the number of applicants that were enrolled in DAPPS for this session. The number of appointment folders sent to the training session should be identical to the number enrolled.

**Appointment Folder Reconciliation**

All folders sent to a training session must be returned to the AMA. By using the Training Record Control Log, the AMA or OOS can effectively track the status of training folders for each training session of each operation. There are three columns in the Training Record Control Log:

1. Appointment Folders Sent To Training: This number should match the number enrolled in the Training Session Details area.
2. Appointment Folders Returned: This should be the actual number of folders returned to the AMA or OOS from the training session.
3. Appointment Folders Missing: This field, which is automatically calculated, will tell the AMA or OOS if there are any missing appointment folders. Missing appointment folders need to be reconciled.

The folders are given to the appropriate assistant manager and the AMA or OOS enters the number of folders sent to that training in the Appointment Folders Sent To Training column. When the folders are returned to the AMA or OOS, the number returned is entered in the Appointment Folder Returned column. The TRCL will automatically calculate the number, if any, of appointment folders that are missing. Missing folders must be brought to the immediate attention of the appropriate assistant manager. This manager must account for all folders.

**TRAINING RECORD CONTROL LOG**

NAME OF OPERATION: Non-Response Follow-Up NRFU

<b>TRAINING SESSION DETAILS</b>				<b>APPOINTMENT FOLDER RECONCILIATION</b>			<b>TRAINING STATUS UPDATE*</b>			<b>PERSONNEL ACTIONS</b>			
<b>DATE(S)</b>	<b>TIME</b>	<b>SESSION</b>	<b>ENROLLED</b>	<b>APPOINTMENT FOLDERS SENT TO TRAINING</b>	<b>APPOINTMENT FOLDERS RETURNED</b>	<b>APPOINTMENT FOLDERS MISSING*</b>	<b>NO SHOWS**</b>	<b>SENT HOME</b>	<b>DROPPED</b>	<b>COMPLETED</b>	<b>TOTAL TO BE HIRED</b>	<b>REMAINING TO BE HIRED</b>	
5/20 to 9/24	9 to 5	NRFU_0101_1	20	20	18	2	0	3	16	16	9	7	
<b>TOTAL</b>				20	20	18	0	1	0	3	16	9	7
<b>HIRING GOAL:</b>							<b>OVER/SHORT</b>						
700				(684)									

### Training Status Update

The TRCL can be used to track the training status of each training session. In the Training Status Update section of the TRCL the following information can be tracked:

1. No Shows: This is the number of appointees that failed to appear at the training.
2. Sent Home: This is the number of people that were sent home prior to completing their appointment documents.
3. Dropped: This is the number of people that did not complete the training.
4. Completed: This field will be automatically populated with the total number of people who completed the training.

### No-Shows

From the returned D-275, Record of Training, the AMA or OOS will determine if any of the appointees did not appear at training, in other words, 'no-shows.' A clerk will be assigned to call each of the no-shows. The clerks should contact each no-show to determine the reason for their absence at training. The clerk should document each call on the D-275 and provide this information to the AMA. The status of 'no-show' should be updated in DAPPS. Upon completing the update save and print the D-275. If the applicant does not want to be called for future job openings, change their status to 'ineligible.' If they want to be contacted for future jobs, and have a reasonable excuse for missing the training session, change their status to 'available' in DAPPS.

The total number of 'no-shows' should be entered in the No Show column of the Training Status Update of the TRCL.

**TRAINING RECORD CONTROL LOG**

NAME OF OPERATION: Non-Response Follow-Up NRFU

TRAINING SESSION DETAILS			APPOINTMENT FOLDER RECONCILIATION			TRAINING STATUS UPDATE			PERSONNEL ACTIONS				
DATE(S)	TIME	SESSION	ENROLLED	APPOINTMENT FOLDERS SENT TO TRAINING	APPOINTMENT FOLDERS RETURNED	APPOINTMENT FOLDERS MISSING	NO SHOWS***	SENT HOME	DROPPED	COMPLETED	TOTAL TO BE HIRED	Hired	Remaining To Be HIRED
9/20 to 9/24	9 to 5	NRFU_0101_1	20	20	18	2	1	0	3	16	16	9	7
							0			0	0	0	0
<b>TOTAL</b>			<b>20</b>	<b>20</b>	<b>18</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>16</b>	<b>16</b>	<b>9</b>	<b>7</b>
HIRING GOAL:	700												
OVER/SHORT	(684)												

### Sent Home

There may be occasions when an appointee is sent home from training prior to taking the Oath of Office and completing their appointment documents.

If the appointee does not wish to sign either the BC-61, *Appointment Affidavits*, or the *Modified Oath of Office*, the trainee will be told that someone from the Census Bureau will contact them, but they cannot be hired at this training session. The trainer documents this information on the D-275 with the exact time the trainee leaves the session.

The number of appointees sent home must be tracked in the 'Sent Home' column of the Training Status Update section of the TRCL.

### TRAINING RECORD CONTROL LOG

NAME OF OPERATION: Non-Response Follow-Up NREFU

TRAINING SESSION DETAILS				APPOINTMENT FOLDER RECONCILIATION			TRAINING STATUS UPDATE			PERSONNEL ACTIONS			
DATE(S)	TIME	SESSION	ENROLLED	APPOINTMENT FOLDERS SENT TO TRAINING	APPOINTMENT FOLDERS RETURNED	APPOINTMENT FOLDERS MISSING**	NO SHOWS***	SENT HOME	DROPPED	COMPLETED	TOTAL TO BE HIRED	Hired	REMAINING TO BE HIRED
9/20 to 9/24	9 to 5	NRFU_0101_1	20	20	18	2	0	3	16	16	16	9	7
										0	0	0	0
<b>TOTAL</b>				<b>20</b>	<b>20</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>16</b>	<b>16</b>	<b>9</b>
<b>HIRING GOAL:</b>	<b>700</b>												
<b>OVER/SHORT</b>	<b>(684)</b>												

#### Dropped

The final D-275, when returned to the AMA from the session will have the number of attendees that did not complete the training. The AMA or OOS will enter the total number of attendees that dropped the class into the 'Dropped' column of the TRCL under the Training Status Update Section.

### TRAINING RECORD CONTROL LOG

NAME OF OPERATION: Non-Response Follow-Up NREFU

TRAINING SESSION DETAILS				APPOINTMENT FOLDER RECONCILIATION			TRAINING STATUS UPDATE			PERSONNEL ACTIONS			
DATE(S)	TIME	SESSION	ENROLLED	APPOINTMENT FOLDERS SENT TO TRAINING	APPOINTMENT FOLDERS RETURNED	APPOINTMENT FOLDERS MISSING**	NO SHOWS***	SENT HOME	DROPPED	COMPLETED	TOTAL TO BE HIRED	Hired	REMAINING TO BE HIRED
9/20 to 9/24	9 to 5	NRFU_0101_1	20	20	18	2	1	3	5	16	16	9	7
										0	0	0	0
<b>TOTAL</b>				<b>20</b>	<b>20</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>16</b>	<b>16</b>	<b>9</b>
<b>HIRING GOAL:</b>	<b>700</b>												
<b>OVER/SHORT</b>	<b>(684)</b>												

#### Completed

When all columns of the Training Status Update Section of the TRCL are entered, the Log will automatically update the number of attendees that completed the training. This should be the total number of hiring and rehiring actions that are to be processed.

**TRAINING RECORD CONTROL LOG**

**NAME OF OPERATION:** Non-Response Follow-Up NREFU

<b>TRAINING SESSION DETAILS</b>				<b>APPOINTMENT FOLDER RECONCILIATION</b>			<b>TRAINING STATUS UPDATE*</b>				<b>PERSONNEL ACTIONS</b>			
<b>DATE(S)</b>	<b>TIME</b>	<b>SESSION</b>	<b>ENROLLED</b>	<b>APPOINTMENT FOLDERS SENT</b>	<b>APPOINTMENT FOLDERS RETURNED</b>	<b>APPOINTMENT FOLDERS MISSING</b>	<b>NO SHOWS**</b>	<b>SENT HOME</b>	<b>DROPPED</b>	<b>COMPLETED</b>	<b>TOTAL TO BE HIRED</b>	<b>Hired</b>	<b>Remaining To Be HIRED</b>	
9/20 to 9/24	9 to 5	INRFU_0101_1	20	20	18	2	1	0	3	16	16	9	7	
							0			0		0	0	
<b>TOTAL</b>			<b>20</b>	<b>20</b>	<b>18</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>16</b>	<b>16</b>	<b>9</b>	<b>7</b>	
<b>HIRING GOAL:</b> 700														
<b>OVER/SHORT:</b> (684)														

### Personnel Actions

The Personnel Actions section of the TRCL will help the AMA and OOS monitor the number of applicants that need processed and will assist them in staffing and personnel decisions.

There are three columns in the Personnel Actions section of the TRCL:

1. Total To Be Hired: This column is the total number of hiring and rehiring actions that should be processed.
2. Hired: The number of hiring and rehiring actions processed at any particular point in time.
3. Remaining To Be Hired: The number of hiring and rehiring actions that need to be completed.

The 'Total To Be Hired' column is automatically calculated based on the number of appointees that completed training. The AMA or OOS, either at the end of the day or shift, should enter the number of appointment folders that were processed in DAPPS into the 'Hired' column. The last column, 'Remaining To Be Hired' will automatically be populated.

**TRAINING RECORD CONTROL LOG**

**NAME OF OPERATION:** Non-Response Follow-Up NRFU

<b>TRAINING SESSION DETAILS</b>				<b>APPOINTMENT FOLDER RECONCILIATION</b>			<b>TRAINING STATUS UPDATE</b>				<b>PERSONNEL ACTIONS</b>		
<b>DATE(S)</b>	<b>TIME</b>	<b>SESSION</b>	<b>ENROLLED</b>	<b>APPOINTMENT FOLDERS SENT TO TRAINING</b>	<b>APPOINTMENT FOLDERS RETURNED</b>	<b>APPOINTMENT FOLDERS MISSING<sup>1</sup></b>	<b>NO SHOWS<sup>2</sup></b>	<b>SENT HOME</b>	<b>DROPPED</b>	<b>COMPLETED</b>	<b>TOTAL TO BE HIRED</b>	<b>Hired</b>	<b>REMAINING TO BE HIRED</b>
9/20 to 9/24	9 to 5	NRFU_0101_1	20	20	18	2	1	0	3	1	16	9	7
											0	0	0
<b>TOTAL</b>				20	20	2	1	0	3	16	16	9	7
<b>HIRING GOAL:</b>	<b>700</b>												
<b>OVER/SHORT</b>	<b>(684)</b>												

### Using the Information from the TRCL

When information is accurately entered into the TRCL, the AMA can use the Log as a management tool. Each sheet in the TRCL is to be used for a separate operation. The AMA should obtain the hiring goal for each operation from the appropriate manager and enter that number into the Hiring Goal cell.

As information is entered for each training session, the Over/Short cell will be updated. This number will help the AMA monitor selection efforts.

The total columns will also be updated with each data entry. Using these totals will also keep the AMA informed. For example, the total number in the Hired column will let the AMA know how many new payrolls to expect on a daily basis.

## Topic 6: Updating the Training Status of Appointees

### Instructor Verbatim Script

Upon completion of the first day of training, or notification that the class was cancelled, it will be necessary for the AMA or OOS to update the Training Status of each trainee in DAPPS.

### Training Status Update

Each appointee will be assigned one of the following options based on information provided from the returned D-275, Record of Training.

- Attending- Attended first day of training and took the Oath of Office
- Dropped- Did not complete the entire training
- No Show- Did not appear at training

***Job Aid 7-1: Training Status Update*****Steps to Updating the Training Status of Appointees**

1. Select BOC Recruitment, Selections, Assign Applicant to Training.
2. At the Search page, enter any information you have about the Training Session and select the Search button. You may use Course Code, Course Session Number, Course Start Date, Department, Description, or Training Facility.
3. Find your course in the list and select it by clicking on the link.
4. Options from the pick list include: Attending, Dropped, Enrolled, and No Show. You will select Dropped – if the applicant came to the beginning of training, but did not complete the session, and No Show - if the applicant did not show up at all.
5. Navigate to the next attendee by using the View All option or by using the > button.
6. Select the Save button to save your changes when all attendees have been updated.

Applicant Course Enrollment			
Course:	NRFU40 NRFU ENUM	Session #:	0008 Active
Start Date:	05/20/2008	Start Time:	8:00AM
Facility:	NEW EDU MA	Language:	
Min Students:	2	Max Students:	20
# Enrolled:	1	# Waiting:	0
Fingerprint Examiner 1:	<input type="text"/> <input type="button" value="Search"/>		
Fingerprint Examiner 2:	<input type="text"/> <input type="button" value="Search"/>		
<input type="button" value="Transfer-Course Session Setup"/> <input type="checkbox"/> Session Received Status 1 <input type="checkbox"/> Session Received Status 2			
Attendance			
Applicant ID:	Name:	<input type="text"/> <input type="button" value="Find"/> <input type="button" value="View All"/> <input type="button" value="Print"/> <input type="button" value="New"/>	
*Enrollment/Attendance:	Enrolled <input checked="" type="radio"/>	Status Date:	04/30/2008 <input type="button" value="Edit"/>
Training Reason:	Job Requirement <input type="checkbox"/> Valid Fingerprint <input type="checkbox"/> Refuse to be Fingerprinted		

### *Job Aid 7-2: Fingerprint Tracking Update*

#### **Steps to Updating the Fingerprint Tracking information for a Training Session**

1. Select BOC Recruitment, Set-up Training, Course Sessions.
2. At the Search page, enter any information you have about the Training Session and select the Search button. You may use Course Code, Course Session Number, Course Start Date, Department, Description, or Training Facility.
3. Find your course in the list and select it by clicking on the link.
4. Under the **Fingerprint Tracking Tab**, enter the names of the trainer's who took each set of fingerprints under **Fingerprint Examiner 1** and **Fingerprint Examiner 2**. To use the lookup feature, click the magnifying glass and select the appropriate employee(s) who captured the fingerprints during the training session.
5. Enter the FedEx tracking numbers for each fingerprint package that was FedEx to NPC in the fields, **FedEx Tracking Number 1** and **FedEx Tracking Number 2**.
6. Select the **Save** button to save your changes.

Course:		REC617 Recruiting Assist	Course Status:	Active
Session #:		0009	Session Status:	Active
Fingerprint Examiner 1		1007  Alpha Doe		
FedEx Tracking Number 1		123456789		
Fingerprint Examiner 2		1055  Test13 Wsk013		
FedEx Tracking Number 2		987654321		

Session Status History				View All	First	Last
Sequence	Status Code	Description	Entered By	Status Date		

## Topic 7: Updating the Training Session Status

### Instructor Verbatim Script

Upon completion of each training session or notification that the class was cancelled, it will be necessary to update the training status in DAPPS of each appointee.

### Training Session Status

After the training session is over, you should receive a final D-275 from the instructor. This final D-275 indicates that you must update the status of each trainee in the class from 'attending' to 'completed' and change the training session status from 'active' to 'complete'. If you are notified that the class was cancelled, you must update the status of the training session in DAPPS to 'cancel'. The status of the training session will remain 'active' in DAPPS until you either 'cancel' or 'complete' the training.

- Complete- Attended first day of training and took the Oath of Office
- Cancelled- Did not complete the entire training

***Job Aid 7-3: Training Session Status*****Steps to Updating the Training Session Status**

1. Select BOC Recruitment, Set Up Training, Course Sessions.
2. Enter the **Course Code** into the **Course Code** field and select the **Search** option.
3. From the available list of **Course Codes**, select the appropriate **Course Number**.
4. In the **Session Status** field, select either '**Canceled**' or '**Complete**' from the drop down menu.
5. Select **Save**.

**NOTE:** This task is performed when a final D-275, Record of Training is received from the instructor, indicating to you that the class is over. You should also perform this task upon notification that the class was canceled.



## Chapter 8: Personnel Administration

### Topic 1: Appointing

#### General

This chapter outlines the procedures for appointing and terminating personnel and for processing other personnel actions in the Local Census Office (LCO). It also describes functions and procedures of other areas of personnel administration. Detailed procedures for entering personnel data into the Decennial Applicant, Personnel and Payroll System (DAPPS) are described in the *D-581, DAPPS Operating Manual*.

#### Production

Before job applicants can be hired and appointed to a specific position, they must meet the basic qualifications in the vacancy announcement. This involves taking an employment test, completing the required employment forms, and taking the Oath of Office.

The LCO Manager (LCOM), Administrative Assistant, and Assistant Managers are qualified for, and appointed to their position, by an appointing official from the Regional Census Center (RCC). They are appointed to a temporary position in the excepted service with a specific not-to-exceed (NTE) date of one year. They are assigned to a mixed-tour schedule, which provides for periods of full-time, part-time, and intermittent work, as well as periods in a nonpay status, depending on operational needs. The mixed tour schedule may be changed whenever there is an increase or decrease in the workload.

All other LCO field and office employees are also appointed to a temporary position in the excepted service, but with a NTE date of six (6) to eight (8) weeks from the appointment effective date. Depending on the availability of work, the appointment may be extended, but total service cannot exceed two years. Employees 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.

**Tour of Duty for LCO Field and Office Staff**

LCO field staffs and office staffs are assigned to an intermittent work schedule; that is, they work on an *as need* 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 Plan 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.

It is very important that all employees are appointed using the procedures described in this chapter. New employees cannot be paid unless they are appointed properly.

**Employment Practices and Policies**

Employment practices and policies includes the following subject areas:

- Employment eligibility factors
- Nepotism and family restrictions
- Qualifying applicants for census positions
- Interpreters and individuals with special sworn status
- Dual employment
- Outside activities and conflicts of interest
- Restrictions on political activities

These topics will be covered in the sections that follow.

**Employment Eligibility Factors**

In addition to taking a written test to demonstrate that applicants can follow written instructions, do arithmetic, and perform in other areas related to census work, all new appointees must meet the employment eligibility factors and hiring restrictions listed below:

- Applicant must be a United States citizen by birth or naturalization, lawful permanent resident, or legally entitled to work in the United States, and meet Form I-9, Employment Eligibility Verification. Non-citizen

applicants may be considered for employment in situations in which special language or cultural skills are required, but cannot be satisfied from the available pool of citizens in DAPPS, particularly in areas where bilingual ability is a necessary qualification. All non-citizen applicants must have a work visa and must meet the I-9, Employment Eligibility Verification requirements to be hired. The work visa information must be recorded on the I-9, along with the expiration date. However, for non-citizens that are lawful permanent residents or conditional permanent residents their Alien Registration Card may be provided in lieu of a work visa.

- Applicant must be at least 18 years old.
- Male applicants born after December 31, 1959 must be registered with the Selective Service System. If male applicants between 18 and 25 are required to register, but have not done so, they are eligible for appointment only after registering. The easiest and fastest way for a male applicant to register is to go on-line with Selective Service at: <https://www.sss.gov/>. Selective service registration forms are also available at any local post office.

#### Nepotism

Supervisors may not appoint, promote, or advance an individual who is a relative by blood, marriage, or adoption in an area under their supervision. In addition, persons related to an office employee working in the personnel/payroll area may not be employed in any office or field position.

A relative is defined as: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepbrother, stepsister, stepson, stepdaughter, half brother, or half sister.

#### Employment Eligibility Issues

Eligibility issues involve 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:

- Whether the conduct of the individual may reasonably be expected to interfere or prevent effective performance in the position applied for or employed in.
- Whether the conduct of the individual may reasonably be expected to interfere with or prevent effective performance of the duties and responsibilities of the LCO.

Review Items 25-29 in Section F of the BC-170D, Census Employment Inquiry. If the applicant answered *Yes* to any of these questions, then make a preliminary determination of the applicant's eligibility for Federal employment 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.

You may place applications 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 applicants, which is frequently the case, notify them in writing and retain their applications in the pending folder until the information is available to make a determination.

As long as you notify applicants that their application is incomplete or that additional information is required to determine their eligibility for employment, you can maintain their application in the pending file until the applicants submit the required information.

**Note:** Do not delay the preparation of a selection record if doing so would interfere with the timely completion of census work.

Assistant Regional Census Managers (ARCMs) are ultimately responsible for making all LCO 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 LCOM 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 LCO responsibilities.

#### **Outside Activities and Conflicts of Interest**

The Code of Federal Regulations (CFR) prohibits outside activities that are incompatible with fulfilling a federal employee's duties and responsibilities. Two major considerations are:

- Outside activities must not involve, or appear to involve, a conflict of interest.
- Outside activities must not interfere with or be detrimental to the efficient completion of official duties during the

hours an employee is expected to be available for census work. An employee's involvement in outside activities must not in any way affect the public trust or effective performance of official business.

Generally, the Census Bureau does not hire individuals currently employed in the law or regulatory enforcement professions (for example, police officers, tax collectors, or tax assessors) or other applicants whose primary employment may be perceived by the public as potentially being incompatible with the Census Bureau's legal mandate to maintain the confidentiality of census data.

However, 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 policy. 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.

Employees are no longer required to seek prior agency approval for 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 Regulation, 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:

- The prohibition on outside employment, or other outside activity that conflicts with the employee's official duties.
- 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.
- The limitations on receipt of outside earned income by certain Presidential appointees and other non-career employees.
- The limitations on participation in professional organizations.

- The limitations on paid and unpaid teaching, speaking, and writing.
- The limitations on fund-raising activities.

Advise all employees to consult with their supervisor on any outside employment or other outside activity to ensure that their participation in such activity does not raise a question of conflict of interest, or otherwise conflicts with the *Standards of Ethical Conduct for Employees of the Executive Service*.

#### **Restrictions on the Political Activities of Employees**

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 political activity by federal employees.

With the 1993 amendments, many federal employees now are permitted to take an active part in political management or in political campaigns. The Department of Commerce (DOC), of which the Census Bureau is part, is covered by the 1993 amendments; thereby, enabling Bureau employees to participate more freely in political activities.

The following '*Do's and Don'ts*' provide a brief summary for your review:

#### **Federal Hatch Act Do's**

Census employees covered by the 1993 amendments **may**:

- be candidates for public office in nonpartisan elections. However, if elected, employees may have to resign their Census Bureau appointment or decline the elected position
- register and vote as they choose
- assist in voter registration drives
- express opinions about candidates and issues
- contribute money to political organizations
- 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
- 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
- be candidates for public office in partisan elections
- engage in political activity while
  - on duty,
  - in a Government office,
  - wearing an official uniform, and
  - using a Government vehicle
- wear political buttons on duty
- solicit or accept volunteer services from a subordinate

**Federal Hatch Act  
Summary**

The '*Do's and Don'ts*' listed above are intended to provide an overview of permissible activities and restrictions; the listing is not intended as comprehensive reference of the Department of Commerce; hence, Census Bureau's, policies relating to employee participation in political activities. While the primary responsibility in the Federal Government for provision of advisory opinion and enforcement functions relating to the Hatch Act rests with the U. S. Office of Special Counsel (OSC), your first contact for questions should be with the Census Bureau's Employee Relations Branch, phone 301-763-3701.

**Employment of  
Rehired Military  
Annuitants**

The *National Defense Authorization Act for Fiscal Year 2000* (P.L. 106-65) ended the reduction in military retired pay previously required of retired members of a uniformed service who are employed in a civilian office or position of the U.S. Government. This repeal is effective retroactively to October 1, 1999.

**Voluntary Separation  
Incentive  
Payment/Buyout**

The *Federal Workforce Restructuring Act of 1994*, (P.L.103-226) dated March 30, 1994, requires that a former federal employee who accepted a voluntary separation incentive payment or buyout must repay the entire amount of the payment upon reemployment by the federal government to a temporary or permanent position, if reemployment is within five years following the effective date of the separation.

Applicants for LCO jobs who were employed with the federal government within the last five years are required to complete Form D-237, Certification of Voluntary Separation Incentive Payment (VSIP), or Buyout. The D-237 is exhibited in Appendix A. Request the applicant to provide a copy of the separation SF-50, Notification of Personnel Action, and a copy of the D-237. Flag the applicant's file with a note in big red letters labelled: **BUYOUT**.

Change the applicant's status in DAPPS to *ineligible*, and forward all paperwork to the RCC until payment is received. RCC staff will notify the LCO when the applicant's status can be changed to 'Under Review.'

**Note:** The Tennessee Valley Authority (TVA) does not require employees to repay separation incentives, such as a buyout. In this case, if an employee says "Yes" to receiving a buyout, verify the agency. If it is the TVA, the employee is **not** required to pay back any funds before working for the U.S. Census Bureau.

**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.

**Voluntary and  
Uncompensated  
Services**

The Census Bureau will accept volunteers for work in questionnaire assistance centers only.

**Debarment by the  
Office of Personnel  
Management**

Do not hire any applicant who is, or ever has been, barred from taking the Civil Service examination or accepting a competitive appointment. These situations are usually the result of submitting false information to the OPM.

**Elected Officials of State, Local, and Tribal Governments**

Elected officials of any state, local, or tribal government cannot be hired for any position on the 2010 Census because of an inherent conflict of interest between the government agency and the results of the census.

Contact the RCC for guidance if you have inadvertently appointed an elected official, or if current census employees are elected to an office after they were appointed to their census position.

**Employees of State, Local, or Tribal Governments**

Employees of any state, local, or tribal government cannot be hired for any 2010 Census position unless the RD determines that no inherent conflict of interest exists between the duties of the employee's primary government position and the results of the census. Furthermore, a waiver must be completed certifying that such a conflict of interest does not exist or is so minimal that it is unlikely to affect the integrity of the employee's conduct while working on the census. However, a waiver is not required for intermittent (those employees assigned to work on an "as needed" basis) positions such as Enumerators, Crew Leaders, and Field Operations Supervisors. Employees requiring a waiver must complete a D-215, Conflict of Interest Waiver, for state, local or tribal government employees. Send the D-215 to the RD through the Area Manager for approval. If approved, the Area Manager will notify the LCO.

**Employment Recommendations from Elected Officials****General**

The Office of General Counsel has issued revised Hatch Act guidance that states that 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, while legal, is not recommended.

#### **When to Appoint New Census Employees**

Applicants selected for intermittent positions must be appointed, take the Oath of Office, and have their fingerprints taken on the **first day** they report for training. Field staff are appointed, given the Oath of Office, and fingerprinted at their initial classroom training. Enumerators are appointed by Crew Leaders and Crew Leaders are appointed by Field Operations Supervisors (FOS).

The LCOM may appoint any temporary intermittent census worker. Appointing officials must be of a higher grade or pay rate than the employee they appoint, except when Crew Leader Assistants are designated to conduct Enumerator training on the Crew Leader's behalf.

#### **Appointing the LCO Manager, Assistant Managers, and the Administrative Assistant**

The RD (or designee) appoints the LCOM, administrative assistant, and assistant managers. The RCC will inform these individuals when and where to report for the appointment training session.

#### **Delegation of Authority**

The Oath of Office must be administered to all new employees by an individual authorized, in writing, by the head of the agency. This written authority has been delegated by the RD to the employees occupying the LCO positions listed below.

- LCOM
- Assistant Manager for Administration (AMA)
- Assistant Manager for Field Operations (AMFO)
- Office Operations Supervisor (OOS)
- Field Operations Supervisor(FOS)
- Crew Leader (CL)
- Crew Leader Assistant (CLA)

The authority expires upon termination of the employees' employment or a change in their assignment.

**Self-Studies**

A self-study is a general introduction to the position for which the applicant has been selected. There may be selected applicants who are located in remote areas who find it difficult to make a trip into the office to pick up the self-study. In these cases, mail the self-study to the selected applicant, a copy of the BC-61, Appointment Affidavits, and two cover letters (see Appendix A).

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 Officer at the RCC.

The second cover letter contains written instructions to the individual 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.

**Administrative Training for LCO Managers, Administrative Assistants, and LCO Office Staff**

After LCO managers, Administrative Assistants and LCO office staff employees are appointed to their position, they are required to take the administrative training on the following topics:

- No FEAR Act,
- Personally Identifiable Information (PII),
- Title 13, and
- Information Technology (IT) Security Awareness.

The material for each of the trainings is provided in Appendix G 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 at the end of the training script. 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 AMA who will forward them to the Administrative Coordinator at RCC. The administrative area of the RCC should track the certificates to make sure that LCO managers, and office staff has completed these trainings.

**How to Appoint  
New/Rehire LCO  
Intermittent Employees**

**Appointment/Training Materials**

For applicants selected for appointment on D-425A, Final Selection Record, the OOS for personnel/payroll will ensure that all applicants listed on the D-275, Record of Training, have appointment folders ready for distribution to the training classes. The OOS will take a pre-made appointment folder and place a D-155, Applicant Data Sheet, into each folder. Additionally, a blank I-9, Employment Eligibility Verification must be placed in the folder of each person that is a rehire.

**Note:** Rehires must bring acceptable ID documents to the training site for verification when completing the I-9.

The pre-made appointment folders will be shipped to the LCO and contain all the necessary documents needed for completion at a training session, with the exception of the D-155. The classroom trainer will identify the folder by the D-155 and distribute it to the appropriate attendee. In addition the OOS must prepare a folder containing additional appointment forms for the trainer to utilize during the appointment process.

**Each individual applicant's appointment folder should contain:**

- D-198, Administrative Responsibilities for all Employees
- BC-61, Appointment Affidavits
- D-155, Applicant Data Sheet. Applicants should have one pre-filled with their name and personal data
- D-186 E, F, or I (dependent upon the original appointment or position of the individual), 2010 Census Employment Agreement, Temporary Excepted Service
- D-187, Summary of Ethics Rules
- D-990, Overtime Policy Agreement For Field Operations Supervisors and Crew Leaders, D-991, Overtime Policy Agreement for Recruiting Assistants and Enumerators, D-991 (PA), Overtime Policy Agreement for Partnership Assistants, D-992, Overtime Policy Agreement for Office Operations Supervisors and Clerks, or D-993, Overtime Policy Agreement for LCO Managers.
- OF-306, Declaration for Federal Employment
- CD-415, Record of Employee's Address and Emergency Information

- D-168, New Employee Data (rehires may elect to change previously submitted information, if not they need not complete this form)
  - D-1199, Direct Deposit Authorization, or D-260, Waiver of Electronic Funds Transfer
  - D-287, Post Employment Restrictions
  - D-1129, Personal Telephone Reimbursement Policy Agreement for 2010 Census Staff
  - D-472, Top 10 Ethics Rules for Decennial Census Employees
  - D-473, General Ethics Principles
- And if applicable:
- State Tax Withholding Certificate
  - Local Tax Withholding form
  - SF-1152, Designation of Beneficiary (for Unpaid Compensation of Deceased Civilian Employee)

Each trainer should receive a folder that contains the following additional appointment forms (number to be given):

- (1) D-198, Administrative Responsibilities for all Employees
- (1) BC-61, Appointment Affidavits
- (1 each) D-186 E, F, or I (dependent upon the original appointment or position of the individual), 2010 Census Employment Agreement, Temporary Excepted Service
- (1 each) D-990, Overtime Policy Agreement For Field Operations Supervisors (FOS), and Crew Leaders (CL), D-991, Overtime Policy Agreement for Recruiting Assistants (RA) and Enumerators, D-991 (PA), Overtime Policy Agreement for Partnership Assistants, D-992, Overtime Policy Agreement for Office Operations Supervisors (OOS) and Clerks, or D-993, Overtime Policy Agreement for LCO Managers.
- (1) OF-306, Declaration for Federal Employment
- (1) CD-415, Record of Employee's Address and Emergency Information
- (1) D-168, New Employee Data
- (1) D-1199, Direct Deposit Authorization, or D-260, Waiver of Electronic Funds Transfer

- (1) D-287, Post Employment Restrictions
- (5) W-4, Employee's Withholding Allowance Certificate
- (5) W-5, Earned Income Credit Advance Payment Certificate
- (1) USCIS Form I-9, Employment Eligibility Verification
- (1) D-187, Summary of Ethics Rules
- (1) D-1101.1, Appointee Instructional Guide
- (1) Modified Oath of Office
- (20-25) PII Training Certification

**Fingerprint Folder**

Each trainer should also receive two fingerprint folders. Give both of the Fingerprint Folders to the Crew Leader or Assistant along with the other training material. Each folder should be marked Fingerprint Folder and should contain:

- One set of fingerprint card labels, which include each trainee's last name and first name initial, applicant ID, session ID, and bar coded applicant ID). **Do Not** use labels for any trainee who does not attend the training session (no-shows).
- FedEx label pre-addressed to the NPC, a FedEx envelope/package, and a plain envelope. Insert the FedEx label in the plastic pouch on the FedEx envelope/package.
- One plain envelope (fingerprint cards go inside the envelope).
- Information on FedEx drop-off locations and pick-up times, which include Friday and Saturday schedules.
- FedEx envelope/package with attached pre-addressed label to the LCO and a plain envelope. Use this package to return any ruined fingerprint cards, unused labels, and updated D-275. **Note:** This one should only be used if the training site is too far away from the LCO to hand deliver.
- Fingerprint Examiner Job Aid.

**The D-275, Recording of Training**

After the training class is full, the AMA or OOS must print four (4) copies of the D-275, Record of Training. However, if the operation is paper-based, only 3 copies need to be printed.

One copy is filed in the administrative area. If the operation is automated, a second copy is given to the OOS for Support.

The OOS for Personnel/Payroll gives two copies of the D-275 and the appointment folders of all selected applicants, a folder containing additional forms for the trainer, and two Fingerprint Folders to the appropriate assistant manager. That manager then gives a D-275, the appointment folders, the folder containing additional appointment forms, and the Fingerprint Folders to the classroom instructor (usually a Crew Leader) who will distribute the appointment folders to the trainees during the appointment process. The Fingerprint Folders will be used by the Instructor and the Assistant to collect fingerprints of all the trainees identified in Column "j" on the D-275.

### **Completing Personnel Forms**

The classroom trainer (or other appointing official) assists trainees in completing all appointment documents.

The trainees should:

- Enter the effective date of their hire action on the BC-61, Appointment Affidavits, and take the Oath of Office to become official Census Bureau employees.
- Carefully review current information on the computer-generated D-155, Applicant Data Sheet, and correct any information that has changed or is in error.
- Ensure that all personnel documents are signed, dated, and all entries are legible.
- Ensure that all required appointment documents are completed, put back inside the appointment folder, and returned to the trainer (or other appointing official).

Additionally, the trainees should *read and keep* the following forms:

- D-198, Administrative Responsibilities for All Employees. This form tells new employees what they must do to ensure that they receive their paycheck on time.
- D-187, Summary of Ethics Rules
- D-287, Post Employment Restrictions

After the trainees take the Oath of Office to become official

Census Bureau employees and completed the required forms, the appointing official collects the folders from the employees. During the morning break, the appointing official conducts a review of the completed appointment documents. Refer to the section titled, *Reviewing Appointment Folders*, in this Chapter. The trainer should use the *D-1110.1, Appointee Instructional Guide*, to assist in ensuring that all documents are properly completed.

### **Capturing Fingerprints**

After the appointment process, or when best worked into the first day of training, the trainer and the trainer assistant will take all the trainees' fingerprints. Using the Record of Training, the trainer will call each applicant up to a designated area to capture his or her fingerprints. If the D-275 has a 'no' in Column "j", that person was already fingerprinted, and no additional fingerprints are required. This should only happen for experienced employees. If a trainee refuses to be fingerprinted, they will be dismissed from the training and it will be annotated on the D-275.

**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 Appendix A, pg. A-166 and A-167).

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.

**Objection to Signing the BC-61, Appointment Affidavits Based on Religious Beliefs**

If an appointee objects to signing the BC-61 based on religious beliefs, determine the nature of their objection and document the reason the appointee objects to signing the BC-61. If the appointee is a member of the LCO staff, the reason for refusal must be documented on the D-275, Record of Training.

Draw a line through the words, "So help me God" and "swear" wherever it appears and have the trainee read Section A (as modified) and Section D and sign the BC-61.

Ask the trainee if this resolves his or her concern and allow the trainee to take the oath and sign the BC-61. If the answer is "yes," have the appointee read the oath and sign the BC-61. If the answer is "no," give the trainee a copy of the **Modified Oath of Office**. (See Appendix F)

The trainer should strike out Section A of the BC-61 and have the appointee read aloud and sign and date the 'Modified Oath of Office.'

The appointee should read Section D of BC-61, Appointment Affidavits and then sign it.

The trainer should complete the BC-61 and 'Modified Oath of Office' as appropriate.

If the appointee still does not wish to sign either the 'Modified Oath of Office' or the BC-61, Appointment Affidavits, tell the trainee that someone from the Census Bureau will contact them, but they cannot be hired at this training session. Have the trainee leave immediately. Document on the D-275 the exact time that the trainee leaves the session.

**D-155, Applicant Data Sheet**

This form is pre-filled with BC-170D, Census Employment Inquiry applicant data entered into the DAPPS at the time of application. Trainees review their D-155 at the time of the appointment process and update/correct the information, as necessary. The trainees are required to complete the Tax Data Section at the time of appointment.

**D-186 (E, F or I), 2010 Census Employment Agreement, Temporary Excepted Service**

All new employees are required to read and sign the appropriate employment agreement acknowledging their understanding and acceptance of the conditions of employment specified in the agreement. The D-186F or D-186I are the most common versions

used for appointing LCO intermittent employees. The entire D-186 must be returned to the trainer.

**Do not appoint applicants who decline to sign the agreement.**

**D-990, D-991, D-991 (PA),  
D-992, or D-993 -  
Overtime Policy  
Agreement...**

Applicants must certify that they have read the contents for this form and agree to adhere to the policy by signing the D-990, Overtime Policy Agreement for FOS' and CLs, D-991, Overtime Policy Agreement for RAs and Enumerators, D-991 (PA), Overtime Policy Agreement for Partnership Assistants, D-992, Overtime Policy Agreement for OOS' and Clerks, or D-993, Overtime Policy Agreement for LCO Managers. Every applicant must complete either the D-990, D-991, D-992, or D-993 before the appointment action is processed. **Do not appoint applicants who decline to sign the agreement.**

**OF-306, Declaration for  
Federal Employment**

Completion of this form is mandatory for every appointment and must be completed before the appointment action is processed. Particularly for adjudication of eligibility issues, it is imperative that appointees complete Item 17B on the OF-306.

**D-168, New Employee  
Data**

This form combines data formerly collected on the SF-181, Race and National Origin Identification, and SF-256, Self Identification of Handicap. The information contained on the D-168 is used for statistical purposes only and will not be used to identify individuals. Rehires do not need to complete a new D-168 if their information has not changed. While self-identification of any information contained on this form is required, employees may elect to change or update their original submission at any time during their employment.

- Section A – Ethnicity and Race Identification. If employees refuse to complete this section, the appointing official will code the appropriate box on the employee's form by observation.
- Section B – Self Identification of Handicap. If employees refuse to complete the form, the appointing official will enter code 01 in the appropriate box.

**CD-415, Record of  
Employee's Address and  
Emergency Information**

This form is used to identify the person employees want notified in the event of an emergency. Additionally, the employees' home address and telephone number will be used when official work

requirements warrant such contact.

**D-1199, Direct Deposit Authorization**

This form is completed when employees elect to sign up for Direct Deposit. Employees completes all sections; and sign and date.

**D-260, Waiver of Electronic Funds Transfer**

If employees do not have access to Electronic Funds Transfer (Direct Deposit) or do not submit a D-1199 for whatever reason, they must submit a completed D-260.

**Form W-4, Employee's Withholding Allowance Certificate**

In addition to completing the withholding statement section on the D-155, Applicant Data Sheet, employees are required to complete a W-4 when claiming 10 or more federal exemptions or exemption from all withholdings.

**W-5, Earned Income Credit Advance Payment Certificate**

The Earned Income Tax Credit (EIC) is a tax credit for certain workers who:

- Have at least one child who lives with them.
- Have an adjusted gross income below a certain level. This level changes annually.

Employees who are eligible for EIC may receive it either as a federal income tax refund or in advance payments during the year. The amount eligible employees receive in advance generally depends on the amount of their wages.

**USCIS Form I-9, Employment Eligibility Verification**

Rehires need to complete a new I-9 on the first day of training. The applicant must provide proof of identity and employment eligibility. The session trainer needs to make sure that the following information is verified and completed:

- Identified citizenship status
- Completed alien registration number or admission number and expiration date of the status provided, if appropriate
- Completed last name, first name, middle initial, and maiden name, if appropriate
- Signed and dated the I-9 form under Section 1.

- Applicant presented the proper documentation for verifying the I-9. See List of Acceptable Documents.

**Note:** Applicant must provide one document from List A or one document from List B and List C.

The session trainer certifies that they examined the documents by the employee named on the I-9 and that the documents appear to be genuine and related to the applicant.

#### **Administering the Oath of Office**

The Oath of Office must be administered to all new employees on their first day of duty, immediately before any other action is initiated, by an individual delegated the authority in writing. The Oath of Office may be administered to all trainees as a group. All trainees will stand, raise their right hands, and repeat the words spoken by the appointing official. Detailed instructions for administering the Oath of Office are provided in the verbatim training guide (that is, Chapter A, Appointment and Orientation) used by the classroom trainer.

**Note:** Oath of Office may not be administered via telephone.

#### **Fingerprinting** *added 10/09*

The Census Bureau requires each employee to be fingerprinted on the first day of training. To ensure that at least one set of usable prints are collected, two fingerprint takers independently take the employee's prints. After the prints are taken, the trainer or assistant will insert their set of fingerprint cards into the plain envelope, insert the plain envelope into the FedEx envelope supplied in the Fingerprint Kit, and drop off the FedEx envelope in a FedEx Box. The fingerprint cards are sent to the National Processing Center (NPC) at the address below. The trainer will annotate the record of training for each applicant that showed up for training and again for each applicant fingerprinted.

National Processing Center  
1201 E 10<sup>th</sup> St.  
Jeffersonville, IN 47132  
Attn: Data Capture Branch – Bldg. 61G Fingerprinting  
1-812-218-2293

#### **Providing No FEAR Act, PII, Title 13, and IT Training**

The session trainer must provide No FEAR Act Training, Personally Identifiable Information (PII), Title 13, and Information Technology (IT) Security Awareness Training to all appointees. When reviewing appointment folders, the trainer must complete their section of the certifications, and also make

sure that all appointees print their name, and sign and date each certificate. All certification pages are sent to the LCO along with the appointment folders and D-275, Record of Training.

### **Reviewing Appointment Folders**

During the morning break, the trainer (or other appointing official) reviews all completed documents in each appointment folder. All training guides provide guidance on this review process.

Generally, the appointing official's responsibilities include:

- Ensuring that the trainees have completed all required forms.
- Checking the documents for completeness, consistency (spelling of name, date of birth, and social security number), legibility, and required signatures and dates.
- Returning appointment documents to employees for correction, if needed.
- Making arrangements for the appointment folders to be returned to the LCO on the first day of training (only after the Oath of Office has been administered).
- Using their best judgement to complete Section A on the D-168, New Employee Data, if the employee refuses to complete this section and, if applicable, to enter Code 01 in Section B.

The trainer should use the *D-1110.1, Appointee Instructional Guide*, to assist in ensuring that all documents are properly completed.

### **Returning Appointment Folders to LCO**

Sometime on the first day of training and only after administering the Oath of Office, the trainer returns the following materials to the AMA:

- The appointment folders for all new hires.
- The appointment folders for applicants who did not report for training (no-shows).
- The annotated D-275, Record of Training.
- The No Fear Act Certification page and the PII Training Certifications.

The AMA or OOS will perform the following actions:

Using the D-275, the AMA or OOS verifies and accounts for all appointment folders.

1. The AMA gives the appointment folders for *no-shows* and the D-275 to an administrative clerk to contact the applicant and update the disposition of *no-show* applicants in DAPPS, if applicable.
2. Update the Training Record Control Log (TRCL); see Appendix A, with the number of no-shows, per training class. This will assist the AMA, AMFO, and LCOM in planning for replacement training classes.
3. Upon completion of the class, or notification that the class was cancelled, it will be necessary for the AMA or OOS to update the Training Status of each appointee in DAPPS. Each appointee will be given a status based on the information provided on the returned D-275. The status an appointee will have at the completion of the training session will be one of the following:
  - Attending - Attended only first day of training and took the Oath of Office
  - Dropped - After the first day and did not complete the entire training
  - No Show - Did not appear at training

After the status of all appointees for a training session has been updated in DAPPS, a D-275A, Training Class Status Report needs to be printed.

#### **Forwarding Appointment Folders to the Office Operations Supervisor**

The AMA hand carries the appointment folders for all hires to the OOS. The OOS assigns an administrative clerk to retrieve the applicant folders, where they have been maintained with the original copy of the D-275, Record of Training. Documents from the appointment folder 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 Working Personnel/Payroll Folder (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. The OOS, or AMA, assigns the WPPF, which now also contains the applicant forms to administrative clerks for review and data entry into the DAPPS.

Using the *D-1111, LCO Personnel Handbook* and the *D-1110.1, Appointee Instructional Guide*, clerks review the appointment

documents for accuracy, legibility, consistency, and completeness.

### **Returning Incomplete Documents**

Administrative clerks will use Form D-426, Administrative Record of Returned Document, as a control log for returning incomplete personnel documents (missing signatures and/or dates, or illegible required entries) to the immediate supervisor or the employee, as appropriate, for correction. In some situations where a signature is not required, telephoning the supervisor or employee may resolve the problem. Staff documenting the change should initial and date next to the corrected information.

Additionally, if the forms that need correction are not the forms required for entering new employee information into DAPPS, the employee should be hired, even though some forms are returned for correction. The forms that are needed for hiring new employees in DAPPS are listed below:

- BC-61, Appointment Affidavits
- D-155, Applicant Data Sheet
- D-168, New Employee Data
- W-4, Employee Withholding Allowance Certificate (if appropriate)
- W-5, Earned Income Credit Advance Payment Certificate (if appropriate)
- CD-415 Record of Employee's Address and Emergency Information
- D-1199, Direct Deposit Authorization (if appropriate), or D-260, Waiver of Electronic Funds Transfer

Only the forms that need correction should be returned to the trainer, not the entire appointment folder.

**Processing Appointment Materials**

Receiving the appointment materials at the earliest possible time is important for the administrative staff. Census Bureau employees cannot be paid until their appointment forms are entered into the DAPPS.

Detailed instructions for entering appointment data into the DAPPS is contained in *DAPPS Processing a New Hire*, in the *D-581, DAPPS Operating Manual*.

The required data is entered into DAPPS using the completed personnel documents listed below:

- BC-61, Appointment Affidavits
- D-155, Applicant Data Sheet
- D-168, New Employee Data
- W-4, Employee Withholding Allowance Certificate (if appropriate)
- W-5, Earned Income Credit Advance Payment Certificate (if appropriate)
- CD-415 Record of Employee's Address and Emergency Information
- D-1199, Direct Deposit Authorization (if appropriate) or D-260, Waiver of Electronic Funds Transfer

**Review Process for the OF-306 (Supervisor Function Only)**

*Added 06/2010*

Managers must review the OF-306, Declaration of Federal Employment, and determine an employee's eligibility based on background responses to questions on the form. Supervisors will review the OF-306s for employees who selected 'Yes' to the Background Information questions and/or entered text in Item 16. The review process will require managers to select a 'Yes' or 'No' radio button, enter their initials, and save the information. Refer to your Administrative Coordinator for legal guidance review material.

Additionally, three new reports (*D-302, Employees to be Terminate*; *D-303, Pending Supervisor Empl Review*; and *D-304, Employees Under Review*) have been added to DAPPS for the monitoring and reviewing of the eligibility questions on the OF-306.

The *D-302, Employees to be Terminated* report displays the name of any employee who the supervisor has identified as an eligibility issue and are recommending a termination be processed.

**NOTE:** Employees identified on the D-302 report will need to

have a termination action processed. When employees are terminated for suitability issues, the action should be processed as conduct, using Reason Code CON and Authority Code ZLJ. All employees terminated for conduct need to have a Disciplinary Adverse Action File (DAAF) completed. The DAAF should contain the following:

- A completed D-283, *Documentation of Termination for Conduct and/or Performance Problems*. The reason is Suitability Issue.
- A D-291, *DAPPS Update Form*. Complete Items 1 through 6d for a Termination and check box 4, for Conduct.
- A copy of the SF-50, *Notification of Personnel Action* (payroll copy).
- A copy of the D-303, sanitized to only show the name of the employee that is on the label of the DAAF.

The D-303, *Pending Supervisor Empl Review* report displays employee(s) pending a supervisor's review. The supervisor will select employee names from this list to verify that the responses to the eligibility questions on the OF-306 were entered into DAPPS correctly, by comparing them to the paper OF-306, as well as review the responses. This report also lets the supervisor know that new hire and rehire actions are waiting to be reviewed.

The D-304, *Employees Under Review* report displays employee(s) who ever had a supervisor review due to the responses on the OF-306. Employees will be listed on this report if they have gone through a supervisor review and were recommended for a termination, or the hire or rehire action processed with no additional action necessary.

The reports can be found in DAPPS under:

BOC Workforce Administration>HR Reports>*Employees to be Terminated, Pending Supervisor Empl Review*, and *Employees Under Review*

For further guidance on reviewing OF-306s or the reports, refer to the D-581.

#### **Effective Dates**

The effective date of a personnel action cannot be earlier than the date the manager or supervisor approves the request, unless the action is for a death, resignation, or a correction and/or cancellation.

Use the date the Oath of Office is administered as the effective date for new hire and rehire personnel actions.

The employee's supervisor as noted on the completed D-291, DAPPS Update Form, will determine the effective date for subsequent personnel actions. Most personnel actions will be effective the first day of the pay period. Refer to the section titled, Initiating a Request for a Personnel Action for Intermittent Employees on page 8-26 for instructions on the use of the DAPPS Update Form.

The majority of personnel actions must have an effective date of Sunday, the beginning of a pay period.

Exceptions to this rule include personnel actions for:

- Extension of Appointment NTE
- Resignation
- Death
- Data change

#### Duty Station

A duty station is the city, county, and state in which the employees perform the majority of their work. The duty station for employees assigned to an office position (clerk and OOS) defaults in DAPPS to the city, county, and state in which the office is located.

The duty station for field employees (Enumerators, Crew Leaders, FOSs, Partnership Assistants, and Recruiting Assistants) will be their home address.

In DAPPS, the nine-digit duty location code must be entered for all positions. Detailed instructions for identifying the appropriate duty location code is contained in the *D-581, DAPPS Operating Manual*, Chapter 6.

**Note:** The duty station of RA is at regional discretion.

#### SF-50, Notification of Personnel Action

Once clerks enter personnel action data into DAPPS, an automated SF-50, Notification of Personnel Action, needs to be generated. The SF-50 is a three-part form used to provide a chronological record of Federal employment and the various subsequent personnel actions processed and to notify employees and their payroll office of the actions that have occurred.

- Copy 1 – Employee (If termination action, also include an SF-8, Notice to Federal Employees About Unemployment

Insurance)

- Copy 2 – Official Personnel Folder (OPF)
- Copy 3 – Payroll

Most personnel actions entered into DAPPS will generate an SF-50. However, because the data listed below is not displayed on the SF-50, changes to any of the following employee data will not generate an SF-50:

- Home or mailing address
- Tax information
- Telephone number
- Disability code
- Ethnic group code
- Gender code

#### **Review of SF-50, Notification of Personnel Action**

Administrative Clerks verify the items on the SF-50 against the original input document(s) to ensure that the data were processed correctly. For example:

- The RD's name and title must appear in Item 50, Signature/Authentication and Title of Approving Official (electronically generated before the SF-50 is printed).
- For new hires, clerks validate each SF-50 against the data on the BC-170D, Census Employment Inquiry; BC-61, Appointment Affidavits; D-155, Applicant Data Sheet.
- For rehires, clerks validate each SF-50 against the position data on the D-155, Applicant Data Sheet and BC-61, Appointment Affidavits.
- For subsequent personnel actions, clerks validate each SF-50 against the D-291, DAPPS Update Form, and any other forms required to process the action.

#### **Position Descriptions**

A position description (PD) is a narrative statement of the specific duties and responsibilities comprising the work assigned to an employee. Employees may receive a copy of their assigned PD, upon request, whenever a personnel action is processed for a new hire/rehire or when changing their position title. Contact the RCC for copies of the LCO position descriptions, if needed.

**Reconciling Hire Actions  
against the Training  
Record Control Log**

After all the hire actions are completed, the AMA or the OOS should complete the following tasks to ensure that the number of personnel actions processed reconciles with information contained in the TRCL.

1. Run the Personnel Actions History Report for hire, rehire, and reassignment/conversion actions for the dates that the actions were performed for the specific operation.
2. Compare the number of hires on the Personnel Actions History Report with the total number of hires from the TRCL. If there are discrepancies, the AMA must investigate the difference to ensure that all new employees are hired, as appropriate.
3. Complete all the columns on the TRCL for each operation.

**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 reused 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 and yellow copies)
- 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-991 (PA), Overtime Policy Agreement for Partnership Assistants
- D-992, Overtime Policy Agreement for Office Operations Supervisors and Clerks
- D-1129, Personal Telephone Reimbursement Policy Agreement for 2010 Census Staff

#### **Official Personnel Folder**

An SF-66, Official Personnel Folder (OPF), is established for each federal employee.

The OPF contains the official records and documents pertaining to the individual's employment with the federal government.

The OPFs, for all LCO office and field intermittent employees will be prepared and maintained at the RCC for the duration of their employment. It is the RCCs responsibility for ensuring the OPFs are prepared, maintained, and retired, appropriately.

The personnel documents for managers, assistant managers, and administrative assistants, for National Finance Center employees will be kept in the OPF at Headquarters (HQ), HRD. The RCC will forward the documents using Form 11-100, Transmittal, to HQ.

**Disposition of  
Appointment Materials***Updated 03/10*

Managers use the information on personnel forms to prepare and verify personnel reports, work measurement statistics, and make qualification determinations. The information contained on most personnel forms and reports is confidential. Any employee who wrongfully discloses confidential information is subject to a fine, imprisonment, or both.

The disposition and distribution of personnel forms are as follows:

**D-168, New Employee Data**

Information on this form is strictly confidential and must be shredded after the data are successfully entered into DAPPS.

**I-9, Employment Eligibility Verification**

File alphabetically in a separate file folder, labelled I-9s. Retain the I-9 for three years after a person enters on duty or one year after a person's employment is terminated, whichever is later. If rehired, the employee must complete a new I-9 form. Do not transfer an employee's I-9 to the next employer.

**SF-50, Notification of Personnel Action (payroll copy); D-155, Applicant Data Sheet; CD-415, Record of Employee's Address and Emergency Information (white and yellow copies) and the PII Training Certification**

File in the employee's working personnel/payroll folder in chronological order.

Additionally, staple the following forms to the OPF copy of the SF-50 and forward using Transmittal Form 11-100, to the RCC for OPF filing:

- SF-50, Notification of Personnel Action (OPF Copy).
- BC-170D, Census Employment Inquiry (attach the D-270.1, Supervisory Applicant Reference Sheet to the BC-170D)
- D-270.1, Supervisor Applicant Reference Sheet (Only for selected supervisory applicants.) **Note:** The D-270.1 should remain in the applicant folder for supervisory applicants not selected. Once selected, forward to the RCC along with the BC-170D and other appointment paperwork. Do not file D-270.1 in the WPPF.
- OF-306, Declaration for Federal Employment.
- CD-415, Record of Employee's Address and Emergency

Information (Pink Copy).

- BC-61, Appointment Affidavits.
- D-186s, 2010 Census Employment Agreements, Temporary Excepted Service.

Mail the Employee Copy of the SF-50 to employees.

### **Transferring Administrative Forms to the RCC**

The LCO administrative staff will use the Form 11-100, Transmittal, as a cover sheet to document via Federal Express mail, in a double wrapped envelope, the transferring of personnel forms (includes subsequent OPF copies of the SF-50), payroll, other administrative forms, or materials to the RCC.

### **Most Frequently Processed Personnel Actions**

The following personnel actions are frequently processed for intermittent LCO office and field employees. Refer to the *D-581, DAPPS Operating Manual*, for detailed processing procedures and further guidance.

#### **Appointment Actions**

**Excepted Appointment NTE** – An appointment to an excepted service position on a temporary basis (includes a rehire action).

- LCO intermittent office and field staff NTE date is six (6) to eight (8) weeks, depending on the length of the operation, from the effective date of the excepted appointment.

**Extension of Appointment NTE** – A personnel action used to extend an employee's temporary appointment.

- An employee's NTE may be extended in increments of six (6) to eight (8) weeks, but total service cannot exceed two years for intermittent office and field staff.

**Conversion to Excepted Appointment NTE** - A personnel action used to change an employee from one excepted appointment to another appointment for a specified period of time. For example, changing an employee from one position and/or hourly pay rate (increase or decrease) to another or changing an employee's duty station within the boundaries of the LCO/RCC.

**Separation Actions**

**Resignation** – A separation action initiated by employees because of their desire to terminate employment with the Census Bureau.

**Termination** – A separation action initiated by LCOMs or assistant managers for various reasons such as expiration of appointment, lack of work, and performance or conduct problems.

**Processing Other Personnel Actions**

Other personnel actions such as a name change, death, or correction/cancellation to an existing action may also be processed during the course of an employee's employment. Refer to the *D-581, DAPPS Operating Manual*, for detailed processing instructions and further guidelines.

**Initiating a Request for a Personnel Action for Intermittent Employees**

A supervisor must complete a D-291, DAPPS Update Form, to initiate a request for a personnel action or document changes or updates to an employee's personnel data such as address, telephone number, tax information, and so on. D-291 initiators forward the D-291 to their supervisor for approval (only if an SF-50 is required) and then to the AMA for processing. Changes or corrections to Items 10 and 12 or 14 through 15 on the D-291 do not require a manager's signature.

**Completing the D-291, DAPPS Update Form****Supervisor's Responsibilities**

- Enters the employee's name and employee ID (if known)
- Enters the proposed effective date
- Completes the appropriate data items for the action being requested
- Enters their name, title, date, and signature
- Keeps the *pink* copy for originator's files
- Gives the completed D-291 to the appropriate manager for approval

**Manager's**

- Reviews and approves

- |   |  |
|---|--|
| <b>Responsibilities</b>   | <ul style="list-style-type: none"><li>• Retains <i>yellow</i> copy of D-291 for manager's files</li><li>• Forwards <i>pink</i> copy of D-291 to the initiator (if initiator is an FOS or crew leader)</li><li>• Hand-carries <i>white</i> copy of D-291 to the OOS for administrative processing</li></ul>   |
|   | <b>OR</b>  |
|   | <ul style="list-style-type: none"><li>• Reviews and disapproves</li><li>• Contacts the initiator to discuss reason(s) for disapproval</li><li>• Keeps <i>yellow</i> copy of D-291 for manager's files</li><li>• Returns <i>white</i> and <i>pink</i> copy to the initiator</li></ul>   |
| <b>Office Operations Supervisor's Responsibilities</b>            | <ul style="list-style-type: none"><li>• Reviews D-291 for missing data and/or signatures</li><li>• Writes name of administrative clerk and date received in space provided</li><li>• Hand-carries the D-291 to the administrative clerk for DAPPS data entry</li></ul>   |
| <b>Personnel Clerk's Responsibilities</b>                         | <ul style="list-style-type: none"><li>• Enters data into DAPPS</li><li>• Enters the date processed in the space provided on the D-291</li><li>• Files the D-291 in the employee's personnel/payroll folder (<i>white</i> copy)</li></ul>   |
| <b>Actions a Supervisor Can Request</b><br><i>Updated 11/2009</i> | <p>Supervisors can initiate a personnel request for employees, or on behalf of an employee, for any of the following reasons:</p> <ul style="list-style-type: none"><li>• Convert the employee from one position to another where the hourly rate of pay is either increased or decreased within their area of responsibility.</li><li>• Extend the employee's appointment.</li><li>• Report the death of an employee.</li><li>• Terminate the employee's appointment due to lack of work.</li><li>• Terminate the employee's appointment due to performance or conduct problems (D-283 documentation is required).</li><li>• Terminate employee's appointment due to expiration of the appointment.</li></ul> |

- A Mass Change Lite Reassignment action used only when reassigning an employee from one LCO to another LCO to complete an operation. A Mass Change Lite Reassignment allows the employee to retain the highest pay rate of the two LCOs.

**Actions an Employee Can Request**

Employees can initiate a request *in writing* to:

- Resign their position (must give a written reason).
- Report a name change resulting from marriage or court order (must have official documentation).
- Report a change of address.
- Report a change to personal data relating to taxes, telephone number, and so forth.

**Processing Multiple Personnel Actions**

When supervisors want to process the *same* personnel action, using the *same* effective date, for multiple employees, they should complete one D-291, DAPPS Update Form, and attach a list containing each employee's name and employee ID. For example, processing a *conversion* action to reassign two or more enumerators to crew leader positions.

**Note:** For reasons of privacy, clerks must remove (using white out or a black/blue pen) the Employee ID number of other employees on the attached list before filing a photocopy of the D-291 in each employee's personnel/payroll folder.

**Moving Personnel to New Positions**

Consider employees who demonstrate exceptional work qualities and always meet or exceed production standards for higher-level positions if the employee qualifies and a position is available.

**Moving an Intermittent Field or Office Employee to a New Position**

After determining that employees meet the basic qualifications of the new position, their supervisor completes a D-291 requesting a conversion personnel action for the employee.

Make the effective date of the conversion the first day (Sunday) of the next pay period.

**Guidelines for Noncompetitive Conversion Under**

Current 2010 Census employees who are immediately available, and who have demonstrated the required skills and abilities, will be considered for higher-level positions. Most often, these

**Battlefield Conditions**

conversions will occur under *battlefield* conditions, where typical administrative procedures to select the candidate through the rating and ranking process are not feasible.

Managers must make selection conversions quickly to prevent serious operational interruptions. This process is similar to the noncompetitive, temporary promotions in the competitive service. These guidelines set forth procedures to convert the experienced, excepted service employees for all positions with appointments less than one year in the 2010 Census LCOs. Employees may be converted to a higher-level position without considering outside candidates. This type of conversion, or battlefield promotion, might be appropriate if a Crew Leader resigned during the first week of work. The FOS reviews the performance and production of each Crew Leader Assistant and then selects one who has demonstrated the ability to perform the duties of the Crew Leader position.

This personnel decision is considered a *battlefield conversion*. Veterans' preference for hiring purposes does not apply because the granting of preference pertains only to an initial appointment, not subsequent conversion actions. Such conversions are analogous to promotion within the competitive service.

All good standing employees who currently hold a position under the Census Bureau's temporary Schedule A authority may be considered for conversion to a higher level, contingent upon the following guidelines:

- A candidate may be converted without a certificate list or the rating or ranking of eligible candidates. The manager or supervisor retains the discretionary power to convert the employees whom he or she believes would be most likely to succeed at that position (generally based upon past performance and experience).
- Merit System Principles (Title 5 USC, Section 2301) and Equal Employment Opportunity (EEO) principles are applicable.
- Converted candidates must meet the qualification requirements for the higher-level position.

The above procedures apply to excepted service personnel only. They do not apply to competitive service employees.

**Administrative Procedure for**

The Battlefield Promotion is initiated with the completion of a D-291, DAPPS Update Form as a conversion action. The effective date of the conversion should be the date the Battlefield

**Battlefield Promotions**

Promotion occurred and was submitted by the appropriate assistant manager.

The AMA or OOS should run the Battlefield Promotions report every Monday. This report will show any employees with discrepancies between positions in DAPPS and Operations Control System (OCS). In other words, the Battlefield Promotion was processed in OCS before it was processed in DAPPS. The report is located in the Reports section of BOC Hours and Expenses in DAPPS. Refer to the D-581, DAPPS User Guide for procedures on running this report.

If there are employees on the Battlefield Promotions Report, the AMA or OOS must review the bin with pending personnel actions to see if there is a D-291, conversion action, for these employees. If a D-291 cannot be located, the Battlefield Promotions Report is given to the appropriate assistant manager so that a D-291 can be located and sent to the AMA and the employees converted to their new position. This should be done before the closeout of payroll later in the week.

The Battlefield Promotions report is also run as a part of the procedures for closing out hours and expenses.

**Moving a LCO Field  
'Decennial' Employee  
to a Census Coverage  
Measurement  
Operation**

LCO employees assigned to a decennial operation may be transferred from that assignment to a Census Coverage Measurement Operation (CCM). However, **after working on a CCM operation, the employee cannot be hired for any current or future 2010 Census operation.**

The employee can work on future CCM operations. If a region needs a CCM employee to work on decennial operations, a request must be sent to the Branch Chief DAB. The DAB Branch Chief will work with other HR personnel and provide the RCC with an approval.

An applicant who was selected for a CCM position can only be hired in a future decennial position in the following instance:

*If an applicant is selected for a CCM operation and did not show up for the training session, but still wishes to be considered for a position (decennial/CCM), and their reason for not attending the training justifies future consideration, the AMA or OOS will change the applicant's status to available and the applicant will appear on future selection certificates (decennial/CCM) for which he or she qualifies.*

**Special Sworn Status  
(SSS)***Updated 09/2009*

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 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, 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. The military POC is no longer required to complete part A, number 2 of the BC-1759(D). Furthermore, they can provide their work address and work telephone number in lieu of their home address and home telephone number under part A, number 4.

**COTR/Sponsor Responsibilities**

Each 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. The Sponsor is usually the Assistant Manager for Administration (AMA) at the LCO.

The COTR/Sponsor in the 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](http://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/](http://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 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 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](http://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](http://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 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 a 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 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 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 For**

The contractor or SSS individual must complete Part A, Identification; Part B, Waiver of Compensation; top portion of

**BC-1759, Special Sworn Status**

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.

#### **Use of Interpreters**

Occasionally, a field employee may require the services of an interpreter/cultural facilitator because of a language barrier.

In these situations, field employees should attempt one or more of the following:

- Try to locate a volunteer within the household or group that speak the language in question, and is willing to assist.
- Contact a co-worker who speaks the language.
- Contact your supervisor to arrange for an interpreter/cultural facilitator.

#### **Procedure for renewing SSS**

To renew contractor and SSS status to individuals, the COTR or Sponsor should complete and sign a Validation and Request for Contractor/Special Sworn Status Individual Renewal memorandum.

The memorandum must be submitted to the Office of Security (OSY), Counter-Espionage Branch, Room 2J440, in advance of the individual's SSS expiration date.

Upon verification of individual records in OSY, the renewed SSS and approved access will be granted, provided investigation requirements are met. If a new or updated investigation is required, one will be initiated at that time.

A copy of the Validation and Request for Contractor/Special Sworn Status Individual Renewal memorandum is included in the Appendix of this manual.

**Contracting for  
Interpreters**

Supervisors are required to arrange for paid interpreters and/or cultural facilitators when no employees, including FOSs, are available to overcome the language/cultural barrier. The hourly rate of pay for an interpreter/cultural facilitator is equal to that of an Enumerator. Form D-477, Contract for Interpreter Services, is required before a payment can be made. The LCO submits the *white* (original) copy of the D-477 to the RCC.

When field employees pay the interpreter, they must prepare a D-477, Contract for Interpreter Services, as follows:

- Fill in the *To be Completed by Enumerator* section at the bottom of the form.
- Ensure that the interpreter/facilitator has completed Items 2 (name, date, address, and telephone number) and 3 (amount received or per hour salary rate), and signed and dated the form in the space provided.
- Give the *pink* copy of the D-477 to the interpreter/facilitator.
- Claim reimbursement for the expense on their D-308, Daily Pay and Work Record.
  - Record the amount in Part B, Item 2, *Reimbursements-Other*.
  - Attach the completed *white* copy of the D-477 to the D-308
- Give the D-308 along with the *white* and *yellow* copies of the D-477 to their supervisor. Supervisors forward the *white* copy to the LCO payroll area and retain the *yellow* copy for their files.

**Note:** Reimbursements are included in the employee's weekly salary paycheck.

**When field employees do not make an immediate payment to the interpreter,** they must prepare a D-477, Contract for Interpreter Services, as follows:

- Fill in the *To be Completed by Enumerator* section at the bottom of the form.
- Ensure that the interpreter/facilitator has completed Items 2 (name, date, address, and telephone number) and 3 (amount received or per hour salary rate), and signed and dated the form in the space provided.
- Give the *pink* copy of the D-477 to the interpreter/facilitator.

- Tell the interpreter/facilitator that they will receive a check for services rendered within eight or nine workdays. The check will be mailed to the address shown on the D-477.

Give their supervisor the *white* and *yellow* copies of the D-477. Supervisors forward the *white* copy to the LCO payroll area and retain the *yellow* copy for their files.

**When employees' supervisors provide funds for the interpreter,** the employees must prepare a D-477, Contract for Interpreter Services, as follows:

- Fill in the *To be Completed by Enumerator*, section at the bottom of the form.
- Ensure that the interpreter/facilitator has completed Items 2 (name, date, address, and telephone number) and 3 (amount received or per hour salary rate), and signed and dated the form in the space provided.
- Pay the interpreter/facilitator with the funds provided by their supervisor.
- Give the *pink* copy of the D-477 to the interpreter/facilitator.
- Give their supervisor the *white* and *yellow* copies of the D-477. The supervisors will:
  - Keep the *yellow* copy for their files.
  - Fill in Claim reimbursement in Part B, Item 2, *Reimbursements-Other*, on their D-308.
  - Attach the completed white copy of the D-477 to the D-308.
  - Forward the D-308 and attached D-477 to the payroll section of the LCO to begin the payment process.

**Note:** Reimbursements are included in the employee's weekly salary paycheck.

#### **Accommodations for Disabled Employees**

The Rehabilitation Act empowers individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society, in part, through the guarantee of equal opportunity and to ensure that the federal government plays a leadership role in promoting the employment of individuals with disabilities, especially individuals with severe

disabilities.

Refer to Chapter 6 for a discussion of qualified disabled individuals and the types of reasonable accommodations that may be made at the time of census testing. Additionally, Chapter 19 contains a comprehensive discussion of the Census Bureau's EEO programs.

## Topic 2: Releasing Employees

### Reasons for Releasing Intermittent Employees

Intermittent office and field employees can be released from federal service at the request of LCO and/or RCC management for a number of reasons including:

- Completion of their work assignment and no work remains to be done.
- Less than satisfactory job performance.
- Unacceptable conduct.
- Falsifying data.
- Falsifying employment records.
- Expiration of appointment.

**Note:** Some employees who are released due to falsification of employment records may be entitled to procedural and appeal rights. Contact the RCC for guidance.

### Completion of Work Assignment

When employees complete their assignments and supervisors determine that their services are no longer required, the appropriate supervisor or manager completes a D-291, DAPPS Update Form, for each employee being released.

### Unsatisfactory Work Performance or Unacceptable Conduct

*Updated 02/2010*

When an employee's work performance is unsatisfactory, one or more of the factors below usually are true. The employee:

- Does not fully understand the requirements of the job.
- Is not suited for the type of position and cannot comprehend the procedures.
- Is not working enough hours to keep on schedule.
- Is not really engaged in the job.

Other indications of less than satisfactory job performance and/or unacceptable personal conduct include:

- Low productivity and poor work quality (excessive errors).
- Not keeping scheduled appointments with supervisors.
- Unacceptable public relations (overly aggressive, argumentative, or otherwise irritating to respondents and/or co-workers).

When supervisors observe unsatisfactory work performance and/or unacceptable conduct on the part of their employees, they must promptly discuss, and document (*see Documenting Work Performance or Conduct Problems on the following page*), the matter with the employee(s).

The employee(s) must be told:

- The specific reason(s) why their work performance is unsatisfactory.
- The changes needed to improve their job performance.
- The consequences of continued poor performance and/or unacceptable conduct (termination of employment).
- The period of time the employee has to improve and/or correct the performance problem.

Due to the short-term nature of most census operations, employees must show improvement quickly. Generally, supervisors give Enumerators and Crew Leaders 24 to 48 hours to *improve their performance*.

Do not allow an employee with less than satisfactory work performance and/or conduct problems to continue work. Supervisors must document and recommend the employee's release on a D-282, Documentation of Conduct and/or Performance Problems. This form is discussed in the section titled, Documenting Work Performance or Conduct Problems, on the next page. If performance or conduct issues are not resolved within the time given to the employee as documented on the D-282, the employee may be terminated.

The first line supervisor reviews the situation with the second line supervisor. If the two agree to terminate the employee, a D-283, Documentation of Termination for Conduct and/or Performance Problems must be completed. Before the employee is terminated, the D-283 must be reviewed and signed by the LCOM or their designee. For CCM operations, the CCM Manager will sign all D-283s.

When releasing an employee, the requesting supervisor must also complete Items 1, 2, 5, 6d, and 16 on the D-291, DAPPS Update Form, and obtain the appropriate signatures prior to submitting the form to the AMA.

If someone has been counseled for conduct or performance and elects to resign in lieu of being terminated, complete the D-283,

check the box resigned in lieu of termination, process the termination for Lack of Work, in the applicant side, change the employee from Experienced to Ineligible and enter in the comment, "Employee had conduct or performance issues -- Do Not Rehire."

**Note:** In the case of an expiration of appointment, only the immediate supervisor's signature is needed on the D-291. In Item 6d, the supervisor checks Expiration of Appointment.

If employees believe they are being discriminated against because of race, color, religion, gender, sexual orientation, national origin, age (40 years and over), or physical/mental disability, they should process their complaint through the EEO Officer at the RCC.

When the terminated employee(s) are veterans who have one year of continuous service with the Census Bureau or one year of continuous employment in combination with another federal agency (in the same line of work), they are entitled to the same appeal rights provided to RCC employees. Call the RCC for guidance.

Before recommending terminating an employee for poor work performance, discuss the situation with your supervisor and get approval. Then meet with the employee and explain that his or her work performance is still not at a satisfactory level and his or her appointment is terminated. After your supervisor approves the termination action, your supervisor will need to complete a D-283, Documentation of Termination for Conduct and/or Performance Problems and forward the D-283, accompanied by a copy of the D-282, to the LCOM. Your supervisor will obtain the necessary approval signatures and forward the D-283, D-282 and the D-291 to the AMA for processing.

**Note:** Do not process terminations for employees whose work is satisfactory or better and who have not yet reached their NTE dates without approval of the appropriate assistant manager. These employees may be needed to assist in subsequent operations. The AMA should provide a NTE Tickler Report, D-255, to the LCOM, weekly for a review of those staff that are at or near the expiration of their NTE date.

#### **Documenting Work Performance or Conduct Problems**

In addition to counseling employees with performance and/or conduct problems, supervisors are required to document *each* occurrence by completing a Form D-282, Documentation of

Conduct and/or Performance Problems. The D-282 is exhibited in Appendix A.

Supervisors document employee problems in Section B, noting the nature of the problem, the date of occurrence and the supervisory action(s) taken. Additionally, supervisors cite the rule or policy from Title 13 that the employee violated and indicate if prior counseling or formal disciplinary action was ever taken.

Supervisors document employee performance problems in Section B, noting job performance standards and the related employee deficiencies. Additionally, supervisors note the action(s) taken such as counseling, closer supervision, additional training, and so on.

**Chain of Command**

Use the Chain of Command chart (Table 8-1) below to determine the first and second level supervisors for field positions. Then refer to the Authority for Recommendation and Approvals chart (Table 8-2) on the next page to determine the type of actions they have authority to initiate/approve.

*Table 8-1: Chain of Command  
updated 07/2009*

	FIRST LEVEL	SECOND LEVEL	THIRD LEVEL	FOURTH LEVEL	FIFTH LEVEL
Enumerator/Crew Leader Asst. (CLA)	Crew Leader (CL)	Field Operations Supervisor (FOS)	Assistant Manager for Field Operations (AMFO)/Assistant Manager for Quality Assurance (AMQA)	LCO Manager (LCOM)	Area Manager
Clerk	Office Operations Supervisor (OOS)	AMFO/AMQA/AMR/AMA	LCO Manager	Area Manager	
Recruiting Asst. (RA)	Assistant Manager for Recruiting (AMR)	LCOM	Area Manager		
Partnership Assistant (PA)	Partnership Specialist/Senior Partnership Specialist	Partnership Coordinator	Assistant Regional Census Manager (PDS)		
Assistant Manager for Technology (AMT)	LCO Manager (LCOM)	Area Manager			
Office Operations Supervisor (OOS)/Field Operations Supervisor (FOS)	Appropriate Assistant Manager	LCOM	Area Manager		

Table 8-2: Authority for Recommendation and Approvals

	ENUMERATOR	CLA/ RA/ PA	CLERK	CL	FOS	OOS	AMFO/ AMQA	LCOM	AREA MANAGER
Recommends overtime for approval for one level lower...completes the CD-81				✓	✓	✓	✓	✓	✓
Approves overtime...signs the CD-81							✓	✓	✓
Counseling Documentation regarding Conduct or Performance...Recommends termination for one level lower...completes the D-282				✓	✓	✓	✓	✓	✓
Approves termination for two levels lower...approves and signs the D-282 and completes the D-283					✓	✓	✓	✓	✓
Recommends employment changes including position conversions, promotions and retention for one level lower...completes D-291				✓	✓	✓	✓	✓	✓
Approves staffing changes including two levels lower...approves the D-291					✓	✓	✓	✓	✓
Signs that the D-291, CD-81, D-282 and D-283 have been reviewed							✓	✓	✓

**Falsifying Records  
and/or Data**

Employees must fill all personnel and payroll forms accurately and completely. They must claim only those hours actually worked and expenses incurred while on official business. If supervisors, clerks (personnel/payroll), or other employees suspect someone of entering false data on any form, including questionnaires, they must inform their supervisor who will in turn inform the appropriate assistant manager.

If an investigation reveals actual falsification of records, data or application information, the LCOM must immediately notify the Area Manager and also document the facts by completing:

- D-282, Documentation of Conduct and/or Performance Problems
- D-283, Documentation of Termination for Conduct and/or Performance Problems (if appropriate)

Any termination for overtime violation must be brought to the attention of the Area Manager.

**Note:** Under no circumstances should an employee be released until the situation is discussed, the facts reviewed, and permission is received from the second line supervisor to terminate. Some employees terminated for falsifying employment records may be entitled to procedural and appeal rights. Contact the RCC for further guidance.

#### **Recordkeeping** *Updated 01/10*

Establish a Disciplinary Adverse Action File (DAAF) for each employee (by name) involved in a performance or conduct-based action. Maintain the DAAF in the LCOM's office in a locked file cabinet. The DAAF is to be kept separate from the employees WPPF. The WPPF is not to be moved to the DAAF.

All materials must have a date and name identifying the employee and the signature of the supervisor initiating the request, in the event the documentation is released under the provisions of the *Privacy Act* or *Freedom of Information Act*.

File the following forms, which are directly related and pertinent to the action taken, in the DAAF.

- D-282, Documentation of Conduct and/or Performance Problems
- D-283, Documentation of Termination for Conduct and/or Performance Problems (original)
- SF-50, Notification of Personnel Action (copy)

Do the following:

- Mail a copy of the termination SF-50 (Employee copy) and a Form SF-8 to the employee.
- Mail a copy of the SF-50 to the administrative staff in the RCC to file in the employee's OPF.
- Label and forward the DAAFs to the RCC when the LCO closes.

**Note:** If the employee files an EEO complaint, the RCC must maintain the DAAF for seven years after the case is closed. If the

case is appealed, the RCC must maintain the DAAF for seven years following the date of the final decision.

Employees are not entitled to view D-282, Documentation of Conduct and/or Performance Problems, or D-283, Documentation of Termination for Conduct and/or Performance Problems, unless an action is taken in which the employees have the right to examine the materials relied upon to take the adverse action.

For example, when the employee files an EEO complaint or grievance. In the situations described in the above example, employees have the right to view the D-282 and D-283 since these forms would be given to the investigator.

## **How to Release Intermittent Employees**

### **Employee Resignations**

Employees who wish to resign must submit a written request for resignation to their supervisor. The request should include the employee's name, employee identification number (EmpID), effective date of resignation, and a brief reason for the resignation. Employees determine the effective date of their resignation.

If the resignation is made verbally, try to obtain written confirmation of the resignation from the employee. If this is not possible, the person to whom the resignation request is made (usually the supervisor) must prepare a memorandum for the record documenting the employee's request to resign.

Ask employees to complete their final D-308, Daily Pay and Work Record. Enter *Employee's last workday* in Part A, Item 3. The supervisor (or timekeeper for office employees) certifies the D-308 and forwards it to the administrative staff for processing.

The supervisor or appropriate assistant manager should complete a form D-291. Blocks 1, 2, 5 and 6D must be completed. Attach either the employee's written resignation or a memorandum for record.

### **Processing Personnel Action for Terminated Employees**

Upon receipt of the employee's D-291, *DAPPS Update Form*, personnel/payroll clerks process the termination action using the instructions contained in the *D-581, DAPPS Operating Manual*.

**Form D-291.1**

**Note: This form only applies to Stockton (2728) and Fayetteville (2824) ELCOs.**

The D-291.1, *Supplemental Form for Employee Resignations and Terminations*, is to be completed for all LCO non-managerial staff whenever a D-291, DAPPS Update Form, is completed for resignations and terminations. The separated employee's supervisor, or another person familiar with the on-the-job performance of the separated employee, should complete the form.

All supervisors should route the completed D-291.1 to the AMA along with the accompanying D-291, DAPPS Update Form. On a weekly basis, the AMA should forward all D-291.1s that have been processed that week to the Administrative Officer in the RCC. If a D-291 is sent to the LCO administrative area for processing without a D-291.1, the AMA should contact the appropriate assistant manager with a request to have a D-291.1 produced for this particular employee.

The information provided on D-291.1, will be used solely to help evaluate decennial selection tests. It is not intended for use and should not be used to inform future hiring decisions for the separated employee or for any other personnel actions.

**Replacing Terminated Employees**

When employees resign or are released because of work performance and/or conduct problems before completing their entire assignment, assign the person's work to another employee, if feasible. Otherwise, a new employee may need to be hired. Supervisory approval is required to hire a new employee(s).

**Processing a Termination Action for Each Employee When the Office Closes**

Process a *Termination* personnel action (depending on the circumstance – lack of work or expiration of appointment) for each employee before closing the LCO.

### Topic 3: Other Personnel Issues

#### Reporting the Death of An Employee

Report all Census Bureau employee deaths immediately to the LCOM who will promptly relay the information to the RCC. Provide the following information:

- Employee's name, age, and address
- Name and address of next of kin
  - Refer to the SF-1152, Designation of Beneficiary (for Unpaid compensation of Deceased Civilian Employee), if available, or the 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

When an employee dies, while in service, regardless if the death was work related or not, all payments are suspended until it is determined who is the proper recipient of the unpaid compensation which may include salary, reimbursements, and so on. The recipient is determined by a designation of beneficiary form for the order of precedence. The unpaid compensation is paid by a hard copy check to the proper recipient.

The RCC will provide further guidance as necessary.

#### Death Cases for Intermittent Employees Only

Process a *Death* personnel action (NOA Code 350) as a result of the death of an intermittent Census Bureau employee. Use the date of death as the effective date of the personnel action. A certified copy of the death certificate and a completed SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee, is required before processing the personnel action. If the employee died as a result of a work-related injury, refer to Chapter 15, Safety, Accidents, and Injuries, for additional instructions.

Proceed as follows:

- Mail the *OPF Copy* of the SF-50 to the RCC.
- Mail the *Employee Copy* of the SF-50 to the employee's survivor or representative of the estate with an explanation letter that contains an expression of condolence (if letter is addressed to a family member). Refer to the sample letter below.
- Provide the employee's next of kin an SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee. Include a self-addressed return envelope with instructions on how to complete the form and an explanation that completion of the form is mandatory in order to receive the unpaid salary of the deceased employee. The next of kin must complete the SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee (if applicable CA-5 and CA-5b) and return it to the AMA.
- Provide a copy of Form CA-5, Claim for Compensation by Widow, Widower, and/or Children, if applicable. This form is used for claims compensation on behalf of these dependents when injury results in death.
- Provide a copy of Form CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren, if applicable. This form is used for claims compensation on behalf of these dependents when injury results in death.

*(Sample of Explanation letter)*

(Date)

(Enter survivor's full name)

(Enter address)

Dear (Enter survivor's name here),

We are very saddened to learn of the recent death of your (Enter relationship to employee). Please accept our deepest and heartfelt condolence at this most challenging time.

Your (Enter relation here) Federal service entitles you to unpaid compensation (salary, annual leave, etc). To apply for unpaid compensation, you will need to complete the Form SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee. Sign the document in front of two witnesses and have them complete the witness portion of the form. Any checks not cashed that you may have received since your (Enter relation here) death must be returned to my attention. A copy of the certified death certificate is also needed to process your claim form.

The unpaid compensation is paid from our payroll system, the Decennial Applicant Personnel and Payroll System. Please allow up to four weeks after we receive your completed claim form to receive payment.

Our thoughts are with you and your family at this most difficult time of loss. Please do not hesitate to call with any questions to (Enter RCC Administrative Coordinator telephone number).

Sincerely,

(Enter appropriate name)

(Enter appropriate title)

(Enter appropriate Regional Census Center)

Enclosure

**Death of an Employee While on Official Duty**

When Census Bureau employees die as a result of injury in performance of duty or because of an employment-related disease, their immediate supervisor must complete a Form CA-6, Official Supervisor's Report of Employee Death. The completed form should be accompanied by a certified copy of the death certificate.

The CA-6 eliminates the need for the immediate supervisor to complete 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.

Forward the following documents to the RCC:

- SF-50, Notification of Personnel Action (OPF Copy)
- CA-6, Official Supervisor's Report of Employee Death  
Certified copy of death certificate

**Note:** Completing the CA-6 is not necessary if the death occurred while in a nonduty status.

**Reporting Waste, Fraud, and Abuse**

In accordance with U.S. Commerce Department policy, employees are required to report to their supervisors or to the Office of the Inspector General (OIG) information concerning:

- The possible existence of a violation of law, rules, or regulations
- Mismanagement
- Gross waste of funds
- Abuse of authority
- A substantial and specific danger to public health or safety

Failure to report such information may result in disciplinary action, including dismissal. However, employees are protected by law from reprisal for making any disclosures supported by reasonable evidence. Each LCO will receive a poster that explains the procedures for reporting fraud, waste, or abuse. Display the poster in a prominent location.

Employees may contact the OIG directly using the hotline toll-free numbers 1-800-424-5197 (voice) or 1-800-854-8407 (TDD), or write to:

Office of the Inspector General  
Department of Commerce  
P.O. Box 612

Ben Franklin Station  
Washington, D.C. 20044

All information reported is strictly confidential. Employees may remain anonymous if they wish. For those employees who provide their names, their identities will be disclosed only with prior consent unless disclosure is absolutely necessary for judicial or administrative proceedings.

**Equal Employment Opportunity**

The Census Bureau is an EEO employer. There will be no discrimination in the employment of any person because of race, color, religion, gender, sexual orientation, national origin, age (40 years and over), or physical/mental disability. See Chapter 19 for a detailed discussion of the Census Bureau's EEO programs.

**Temporary Employees Appointed for Less than One Year and Social Security Benefits Information**

*Federal Insurance Contributions Act* (FICA) taxes are automatically deducted from the wages of federal intermittent employees unless otherwise noted in Item 30 on their SF-50, Notification of Personnel Action. Information on social security benefits is available in a booklet from the Social Security Administration (SSA). The booklet includes a Form SSA-7004, Request for Social Security Statement.

The SSA also provides detailed employee benefits statements, including benefit estimates. To receive an employee earnings statement, the employee submits an SSA-7004, Request for Social Security Statement, to the SSA. The form will be sent upon request by calling 1-800-772-1213 or by visiting the local SSA office.

For exemption from FICA tax, employees must contact the local SSA office for further information. However, as a federal employer, the Census Bureau is required to deduct the FICA tax from all wages when appropriate.

**Intermittent Work Schedule and Employees' Benefits**

Employees assigned to an intermittent work schedule are paid only for the hours worked, and the number of hours can vary depending on the nature of the work assignment. Intermittent employees:

- Do not earn or use paid annual (personal) or sick leave.
- Are not eligible for health and life insurance coverage.
- Are not eligible for federal retirement coverage.

- Are not eligible to participate in the Thrift Savings Plan.

**Note:** While a temporary appointment with an intermittent work schedule ordinarily carries no benefits, Census Bureau HQ or RCC employees transferring to these positions may be entitled to carry eligibility for benefits with them if they have not had a break in service of more than three calendar days. Refer specific questions to the RCC.

#### **Administrative Errors – Corrective Action**

Administrative errors must be corrected and documented as soon as they are detected. Listed below are examples of possible administrative errors:

- Appointment of unqualified individuals
- Appointment of active duty military members except those on terminal leave

Contact the administrative staff in the RCC for corrective action.

#### **Unemployment Compensation**

All LCO employees are given a copy of Form SF-8, Notice to Federal Employee About Unemployment Insurance. A copy of this form is sent to the employee along with the employee's copy of the SF-50, Notice of Personnel Action, for termination. All wage and work inquiries from state unemployment offices must be mailed to the address of the Federal agency specified on the form. Contact the administrative staff in the RCC for additional guidance.

#### **Privacy and Freedom of Information Act Requests**

The *Freedom of Information Act* (FOIA) requires federal agencies to provide to the public, with some exceptions, access to and copies of existing agency records. Access and copying may be denied only if the records are within specific exempted categories. Agencies are required to respond to requests within 10 working days of receipt. The FOIA imposes penalties for wrongful withholding of records and gives the public the right to appeal the denial of records.

Notify the LCOM immediately of any FOIA or *Privacy Act* requests received in the LCO. If the Early/Local Census Office receives a FOIA request, it should be forwarded immediately to the FOIA office. The Area Manager will forward the materials to the Census Bureau's FOIA Office by the most rapid means available. Normally, the turnaround time for responding to a

subpoena and/or court orders is very short.

The RCC administrative staff should fax a copy of the subpoena, court order, or attorney's request to the Census Bureau's FOIA Office, Attention: Mary C. Potter, FOIA Officer, at (301) 763-6239. Include the following information about the employee:

- Name and job title
- Dates of employment
- Hourly rate of pay
- Actual gross salary to date (copy of the current earnings statement)

**Note:** 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.

## **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) 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 administrative staff can also provide employment verifications as follows:

Telephone verifications will only verify the following information: Official Title, salary and length of service. Callers are required to provide the employee's name and social security number.

Written verifications 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."*

**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;
- (5) Present and past duty stations includes buildings or places of employment; and
- (6) Position descriptions and identification of job elements

**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. 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) 763-5081**. 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](mailto:Mary.Catherine.potter@census.gov)  
Toll free: 1-301-763-6239 (ATTN: FOIA Officer)  
Fax: 1-888-206-6463

**Employee Assistance  
Program****Introduction**

The purpose of the Employee Assistance Program (EAP) is to provide helpful information to decennial employees with personal problems, particularly those dealing with substance abuse. The RCC Administrative Officer serves as the 2010 Census liaison.

**LCO Employee Guidelines**

LCO employees can receive assistance for marital or family stress, alcohol and/or drug abuse, physical illness, mental or emotional problems, financial difficulties, and other problems.

Importantly, employees who request assistance are not required to disclose the nature of their problem to any official in the LCO. LCOMs assist employees asking for help by providing them with the name and telephone number of the RCC Administrative Officer. Expenses for outside services are the employee's responsibility.

**Voluntary Use**

The EAP is a voluntary program. All EAP inquiries are kept confidential.

**National Hotline List**

The listing of national hotline telephone numbers on the following page identifies resources for the most common problems mentioned to the EAP (substance abuse, financial counseling, domestic violence, and so on). The RCC Administrative Officer provides distressed employees with the hotline number(s) that best match their need.

### **Employee Assistance Program (EAP) National Hotline Numbers**

The Census Bureau provides information assistance to employees who want to address personal problems, particularly for employees with substance abuse problems. Below are national hotline telephone numbers that may be helpful in resolving personal problems. The following information is not an endorsement of any one particular program, but is given to aid employees' search for assistance. If you have any questions or need assistance through the EAP, contact the Administrative Officer in your RO.

#### **Assistance Referral Directory**

**Mental Health Emergencies: In case of a life-threatening emergency, Call 911.**

**Mental Health Referrals:** For Community Mental Health Centers (CMHC), check your local directory under Mental Health or the Mental Health Department in the government section. Every county has a CMHC.

**Other Help/hotline Information:**

**Substance Abuse Referral Information Lines:**

Center for Substance Abuse Treatment, National Alcohol/Drug Treatment Routing Service .....	1-800-662-HELP
Cocaine Hotline (Other Drugs/Referrals Nationwide) .....	1-800-COC-AINE
National Clearinghouse for Alcohol and Drug Information .....	1-800-729-6686
Hazleton Information Center .....	1-800-257-7800

**Substance Support Groups:**

Alcoholics Anonymous* .....	1-212-647-1680
Narcotics Anonymous* .....	1-818-773-9999
Cocaine Anonymous .....	1-800-347-8998
Al-Anon Family Group/Alateen (for loved ones of alcoholics) .....	1-800-356-9996
Women For Sobriety .....	1-800-333-1606
Marijuana Anonymous .....	1-800-766-6779

\*No toll-free number available. However, most local directories include phone numbers for local meetings.

**Sexual Assault, Domestic Violence, and Child Abuse Hotlines:**

National Domestic Violence Hotline .....	1-800-799-SAFE
Rape, Abuse, and Incest National Network (RAINN) .....	1-800-656-4673
Child Help USA/Forrester National (Child Abuse Hotline) .....	1-800-4A-CHILD

**Sexually Transmitted Diseases Information Lines:**

U.S. Centers for Disease Control (CDC) National AIDS Hotline (24 hours per day) .....	1-800-342-AIDS
CDC National Sexually Transmitted Disease Hotline (m-f, 8 a.m. to 11 p.m.) .....	1-800-227-8922

**Financial Counseling:**

Consumer Credit Counseling .....	1-800-388-2227
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### DAPPS Personnel Reports

Managers use DAPPS personnel reports for tracking and monitoring both progress and production. The table below provides a list of report names and form numbers, definitions, primary users, functions, and how and when to generate copies of the report.

**Note:** All reports that contain Privacy Act information (employee SSN) must be destroyed by shredding. Do not place any personnel reports and listings in the trash receptacles or recycle bins.

### DAPPS Personnel Reports

REPORT NAME/NUMBER	DEFINITION	USERS AND FUNCTIONS	REPORT GENERATES
D-294, Employee Roster	This report provides an alphabetical list of Decennial and CCM employees. The Report includes Employee name/ID, Employee Classification, position title, hire or rehire date, separation date (if appropriate), and a comment column (to write any applicable notes). You may request a roster by CCM only or by Decennial only, or Both decennial and CCM, and by Active only or Separated only, or Both Active and Separated.	Managers and administrative staff use the D-294 as a quick reference to identify the employee's current employment status and to obtain the employee's ID number in order to assign fieldwork. The staff may also use the D-294 to provide employee information to a third party without specific consent of the employee. This includes: name, position, dates of employment, and duty station (provided it is not the employee's home address) <b>only</b> .	On-demand
D-284, Workforce Profiles	Lists total and individual numbers of employees by office/field supervisory and non-supervisory positions by race and Hispanic ethnicity. It includes the sex, reportable disabilities and age groups hired	Managers use the D-284 when monitoring recruiting activities to ensure hiring is representative of the local civilian labor force.	On-demand

	within a specific time period.		
D-255, NTE Tickler	Lists of employees whose appointment NTE date is expiring within three weeks or has passed. Includes employee name, employee ID, position title, and appointment expiration date.	Administrative staffs use the D-255 to notify field and office managers and supervisors that a personnel action to extend or terminate the employee's appointment is required.	On-demand
D-300, Personnel Actions History	By selecting specific personnel actions (hire, conversion, termination, and so on), and a specific time-period, the list identifies the employees for whom a personnel action was processed. The D-300 includes the effective date, name, employee ID, position title, and pay rate.	Administrative staffs use the D-300 to monitor personnel actions processed and to verify an SF-50, <i>Notification of Personnel Action</i> , generated for each employee.	On-demand
D-301, Cumulative Personnel Actions Report	This report provides a list of employees' personnel actions that can be printed. The report includes the effective date, name, SSN, the NOA code, and the NOA description.	Administrative staffs use the D-301 to ensure that the SF-50s, Notification of Personnel Action, for each employee are filed in the Official Personnel File, SF-66.	On-demand
D-256, Veterans Report	Lists total number of veterans by office and sorts by veteran's preference claimed.	Managers use the D-256 to monitor the employment of veterans.	On-demand
D-1115, Non-Working Status Report	This report identifies applicants placed in a non-working status until the results of their adjudication can be resolved.	Administrative staffs use this report to monitor applicants' non-working start/end date and statuses.	On-demand
D-426, Employee Currently Active	This report provides a total count of active employees by position as a result from a hire, rehire,	Managers use this report to determine how many employees are hired and their	On-demand

by Position <i>Updated 4/2010</i>	and conversion actions. This report also displays the overall total active employees by LCO.	positions.	
D-REEMP, Re-Employed Annuitants Report	This report shows the list of reemployed annuitants, hired/rehired dates, position, status, i.e., active or terminated, termination dates, payplan/series, and CSA number (Retirement Identification number).	HQ and RCC Supervisors	On-demand
D-424BSUM, Summary Report <i>Updated 4/2010</i>	This report allows RCC's the capability to run a summary report within their region by LCO.	HQ, RCC	On-demand
D-424G, Dual Federal Employment Report <i>Updated 4/2010</i>	This report lists applicants identified as having dual federal employment. This report lists the employee name, SSN, agency name, and status.	LCO, RCC	On-demand
Missing I-9 Report <i>Updated 4/2010</i>	This report identifies employees who had incomplete I-9 information. The report lists the employee name, employee ID, status, and missing I-9 items.	HQ, RCC	On-demand
E-Verify Status Report	This report shows the status of cases sent to DHS/SSA for E-Verify	LCO, RCC	
E-Verify Initial Verify Error Report	This report shows where the error has occurred in the applicant profile, for example the name is misspelled, or the alien number is not correct. A case number cannot be created until these errors are resolved.	LCO, RCC	

D-HIRESTATE, Employees Hired/Rehired by State  <i>Updated: 8/2009</i>	This report shows the total hired/rehired keyed-in during the time period specified, by state/county.	LCO Sup, RCC Clerk, RCC Sup, and HQ	On-demand
D-SelAppl, Selected Applicants Not Keyed as Hired/Rehired  <i>Updated on 4/2010</i>	This report lists selected applicant(s) with 020-Selected status not yet keyed as hired/rehired. The report will display the selected applicant's name, applicant's ID, job requisition ID, certify status (050-Selected and/or 060-Rehired), job requisition open date, and close date.	LCO, RCC, HQ	
Mass Change Lite Report  <i>Updated on 4/2010</i>	This report will display employee(s) temporarily reassign from one LCO to another LCO within the RCC to complete an operation. The report will display employee's ID, old LCO, new LCO, NTE date, effective date, position number, old pay rate, new pay rate, and remarks, for review prior to processing the reassignment action. (Refer to D-581, Chapter 7, Topic 5 for additional guidance.)	LCO, RCC, HQ	
BCVETPREF, The Current/Former Employee With Veteran Preference Report  <i>Updated on</i>	This report lists employee(s) with veteran preference. The report will display the employee(s) name and Emp ID, veteran preference type, employee classification (Decennial or CCM), and employee status (terminated or active). It will also display the	LCO, RCC, HQ	

4/2010	LCO and the total employee(s) with veteran preference by each LCO.		
Termination Status Report <i>Updated on 4/2010</i>	This report lists terminated employee(s). The report will display the LCO, employee ID(s), and the effective date of termination.	LCO, RCC, HQ	
D-42X, Employee Hired By Position <i>Updated on 4/2010</i>	This report will display the total counts of hired/rehired by position(s). It will also display the overall total count by each LCO and positions.	LCO, RCC, HQ	
BC-170D, Pending Applicant Supervisor Review Report <i>Updated on 4/2010</i>	This report lists selected applicant(s) pending supervisor's review. It will also indicate which questions the applicant responded "Yes" to by displaying a 'Y,' as well as if any data was entered in Item 32: Explanations, under the appropriate column.	LCO Sup, RCC Clerk, RCC Sup, and HQ	
D-303, Pending Supervisor Employee Review Report <i>Updated on 4/2010</i>	This report lists employee(s) pending supervisor's review. It will also indicate which questions the employee responded "Yes" to by displaying a 'Y,' as well as if any data was entered in Item 16: Explanations, under the appropriate column.	LCO Sup, RCC Clerk, RCC Sup, and HQ	
D-304, Employees Who Were Ever Under Review Due to OF-306.	This report will display the supervisor's final review status of the employee, such as, Termination Indicated, CHEC Review Needed, or Not Applicable to indicate no further action. It will also indicate	LCO Sup, RCC Clerk, RCC Sup, and HQ	

<i>Updated on 4/2010</i>	which questions the employee responded with a “Yes” answer as well as if any data was entered in Item 16: Explanations.		
D-302, Employees To Be Terminated Based On Their OF-306 Review Report - <i>Updated on 4/2010</i>	This report will display the RCC or LCO, the employee name and ID to be terminated, and the questions that the employee responded with a “Yes” answer as well as if any data was entered in Item 16: Explanations.	LCO Sup, RCC Clerk, RCC Sup, and HQ	
BCFPIUNC, Employee With Unclassifiable Fingerprint Status - <i>Updated on 4/2010</i>	This report will display employee(s) with unclassifiable FP status. The report will display the employee(s) name and Emp ID, and the FP status date.	LCO, RCC, HQ	
D-295, Employees Attrition Report  <i>Updated 4/2010</i>	This report lists the employee turnover rate by positions and by Operation Code(s) for a specific pay period week. The report includes the number of active employees, employees trained, reassigned, and separated as well as turnover rate per week, cumulative turnover rate, and retention.		
SF-50, Notification of Personnel Action  <i>Updated 4/2010</i>	The permanent record for each personnel action performed in DAPPS.	LCO, RCC	
D-297, Emergency Contact Report  <i>Updated 4/2010</i>	This report provides primary contact information provided by employees in case of an emergency by listing the employee’s relationship to the contact, contact’s address, and phone number.	RCC, LCO	

D-257, Non-Citizen Report <i>Updated 4/2010</i>	This report lists the names of active non-citizens or separated non-citizens. You may request only active non-citizens, only separated non-citizens, or both active and separated non-citizens. Managers use this report to monitor and justify hiring non-citizens when bilingual skills are required in areas where citizens are not available.	LCO, RCC	
D-199, Selective Service Report <i>Updated 4/2010</i>	This report provides the names of those employees that have turned 18 and will need to register for Selective Service	LCO,RCC	
D-250, Work Authorization (Employee) Report <i>Updated 4/2010</i>	This report identifies employees that have had their work authorization date expire or will expire within 90 days.	LCO, RCC	
D-AGESEX, Position Breakdown by Age and Sex <i>Updated 4/2010</i>	This report provides the number of employees by position by 10-year groups by sex.	RCC	



# Chapter 9: Payroll Administration

## Topic 1: Payrolling Employees

### Introduction

This chapter describes the general procedures for processing payrolls for full-time and intermittent personnel. Detailed procedures regarding the preparation and audit requirements of timesheets and supporting documents for intermittent employees are covered in the D-581, *Decennial Applicant, Personnel and Payroll System (DAPPS) Operating Manual*. For full-time employees paid through the National Finance Center (NFC), detailed procedures regarding Time and Attendance (T&A) are covered in the Department of Commerce, *Time and Attendance Manual*. Supplemental T&A processing guidance for NFC-paid employees will be provided by the Human Resources Division (HRD).

### Types of Pay Systems

There are two types of payroll systems available for Local Census Office (LCO) employees: NFC and DAPPS. NFC employees are full-time, paid bi-weekly, and receive their pay through the NFC system. DAPPS employees are intermittent, paid weekly, and their pay is processed through DAPPS.

### Full-Time NFC Employees

NFC employees include:

- Local Census Office Manager (LCOM)
- Administrative Assistant
- Assistant Manager for Administration (AMA)
- Assistant Manager for Field Operations (AMFO)
- Assistant Manager for Recruiting (AMR)
- Assistant Manager for Technology (AMT)
- Assistant Manager for Quality Assurance (AMQA)

NFC employees are paid on a bi-weekly basis. Their pay periods begin at 12:01 a.m., Sunday and end midnight on the *second* Saturday.

NFC employees record their hours worked and leave taken on a BC-27, *Time, Attendance and Cost Report*, and submit them to the Administrative Assistant.

The Administrative Assistant forwards the BC-27s to the LCOM for approval. The Administrative Assistant then faxes a copy of the approved documents to the Regional Census Center (RCC) for processing. The RCC forwards final forms CD-440, *Time and Attendance Daily Report*, to the LCOM for signature and attachment of receipts for approved expenses. Retain a copy of the CD-440s at the LCO and return the originals to the RCC for records storage.

NFC employees claim expenses for official mileage, per diem, local travel, telephone expense, and other reimbursable items on a BC-27A, *Field Employee's Reimbursement Expenses*. Detailed information on travel policy and procedures is contained in Chapter 11, *Travel and Other Reimbursable Expenses*.

#### **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.

**Office Intermittent DAPPS Employees***Updated 06/10*

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 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, LCO Administrative manual.

**Pay Periods**

Figures 9-1, 9-2 and 9-3 respectively show the bi-weekly pay periods for full-time NFC employees for calendar years 2009, 2010 and 2011. Figures 9-4, 9-5 and 9-6 respectively show the weekly pay periods for intermittent DAPPS employees for calendar years 2009, 2010 and 2011.

*Figure 9-1: Biweekly Pay Periods for Full-Time NFC 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 9-2: Biweekly Pay Periods for Full-Time NFC 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

**Illustration 9-3: Biweekly Pay Periods for Full-Time NFC 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, 2011	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

**Illustration 9-4: Weekly Pay Periods for Intermittent DAPPS 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

*Illustration 9-5: Weekly Pay Periods for Intermittent DAPPS 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

*Illustration 9-6: Weekly Pay Periods for Intermittent DAPPS 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

**Overtime Policy for  
Field Intermittent  
DAPPS Employees**

In order to be effective and get assignments completed on time, 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.

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 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

**Overtime Policy for Field Intermittent DAPPS Employees**

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. If needed, the incident can also be reported to the Area Manager at 1-877-233-4776.

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.

**Overtime Policy for Office Intermittent DAPPS Employees**

The appropriate assistant manager or designee must approve all requests for overtime hours in advance, before office intermittent DAPPS employees begin working the additional hours. If they work overtime without supervisory approval, you will be subject to termination. Overtime is defined as work in excess of *8 hours a day or 40 hours a week that is scheduled and approved in advance*.

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.

**Hours Worked**

Office supervisors inform intermittent office workers of the hours and days they are to report for duty. LCO office work schedules are established by the LCOM after consulting with the RCC Area Manager.

Intermittent field employees are expected to work the most productive hours for the particular census operation being conducted. Usually, this means late afternoon and evening hours during the week and daytime hours on Saturdays and Sundays.

Full-time employees have a scheduled tour of duty. This means they report to work each day at a scheduled time.

**Authorized Work Time**

All intermittent field employees will be paid for time spent:

- Training in the classroom and/or on-the-job training
- Traveling to and from the training site
- Traveling on official business
- Completing work assignments
- Reviewing work assignments
- Meeting and discussing work with supervisors

Intermittent office employees will not be paid for travel to the office for training. Because their duty station is the local census office, unlike field employees, where the duty station is their home.

**Unauthorized Time**

Payment will not be made to intermittent employees for:

- Time used for meal periods
- Time spent running personal errands or any other non-Census business during the workday

**Procedures for Documenting Request for Approval of Overtime Hours**

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 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. This is shown in illustration 9-7.

You may prepare a list of employee names by Crew Leader District (CLD) and attach it to the CD-81. See Figure 9-8. Complete the CD-81 and route the documents for signature to the appropriate designated regional manager. In many regions this is the Area Manager, however follow your regional guidance. 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*.

*Figure 9-7: CD-81, Authorization for Paid Overtime and/or Holiday Work, and for Compensatory Overtime*

FORM CD-81 (B-71) LF DAD 202-651		U.S. DEPARTMENT OF COMMERCE		1. INCLUSIVE DATES OF AUTHORIZATION			
				FROM		THROUGH	
				05/22/2005		05/28/2005	
AUTHORIZATION FOR PAID OVERTIME AND/OR HOLIDAY WORK, AND FOR COMPENSATORY OVERTIME		2. OPERATING UNIT					
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.							
3. DIVISION		4. BRANCH OR SECTION					
FLD							
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)		
		PAID OVER-TIME OR HOLIDAY WORK  7	ESTIMATED COST  8	COMPENSATORY TIME  9			
SEE ATTACHED							10
11. DESCRIBE SPECIAL WORK TO BE PERFORMED AND CIRCUMSTANCES REQUIRING OVERTIME OR HOLIDAY WORK							
To complete the Address Canvassing operation in AA previously inaccessible due to emergency environmental hazard.							
PRIOR APPROVAL GIVEN ON 05/20/2005							
12. COMPLETE ITEMS a,b, AND c, IF REQUIRED BY OPERATING UNIT OR DIVISION PROCEDURES							
a. PROJECT(S) OR APPROPRIATION CHARGEABLE (Project #)		b. TOTAL ESTIMATED COST \$726.00		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 this 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	

*Figure 9-8: CD-81 Attachment*

<b>CD-81 Overtime Authorization Attachment</b>				
<b>Name</b>	<b>Title</b>	<b>Overtime Rate</b>	<b>Maximum Hrs to be Worked</b>	<b>Estimated Cost</b>
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
			<b>TOTAL</b>	<b>\$726</b>

**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 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.

**Documentation Required**

The documentation for the pre-approved overtime is contained in the D-990, Overtime Policy Agreement for Field Operations Supervisors and Crew Leaders which is signed during the training session for operations. A copy of this form is located in Appendix A.

**Overtime Hours in Excess of the Pool of Hours**

If the FOS or CL uses all the five (5) pre-approved overtime hours and additional overtime is needed, the FOS or CL must contact the AMFO or AMQA immediately. The FOS or CL must obtain pre-approval for the additional overtime hours from the AMFO or AMQA, or the appropriate designated regional manager. Follow your regional guidance.

**Night Differential Hours**

By law, intermittent employees are not eligible for night differential because they have no regularly scheduled tour of duty. The **only exception** is for office intermittent employees who are scheduled, in advance of the administrative workweek, to work between the hours of 6 p.m. and 6 a.m.

Night work is regularly scheduled work performed by employees between the hours of 6 p.m. and 6 a.m. Regularly scheduled means the work is scheduled in advance of the administrative workweek in which it is performed. Employees are entitled to night differential pay for the work at their rate of basic pay plus 10 percent.

Full-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 a night shift differential is payable. The latter situation is distinguished from one in which irregular or occasional night work is assigned to employees in their own job and for which no differential would be payable.

***Example:** Due to an unscheduled operational need, a supervisor with permission of the Area Manager, asks an office employee, who has been working the past 8 hours (8 a.m. – 4:30 p.m.), to remain for overtime work until 8 p.m. In this case, the employee is **not** authorized to receive night differential pay because the work was not regularly scheduled in advance of the administrative workweek. However, the supervisor documents the exigent work situation on a CD-81 and the employee receives overtime pay for the hours worked in excess of 8 hours.*

## Compensation

- Pay Rates** All pay rates are hourly and are administratively determined. Employees are paid according to this rate, which is shown on all personnel actions.
- Premium Pay** The following rules apply with respect to premium pay:
- **Holiday Premium Pay** – NFC employees who are scheduled to work not in excess of eight (8) hours on a holiday are entitled to receive their basic rate.
  - **Regular Pay When Working on a Holiday** – DAPPS employees who work on a holiday are entitled to receive their basic rate of pay only for non-overtime hours worked.
  - **Overtime Pay on a Holiday** – Overtime work on a holiday is compensated at the same rate as for overtime work on other days. This is only applicable for hours worked in excess of regular work hours for NFC employees. The hourly overtime rate of pay is limited to the hourly overtime rate of pay for a GS-10, Step 1 level. Locality pay for overtime is paid where applicable.
  - **Sunday Premium Pay** – Only full-time NFC employees are entitled to premium pay for Sunday work when Sunday is part of the regularly-scheduled tour-of-duty that is established before the beginning of the administrative workweek. Employees are compensated at their basic rate of pay plus 25 percent of that rate for each hour of Sunday work, which is not overtime.

**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 Cost of Living Adjustment 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).

**Reimbursable Expenses**

In addition to being paid for time worked, employees are reimbursed for mileage and other authorized expenses. Employees can only claim reimbursements for expenses on days when work is actually performed. NFC employees record their expenses on a BC-27, *Time, Attendance and Cost Report*, and BC-27A, *Field Employee's Reimbursement Expenses*.

DAPPS employees record their expenses on a D-308, *Daily Pay and Work Record* and D-308A, *Per Diem Expense Record or E-308, Electronic Pay and Work Record* if applicable. Both NFC and DAPPS workers receive their authorized reimbursements in their normal paychecks.

**Authorized Claims**

Employees can submit claims for:

- Mileage driven on official business. For DAPPS field employees, this includes:
  - All roundtrip miles driven in their privately owned vehicle (or borrowed vehicle) from home to training or meeting locations.
  - All roundtrip miles driven in their privately owned vehicle (or borrowed vehicle) from home to their work assignment area.
  - All miles driven in their privately owned vehicle (or borrowed vehicle) within the confines of their work assignment area.

Mileage reimbursement does not generally include DAPPS or NFC office workers whose duty station is the office. However, when the nature of the office position requires frequent travel in the field, the employee will be authorized to claim reimbursement for miles driven.

- Official census duty business related local and long-distance calls made from their home, cellular or public telephone. Reimbursement will occur where those calls results in charges, in excess of existing plans, or excess that was caused by Census related calls. They must attach
- A detailed phone statement indicating those calls made for Census purposes to receive reimbursement. For more details on the 2010 Census Reimbursement Policy for Use of Personal Telephones, see Appendix J.

**Note:** Tolls, parking fees, and small purchases, if approved. This does not include office personnel traveling from home to the office and return. Reimbursements are made only for official business while working in the field.

- Buses, subways, and other public transportation. This does not include office employees traveling from home to the office and return. Reimbursements are made only for official business while working in the field.
- Per Diem for official overnight travel.
- Personal telephone calls not-to-exceed \$5 per day while in a per diem status.
- Interpreter services. See Chapter 13 for details.

**Unauthorized Claims***Revised 9/2009*

The following expenses are **not** allowed within the limits of the duty station:

- Taxis and rental cars while not in a per diem status
- Mileage driven on personal business
- Personal telephone calls while not in a per diem status
- Items that the employee's supervisor did not authorize the employee to purchase
- Any approved purchase \$5 and over not supported by a receipt

**Per Diem Expenses**

Travel for NFC and DAPPS LCO employees (who use the D-308 or E-308) must be approved in advance by the area manager. For employees submitting a D-308, annotate the area manager's name on the employee's payroll form as the approving supervisor when the form is submitted for reimbursement. Attach a CD-29, *Travel Order*, along with any appropriate receipts pertaining to the travel, to the payroll document.

For employees using the D-308, attach the D-308A, Per Diem Expense Record. Attach the white copy of this form to your D-308 and give to your supervisor. Give the white copy and all appropriate receipts to your supervisor to forward to the LCO.

For employees using the handheld computer or Laptop to enter payroll, they do not have a field to place this information. However, they should make a note in the comments field of the E-308 that they are turning in the D-308A to their supervisor for payment. The employee must give the white copy of the D-308A to their supervisor so he/she could bring to the form to the LCO for processing.

The RCC provides the traveling employees with the CD-29 along with information pertaining to per diem rates for lodging and meals and incidental expenses *before* any travel arrangements can be made.

Travelers must be aware of the rate limitations and standards set forth by the government. Normally, if employees exceed the limitations, the government is not liable for the excess expenses. However, when travel cannot be conducted within the established limitations, RDs can approve the excess amount if they are aware of the problem *before* the travel begins. In this situation, RDs justify and authorize the higher rate in a memorandum.

LCO staff make all transportation arrangements in coordination with the RCC. Refer to Chapter 11 for additional information on claiming expenses while on official government travel.

#### **Task Codes**

Task codes are used to monitor the Census Bureau's budget. All census operations are assigned a task code. Employees record the specific task code for the operation being worked on their payroll forms so their hours and expenses are charged to that code. Employees must use the proper task codes to ensure accurate tracking of operational expenses.

#### **Completing Payroll Forms**

The D-581, *DAPPS Operating Guide*, contains the procedures for preparing and auditing payroll timesheets for LCO employees.

#### **Reporting Hours and Expenses for Full-time NFC Employees**

Full-time NFC employees record all leave and hours worked on the BC-27, *Time, Attendance and Cost Report*. Employees must have all requests for annual leave approved, in advance, by the LCOM using an OPM-71, *Request for Leave or Approved Absence*. The approved OPM-71 is submitted along with the employee's BC-27 to the administrative assistant (timekeeper) at the end of the pay period. The LCOM reviews and approves all payroll data before the information is transmitted to the RCC for further processing.

#### **Timekeeping for Full-Time NFC Employees**

The LCOM, assistant managers, and the Administrative Assistant maintain their own BC-27, *Time, Attendance and Cost Report*, by entering their hours worked and approved expenses onto the form. At the end of the pay period, the employees submit the BC-27 (and any supporting documents) to the administrative assistant for auditing and forwarding to the LCOM for review and approval.

#### **Reviewing and Certifying Payrolls of Full-Time NFC Employees**

LCOMs must approve all timesheet (BC-27) data for their full-time employees. The timesheet data for the LCOM is approved by the area manager or other higher-level RCC manager. After all the timesheets are approved and the CD-440s are created, the final CD-440s are returned to the LCO for employee signature.

The administrative assistant then attaches the *original* copy of the BC-27 along with copies of supporting documents and receipts, if any, to the CD-440s and returns them to the RCC for retention in the permanent payroll folder. The administrative assistant also retains copies of certified payroll documents at the LCO.

**D-308, Daily Pay and Work Record**

Some intermittent DAPPS employees report their hours worked and approved expenses, using specific task codes, on the paper form D-308, *Daily Pay and Work Record*. Employees fill out a separate D-308 for each day that work is performed and each task code.

**E-308, Electronic Pay and Work Record**

Some intermittent DAPPS employees' payroll documents are on the handheld computer. Each day they work, they will fill in the required entries including the date worked, type of hours and the start and end times and then transmit.

If they work on more than one task or job activity in a single day, then they must fill out a separate E-308 for each task. For example, if the employee worked on field activities and preparation activities, they would complete an E-308 for the field work and a second E-308 for the preparation time.

**Reviewing and Certifying D-308's**

Intermittent DAPPS employees, along with their supervisors, review the D-308s for legibility, completeness, and accuracy. The supervisors also verify that the proper task code was used, and determine if the claims for hours, miles, and other expenses are reasonable for the work that was performed.

Finally, supervisors certify (sign and date) the D-308s and return a copy to the employee. The remaining copies of the payroll forms are returned to the LCO for auditing and processing.

**Auditing Intermittent DAPPS Employee Payrolls, D-308**

Payroll clerks audit all D-308s to ensure that they are correct. See Appendix C. When D-308s contain errors that cannot be corrected by the audit clerk, the forms are returned to the appropriate supervisor, and possibly to the employee, for correction. However, if the D-308s have been properly certified, they are processed for payment, and any disallowances are noted.

If the LCO edits a D-308, they will mail the employee a copy of the submitted data with an explanation of the changes.

**Review and certification  
of payroll documents,  
E-308**

After the employees payroll data is transmitted, it is sent to the server and a copy is downloaded to their supervisor's handheld device. Their supervisor will review the payroll entries and either agree or disagree with their hours and expenses.

If the supervisor disagrees with the payroll, he or she will send it back to the employee to be changed. If the supervisor agrees with the hours and expenses, the data will be transmitted to DAPPS.

The LCO will also perform additional audits of the hours and expenses. If the LCO edits an E-308, they will mail the employee a copy of the submitted data with an explanation of the changes.

**D-308R, Daily Time and  
Expense Tracking Log**

Another tool that has been created to help the field staff with keeping track of their hours and expenses is the D-308R. This form should be filled out each day that the employee works. This should be helpful when completing their E-308. A copy of this form is included in the appendix.

**D-308C, Daily Hours and  
Tracking Form**

During field operations (with the exception of Address Canvassing) crew leaders and FOSs are required to document the total hours that their employees work each day on a D-308C, *Daily Hours Tracking Form*. Crew leaders will track hours for enumerators and crew leader assistants while FOSs will track hours for crew leaders.

The purpose in tracking the daily hours is to ensure that employees do not work overtime hours without first obtaining written approval from the appropriate assistant manager or designee. See the Overtime Policy on page 9-7.

**D-308C, Daily Hours and  
Tracking Form *continued***

By tracking work hours on the D-308C, supervisors will be reminded daily that employees should not work more than 40 hours each pay period. Supervisors **must** alert employees whose total work hours are approaching the maximum 40 hour limit for the pay period so the employees can alter their work schedules as needed.

Crew Leaders and FOSSs will complete a D-308C, *Daily Hour Tracking Form*, for each weekly pay period and forward the *white* copy of the form to the Assistant Manager for Administration for retention in the permanent file labeled D-308C, *Daily Hour Tracking Form*. Field supervisors will retain a copy for their records. The D-308C is exhibited in Appendix A.

**Note:** It is recommended that the D-308C be filed alphabetically by Crew Leader name and then chronologically.

#### **E-308C, Hours and Expense Summary**

This report is on the hand held computer and the Laptop (FOSSs) and is used the same way as the D-308C. Each day employees submit E-308s. A report is generated on the supervisor's computer. This report displays 7 days of hours and expense data for each member of the crew. The supervisor should review the hours to determine who is close to working 40 hours.

#### **Filing Payroll Forms**

The following payroll documents are to be filed in an employee's working personnel/payroll folder. See Chapter 8, Topic 1 for the correct procedures to create a working personnel/payroll folder.

- D-308, *Daily Pay and Work Records*
- D-308A, *Per Diem Expense Records*
- D-260, *Waiver Electronic Salary Payment*
- D-1199, *Direct Deposit Authorization*
- W-4, *Employee's Withholding Allowance Certificate*
- Edited/Disagreed (Rejected) D-308/E-308 by office staff

#### **Disallowance and Reclaims**

When an employee's claims for expenses or hours are not properly justified or do not include the proper supporting documentation, payroll clerks will disallow the claim.

**Note:** *Payroll clerks will attempt to correct obvious errors on payroll forms, but will return forms containing problems that cannot be corrected in the payroll section.*

If possible, request missing documentation from employees (such as receipts) or supervisors (such as approved overtime authorizations) so that claims do not have to be rejected. This practice will reduce reclaims and employee dissatisfaction.

When claims cannot be corrected, payroll clerks mail the employee a copy of the submitted payroll form with an explanation attached. The employee has the right to correct the entry and resubmit the payroll form as a reclaim.

#### **Reclaims for Full-Time NFC Employees**

NFC employees must inform their timekeeper about needed changes to their payroll forms. When reclaims are submitted for reimbursement *only*, payments are processed on the current T&A. However, a corrected T&A must be processed when a reclaim is for a change to hours worked. Employees are responsible for submitting any supporting documents to justify their reclaim.

NFC employees who wish to submit a reclaim must do the following:

- Prepare a new BC-27 with the same identifying information, including the same pay period date.
- Print *RECLAIM* at the top of the BC-27.
- Enter only that information (hours, miles, and so forth) pertaining to the amounts and items being reclaimed or corrected, including project number and task code.
- Attach any required documentation such as a CD-81, *Authorization for Paid Overtime and/or Holiday Work, And For Compensatory Overtime*, or receipts to document and support the items being reclaimed.
- Sign and date the BC-27 and forward to the LCOM through the administrative assistant for approval.

#### **Reclaims on the D-308**

To reclaim expenses or hours that are rejected by LCO payroll clerks, intermittent field and office employees:

- Prepare a new D-308, *Daily Pay and Work Record*, with the same identifying information as shown on the original claim including the same workday.
- Enter only that information (hours, miles, and so forth) pertaining to the amounts and items being reclaimed, including task code.
- Attach any required documentation such as a CD-81, *Authorization for Paid Overtime and/or Holiday Work, And For Compensatory Overtime*, or receipts to document and support the items being reclaimed.

- Enter in the Remarks section of the D-308, *Reclaim of (dollar amount) disallowed on (give date) due to (give reason). Correct documentation submitted with this reclaim.*
- Mark the box for Reclaim in Section A on the D-308.
- Submit the reclaim D-308 to their supervisor for review and certification.

Supervisors forward reclaims to the payroll section for review and approval. If approved, clerks process the reclaim in the next processing cycle.

#### **Reclaiming hours and/or expenses on the E-308**

If an employee receives notice of changes in their hours and/or expenses from either their supervisor or the LCO and they want to reclaim the time, they must enter a new E-308.

When the employee enters a new E-308, they only include the hours and/or expenses not paid. The employee should not include hours and expenses all ready paid.

If they are only reclaiming expenses, they will need to include 15 minutes of time worked to cover the submission and transmission of the reclaim. An E-308 cannot include expenses only.

A copy of the new E-308 will be transmitted to their supervisor for review and certification.

#### **Receiving Paychecks**

##### **Full-Time NFC Employees**

NFC-paid employees are scheduled to be paid on the second Thursday of the pay period for the previous pay period. Employees who have direct deposit may receive payment two to three days in advance of the payment date.

The NFC generates an AD-334, *Statement of Earnings and Leave*, and mails it directly to the employee's home or designated mailing address. Employees may request electronic access to their AD-334 via the Employee Personal Page by signing up at [www.nfc.usda.gov](http://www.nfc.usda.gov).

Employees generally receive their earning statement the same week as their salary payment. The earnings statement shows weekly totals as well as biweekly and year-to-date totals.

Employee paychecks are sent directly to their specified mailing address or designated financial institution. Employees must direct any questions regarding their earning statements or salary payments to the RCC administrative payroll area.

Employees report changes to their home and/or check mailing address on a CD-525, *Employee Address*. To ensure that the new address information is processed in a timely manner, employees should immediately forward the completed CD-525 to the RCC administrative area.

**Field and Office  
Intermittent DAPPS  
Employees**

DAPPS employees are scheduled to be paid every Wednesday. Employees who have direct deposit may receive payment one to two days in advance of the payment date.

The Census Bureau's National Processing Center (NPC) generates earnings statements for intermittent employees and mails them to the employee's home or designated mailing address. Employees generally receive their earning statements and checks within 9 to 12 days following the close of the pay period. The earnings statement shows gross earnings, deductions, reimbursements, and the net amount of pay.

Employees report changes to their home and/or check mailing address on the D-149, Correction Request and give it to their supervisor to submit to the LCO.

**Note:** When employees relocate, their paycheck and earnings statement for the current pay period may be sent to their old address, unless the employee reports the address change and its effective date the pay period before the actual move.

**Lost or Missing  
Paychecks**

**Full-Time NFC  
Employees**

When NFC employees need to report a lost or missing paycheck, they should contact the RCC immediately. Employees who report a lost or missing paycheck must prepare a signed memo to the RCC which includes the following information:

- Employee name
- Social security number
- Number of hours worked
- The inclusive dates of the pay period

The RCC will forward the letter to the Human Resources Division (HRD) at Census Headquarters (HQ). For payments made via direct deposit, HRD will first verify with the bank that the payment was not credited to the employee's account. In order to allow for delays in the mail, employees having their paycheck mailed to their home address should not report a missing payment until the Monday following the normal Thursday payday. HRD will notify the NFC that the paycheck needs to be reissued. NFC has seven (7) to ten (10) working days to process such requests.

**Field and Office  
Intermittent DAPPS  
Employees**

When DAPPS employees report a lost or missing paycheck, a payroll clerk reviews the payroll data in DAPPS to determine if a check was actually computed and issued for the pay period.

If a salary payment was issued and the employee has direct deposit, contact the financial institution to determine whether or not the funds were deposited into the employee's account or if the funds could have been deposited into a wrong account. Have the employee check with the bank to verify the bank routing and account numbers.

**Also:** The LCO should pull the employees Working Personnel/Payroll File (WPPF) and review the information on the D-1199, "Direct Deposit Authorization Form" and the information keyed into DAPPS. There is a possibility that the Bank Number or routing number was keyed incorrectly into the system.

If the funds were not received by the financial institution, contact the RCC immediately. The RCC Administrative Coordinator will initiate the process of reissuing the salary payments.

When employees have their paycheck mailed to their home or other address, do the following:

- Allow three workdays to pass from the date the paycheck is normally received before taking any action. Advise employees that this is necessary to allow for a delay in the mail.

If after three days, the check still was not received, have the employee contact the RCC. The number is **1-877-233-4776**. They will put a trace on the funds and reissue a check once the funds have been credited. **The Administrative Coordinator will also ask the employee to send a signed and dated memo stating they did not receive their check. This memo must be received PRIOR to reissuing a lost/stolen paycheck.**

The process of canceling a salary check usually takes two to three working days. The RCC must verify that funds have been credited or canceled, via the Treasury Check Information System (TCIS), to reissue an employee's paycheck. The entire process of reissuing a check can take up to 30 days.

**Note:** If employees receive their original check after the office has begun the reissue process, advise the employees **NOT** to cash the check, but rather to notify the payroll section immediately. This is important because the Treasury Department automatically stops payment on checks when they are reported missing. The RCC Administrative Coordinator will contact the Treasury Disbursing Office to have the original check reissued.

#### **Payroll and Administrative Complaints**

A nationwide toll free number (**1-877-233-4776**) is established to assist decennial intermittent employees who are having payroll problems or need assistance with any administrative issues.

#### **RCC Payroll and Administrative Support**

The RCC has established a support area to manage calls received on the toll-free number. Support staff log incoming telephone calls. Once the complaint is logged in, the RCC determines if the complaint will be resolved at the LCO or RCC.

#### **Withholding Employee Final Salary Payment**

When employees are terminated prior to their repaying an advance received through the issuance of either a convenience check or traveler's check or are liable for census materials or equipment not returned to the office, notify the RCC to withhold any salaries due to the employees until the debt is paid or the materials returned.

Complete a D-289, *Notice of Withheld Pay Check*. The D-289 notifies employees that they will not receive a paycheck due to an advance received or other liability while employed with the Census Bureau.

Do not process the employee's final D-308, *Daily Pay and Work Record*, as usual, but ask the RCC to collect the money owed, if possible. If a balance is due, ask the RCC to issue the employee a letter of indebtedness.

**Withholding Employee  
Final Salary Payment -  
continued**

For D-308's: If the administrative area receives notification that pay should be withheld until indebtedness has been paid or returned, the administrative area should delete all the employees D-308s from the batches that have been keyed. Put the D-308's in a folder until the administrative area receives notification that indebtedness has been paid or returned. Once indebtedness has been paid/returned, the administrative area should key the employees D-308s into DAPPS for payment.

For E-308's: If the administrative area receives notification that pay should be withheld until indebtedness has been paid or returned, the administrative area should print screen all of the employees E-308s in the batches and then delete the E-308s from the batches. Put the E-308's in a folder until the administrative area receives notification that indebtedness has been paid or returned. Once indebtedness has been paid/returned, the administrative area should key the employees D-308s into DAPPS for payment.

Appendix A contains an illustration of the D-289.

**Completing the D-289,  
Notice of Withheld  
Paycheck**

Ensure that the following items are completed:

- Item 1 – Date prepared
- Item 2 – Time
- Item 3 – Method of delivery
- Item 4 – Effective date (month, day, and year)
- Item 5 – Supervisor name and telephone number
- Item 6 – LCO address and telephone number

When completing the middle section of the D-289, do the following:

- Enter the employee's name next to *TO*:
- Enter the LCOM's name next to *FROM*:
- Indicate in Item 1 why the employee's paycheck is being withheld (travelers check, convenience check, or nonreturn of census materials) and note the date of check issuance.

**Distributing the D-289,  
Notice of Withheld  
Paycheck**

Distribute the completed D-289 as follows:

- Mail the white (original) copy to the employee.
- Forward the green copy to the RCC.
- File the yellow copy in the employee's working personnel/payroll folder.
- Forward the pink copy to the employee's supervisor.
- Forward the goldenrod copy to the AMFO.

**Releasing the Final  
Paycheck**

Once employees have repaid their indebtedness to the Census Bureau and/or returned all census materials and equipment, their final paycheck can be processed. The RCC notifies the LCO when this occurs.

Owner: toth0005.FLD.FLDNET.CENSUS

Job Name: Microsoft Word - Chapter 10 - Leave Administration

Submitted: 8-20-10 11:08:18 am

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## Chapter 10: Leave Administration

### Topic 1: Leave Procedures

#### Policy

Employees should exercise their leave rights, benefits, and privileges judiciously and in accordance with the operating requirements of their organization.

For certain personnel appointments, annual leave is an employee benefit. However, supervisors may exercise discretion, based on operational needs, as to when employees may be granted such leave.

Sick leave is a benefit which accrues to an employee and is authorized only for the purposes outlined in the Department of Commerce's (DOC) *Leave Administration Handbook*.

Employees may be granted other types of leave based on the merits of the justification submitted with their leave request and if the granting of 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/index.html>

#### Employees Authorized to Earn Leave

The Local Census Office Manager (LCOM), all assistant managers, and the Administrative Assistant are mixed-tour, leave-earning employees. 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 four (4), six (6), or eight (8) hours per pay period (every two weeks) depending on the length of their federal service. The table on the following page shows how full-time employees accrue annual leave.

<b>Years of Service</b>	<b>Hours Accrued Each Pay Period</b>		<b>HOURS ACCRUED LAST PAY PERIOD OF THE CALENDAR YEAR</b>
	Up to 3	4 hours	
3 to 15	6 hours	10 hours	
15 and above	8 hours	8 hours	

Mixed-tour employees working a full-time schedule earn sick leave at a rate of four (4) hours per pay period.

Part-time, mixed-tour employees earn annual leave in proportion to the hours worked. For example, a part-time employee who worked 40 hours in the pay period would accrue one half of the accrual rate (four, six or eight) for annual leave.

The table below shows how part-time, mixed-tour employees accrue annual leave.

<b>Years of Service</b>	<b>Number of Hours Needed in Pay Status to Accrue 1 Hour of Leave</b>	<b>HOURS ACCRUED LAST PAY PERIOD OF THE CALENDAR YEAR</b>	
		Up to 3	3 to 15
Up to 3	20 hours	1 hour	
3 to 15	13 hours	1 hour	
15 and above	10 hours	1 hour	

The formula used to calculate a part-time employee's leave accrual takes into account the base and overtime hours of the current pay period and any unapplied hours from the previous pay period. However, any hours in pay status over the basic workweek/pay period (40/80) are excluded.

Part-time, mixed-tour employees earn sick leave at the rate of one hour for each 20 hours in pay status.

Full-time, mixed-tour employees do not earn leave after conversion to an intermittent status. Any unused annual and sick leave is held in abeyance until the employee returns to a full-time or part-time tour of duty.

**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.

**Military Leave**

Military leave is an approved absence from official duty, with pay, for employees who are members of the National Guard or a reserve unit of the armed forces. Military leave is authorized for days in which employees are ordered to active duty or inactive duty training or engaged in field or coast defense training. Military leave may *not* be granted to employees with temporary appointments of less than one year or not-to-exceed one year, or for employees on intermittent work schedules. To determine if employees qualify for military leave, the employees must submit a copy of their military orders to the Regional Census Center (RCC) for review and a determination.

**Court Leave**

Court leave is an approved absence from duty, without loss or reduction of pay, and is provided to employees who are summoned for one of the following reasons:

- Perform jury duty in a federal, state, or municipal court.
- Serve as a witness, in a nonofficial capacity, for the United States, the District of Columbia, or a state or local government.

Permanent and temporary employees (full-time and part-time) with a regular tour of duty are entitled to court leave.

**Note:** Intermittent employees without a regular tour of duty are not entitled to court leave.

To determine if employees qualify for court leave, employees must submit a copy of the summons to the RCC for review and determination. Upon returning to work, employees must submit a certificate of court attendance signed by a court clerk or other appropriate court official.

Employees eligible for court leave are prohibited from receiving compensation for jury duty in addition to their regular compensation for hours they would have been in pay status in their Federal position.

**Requesting and Approving Annual Leave**

To avoid confusion and/or miscommunications, employees should request annual leave using an OPM Form 71, Request for Leave. Employees should give the completed form to their

supervisor at least two days in advance of the time needed. Employees must request emergency annual leave within the first hour they are scheduled to report for duty or as soon as possible if they are at work when the need for emergency annual leave arises. Approved annual leave is charged in 15-minute increments.

If employees do not notify their supervisor within the first hour they are scheduled to report for duty, the employees' absence may be considered to be unauthorized and charged as Absent Without Leave (AWOL).

For emergency annual leave requests, employees must provide an explanation for the request. Supervisors approve or disapprove the leave request based on the efficiency of the work unit.

Furthermore, in considering whether or not to approve an employee's request for emergency leave, supervisors also take into consideration if the employee's problem could have been controlled or prevented and whether the employee has sufficient accrued leave to cover the absence.

Employees report approved leave to the timekeeper. Timekeepers record the annual leave on the employee's CD-440, Time and Attendance Daily Report. Employees must either initial the CD-440 or submit a completed OPM Form 71, Request for Leave or Approved Absence. Supervisors sign the CD-440 certifying that the time claimed by the employee is truthful and accurate. The supervisor should also sign any accompanying forms, such as, an OPM Form 71.

Annual leave may be used for sick leave in accordance with the provisions of the DOC Leave Handbook (**but sick leave cannot be used for annual leave**). When employees do not have sufficient accumulated leave to cover the leave request, the timekeeper must notify the employee's supervisor immediately.

For full-time Local Census Office (LCO) employees, supervisors should give careful consideration when granting annual leave. Absences must not hinder census operations.

#### Requesting and Approving Sick Leave

Leave-earning employees who have accumulated sick leave may be absent from work due to illness, or bereavement, or to care for a sick family member without loss of pay. Use of sick leave to care for a family member is explained on page 10-6. The amount of sick leave taken must be the minimum amount necessary and employees must not request sick leave (nor should it be granted) for purposes of rest or relaxation. Approved sick leave will be

charged in 15-minute increments.

Employees who use sick leave improperly are subject to disciplinary action. Sick leave may be substituted for annual only when circumstances justify the granting of sick leave.

#### **Approval of Sick Leave**

Employees must notify their supervisor within the first hour they are scheduled to report for duty and request sick leave. If notice is not given within this time period, the employee's absence may be considered unauthorized and the employee may be charged as AWOL. Anticipated sick leave (i.e., for doctor's visits, medical exams, treatments, and so forth), should be requested as far in advance as possible.

Supervisors will approve or disapprove the leave request within the limits of their authority as explained in the section titled, *Conditions for Which the Use of Sick Leave Will be Approved*, below.

#### **Use of Sick Leave for Less Than Three Days**

Employees may request sick leave on OPM Form 71, Request for Leave or Approved Absence. Employees must complete and sign the form and give it to their supervisor. The supervisor approves the OPM Form 71, if appropriate, and forwards it to the timekeeper. The timekeeper records the leave and attaches the OPM Form 71 to the employee's CD-440, Time and Attendance Daily Report (T&A) for the current pay period. Employees initial the leave used on the T&A.

Supervisors may require appropriate documentation to support requests for sick leave.

#### **Use of Sick Leave for Three or More Consecutive Days**

When employees use sick leave for three or more consecutive days, they must complete and submit an OPM Form 71, Request for Leave or Approved Absence, or provide a statement containing the same information.

When employees are sick at the end of the pay period and unable to complete an OPM Form 71, the supervisor advises the timekeeper who enters the notation *OPM Form 71 to be submitted next pay period* on the bottom of the T&A. When the employees return to duty, they must immediately complete and submit an OPM Form 71 to the timekeeper. The timekeeper then attaches the OPM Form 71 to the T&A for the current pay period. Unless waived by the Regional Director (RD), employees must submit a

health care provider's certification along with their OPM Form 71 for sick leave of three or more days.

**Conditions for Which  
the Use of Sick Leave  
Will be Approved**

The following conditions warrant the approval of sick leave:

- When an employee is incapacitated for duty as a result of illness.
- When an employee requires medical, dental, or optical examination or treatment.

**Note:** Employees may be granted sick leave to cover travel time to and from a doctor's office. All employees are expected to obtain prior approval for this type of absence.

- When a member of the employee's immediate family, living in the same household, has a contagious disease and requires the care and attention of the employee. A contagious disease is defined as one which is subject to quarantine by the health authorities having jurisdiction and requires isolation of the patient.
- When an employee would jeopardize the health of others through their exposure to a contagious disease.
- To make funeral arrangements necessitated by the death of a family member.
- For the adoption of a child. Adoptive parents who voluntarily choose to be absent from work to bond with or care for an adopted child may not use sick leave for this purpose. Parents may use annual leave or leave without pay for those purposes. An agency may request administratively acceptable evidence for absences related to adoption.
- For bone marrow and organ donation (up to seven days).

For other situations where sick leave may be authorized, refer to the Sick Leave section of the *DOC Leave Administration Handbook*.

**General Family Care or  
Bereavement**

Employees may use sick leave for bereavement or to care for family members who are incapacitated as a result of physical or mental illness, pregnancy, or childbirth. Additionally, sick leave may be used to care for family members with a serious health condition or who require assistance with medical, optical, and dental examinations or treatments.

Under 5 CFR 630.201, family members are defined as the following relatives of the employee:

- Spouse, parents, and spouse's parents.
- Children, including stepchildren and adopted children, and their spouses.
- Brothers and sisters, and their spouses.
- Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

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.

#### Timekeeping

When employees request sick leave for general family care, the following guidelines apply:

- Employees must submit an OPM Form 71, Request for Leave or Approved Absence, marked *Sick Leave* and fill in the check box for PURPOSE as either: Care of a family member, including medical/dental/optical examination of family member, or bereavement, **or**, Care of family member with a serious health condition.

#### Approving Leave Without Pay (LWOP)

The authorization of LWOP is a matter of administrative discretion and may not be demanded as a right by an employee, except that:

- Disabled veterans are entitled to LWOP, if requested, for medical treatment.
- Members of the armed forces reserves and the National Guard are entitled to LWOP, if requested, when ordered to military training duties if the absence is not covered by military leave.

Employees are entitled to 12 administrative workweeks of LWOP under the *Family Medical Leave Act*, (FMLA), if supported by administratively acceptable evidence. (Refer to the *Absence Without Pay* section of the *DOC Leave Administration Handbook*.)

<b>Granting LWOP</b>	Requests of extended LWOP will be reviewed by the Supervisor to determine if the employee will remain FT, PT or changed to intermittent based on the current assignment needs. More than 6 months of LWOP may be granted under certain circumstances and supervisors may consult with the Employee Relations Branch of the Human Resources Division (HRD) at Census Headquarters (HQ) when considering requests for LWOP. The RD has the delegated authority to approve LWOP up to 6 months.
<b>Timekeeping</b>	<p>Employees must complete and sign an OPM Form 71 and submit it to their supervisor. Supervisors give the OPM Form 71 to the timekeeper who records the LWOP on the employee's T&amp;A for the current pay period and attaches the OPM Form 71.</p> <p>The minimum charge for LWOP is 15 minutes. Employees initial the LWOP taken on their certified T&amp;A.</p> <p>Employees who wish to invoke entitlement to FMLA leave must complete Section 5, <i>Family and Medical Leave</i>, on the OPM Form 71. No part of an employee's 12-week entitlement under FMLA may be deducted until the employee invokes their entitlement by completing the OPM Form 71 as directed above.</p> <p>Employees who use FMLA leave intermittently or on a reduced schedule must complete an OPM Form 71 each time FMLA leave is used. Supervisors/timekeepers should retain a file copy of all OPM Forms 71 (for FMLA leave) with T&amp;A records.</p> <p>For LWOP in excess of 30 days, supervisors will request an SF-52, Request for Personnel Action, to document the absence. In this case, timekeepers will put the T&amp;A record on hold until the employee returns to duty. This is only done when the personnel action is effective and the whole pay period contains LWOP (if there are any pay transactions on the T&amp;A, it should be submitted via the time and attendance software).</p>
<b>Requests and Approval of All Other Types of Leave</b>	Contact the RCC administrative area for questions pertaining to other types of leave.
<b>Absent Without Official Leave (AWOL)</b>	When employees are absent and have not requested and received supervisory approval for leave, the employees must explain the cause for their absence and the reason why they did not ask for

prior permission to be absent.

When supervisors determine that the employee's reason(s) for the absence, and for not seeking prior approval, are insufficient, the absence will be charged as AWOL.

When employees provide acceptable documentation or a reasonable explanation for their absence, supervisors may change the AWOL to annual, sick leave, or LWOP, as requested by an employee.

AWOL is **not** a form of discipline. However, AWOL may provide the basis for disciplinary action should supervisors propose such action.

Employees cannot be paid for any absence unless leave is available and the absence is approved by the appropriate supervisor. Unauthorized absences may serve as cause for disciplinary action, up to and including removal.

#### **Notifying the RCC Administrative Coordinator**

Supervisors should inform the RCC Administrative Coordinator of all instances of unauthorized absence leading to charges of AWOL. Consult with the Employee Relations Branch, HRD, on appropriate disciplinary action.

#### **Timekeeping**

Supervisors notify the timekeeper when AWOL is charged for an employee. The timekeeper makes the appropriate entries on the employee's CD-440.

#### **Restoration of Forfeited Leave**

Heads of operating units may authorize restoration of annual leave 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:

- Employee illness.
- Administrative error.
- An exigency (or extended exigency) of the public business.

#### **Requesting Restoration of Leave**

Contact the RCC for instructions on requesting the restoration of leave. Make requests for restoration of annual leave using a CD-479, Request for Restoration of Annual Leave, or by memorandum to the associate director for field operations.

**Leave Transfer Program**

The Leave Transfer program assists federal employees who are experiencing medical emergencies, but who have exhausted their leave and will experience a substantial loss of income as a result (24 work hours for full-time employees; a prorated amount for part-time employees; intermittent employees are ineligible). The program enables federal employees to donate annual leave to other employees to cover periods of unpaid absence caused by the medical emergencies.

An employee's unpaid absence as a result of the medical emergency must meet certain definitions as specified in the Department of Commerce *Handbook on Hours of Duty and Leave Administration, Section 17, Leave Transfer Program*.

Contact the RCC if employees want to participate in the Leave Transfer program.

**Potential Leave Recipients**

Potential leave recipients must:

- Complete a CD-504, Recipient's Leave Transfer Application, indicating the hours of leave requested to be donated. This may include an amount to liquidate an indebtedness for advanced annual or sick leave or to retroactively substitute donated leave for periods of leave without pay which were directly related to the current 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 from a health care provider 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.

Employees, or their personal representative, must submit the completed CD-504 within 30 calendar days of the termination of a medical emergency otherwise the application will not be considered.

**Potential Leave Donors**

Potential leave donors must:

- Have sufficient annual leave to make the donation
- Donate in whole hour increments

- Complete, sign, and date a CD-505, Donor's Leave Transfer Application, and submit it to the RCC administrative coordinator.

Donors must be notified of the decision on their application within 15 workdays of the submission. Notices denying the donation must state the reason for the denial.

Contact the RCC administrative area for additional information on the Leave Transfer program.



## Chapter 10: Leave Administration

### Topic 1: Leave Procedures

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<b>Years of Service</b>	<b>Hours Accrued Each Pay Period</b>	<b>HOURS ACCRUED LAST PAY PERIOD OF THE CALENDAR YEAR</b>
Up to 3	4 hours	4 hours
3 to 15	6 hours	10 hours
15 and above	8 hours	8 hours

Mixed-tour employees working a full-time schedule earn sick leave at a rate of four (4) hours per pay period.

Part-time, mixed-tour employees earn annual leave in proportion to the hours worked. For example, a part-time employee who worked 40 hours in the pay period would accrue one half of the accrual rate (four, six or eight) for annual leave.

The table below shows how part-time, mixed-tour employees accrue annual leave.

<b>Years of Service</b>	<b>Number of Hours Needed in Pay Status to Accrue 1 Hour of Leave</b>	<b>HOURS ACCRUED LAST PAY PERIOD OF THE CALENDAR YEAR</b>
Up to 3	20 hours	1 hour
3 to 15	13 hours	1 hour
15 and above	10 hours	1 hour

The formula used to calculate a part-time employee's leave accrual takes into account the base and overtime hours of the current pay period and any unapplied hours from the previous pay period. However, any hours in pay status over the basic workweek/pay period (40/80) are excluded.

Part-time, mixed-tour employees earn sick leave at the rate of one hour for each 20 hours in pay status.

Full-time, mixed-tour employees do not earn leave after conversion to an intermittent status. Any unused annual and sick leave is held in abeyance until the employee returns to a full-time or part-time tour of duty.

**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.

**Military Leave**

Military leave is an approved absence from official duty, with pay, for employees who are members of the National Guard or a reserve unit of the armed forces. Military leave is authorized for days in which employees are ordered to active duty or inactive duty training or engaged in field or coast defense training. Military leave may *not* be granted to employees with temporary appointments of less than one year or not-to-exceed one year, or for employees on intermittent work schedules. To determine if employees qualify for military leave, the employees must submit a copy of their military orders to the Regional Census Center (RCC) for review and a determination.

**Court Leave**

Court leave is an approved absence from duty, without loss or reduction of pay, and is provided to employees who are summoned for one of the following reasons:

- Perform jury duty in a federal, state, or municipal court.
- Serve as a witness, in a nonofficial capacity, for the United States, the District of Columbia, or a state or local government.

Permanent and temporary employees (full-time and part-time) with a regular tour of duty are entitled to court leave.

**Note:** Intermittent employees without a regular tour of duty are not entitled to court leave.

To determine if employees qualify for court leave, employees must submit a copy of the summons to the RCC for review and determination. Upon returning to work, employees must submit a certificate of court attendance signed by a court clerk or other appropriate court official.

Employees eligible for court leave are prohibited from receiving compensation for jury duty in addition to their regular compensation for hours they would have been in pay status in their Federal position.

**Requesting and Approving Annual Leave**

To avoid confusion and/or miscommunications, employees should request annual leave using an OPM Form 71, Request for Leave. Employees should give the completed form to their

supervisor at least two days in advance of the time needed. Employees must request emergency annual leave within the first hour they are scheduled to report for duty or as soon as possible if they are at work when the need for emergency annual leave arises. Approved annual leave is charged in 15-minute increments.

If employees do not notify their supervisor within the first hour they are scheduled to report for duty, the employees' absence may be considered to be unauthorized and charged as Absent Without Leave (AWOL).

For emergency annual leave requests, employees must provide an explanation for the request. Supervisors approve or disapprove the leave request based on the efficiency of the work unit.

Furthermore, in considering whether or not to approve an employee's request for emergency leave, supervisors also take into consideration if the employee's problem could have been controlled or prevented and whether the employee has sufficient accrued leave to cover the absence.

Employees report approved leave to the timekeeper. Timekeepers record the annual leave on the employee's CD-440, Time and Attendance Daily Report. Employees must either initial the CD-440 or submit a completed OPM Form 71, Request for Leave or Approved Absence. Supervisors sign the CD-440 certifying that the time claimed by the employee is truthful and accurate. The supervisor should also sign any accompanying forms, such as, an OPM Form 71.

Annual leave may be used for sick leave in accordance with the provisions of the DOC Leave Handbook (**but sick leave cannot be used for annual leave**). When employees do not have sufficient accumulated leave to cover the leave request, the timekeeper must notify the employee's supervisor immediately.

For full-time Local Census Office (LCO) employees, supervisors should give careful consideration when granting annual leave. Absences must not hinder census operations.

## **Requesting and Approving Sick Leave**

Leave-earning employees who have accumulated sick leave may be absent from work due to illness, or bereavement, or to care for a sick family member without loss of pay. Use of sick leave to care for a family member is explained on page 10-6. The amount of sick leave taken must be the minimum amount necessary and employees must not request sick leave (nor should it be granted) for purposes of rest or relaxation. Approved sick leave will be

charged in 15-minute increments.

Employees who use sick leave improperly are subject to disciplinary action. Sick leave may be substituted for annual only when circumstances justify the granting of sick leave.

#### **Approval of Sick Leave**

Employees must notify their supervisor within the first hour they are scheduled to report for duty and request sick leave. If notice is not given within this time period, the employee's absence may be considered unauthorized and the employee may be charged as AWOL. Anticipated sick leave (i.e., for doctor's visits, medical exams, treatments, and so forth), should be requested as far in advance as possible.

Supervisors will approve or disapprove the leave request within the limits of their authority as explained in the section titled, *Conditions for Which the Use of Sick Leave Will be Approved*, below.

#### **Use of Sick Leave for Less Than Three Days**

Employees may request sick leave on OPM Form 71, Request for Leave or Approved Absence. Employees must complete and sign the form and give it to their supervisor. The supervisor approves the OPM Form 71, if appropriate, and forwards it to the timekeeper. The timekeeper records the leave and attaches the OPM Form 71 to the employee's CD-440, Time and Attendance Daily Report (T&A) for the current pay period. Employees initial the leave used on the T&A.

Supervisors may require appropriate documentation to support requests for sick leave.

#### **Use of Sick Leave for Three or More Consecutive Days**

When employees use sick leave for three or more consecutive days, they must complete and submit an OPM Form 71, Request for Leave or Approved Absence, or provide a statement containing the same information.

When employees are sick at the end of the pay period and unable to complete an OPM Form 71, the supervisor advises the timekeeper who enters the notation *OPM Form 71 to be submitted next pay period* on the bottom of the T&A. When the employees return to duty, they must immediately complete and submit an OPM Form 71 to the timekeeper. The timekeeper then attaches the OPM Form 71 to the T&A for the current pay period. Unless waived by the Regional Director (RD), employees must submit a

health care provider's certification along with their OPM Form 71 for sick leave of three or more days.

**Conditions for Which  
the Use of Sick Leave  
Will be Approved**

The following conditions warrant the approval of sick leave:

- When an employee is incapacitated for duty as a result of illness.
- When an employee requires medical, dental, or optical examination or treatment.

**Note:** Employees may be granted sick leave to cover travel time to and from a doctor's office. All employees are expected to obtain prior approval for this type of absence.

- When a member of the employee's immediate family, living in the same household, has a contagious disease and requires the care and attention of the employee. A contagious disease is defined as one which is subject to quarantine by the health authorities having jurisdiction and requires isolation of the patient.
- When an employee would jeopardize the health of others through their exposure to a contagious disease.
- To make funeral arrangements necessitated by the death of a family member.
- For the adoption of a child. Adoptive parents who voluntarily choose to be absent from work to bond with or care for an adopted child may not use sick leave for this purpose. Parents may use annual leave or leave without pay for those purposes. An agency may request administratively acceptable evidence for absences related to adoption.
- For bone marrow and organ donation (up to seven days).

For other situations where sick leave may be authorized, refer to the Sick Leave section of the *DOC Leave Administration Handbook*.

**General Family Care or  
Bereavement**

Employees may use sick leave for bereavement or to care for family members who are incapacitated as a result of physical or mental illness, pregnancy, or childbirth. Additionally, sick leave may be used to care for family members with a serious health condition or who require assistance with medical, optical, and dental examinations or treatments.

Under 5 CFR 630.201, family members are defined as the following relatives of the employee:

- Spouse, parents, and spouse's parents.
- Children, including stepchildren and adopted children, and their spouses.
- Brothers and sisters, and their spouses.
- Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

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.

**Timekeeping**

When employees request sick leave for general family care, the following guidelines apply:

- Employees must submit an OPM Form 71, Request for Leave or Approved Absence, marked *Sick Leave* and fill in the check box for PURPOSE as either: Care of a family member, including medical/dental/optical examination of family member, or bereavement, or, Care of family member with a serious health condition.

**Approving Leave Without Pay (LWOP)**

The authorization of LWOP is a matter of administrative discretion and may not be demanded as a right by an employee, except that:

- Disabled veterans are entitled to LWOP, if requested, for medical treatment.
- Members of the armed forces reserves and the National Guard are entitled to LWOP, if requested, when ordered to military training duties if the absence is not covered by military leave.

Employees are entitled to 12 administrative workweeks of LWOP under the *Family Medical Leave Act*, (FMLA), if supported by administratively acceptable evidence. (Refer to the *Absence Without Pay* section of the *DOC Leave Administration Handbook*.)

<b>Granting LWOP</b>	Requests of extended LWOP will be reviewed by the Supervisor to determine if the employee will remain FT, PT or changed to intermittent based on the current assignment needs. More than 6 months of LWOP may be granted under certain circumstances and supervisors may consult with the Employee Relations Branch of the Human Resources Division (HRD) at Census Headquarters (HQ) when considering requests for LWOP. The RD has the delegated authority to approve LWOP up to 6 months.
<b>Timekeeping</b>	<p>Employees must complete and sign an OPM Form 71 and submit it to their supervisor. Supervisors give the OPM Form 71 to the timekeeper who records the LWOP on the employee's T&amp;A for the current pay period and attaches the OPM Form 71.</p> <p>The minimum charge for LWOP is 15 minutes. Employees initial the LWOP taken on their certified T&amp;A.</p> <p>Employees who wish to invoke entitlement to FMLA leave must complete Section 5, <i>Family and Medical Leave</i>, on the OPM Form 71. No part of an employee's 12-week entitlement under FMLA may be deducted until the employee invokes their entitlement by completing the OPM Form 71 as directed above.</p> <p>Employees who use FMLA leave intermittently or on a reduced schedule must complete an OPM Form 71 each time FMLA leave is used. Supervisors/timekeepers should retain a file copy of all OPM Forms 71 (for FMLA leave) with T&amp;A records.</p> <p>For LWOP in excess of 30 days, supervisors will request an SF-52, Request for Personnel Action, to document the absence. In this case, timekeepers will put the T&amp;A record on hold until the employee returns to duty. This is only done when the personnel action is effective and the whole pay period contains LWOP (if there are any pay transactions on the T&amp;A, it should be submitted via the time and attendance software).</p>
<b>Requests and Approval of All Other Types of Leave</b>	Contact the RCC administrative area for questions pertaining to other types of leave.
<b>Absent Without Official Leave (AWOL)</b>	When employees are absent and have not requested and received supervisory approval for leave, the employees must explain the cause for their absence and the reason why they did not ask for

prior permission to be absent.

When supervisors determine that the employee's reason(s) for the absence, and for not seeking prior approval, are insufficient, the absence will be charged as AWOL.

When employees provide acceptable documentation or a reasonable explanation for their absence, supervisors may change the AWOL to annual, sick leave, or LWOP, as requested by an employee.

AWOL is **not** a form of discipline. However, AWOL may provide the basis for disciplinary action should supervisors propose such action.

Employees cannot be paid for any absence unless leave is available and the absence is approved by the appropriate supervisor. Unauthorized absences may serve as cause for disciplinary action, up to and including removal.

**Notifying the RCC  
Administrative  
Coordinator**

Supervisors should inform the RCC Administrative Coordinator of all instances of unauthorized absence leading to charges of AWOL. Consult with the Employee Relations Branch, HRD, on appropriate disciplinary action.

**Timekeeping**

Supervisors notify the timekeeper when AWOL is charged for an employee. The timekeeper makes the appropriate entries on the employee's CD-440.

**Restoration of  
Forfeited Leave**

Heads of operating units may authorize restoration of annual leave 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:

- Employee illness.
- Administrative error.
- An exigency (or extended exigency) of the public business.

**Requesting Restoration  
of Leave**

Contact the RCC for instructions on requesting the restoration of leave. Make requests for restoration of annual leave using a CD-479, Request for Restoration of Annual Leave, or by memorandum to the associate director for field operations.

**Leave Transfer Program**

The Leave Transfer program assists federal employees who are experiencing medical emergencies, but who have exhausted their leave and will experience a substantial loss of income as a result (24 work hours for full-time employees; a prorated amount for part-time employees; intermittent employees are ineligible). The program enables federal employees to donate annual leave to other employees to cover periods of unpaid absence caused by the medical emergencies.

An employee's unpaid absence as a result of the medical emergency must meet certain definitions as specified in the Department of Commerce *Handbook on Hours of Duty and Leave Administration, Section 17, Leave Transfer Program*.

Contact the RCC if employees want to participate in the Leave Transfer program.

**Potential Leave Recipients**

Potential leave recipients must:

- Complete a CD-504, Recipient's Leave Transfer Application, indicating the hours of leave requested to be donated. This may include an amount to liquidate an indebtedness for advanced annual or sick leave or to retroactively substitute donated leave for periods of leave without pay which were directly related to the current 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 from a health care provider 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.

Employees, or their personal representative, must submit the completed CD-504 within 30 calendar days of the termination of a medical emergency otherwise the application will not be considered.

**Potential Leave Donors**

Potential leave donors must:

- Have sufficient annual leave to make the donation
- Donate in whole hour increments

- Complete, sign, and date a CD-505, Donor's Leave Transfer Application, and submit it to the RCC administrative coordinator.

Donors must be notified of the decision on their application within 15 workdays of the submission. Notices denying the donation must state the reason for the denial.

Contact the RCC administrative area for additional information on the Leave Transfer program.



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## Chapter 10: Leave Administration

### Topic 1: Leave Procedures

#### Policy

Employees should exercise their leave rights, benefits, and privileges judiciously and in accordance with the operating requirements of their organization.

For certain personnel appointments, annual leave is an employee benefit. However, supervisors may exercise discretion, based on operational needs, as to when employees may be granted such leave.

Sick leave is a benefit which accrues to an employee and is authorized only for the purposes outlined in the Department of Commerce's (DOC) *Leave Administration Handbook*.

Employees may be granted other types of leave based on the merits of the justification submitted with their leave request and if the granting of 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/index.html>

#### Employees Authorized to Earn Leave

The Local Census Office Manager (LCOM), all assistant managers, and the Administrative Assistant are mixed-tour, leave-earning employees. 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 four (4), six (6), or eight (8) hours per pay period (every two weeks) depending on the length of their federal service. The table on the following page shows how full-time employees accrue annual leave.

<b>Years of Service</b>	<b>Hours Accrued Each Pay Period</b>	<b>HOURS ACCRUED LAST PAY PERIOD OF THE CALENDAR YEAR</b>
Up to 3	4 hours	4 hours
3 to 15	6 hours	10 hours
15 and above	8 hours	8 hours

Mixed-tour employees working a full-time schedule earn sick leave at a rate of four (4) hours per pay period.

Part-time, mixed-tour employees earn annual leave in proportion to the hours worked. For example, a part-time employee who worked 40 hours in the pay period would accrue one half of the accrual rate (four, six or eight) for annual leave.

The table below shows how part-time, mixed-tour employees accrue annual leave.

<b>Years of Service</b>	<b>Number of Hours Needed in Pay Status to Accrue 1 Hour of Leave</b>	<b>HOURS ACCRUED LAST PAY PERIOD OF THE CALENDAR YEAR</b>
Up to 3	20 hours	1 hour
3 to 15	13 hours	1 hour
15 and above	10 hours	1 hour

The formula used to calculate a part-time employee's leave accrual takes into account the base and overtime hours of the current pay period and any unapplied hours from the previous pay period. However, any hours in pay status over the basic workweek/pay period (40/80) are excluded.

Part-time, mixed-tour employees earn sick leave at the rate of one hour for each 20 hours in pay status.

Full-time, mixed-tour employees do not earn leave after conversion to an intermittent status. Any unused annual and sick leave is held in abeyance until the employee returns to a full-time or part-time tour of duty.

**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.

**Military Leave**

Military leave is an approved absence from official duty, with pay, for employees who are members of the National Guard or a reserve unit of the armed forces. Military leave is authorized for days in which employees are ordered to active duty or inactive duty training or engaged in field or coast defense training. Military leave may *not* be granted to employees with temporary appointments of less than one year or not-to-exceed one year, or for employees on intermittent work schedules. To determine if employees qualify for military leave, the employees must submit a copy of their military orders to the Regional Census Center (RCC) for review and a determination.

**Court Leave**

Court leave is an approved absence from duty, without loss or reduction of pay, and is provided to employees who are summoned for one of the following reasons:

- Perform jury duty in a federal, state, or municipal court.
- Serve as a witness, in a nonofficial capacity, for the United States, the District of Columbia, or a state or local government.

Permanent and temporary employees (full-time and part-time) with a regular tour of duty are entitled to court leave.

**Note:** Intermittent employees without a regular tour of duty are not entitled to court leave.

To determine if employees qualify for court leave, employees must submit a copy of the summons to the RCC for review and determination. Upon returning to work, employees must submit a certificate of court attendance signed by a court clerk or other appropriate court official.

Employees eligible for court leave are prohibited from receiving compensation for jury duty in addition to their regular compensation for hours they would have been in pay status in their Federal position.

**Requesting and Approving Annual Leave**

To avoid confusion and/or miscommunications, employees should request annual leave using an OPM Form 71, Request for Leave. Employees should give the completed form to their

supervisor at least two days in advance of the time needed. Employees must request emergency annual leave within the first hour they are scheduled to report for duty or as soon as possible if they are at work when the need for emergency annual leave arises. Approved annual leave is charged in 15-minute increments.

If employees do not notify their supervisor within the first hour they are scheduled to report for duty, the employees' absence may be considered to be unauthorized and charged as Absent Without Leave (AWOL).

For emergency annual leave requests, employees must provide an explanation for the request. Supervisors approve or disapprove the leave request based on the efficiency of the work unit.

Furthermore, in considering whether or not to approve an employee's request for emergency leave, supervisors also take into consideration if the employee's problem could have been controlled or prevented and whether the employee has sufficient accrued leave to cover the absence.

Employees report approved leave to the timekeeper. Timekeepers record the annual leave on the employee's CD-440, Time and Attendance Daily Report. Employees must either initial the CD-440 or submit a completed OPM Form 71, Request for Leave or Approved Absence. Supervisors sign the CD-440 certifying that the time claimed by the employee is truthful and accurate. The supervisor should also sign any accompanying forms, such as, an OPM Form 71.

Annual leave may be used for sick leave in accordance with the provisions of the DOC Leave Handbook (**but sick leave cannot be used for annual leave**). When employees do not have sufficient accumulated leave to cover the leave request, the timekeeper must notify the employee's supervisor immediately.

For full-time Local Census Office (LCO) employees, supervisors should give careful consideration when granting annual leave. Absences must not hinder census operations.

#### **Requesting and Approving Sick Leave**

Leave-earning employees who have accumulated sick leave may be absent from work due to illness, or bereavement, or to care for a sick family member without loss of pay. Use of sick leave to care for a family member is explained on page 10-6. The amount of sick leave taken must be the minimum amount necessary and employees must not request sick leave (nor should it be granted) for purposes of rest or relaxation. Approved sick leave will be

charged in 15-minute increments.

Employees who use sick leave improperly are subject to disciplinary action. Sick leave may be substituted for annual only when circumstances justify the granting of sick leave.

#### **Approval of Sick Leave**

Employees must notify their supervisor within the first hour they are scheduled to report for duty and request sick leave. If notice is not given within this time period, the employee's absence may be considered unauthorized and the employee may be charged as AWOL. Anticipated sick leave (i.e., for doctor's visits, medical exams, treatments, and so forth), should be requested as far in advance as possible.

Supervisors will approve or disapprove the leave request within the limits of their authority as explained in the section titled, *Conditions for Which the Use of Sick Leave Will be Approved*, below.

#### **Use of Sick Leave for Less Than Three Days**

Employees may request sick leave on OPM Form 71, Request for Leave or Approved Absence. Employees must complete and sign the form and give it to their supervisor. The supervisor approves the OPM Form 71, if appropriate, and forwards it to the timekeeper. The timekeeper records the leave and attaches the OPM Form 71 to the employee's CD-440, Time and Attendance Daily Report (T&A) for the current pay period. Employees initial the leave used on the T&A.

Supervisors may require appropriate documentation to support requests for sick leave.

#### **Use of Sick Leave for Three or More Consecutive Days**

When employees use sick leave for three or more consecutive days, they must complete and submit an OPM Form 71, Request for Leave or Approved Absence, or provide a statement containing the same information.

When employees are sick at the end of the pay period and unable to complete an OPM Form 71, the supervisor advises the timekeeper who enters the notation *OPM Form 71 to be submitted next pay period* on the bottom of the T&A. When the employees return to duty, they must immediately complete and submit an OPM Form 71 to the timekeeper. The timekeeper then attaches the OPM Form 71 to the T&A for the current pay period. Unless waived by the Regional Director (RD), employees must submit a

health care provider's certification along with their OPM Form 71 for sick leave of three or more days.

**Conditions for Which  
the Use of Sick Leave  
Will be Approved**

The following conditions warrant the approval of sick leave:

- When an employee is incapacitated for duty as a result of illness.
- When an employee requires medical, dental, or optical examination or treatment.

**Note:** Employees may be granted sick leave to cover travel time to and from a doctor's office. All employees are expected to obtain prior approval for this type of absence.

- When a member of the employee's immediate family, living in the same household, has a contagious disease and requires the care and attention of the employee. A contagious disease is defined as one which is subject to quarantine by the health authorities having jurisdiction and requires isolation of the patient.
- When an employee would jeopardize the health of others through their exposure to a contagious disease.
- To make funeral arrangements necessitated by the death of a family member.
- For the adoption of a child. Adoptive parents who voluntarily choose to be absent from work to bond with or care for an adopted child may not use sick leave for this purpose. Parents may use annual leave or leave without pay for those purposes. An agency may request administratively acceptable evidence for absences related to adoption.
- For bone marrow and organ donation (up to seven days).

For other situations where sick leave may be authorized, refer to the Sick Leave section of the *DOC Leave Administration Handbook*.

**General Family Care or  
Bereavement**

Employees may use sick leave for bereavement or to care for family members who are incapacitated as a result of physical or mental illness, pregnancy, or childbirth. Additionally, sick leave may be used to care for family members with a serious health condition or who require assistance with medical, optical, and dental examinations or treatments.

Under 5 CFR 630.201, family members are defined as the following relatives of the employee:

- Spouse, parents, and spouse's parents.
- Children, including stepchildren and adopted children, and their spouses.
- Brothers and sisters, and their spouses.
- Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

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.

#### **Timekeeping**

When employees request sick leave for general family care, the following guidelines apply:

- Employees must submit an OPM Form 71, Request for Leave or Approved Absence, marked *Sick Leave* and fill in the check box for PURPOSE as either: Care of a family member, including medical/dental/optical examination of family member, or bereavement, or, Care of family member with a serious health condition.

#### **Approving Leave Without Pay (LWOP)**

The authorization of LWOP is a matter of administrative discretion and may not be demanded as a right by an employee, except that:

- Disabled veterans are entitled to LWOP, if requested, for medical treatment.
- Members of the armed forces reserves and the National Guard are entitled to LWOP, if requested, when ordered to military training duties if the absence is not covered by military leave.

Employees are entitled to 12 administrative workweeks of LWOP under the *Family Medical Leave Act*, (FMLA), if supported by administratively acceptable evidence. (Refer to the *Absence Without Pay* section of the *DOC Leave Administration Handbook*.)

<b>Granting LWOP</b>	Requests of extended LWOP will be reviewed by the Supervisor to determine if the employee will remain FT, PT or changed to intermittent based on the current assignment needs. More than 6 months of LWOP may be granted under certain circumstances and supervisors may consult with the Employee Relations Branch of the Human Resources Division (HRD) at Census Headquarters (HQ) when considering requests for LWOP. The RD has the delegated authority to approve LWOP up to 6 months.
<b>Timekeeping</b>	<p>Employees must complete and sign an OPM Form 71 and submit it to their supervisor. Supervisors give the OPM Form 71 to the timekeeper who records the LWOP on the employee's T&amp;A for the current pay period and attaches the OPM Form 71.</p> <p>The minimum charge for LWOP is 15 minutes. Employees initial the LWOP taken on their certified T&amp;A.</p> <p>Employees who wish to invoke entitlement to FMLA leave must complete Section 5, <i>Family and Medical Leave</i>, on the OPM Form 71. No part of an employee's 12-week entitlement under FMLA may be deducted until the employee invokes their entitlement by completing the OPM Form 71 as directed above.</p> <p>Employees who use FMLA leave intermittently or on a reduced schedule must complete an OPM Form 71 each time FMLA leave is used. Supervisors/timekeepers should retain a file copy of all OPM Forms 71 (for FMLA leave) with T&amp;A records.</p> <p>For LWOP in excess of 30 days, supervisors will request an SF-52, Request for Personnel Action, to document the absence. In this case, timekeepers will put the T&amp;A record on hold until the employee returns to duty. This is only done when the personnel action is effective and the whole pay period contains LWOP (if there are any pay transactions on the T&amp;A, it should be submitted via the time and attendance software).</p>
<b>Requests and Approval of All Other Types of Leave</b>	Contact the RCC administrative area for questions pertaining to other types of leave.
<b>Absent Without Official Leave (AWOL)</b>	When employees are absent and have not requested and received supervisory approval for leave, the employees must explain the cause for their absence and the reason why they did not ask for

prior permission to be absent.

When supervisors determine that the employee's reason(s) for the absence, and for not seeking prior approval, are insufficient, the absence will be charged as AWOL.

When employees provide acceptable documentation or a reasonable explanation for their absence, supervisors may change the AWOL to annual, sick leave, or LWOP, as requested by an employee.

AWOL is **not** a form of discipline. However, AWOL may provide the basis for disciplinary action should supervisors propose such action.

Employees cannot be paid for any absence unless leave is available and the absence is approved by the appropriate supervisor. Unauthorized absences may serve as cause for disciplinary action, up to and including removal.

**Notifying the RCC  
Administrative  
Coordinator**

Supervisors should inform the RCC Administrative Coordinator of all instances of unauthorized absence leading to charges of AWOL. Consult with the Employee Relations Branch, HRD, on appropriate disciplinary action.

**Timekeeping**

Supervisors notify the timekeeper when AWOL is charged for an employee. The timekeeper makes the appropriate entries on the employee's CD-440.

**Restoration of  
Forfeited Leave**

Heads of operating units may authorize restoration of annual leave 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:

- Employee illness.
- Administrative error.
- An exigency (or extended exigency) of the public business.

**Requesting Restoration  
of Leave**

Contact the RCC for instructions on requesting the restoration of leave. Make requests for restoration of annual leave using a CD-479, Request for Restoration of Annual Leave, or by memorandum to the associate director for field operations.

**Leave Transfer Program**

The Leave Transfer program assists federal employees who are experiencing medical emergencies, but who have exhausted their leave and will experience a substantial loss of income as a result (24 work hours for full-time employees; a prorated amount for part-time employees; intermittent employees are ineligible). The program enables federal employees to donate annual leave to other employees to cover periods of unpaid absence caused by the medical emergencies.

An employee's unpaid absence as a result of the medical emergency must meet certain definitions as specified in the Department of Commerce *Handbook on Hours of Duty and Leave Administration, Section 17, Leave Transfer Program*.

Contact the RCC if employees want to participate in the Leave Transfer program.

**Potential Leave Recipients**

Potential leave recipients must:

- Complete a CD-504, Recipient's Leave Transfer Application, indicating the hours of leave requested to be donated. This may include an amount to liquidate an indebtedness for advanced annual or sick leave or to retroactively substitute donated leave for periods of leave without pay which were directly related to the current 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 from a health care provider 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.

Employees, or their personal representative, must submit the completed CD-504 within 30 calendar days of the termination of a medical emergency otherwise the application will not be considered.

**Potential Leave Donors**

Potential leave donors must:

- Have sufficient annual leave to make the donation
- Donate in whole hour increments

- Complete, sign, and date a CD-505, Donor's Leave Transfer Application, and submit it to the RCC administrative coordinator.

Donors must be notified of the decision on their application within 15 workdays of the submission. Notices denying the donation must state the reason for the denial.

Contact the RCC administrative area for additional information on the Leave Transfer program.



# Chapter 11: Travel and Other Reimbursable Expenses

## Topic 1: Reimbursable Expenses

### Introduction

In addition to being paid for hours worked, Local Census Office (LCO) employees are reimbursed for mileage and other authorized expenses essential for conducting their official job duties. When traveling on official business, employees must use the route and/or means of transportation that is most advantageous to the government.

Claims for expenses not actually incurred, or incurred while not on official business, are not permitted. Persons submitting such claims are subject to criminal penalties in addition to termination of their employment.

When employees are required and authorized to travel overnight, LCO Managers (LCOMs) will explain the forms and procedures to be used by the travelers.

### Reimbursable Expenses

#### Privately Owned Vehicle (POV)

Employees will be reimbursed for mileage expenses incurred when driving a privately owned vehicle (POV) including automobiles and motorcycles while on official business. This reimbursement covers the cost of gasoline, oil, repairs, towing, insurance, and other items associated with maintaining a vehicle. The amount of reimbursement is a rate established by the General Services Administration that changes with each new pay year. Current rates are printed on employee earnings statements. No additional reimbursements are made for these or similar items. Miles driven on personal business will **not** be reimbursed.

Road, bridge, and tunnel tolls are reimbursable if incurred while on official business. Parking fees are reimbursable; however, free or metered spaces should be used before parking lots or garages. When using parking lots or garages, employees must obtain and submit a receipt with their claim for reimbursement.

**Taxicabs** Employees may use taxicabs when authorized for official business to travel from their residence or place of business to the location of common carriers such as train stations or airports. Additionally, in some limited circumstances, taxis may be authorized for employees working on special operations. The use of taxis is not authorized for any other purpose. Employees must obtain and submit receipts for fares exceeding \$75.

**Rental Vehicles** Rental vehicles may not be used without the specific approval of the LCOM. When specialty vehicles (four-wheel drive utility vehicles, boats, etc.) are needed in mountainous or very rural areas, LCOMs must first obtain pre-approval from the Area Manager. Employees are reimbursed for actual rental fees plus gasoline. Vehicle insurance is not reimbursable. Employees should elect not to purchase additional insurance as all drivers/vehicles are automatically covered by the Federal Government policy.

**Special Conveyances** **Consult your Area Manager or Regional Census Center Administrative Coordinator for detailed information when procuring the services of special conveyances. It is essential that certain procedures are correctly executed in the procurement process.**

**Chartered Services (Rentals)**

The terms of all chartered services must be in writing and signed by an authorized representative of the Census Bureau and the carrier. Use either a procurement request or the contractor-issued charge card to obtain these services.

**Four-Wheel Drive Vehicles, Boats, etc. (Rentals)**

LCOMs may, with the concurrence of the Area Manager, approve the rental of special conveyances for travel within certain rural areas. Use either a procurement request or the contractor-issued charge card to obtain these services.

**Privately-Owned Airplane (Rentals)**

Reimbursement for authorized airplane rentals is \$1.26 per mile (rate as of 8/1/2008) plus parking, landing, and tie-down fees. The air mileage between the origin and destination airport, as determined from airway charts, will be used in computing payment for air mileage.

When a detour is necessary because of adverse weather conditions, mechanical difficulties, or other unforeseen conditions, the additional air mileage may be included, but must be explained on the claim for reimbursement.

### **Snowmobiles**

A mileage rate is not established for snowmobiles. Snowmobiles may be considered a special conveyance which, when determined to be advantageous to the government, may be authorized for use. Expenses payable for the use of a special conveyance include:

- Gasoline and oil.
- Rental of garage, hanger, or boat house.
- Feeding and stabling of horses.
- Per diem of operator (using per diem guidelines).
- Ferries, tolls, and so forth.

Reimbursement for snowmobiles includes the actual cost for any of the applicable expenses.

Contact your Regional Census Center for more information.

### **All-Terrain Vehicles (ATVs)**

A mileage rate is not established for all-terrain vehicles. Reimbursement for the use of ATVs depends on whether it is a privately-owned vehicle or a rental vehicle. If it is a POV, reimbursement is made based on the mileage rate in effect at that time. If the ATV is a rental vehicle, the actual cost plus gasoline is reimbursable.

Contact your Regional Census Center for more information.

### **Local Transportation**

Actual costs for local public transportation expenses such as bus, subway, or ferry are reimbursable if used for official government business.

### **Telephone Expenses**

Actual costs for local and toll telephone calls made for official business from pay telephones, cellular, or your home are reimbursable. When employees have a limited telephone service at home and are billed for excess calls or message units, excess charges (those that increase your monthly bill) resulting from official business calls may be reimbursed. Employees must

submit a copy of their telephone bill highlighting charges for the excess calls or message units. For cellular phones, employees also must submit itemized bills indicating those calls made for official Census business.

Personal telephone calls during official government overnight travel are reimbursable within the following guidelines:

- The claim cannot exceed \$5 per day.
- Charges imposed by a hotel when placing a long-distance call are not reimbursable.
- Personal calls are allowed only to the traveler's residence or immediate family. However, when return travel plans are changed and the employee's immediate family member is unavailable, the employee may telephone someone else who will then advise the traveler's family member of the change.
- Personal calls must be itemized separately when submitting a claim for travel reimbursement.
- Personal calls are not allowed on the last day of travel unless there is a change in travel plans.

#### **Interpreter Services**

Occasionally, a field employee may require the services of an interpreter/cultural facilitator because of a language barrier. In these situations, field employees should attempt one or more of the following:

- Try to locate a volunteer within the household or group quarters who speaks the language and is willing to assist.
- Contact a co-worker who speaks the language.
- Contact their supervisor to arrange for an interpreter/cultural facilitator.

Supervisors are required to arrange for paid interpreters and/or cultural facilitators when no employees, including Field Operations Supervisors (FOSS), are available to overcome the language/cultural barrier. The hourly rate of pay for an interpreter/cultural facilitator is equal to that of an Enumerator. A D-477, *Contract for Interpreter Services*, is required **before** a payment can be made. The LCO submits the *white* (original) copy of the D-477 to the Regional Census Center (RCC).

**When field employees pay the interpreter directly from their own funds,** they must prepare a D-477, *Contract for Interpreter Services*, as follows:

- Fill the *To be Completed by Enumerator* section at the bottom of the form.
- Ensure that the interpreter/facilitator has completed Items 2 (name, SSN, date, address, and telephone number) and 3 (amount received or per hour salary rate), and signed and dated the form in the spaces provided.
- Give the *pink* copy of the D-477 to the interpreter/facilitator.
- Claim reimbursement for the expense on their D-308, *Daily Pay and Work Record* or E-308, *Electronic Pay and Work Record*.
  - Record the amount in Part B, Item 2, *Reimbursements-Other*.
  - For E-308, record the amount in the *OthExpns* field and enter “Translator Used” in the *OthDeser* field.
  - Attach the completed *white* copy of the D-477 to the D-308.
- Give their D-308 along with the *white* and *yellow* copies of the D-477 to their supervisor. Supervisors forward the *white* copy to the LCO payroll area and retain the *yellow* copy for their files.

**Note:** For field staff using the HHC, please give your supervisor the completed *white* copy of the D-477. *Reimbursements are included in the employee's weekly paycheck.*

**When field employees do not make an immediate payment to the interpreter,** they must prepare a D-477, *Contract for Interpreter Services*, as follows:

- Fill the *To be Completed by Enumerator* section at the bottom of the form.
- Ensure that the interpreter/facilitator has completed Items 2 (name, SSN, date, address, and telephone number) and 3 (amount received or per hour salary rate), and signed and dated the form in the space provided.
- Give the *pink* copy of the D-477 to the interpreter/facilitator.
- Tell the interpreter/facilitator that they should receive a check for services rendered within two weeks. The check

will be mailed to the address shown on the D-477.

- Give their supervisor the *white* and *yellow* copies of the D-477. Supervisors forward the *white* copy to the LCO payroll area and retain the *yellow* copy for their files.

**When employees' supervisors make immediate payments to the interpreter,** the employees must prepare a D-477, *Contract for Interpreter Services*, as follows:

- Fill the *To be Completed by Enumerator* section at the bottom of the form.
- Ensure that the interpreter/facilitator has completed Items 2 (name, SSN, date, address, and telephone number) and 3 (amount received or per hour salary rate), and signed and dated the form in the space provided.
- Pay the interpreter/facilitator with the funds provided by their supervisor.
- Give the *pink* copy of the D-477 to the interpreter/facilitator.
- Give their supervisor the *white* and *yellow* copies of the D-477. The supervisors will:
  - Keep the *yellow* copy for their files.
  - Claim reimbursement in Part B, Item 2, *Reimbursements-Other*, on their D-308.
  - For E-308, record the amount in the *OthExpns* field and enter "Translator Used" in the *OthDeser* field.
  - Attach the completed white copy of the D-477 to the D-308.
  - Forward the D-308 and attached D-477 to the payroll section of the LCO to begin the payment process.

**Note:** For field staff using the HHC, please give your supervisor the completed *white* copy of the D-477. *Reimbursements are included in the employee's weekly paycheck.*

*Full-time office employees record the details for interpreter expenses on a BC-27A, Field Employee's Reimbursement Expenses, and then transcribe the amount to the BC-27, Time, Attendance, and Cost Report.*

## Topic 2: Travel

### Per Diem

Per diem is the combined daily payment rate set by the General Services Administration (GSA) for lodging, fixed meals, and incidental expenses (M&IE). Employees are entitled to per diem when they travel more than 50 miles one way from their official duty station and are in travel status for more than 12 hours.

Per diem begins when travelers start official travel from their home, office, or other authorized point of departure and ends when travelers return to their home, office, or other authorized point at the conclusion of the trip. For example, when an employee is authorized a two-day overnight trip to another LCO, expenses such as lodging, transportation, meals, and incidental expenses are reimbursable provided that the amounts do not exceed the maximum per diem rate for the area.

**Note:** Only three-fourths ( $\frac{3}{4}$ ) of the applicable M&IE rate is allowable on the first and last day of travel.

Contact the RCC for the appropriate per diem rate for the area of travel.

### Travel Guidelines

All LCO employees who travel locally or away on temporary duty are required to do so within the guidelines of the *Federal Travel Regulations* (FTR). While in a travel status, employees are expected to be prudent about their spending. **Expenses incurred while on official government business must be kept to a minimum.** Employees are responsible for ensuring that the authority for the travel has been granted prior to making any travel plans.

### Travel Orders

When official government overnight travel is required, it must be authorized in advance by the Area Manager, and the RCC Administrative Coordinator must prepare a CD-29, *Travel Order*. The CD-29 is the official document that authorizes travel for LCO employees. There are no *open* travel orders for LCO employees. The RCC Administrative Coordinator must prepare a *separate* CD-29 for *each* trip taken by an LCO employee. A CD-29, *Travel Order*, is shown in Illustration 11-1.

**Illustration 11-1**  
**CD-29, Travel Order**

FORM CD-29 U.S. DEPARTMENT OF COMMERCE (Rev. 6-08)		1. TYPE OF AUTHORIZATION <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.		2. TRAVEL ORDER NO. 21FY0901	
TRAVEL ORDER					
3A. BUREAU NAME/ORGANIZATIONAL UNIT U.S. Census Bureau, Boston Regional Census Center		3B. PRESENT OFFICIAL STATION Boston, MA			
4A. TRAVELER'S NAME Last, First M.		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 10/01/2008		8B. END ON OR ABOUT 10/05/2008	
9. REQUISITION NUMBER					
10. ACCOUNTING CLASSIFICATION CODE					
FCFY (xxxx) 2009	PROJECT-TASK (xxxxxxxx-xxx) 5712920-777	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx) 11-15-0057-20-21-99-00	OBJECT CLASS (xx-xx-xx-xx) 21-11-00-00	12. ESTIMATED COST	
<input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> EXTRA FARE (Justify in Item 15) <input type="checkbox"/> AIR-COACH <input type="checkbox"/> AIR-EXTRA FARE (Attach CD-334)					
<input type="checkbox"/> PRIVATELY-OWNED VEHICLE <input type="checkbox"/> AUTO <input type="checkbox"/> PLANE <input type="checkbox"/> RATE PER MILE ____ CENTS (See FTR 301-10.303 OR 302-4.300) <input type="checkbox"/> DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> FOR CONVENIENCE OF TRAVELER (See FTR 301-10.309 AND 301-10.310)					
<input type="checkbox"/> RENTED MOTOR VEHICLE (See FTR 301-10.460) <input type="checkbox"/> OTHER MEANS (Specify)					
<b>COMMON CARRIER REFUNDS</b> 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.					
<b>ACCOUNTING OFFICE ADDRESS:</b>					
<b>13. SUBSISTENCE EXPENSE</b> In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.					
<b>14. OTHER EXPENSES AUTHORIZED</b> <input type="checkbox"/> MEETING REGISTRATION FEES <input type="checkbox"/> HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS <input type="checkbox"/> EXCESS BAGGAGE (Justify in Item 15) (See FTR 301-12.2) <input type="checkbox"/> OTHER (Specify and Justify in Item 15)					
<b>15. SPECIAL PROVISIONS/REMARKS</b>					
<b>15A. INTERNATIONAL CLEARANCE</b> (To be completed for all International travel authorized by this travel order) <input type="checkbox"/> Laptop (provided) <input type="checkbox"/> BlackBerry (AutoBerry Pre-travel Scan) <input type="checkbox"/> OSY Briefing					
CIO (Signature)			CIO (Signature)		
<b>Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.</b>					
<b>16. PRINTED NAME &amp; SIGNATURE OF REQUESTING/APPROVING OFFICIAL (Optional)</b>		<b>TITLE (Optional)</b>		<b>DATE</b>	
<b>17. PRINTED NAME &amp; SIGNATURE OF AUTHORIZING OFFICER RD or Designee</b>		<b>TITLE RD or Designee's Title</b>		<b>DATE</b>	
<b>PRIVACY ACT NOTIFICATION</b> 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. 11608 of July 22, 1971, and E.O. 11612 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.					
<b>CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER</b> 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.					

- 1** The Travel Order Number will change with each form completed. It consists of eight digits: the first two digits represent the regional census center (ex: 29 for Atlanta); the next four digits represent the fiscal year (ex: FY08); and the last two digits are sequentially numbered, always beginning with 01.

**Travel Over 12 Hours  
but Less Than 24  
Hours**

When an employee is in travel status more than 12 hours, but not exceeding 24 hours and no lodging is required, the traveler is entitled to three-fourths (3/4) of the applicable M&IE rate for that day. To process the claim, employees must attach a travel order to their BC-27, *Time, Attendance, and Cost Report*, D-308, *Daily Pay and Work Record*, or submit receipts to the LCO payroll area if the weekly payroll is done on the hand-held computer.

**Travel Claims for NFC  
Employees**

Employees paid biweekly by the National Finance Center (NFC) should use the BC-27A, *Field Employees Travel Expenses*, to claim reimbursement of expenses incurred while on official government business. Supervisors must authorize the payment of the expenses before claims can be processed.

Employees will:

- Complete the BC-27A and attach all receipts pertaining to the travel, including a copy of the CD-29, *Travel Order*, authorizing the travel.
- Transcribe the totals from the BC-27A onto the BC-27, *Time, Attendance, and Cost Report*.
- Attach the BC-27A and supporting receipts to the BC-27.
- Give the documents to their supervisor for review and approval.

Supervisors sign approved BC-27s and forward them to the RCC. The NFC processes the claims for reimbursement and includes payment in the employee's biweekly salary.

**Travel Claims for  
DAPPS Employees**

Field and office intermittent employees paid weekly by the Decennial Applicant, Personnel, and Payroll System (DAPPS) should record official travel expenses on a D-308A, *Per Diem Expense Record*. Intermittent employees will:

- Complete the D-308A and attach all appropriate receipts pertaining to the travel, including a copy of the CD-29, *Travel Order*, authorizing the travel.
- Attach the D-308A to the D-308, *Daily Pay and Work Record*.
- If the weekly payroll is done on the hand-held computer, submit receipts to the supervisor for review. Attach receipts to a full size sheet of paper. Write your name, the employee id, and the date the expenses were submitted on the sheet of paper and give to your supervisor. The

supervisor will forward all documents to the LCO payroll area.

Reimbursements for expenses are processed through the DAPPS with payments included in employees' weekly salary.

Refer to the *D-581, DAPPS Operating Manual*, for instructions on keying travel expenses into DAPPS.

### **Local Travel Claims**

Local travel is defined as travel that:

- Is completed within one calendar day
- Does not involve per diem
- Is generally limited to points within a 50-mile radius of the official duty station

Although a travel order is not required for local travel, supervisors must give the traveler verbal approval.

Allowable expenses for local travel include:

- Privately-owned vehicle (POV) mileage

**Note:** Claims cannot be made for miles traveled from the employee's residence to the official duty station.

**Note:** Parking fees for POVs

- Toll and bridge fees
- Taxi fares
- Fees for public transportation (bus, subway, and so on)
- Official business telephone calls made from cellular or pay phones

Miscellaneous expenses (must be explained in detail)

### **Local Travel Claims for NFC Employees**

Employees paid biweekly by the National Finance Center (NFC) should claim reimbursement for local travel expenses on the BC-27, *Time and Attendance Record*, and attach receipts for all expenses exceeding \$75; however, your RCC may require receipts for lesser amounts. Employees give the completed documents to their supervisors for review and approval. Once approved, supervisors forward the BC-27 and receipts to the RCC for processing. Payments will appear in the employee's biweekly pay check.

**Local Travel Claims  
for DAPPS Employees**

Field and office intermittent employees paid weekly by the Decennial Applicant, Personnel, and Payroll System (DAPPS) should claim reimbursement for local travel expenses on the D-308 and attach receipts for all daily expenses (excluding mileage) over five dollars (\$5). Employees submit the completed documents (or electronic information from the hand-held computer) to their supervisors for review and approval. Once approved, supervisors submit the timesheet data to the LCO for processing.

Reimbursements for expenses are processed through DAPPS with payments included in employees' weekly salary.

**Airline Ticket Fees**

To minimize costs, the Census Bureau is requiring the mandatory use of e-tickets, as appropriate. U.S. airlines charge an additional service fee (generally \$20 - \$25) for all paper tickets issued in the United States, the U.S. Virgin Islands, and Puerto Rico with e-ticket eligibility. This fee supports the airlines' initiative to cut costs and to reduce the complexity of their operations. The fee applies to government travel when paper tickets are issued. When a trip combines personal travel with official travel, the additional service fee will be borne by the traveler.

## Topic 3: American Express Travelers Check Program

### Introduction

The purpose of the American Express Travelers Check Program is to provide supplemental funds to decennial field employees to cover transportation expenses that they will incur during the first days of employment. Initial travel advances can be up to \$125.00. The employees can receive a \$50 travelers check at the end of the 1<sup>st</sup> day of training and a \$75 check at the end of the last day of training. Checks should NOT be used for any other purposes. While specific staff may be assigned to operate and control the management and supervision of the program, it is ultimately the responsibility of the Regional Director.

### Eligibility

All intermittent field employees such as enumerators, crew leaders and FOS are eligible to receive these advances during the first week of training. ***Employees must work a full day BEFORE receiving a check.*** The purpose for this is to ensure that the Bureau only advances enough money to cover travel expenses that can be recovered from the employee's salary in the event the employee does not return to work after the first day.

### Identify applicants who need a travel advance

The selection clerk will ask an applicant during the interview process from the D-269, *Selection Guide*, if they anticipate any problems meeting their travel expenses for the first week of work. If the applicant responds yes, the selection clerk records the name, social security number and training information for the employee needing a travel advance on form D-930, *Travelers Check Request Log* (see illustration 11-2).

Once the log is complete, obtain the Area Manager's signature and date before faxing the log to the Administrative Coordinator in the RCC.

### Preparing the Travelers Checks and Register and Receipt Log

The Administrative Coordinator or designee will prepare the travelers checks from the information on the D-930's, *Travelers Check Request Log*. In addition to preparing the travelers checks, the Administrative Coordinator will fill out two form D-931s, *Travelers Check Register and Receipt Log*, for those employees who indicated they needed an advance. The

Administrative Coordinator will record the serial number, amount and date check issued on the log.

The social security number and employee name will be left blank for the employee to fill out at training.

The checks and a copy of the log are then sent to the LCO to be distributed by field supervisors (trainers) at the training site.

The 1<sup>st</sup> log will be for the \$50 the employee's are eligible for at the end of the first day of training. The second log will be for the remainder of the \$125 to be distributed at the end of the last day of training.

#### **Distributing the checks**

At the end of the first day of training, employees will fill out their social security number, name and sign and date form D-931, *Travelers Check Register and Receipt Log*, (see illustration 11-3) acknowledging receipt of the check(s).

Trainers should instruct the employees to safeguard the checks as if they were carrying cash and remind them that the total amount will be deducted from their first pay check.

The instructions above will be repeated on the last day of training.

The trainer will return the log and any unissued checks to the LCO. The LCO will collect the materials from all trainers and forward them to the Administrative Coordinator at the RCC.

#### **Deducting the travel advance**

The Administrative Coordinator will use the information from the D-931 log to enter a deduction in DAPPS for every employee who received a travel advance.

**Illustration 11-2**  
**D-930, Travelers Check Request Log**

Form D-930 546-9075		U.S. DEPARTMENT OF COMMERCE Economic and Statistical Administration U.S. CENSUS BUREAU			
<b>TRAVELERS CHECK REQUEST LOG (FOR OFFICE USE ONLY) 2010 Census</b>				<b>A. RCC</b>  <b>B. LCO</b>  <b>C. Administrative Clerk</b>	
<b>INSTRUCTIONS</b> ➔ 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)	
<b>AREA MANAGER APPROVAL</b>					
Signature				Date approved	

U S C E N S U S B U R E A U

**Illustration 11-3**

**Copy distribution:** Before training ➤ WHITE/YELLOW -- Trainer PINK -- Area Manager GOLDENROD -- Admin. Officer  
After training ➤ WHITE -- Admin. Officer YELLOW -- Area Manager

U.S. CENSUS BUREAU



## Chapter 12: Progress and Cost Reporting

### Topic 1: Progress and Cost Reporting

#### Project, Organization Code and Task Code Identification

An important part of fiscal control is the ability to identify the cost of each operation within a project and where the money is spent. This is accomplished by assigning an organization code and individual task code numbers to the operations within a project. Task code numbers are required on all documents that show costs, for example, employee payroll forms, travel vouchers, telephone bills, invoices for purchases, etc.

An organization code tells who is doing the work, the project code tells what work is being done, and task codes represent specific activities performed within a project. Each Local Census Office (LCO) has a unique organization code. Field LCO organization structure is 11-15-0057-20-AA-BB-00, where 0057 is Field Division, 20 represents the Regional Census Centers, "AA" is a specific 2-digit code for a Regional Census Center, and "BB" is the 2-digit code for the LCO or 99 for the RCC.

#### Invoices and Project Numbers/Task Codes

Project numbers are used to allocate funds and task codes identify how the funds were spent. All invoices forwarded to the RCC for payment must have the organization code completed so that the costs are charged properly; the RCC will enter the correct project number and task code. Attach a certification statement signed by the LCOM. (For detailed information on payment of bills, refer to Chapter 13 in this manual.)

#### Staffing Authorization and Manager's Fiscal Control

LCO Staffing Authorization files are managed and maintained in the RCC. The LCOM will receive the authorization providing staffing levels and budgets for each operation.

The Staffing Authorization provides information for several areas:

- It contains the assumptions used to determine staffing, such as field production rates, hours worked per day, length of the operation, workloads, Enumerator to Crew

Leader ratios, and so forth.

- It gives budgeted staffing levels for field and office work based on the assumptions.
- It shows estimated total budgets for field operations.

RCC Area Managers use the Staffing Authorization to estimate staffing needs, hire and train, and to control total expenditures by operation. They provide the staffing requirements to the LCOMs. LCOMs must not exceed individual operational allocations without the approval of the RCC. Furthermore, LCOMs should make every reasonable effort to complete assignments using less than the budgeted hours and miles allocated for each operation and within the time frame allocated for the operation.

Staffing levels are determined in part by workloads. Initially, the Staffing Authorization will contain estimates of workloads. Because the actual workload may differ from the estimates used in preparing the Staffing Authorization, the RCC and/or Census Headquarters (HQ) will update the authorization when actual workload numbers are available.

#### **Operations Control System (OCS)**

The Operations Control System (OCS) is an automated system that contains workloads, schedules, and cost and production information. The goal of the OCS is to capture and provide timely data necessary for the effective management of the LCO and its operations. The OCS menus include a print/view reports option that allows LCO staff to print cost, progress, and quality indicator reports or view them on the screen.

Daily or weekly management reports are compiled from daily payrolls of enumerators, crew leaders, crew leader assistants, field operations supervisors, and clerks.

Information from the payrolls includes the number of hours worked; telephone expenses, mileage, per diem, and other authorized expenses. Details on progress and cost reporting procedures are described fully in each operational manual.

Cumulative progress at the employee level and the operation level is summarized in management reports generated at the LCO. Instructions for reviewing and using the reports are contained in the D-219, Using Management Reports.

The accuracy of the management report data is dependent on the entries made on the D-308 payroll forms and other assignment tracking documents. It is essential that entries be accurate and timely. If the reporting procedures are not followed, the

management reports will contain inaccurate information and the reporting system will not be a useful management tool. Errors found on the D-308s during the clerical audit must be corrected.

Adhering to progress and cost reporting procedures, and auditing the D-308 payroll forms, will ensure that the LCO has an accurate and useful progress and cost reporting system.

### **Monitoring Operations Control System Reports**

The OCS generates a variety of reports used by LCO managers and field supervisors to monitor Enumerator productivity and the progress of work in the field. OCS check-in and check-out actions coupled with information captured from Enumerator payroll forms have a direct effect upon the quality and completeness of the OCS management reports.

There are several steps in monitoring and checking operational activities that will ensure accurate data on the OCS reports. These are:

- Maintaining an operational calendar.
- Knowing all operations and procedures.
- Verifying input documents and data keying.
- Reviewing OCS reports.

### **Maintaining an Operational Calendar**

Since most census operations require some type of management report(s), maintaining a calendar that shows all scheduled office and field activities will serve as a reminder of upcoming operations and their corresponding management reports.

**Knowing all Operations and Procedures**

Ultimately, the most important thing that managers and supervisors can do to ensure that management reports are complete and accurate is to understand the details of each census operation being performed.

The kinds of information managers and supervisors must know are:

- The specific documents used as input to OCS.
- Which fields of information on the forms are captured.
- The person responsible for completing the information in the data field that is to be keyed.
- The type of workload units used to measure progress for the operation.
- How the keyed data affects the output records.
- The expected production rates for the operation.

**Verifying Input Documents and Data Keying**

Ensuring that documents are input correctly and timely is a key office function. While many data capture operations are verified, the verification process does not always correct a problem if the wrong information is written on the input document or if the field is blank. Backlogs in keying or scanning also cause inaccurate reports. All documents received in the office must be keyed that same day.

Review the information contained on the D-308, Daily Pay and Work Records, to ensure that the correct task code is being used. Monitor task code usage particularly during the first few days of each new operation.

Since operation costs and progress are attributed to the task code that is entered on the D-308, entering a wrong task code results in understating the cost and progress of one operation and overstating another. For this reason, LCOMs should confirm that the correct task codes are known by the appropriate supervisors and field staff. Whenever a new field operation begins, the task codes will be specific for that operation. Ensure that all employees are informed of the task code for that operation.

## Chapter 13: Payment of Bills

### Topic 1: LCO Responsibilities

#### Introduction

The Assistant Manager for Administration (AMA), or other staff designated by the Local Census Office Manager (LCOM), reviews all invoices received in the Local Census Office (LCO) for accuracy and ensures that the goods or services covered by the invoice have been received. Upon completion of the review of invoices, 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 forwards the certified invoices to the Regional Census Center (RCC) Administrative Coordinator.

Upon receipt of the invoices, the RCC performs an additional review. For those invoices approved for payment, RCC cardholders will use their Government Purchase Card (credit card), or Convenience Checks drawn against their Purchase Card accounts, to pay the vendors.

Note that the LCO should only be receiving invoices for purchases that the Regional Census Center (RCC) has pre-arranged and pre-approved. In those cases where vendors are unable or unwilling to accept the Purchase Card or Convenience Checks for payment, the RCC will seek vendor(s) who will accept the Purchase Card or Convenience Checks for payment.

## Topic 2: Advance Approval Required

### **Advance Approval Required to Order Goods and Services**

As a general rule, LCO staff must not order goods or services. Rather, if goods or services are required, LCO staff should notify the RCC Logistics Point of Contact (POC) of their requirements. In most cases, the LCO requirements will involve supplies for office or field staffs and the RCC Logistics POC will take the order and arrange for the goods or services to be purchased and delivered to the LCO. Most purchases will involve supplies for office or field staffs; the RCC will order these items from the General Services Administration (GSA) or an already approved vendor. However, in some cases, the RCC Logistics POC may ask for the LCO to identify potential sources. As part of the purchase arrangement, the RCC will arrange a method of payment/billing (preferably with the Government Purchase Card or Convenience Check). In every case, once a purchase has been completed, the RCC Logistics POC should notify the LCO of purchase and delivery arrangements.

### Topic 3: Review, Certification, and Forwarding

**Date Stamp all invoices**

Immediately upon receipt, date stamp each invoice. A date stamp is provided for this purpose.

**Review of  
Miscellaneous Invoices**

When the invoices (bills) for purchases are included with the delivery of goods and services, first review the invoices for accuracy and confirm that the goods or services were received. Next, ensure that the vendor has included the company's full address on the invoice, including its Tax Payer Identification Number (TIN) if it is providing "services" as it may be paid with a Government Purchase Card Convenience Check. If information, such as address or TIN (if applicable) is missing, contact the vendor immediately to obtain the missing information.

**Certification of  
Invoices**

LCOMs must certify each bill or invoice to acknowledge that the goods or services were received and should be paid. Stamp the following certification statement on each invoice. A rubber stamp is provided for this purpose.

**"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 \_\_\_\_\_ / \_\_\_\_\_

Complete the Organization Code by entering the 2-digit code for your Regional Census Center (RCC) followed by the 2-digit code for your Local Census Office (LCO). For example, for LCO 2408 located in the Detroit RCC (24), the Organization Code would be 11-15-0057-20-24-08-00.

\*The Regional Census Center will complete the Project/Task Code and the Object Class Code.

**Forwarding Invoices to**

Once the LCOM completes the certification process, including signing and printing his or her name and dating the certification,

**the RCC**

keep a copy of the invoice for the LCO's records and forward the original invoice to the RCC for additional review and processing.

**Submit all invoices to the RCC, Attention: Administrative Coordinator, within two working days of receipt in the LCO.**

**RCC Processing of  
LCO Invoices**

The RCC will review and pay invoices using their Government Purchase Card or a Convenience Check charged to their Purchase Card account. When this is not possible, for employment ads only, the RCC will forward the invoices to the National Processing Center (NPC); the NPC will issue payments based upon the date of receipt in the LCO and the purchase terms.

## Topic 4: D-477, Contract for Interpreter Services

### Contract for Interpreter/Facilitator 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 payment for this service may be paid in one of three ways: 1) the employee pays the "interpreter" directly using his/her personal funds and claims the expense on his/her payroll form, 2) the employee asks his/her supervisor to pay the interpreter with the same arrangement, 3) or the LCO forwards the claim to the RCC which pays the interpreter using the RCC's Purchase Card Convenience Checks to 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 Form 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.
- Forward the D-477 to the Assistant Manager for Field Operations for certification (signing and dating).
- Rubber stamp the same certification statement on the D-477 as for invoices and forward to the LCOM for certification (signing and dating).
- Forward the D-477's to the RCC Administrative Coordinator for processing and payment.

Refer to Chapter 11 for instructions on claiming interpreter/facilitator services as a miscellaneous expense on the D-308, *Daily Pay and Work*, and BC-27A, *Field Employee's Reimbursement Expenses*.

A copy of a completed D-477 is shown in Illustration 13-1 on the following page.

**Illustration 13-1**  
**D-477, Contract for Interpreter Services**  
**(Contract Submitted for Payment)**

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 May 7, 2009

Contract between U.S. Census Bureau and

Test Person 1

(Name of interpreter)

100 - 00 - 0001

(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.

Test Person 1

5/7/09

(Signature of interpreter)

(Date)

170 AB Make believe Road

(Address – Number and street)

Any where USA 1111

(City, State, and ZIP code)

(555) 555-5555

(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 <u>Test Person 2</u>	Number of hours <u>2</u>
Interpreter's language <u>Spanish</u>	Total amount paid <u>\$ 0</u>
Recommended for future services	<input type="checkbox"/> Yes <input type="checkbox"/> 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

## Topic 5: Special Instructions

### Special Instructions Relating to Bills or Invoices

Be alert for bills or invoices for goods or services that were never ordered; this is frequently used as a scam to collect money for goods and services that were never ordered, never delivered, or both.

Do not certify a bill or invoice for payment before receiving services and/or supplies, including rentals. For rentals, the full rental service must be received before certifying the rental expenditure.

Payment for rentals will be made 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.



## Chapter 14: Correspondence and Files

### Topic 1: Correspondence

This chapter provides procedures for distributing and answering all mail received in the Local Census Office (LCO). Additionally, the chapter provides references to other chapters in this manual or other manuals, which describe how files are to be set up for the different functional areas within the LCO.

#### **Incoming Correspondence**

The Administrative Assistant distributes incoming mail to LCO staff as appropriate.

#### **Acknowledgements**

Incoming correspondence related to any of the following subjects must be acknowledged in the LCO and then forwarded to the Regional Census Center (RCC) for reply:

- Requests for census data
- Correspondence from U.S. Government officials such as U.S. Senators, Members of Congress, and so forth.
- Requests for personnel information with the following exceptions:
  - The LCO can verify employment information such as the employee's start and end date of service, job title, and salary.
  - Office Operations Supervisors (OOS) can give unofficial references for employees working for them. However, these references cannot be issued on official Census Bureau or Department of Commerce (DOC) letterhead.
  - Correspondence concerning any controversial subject.
  - Correspondence on any subject for which the LCO does not have all the information necessary for an adequate reply.
- Reply to inquiries on the date of their receipt by stating the letter was received in the office and is being forwarded to the RCC for reply. Make two copies of the acknowledgement. Include one copy with the correspondence sent to the RCC

- Retain the other copy in the office chronological (CHRON) file. Maintain copies of all correspondence in the CHRON file.

**Replies**

LCO Managers (LCOMs) prepare replies to all incoming correspondence except for those subjects, which require an RCC response. (See the exclusions in the preceding section.)

**LCO Intranet Site**

LCO staff may access the intranet site through their computer systems. The intranet site, commonly referred to as a web site, is restricted to Census Bureau employees by a security firewall. As documents become available for distribution, Census Headquarters (HQ) staff post them to the web site so LCOs may locate, display, download, and print documents from a single location.

The site content is organized for easy and quick access. Examples of documents to be posted on the LCO web site include:

- Manuals, training guides, self-studies, and forms.
- Schedules.
- Planning documents.
- Memoranda.

LCOs may acquire their site addresses and access instructions from their RCC IT Specialists or from Census HQ.

## Topic 2: File Maintenance

### Administrative Files

The information below provides references to other chapters in this manual or to other operational manuals which provide instructions for establishing and maintaining LCO administrative files.

### Recruiting and Testing

The Assistant Manager for Recruiting (AMR) is responsible for maintaining recruiting and testing files. The D-517, Recruiting Assistant Manual, provides detailed instructions for establishing and maintaining these files.

### Applications

The Assistant Manager for Administration (AMA) is responsible for maintaining all applicant-related documentation in accordance with the instructions contained in Chapter 7 of this manual.

### Selecting

The AMA establishes and maintains selection files in accordance with the instructions contained in Chapter 7 of this manual.

### Personnel Administration

The AMA establishes and maintains personnel files in accordance with the instructions contained in Chapter 8 of this manual. Keep personnel files in a locked file cabinet.

*Supervisors must carefully control all EEO and/or grievance-related materials and correspondence and ensure that these documents are kept in a locked file cabinet when not in use.*

### Payroll

The AMA establishes and maintains employee payroll files in accordance with the instructions contained in Chapter 9 of this manual. Keep payroll files in a locked file cabinet.

### D-308C, Daily Hours Tracking Form

The AMA establishes and maintains a separate payroll file for the D-308Cs, Daily Hours Tracking Form, forwarded by field supervisors to the office.

**Cost and Progress Reports**

The AMA establishes and maintains cost and progress report files in accordance with the instructions contained in Chapter 12 of this manual.

**Correspondence CHRON**

The AMA establishes and maintains a CHRON file for all correspondence. File a copy of all correspondence (letters, memoranda, telegrams, acknowledgements, and so on) stapled together with any related materials in date order with the most recent date on the top.

**Outreach/Promotion**

The AMA establishes and maintains a partnership file. This file contains all preprinted press releases (prepared at Census HQ or by RCC Partnership Specialists), mailing labels for news media, speeches, and other materials relating to partnership efforts for the census.

**Scrapbook**

The AMA establishes and maintains a scrapbook file. This file contains clippings of news articles about the census that were published in local newspapers. Annotate each clipping with the name of the paper and the date published. Use the scrapbook file to maintain notes relating to interviews or appearances by the LCOM (and other census officials) on radio or television programs, speeches given by Census representatives, and contacts with community leaders and groups.

**Supply**

The Stock and Supply Clerk establishes and maintains supply files. Keep all folders relating to supplies, equipment, and shipments in the supply area. A duplicate file for hand-held computer devices (HHC) will be maintained in the HHC storage/staging area.

Include the following labeled folders in the supply file:

- *Shipments Pending* B contains documents pertaining to shipments not yet received.
- *Shipments Incomplete* B contains documents pertaining to shipments that were received, but incomplete.

- *Shipments Complete* B contains the BC-22, Request for Supplies, Equipment, or Service, and NPC-579, Freight Transportation Service Order, for complete shipments that have been received.

**Accidents and Injuries**

The AMA establishes and maintains a safety, accidents, and injuries file. This file contains copies of all forms and information related to accidents and injuries reported by employees.

## Notes

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## Chapter 15: Safety, Accidents, and Injuries

### Topic 1: Safety

#### Introduction

This chapter provides safety information and accident/injury reporting instructions including continuation of payment instructions for Local Census Office (LCO) employees.

Office supervisory personnel are responsible for creating a safe environment for all census employees. Statistics show that new office employees have the highest accident rate of any employee group. Slipping on paper, paper clips, rubber bands can seriously injure office workers, as well as other objects left on the floor or by tripping over electrical cords. Paper cuts are a hazard of office work. While these cuts are usually not serious, they are painful and can become infected.

Supervisors are responsible for eliminating such unsafe conditions and practices and for the safety of employees under their supervision. Supervisors 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.

#### Safe Office Practices

The following safe office practices and conditions help to avoid accidents:

- Arrange furniture and equipment so that it doesn't interfere with walkways (that is, allows space for extended drawers for filing cabinets, and so forth).
- Keep desk and file cabinet drawers closed.
- Do not lift heavy cartons. Get help or use a hand truck.
- Keep work areas neat and free of clutter.
- Place heavy materials in bottom drawers of file cabinets so that the cabinets don't become top-heavy.
- Keep corridors and pathways unobstructed for at least a three (3) foot width.
- Keep aisles free of clutter (that is, waste baskets, electrical and/or telephone cords, and so forth).
- Be alert. Watch where you're going and look out for hazards in your path.

- Move slowly on stairs, in hallways, aisles, and work areas.
- Report falling hazards such as poor lighting, spills, broken stairs, and loose flooring.
- Make sure you can see where you're going. Don't carry a load that you can't see over.
- Use handrails whenever possible when using stairs.
- Be courteous and keep to the right when passing through dual doorways against normal traffic.
- Wear good shoes. Nonskid soles are a good choice. Remember that high heels or platforms are less stable than flat shoes.
- Do not use worn or frayed electrical extension cords or let amateur electricians repair electrical equipment.
- Do not operate defective mechanical and electrical equipment.
- Wear seat belts while operating, or as a passenger, in a motorized vehicle.
- Do not operate electrical equipment in a damp or wet work area.
- Discard cigarette stubs only in ashtrays (in authorized smoking areas outside of the office only). **Smoking is prohibited in all federal office space.**

The LCO must ensure compliance with Occupational Safety and Health Administration (OSHA) regulations. Failure to comply can result in an OSHA citation. Be aware that OSHA can conduct site inspections at any time and place without notice.

The LCO should prepare for such inspections by ensuring that 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 LCOs along with *Materials Safety Data Sheets* for the same.

The LCO will send all safety documentation to the RCC. The safety representative in the RCC will maintain a list of recordable employee injuries and illnesses for the current calendar year. The injuries/illness logs and supporting documentation must remain on file for a period of five (5) years, excluding the current calendar year.

**Updated 01/13/10**

The LCO should display the poster CD-499, *Occupational Safety and Health Protection for Federal Employees*, in a conspicuous place where notices to employees are customarily posted. The CD-499 should include the name and location of the Regional Census Center (RCC) safety representative. The CD-499s are stocked at the National Processing Center (NPC), but the LCOs can order them through the Logistics POC in the RCC, who will place the order for the LCO.

**Rules for Evacuating the Building in Case of a Fire**

- Learn where the fire exits are located and know the evacuation routes.
- Stop work immediately at the sound of the alarm.
- Turn off all electrical equipment and lights.
- Take personal items (for example, keys, purse, and medication) with you.
- Proceed promptly, and in an orderly manner, to the nearest exit. **Do not use elevators.**
- Activate the fire alarm if the fire is in your area, and telephone the fire department immediately to report the location of the fire.

**Note:** In the case of a building evacuation, secure Title 13 materials to the extent possible given the nature of the emergency situation.

**Safe Field Practices From Experienced Employees**

As a part of the Census Bureau's continuing safety program, the following safety outline for field employees will be an integral part of all initial training sessions.

**Animals**

- Be aware of dogs and other animals. Even though they look friendly, they may bite strangers.
- Be aware of unleashed dogs or guard dogs on posted property.
- If warning signs are posted, try to call the respondents to the door or telephone for an appointment before entering the premises.
- Do not run past a dog. The dog's natural instinct is to chase and catch prey.
- If confronted by a dog, face the dog without making direct eye contact and back away slowly. Be submissive, but

don't run. If you run, the dog is going to try to knock you to the ground and you could be seriously hurt.

- Put something between you and the dog, such as a bag. Don't try to make friends with the dog, pet it, or put your hands or face near it. In addition, if the dog does bite you, don't pull away-it will cause a tear and a worse wound. Instead, try to make the dog release its hold. Quickly obtain medical attention and report the injury.
- Many dog bites occur inside respondents homes. If you encounter a dog inside, ask respondents if they would mind confining the dog to another room during the interview.
- Learn to recognize the warning signs that a dog is about to attack; tail high and stiff, ears up, hair on back standing up, and teeth showing.

**Walking**

- Look out for uneven, broken or poorly constructed surfaces or stairs.
- Be careful when walking in the dark. Use a flashlight in dark hallways.
- When entering a building during the day, let your eyes get adjusted to the dimmer surroundings before proceeding.
- Wear proper walking shoes. Hold on to the handrails on stairways. If no rail is provided, proceed with extra caution.
- Look out for objects in the walkway.
- In freezing weather, be alert for "black ice". Walk slowly and take small steps.
- Do not carry a purse or more than \$10 in cash when working in the field.

**Driving**

- Always wear your seat belt.
- Observe speed limits.
- Maintain a safe distance from the vehicle ahead of you.
- Do not use cell phones or other such devices while driving. If necessary, pull to the side of the road. Once the car is in motion, pay 100 percent attention to your driving.
- Texting is strictly prohibited while driving in a government-owned vehicle.
- Check the maps and addresses before you start driving. If necessary, pull to the side of the road and stop the car to

check directions. Watch for children at play, jaywalkers, and pedestrians.

- In rural areas, watch for deer, moose and other animals.
- Keep the vehicle in good operating condition with emphasis on brakes, lights, tires, wipers, seat belts, and so forth.
- Check for other vehicles before backing or turning.
- Do not carry valuables in your car; keep your car locked when parked.
- Keep your car door locked at all times.
- Keep accident forms in your car at all times.

#### **Intersection Safety Tips for Drivers**

In 2003, accidents at intersections accounted for 61% of all work-related traffic accidents reported by Census employees. Here are some tips to avoid such accidents.

##### **When approaching an intersection:**

- Try to enter the correct lane for your intended action well in advance of reaching an intersection. Be sure to signal before changing lanes.
- Watch for other vehicles changing lanes abruptly. Sideswipe collisions are common around intersections.
- Be alert to brake lights or turn signals beyond the vehicle ahead of you. Anticipate when others will slow down.
- After checking to your left when turning right, always look ahead and right before accelerating.
- Vehicles ahead of you may stop for pedestrians crossing the street. This is a very common rear-end crash.
- Watch for pedestrians in all directions before making a turn at an intersection. Also, keep an eye out for cyclists going straight through the intersection, either on your right or on the sidewalk.
- Don't tailgate. Tailgating behind large trucks is especially hazardous. You can't see around them, nor can you see traffic signals ahead. You may enter the signal during the red phase.
- When stopping, leave a space between you and the vehicle in front of you. Should another vehicle rear-end you, this may protect you from hitting the car in front.

##### **When crossing an intersection:**

- Watch for cross-traffic. Running a red light, intentionally or not, is a leading cause of intersection crashes.
- Be alert to traffic from the opposite direction turning

across your lane in an intersection. Even though you may have the right of way, some intersections allow left-turns without a green arrow.

- Don't race a yellow light. Don't assume you are safe crossing on a yellow light.
- Always stop behind the marked stop line or crosswalk. Keep your wheels straight and your foot on the brake while you wait.
- Don't enter an intersection if traffic is backed up on the other side. You may get stuck in the middle of the intersection if the traffic doesn't move.
- Don't change lanes while driving through the intersection. If you are not in the correct lane before entering the intersection, change lanes after you have cleared the intersection.
- Treat a non-functional traffic signal as an "all-way stop."

## Topic 2: Accidents and Injuries

### Introduction

All accidents and injuries referred to in this chapter are related to those occurring while employees are on official duty and acting within the scope of their employment. Employees are responsible for the prompt reporting of accidents and incidents to their supervisor and the Administrative Coordinator at the Regional Census Center. The toll free number (1-877-233-4776) has been provided to employees in the Census Employee Handbooks (D-590, 591, 592 & 593) for this purpose.

### Employee Rights, Benefits, and Legal Protection

#### Federal Employee's Compensation Act

Census employees are covered by the *Federal Employee's Compensation Act* in case they are involved in an accident and receive an injury while on official business.

If employees are injured while on official business, they are entitled to first aid and full medical care including hospitalization. Additional benefits are allowable for loss of earning capacity, permanent partial disability, permanent total disability, and death.

#### Legal Action

*Public Law 87-258, 28 USC 2679(e)*, provides that the Attorney General shall defend any court action or proceeding brought in any court against employees of the government or their estate for damage to property or for personal injury, including death, resulting from the operation of any motor vehicle by the employees while acting within the scope of their employment.

If any legal actions are brought against a Census Bureau employee as a result of an on-duty accident, notify the RCC immediately.

#### Assault Coverage

Title 18 of the United States Code prohibits persons from intimidating or assaulting census employees while conducting census activities in the field.

**What To Do In Case of Accident And/Or Injury**

In cases of an accident and/or injury, the employee will contact the Administrative Coordinator (AC) at the RCC via the toll free number. The AC will FedEx the appropriate forms to the employee with a postage paid return.

When the AC is notified by an employee that an accident/injury occurred, the AC will email the AMA and LCOM with the employee's name, date of injury and brief description of accident.

The AMFO/AMQA should receive notification from the supervisor that an injury occurred.

If an employee calls the LCO directly regarding an accident/injury, use the form in Figure 5-1 to document the details of the accident/injury. Do not have the employee call the toll free number. After the form is complete, fax it to the AC's attention.

**Reporting Assaults or Serious Threat**

An assault or serious threat of any kind on Enumerators, Crew Leaders, or other Census employees working with the public is a rare occurrence. However, if LCO employees are assaulted or threatened while on duty, they should immediately:

- Immediately notify the local police and fill out a police report.
- Get medical attention, if necessary. Contact the AC at the RCC for appropriate forms.
- Contact their supervisor, who will assist the employee as necessary.
- Complete a BC-1206, Security Incident Report, detailing the incident.

The LCOM will report the assault or threat to the Area Manager immediately by telephone and will confirm the assault or threat on the BC-1206, *Security Incident Report*.

**Employee Responsibility****Insurance**

Employees must carry adequate liability insurance when using their vehicle on official government business. In addition to liability insurance, employees must carry the necessary amount of insurance for property damage to their own automobile. Except in rare circumstances, employees will not be reimbursed for damage to their automobile. The mileage reimbursement is considered sufficient to cover the cost of insurance as well as operating expenses.

**Reporting Personal Injuries**

Employees who sustain an accidental personal injury while on official duty must do the following:

- Immediately notify their supervisor
- Contact the Administrative Coordinator at the RCC to obtain authorization for treatment and to have the appropriate forms fedexed to them. Employees injured on the job have a free choice of physician to render necessary medical care, except when a United States Medical Officer or hospital is available. Employees on duty away from their office may secure medical or hospital care from a duly qualified local physician. However, they must notify their supervisor within *48 hours*. The RCC will notify Contract Claims Service, Incorporated (CCSI) and/or Department of Labor (DOL), if warranted.
- Return all forms to the RCC.
- Submit to a medical examination while receiving compensation for disability as deemed necessary by the DOL.
- If a physician releases the employee for limited or light duty, the employee must promptly notify the supervisor or LCO of this information.

**Reporting Motor vehicle Accidents**

Employees who operate their own motor vehicle for official business will:

- If they require medical attention, they will contact the Administrative Coordinator at the Regional Census Center (toll free 1-877-233-4776) as soon as possible. The Administrative Officer will authorize treatment by faxing form to the attending physician and send other forms needed to file a workers' compensation claim.
- Carry in their car, at all times, a small supply of Forms 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.
- Notify and provide to state, county, or municipal authorities such information concerning the accident as required by law.
- Furnish name and address on the request of a law enforcement officer, but employees should *NOT* write their name on a card or paper for anyone except as required by a law enforcement officer.

- Not sign a statement or express opinions as to the responsibility for the accident, except to their supervisor or a law enforcement officer.
- Complete the SF-91, *Operator's Report of Motor Vehicle Accident*, immediately after the accident, if possible, at the scene of the accident regardless of the extent of damage.
- Have witnesses complete and sign the SF-94, *Statement of Witness*.
- Give the completed Forms SF-91 and SF-94 to their supervisor.
- Complete any required accident report forms provided by their own insurance company and follow their advise.

If an employee receives a citation, subpoena, summons, tag, or ticket as the result of an accident investigation by state or local police, the LCOM will immediately notify the RCC and forward a copy of the document to them.

**Supervisor Responsibility**

Supervisors are responsible for following up with employees to submit the required forms to the LCO Administrative Area or RCC. In the field, the CL is responsible for collecting the enumerator's completed forms and submitting them to the LCO. Just as the FOS is responsible for the CL forms.

The supervisor is also responsible for notifying the LCO when an employee returns to work.

**Special Instructions for Reporting Deaths or Multiple Hospitalizations**

Immediately after the death of any employee from a work-related incident or in-patient hospitalization of three or more employees as a result of a work-related incident, the LCOM must report the fatality/multiple hospitalization to the Administrative Coordinator at the RCC. The LCOM should have the following information available.

- Location of the incident.
- Time of the incident.
- Number of fatalities or hospitalized employees.
- Name of any injured employees.
- Contact person(s) name and their phone number.
- A brief description of the incident.

The RCC has eight hours from the time of an incident to notify the Occupational Safety and Health Administration (OSHA). The RCC will also contact Safety and Security offices at HQ.

The RCC will also be responsible for completing Form CA-6, *Official Supervisor's Report of Employee Death*.

**Penalties** Supervisors may be fined not more than \$500 or imprisoned for not more than one year, or both, if convicted of:

- Willfully failing, neglecting, or refusing to make a report of any of the proceeding.
- Knowingly filing a false report.
- Inducing, compelling, or directing an injured employee to forego filing of any claims for compensation or other benefits provided for under the *Federal Employee's Compensation Act*, extension or application of it.
- Willfully retaining any notice, report, claim, or paper which is required to be filed under the *Federal Employee's Compensation Act*, extension, application or other regulations issued under it.

**Reporting Summary**

The Table 15-1 provides a summary of the requirements for preparing and distributing the various forms used by employees to report an injury or accident. This chart is also provided to all employees in the Census Employee Handbooks.

**Table 15-1: Preparation and Distribution Chart of Forms Required in Injury and/or Accident Cases**

Type of Injury	Forms Required	Prepared By	When Prepared	Remarks
Employee Injury	<b>CA-1, Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/ Compensation</b>			This form will be mailed from the RCC after being notified of the injury.
	Items 1-15	Injured Employee	Within 48 hours	Must be completed by the injured employee or by someone acting on his/her behalf. Must be completed for any accident/injury
	Item 16	Witness (if applicable)	As soon as possible after injury	
	Note of responsible third party	Injured Employee	As soon as possible after injury	Send later if information isn't immediately available.
	Items 17-38 Items a, b, and c	Administrative Specialist in RCC	As soon as possible after injury	
	<b>CD-137, Report of Injury, Illness Accident or Fatality</b>	Administrative Specialist in RCC	Within 48 hours	Must be completed for any accident/injury
	<b>CA-16, Authorization for Treatment</b>  - or -	Administrative Specialist in RCC and Physician	As soon as possible but no later than 7 days after injury	This form will be faxed to the physician from the RCC after being notified of the injury. Primarily used to authorize emergency medical treatment for an employee while on official duty.
Motor Vehicle Accident (without bodily injury)	<b>CA-20, Attending Physician's Report</b>	Physician	Seven days after injury occurs	This form will be mailed from the RCC to employee after being notified of the injury. Physician completes only if a narrative report or a CA-16 has not been completed
	<b>SF-91, Operator's Report of Motor Vehicle Accident</b>	Operator of Vehicle	Within 48 Hours	Must be carried in each vehicle. Must be prepared in entirety.
	<b>SF-94, Statement of Witness</b>	Witness	Within 48 Hours	
	<b>CD-137, Report of Injury, Illness Accident or Fatality</b>	Administrative Specialist in RCC	Within 48 Hours	Must be completed for any accident/injury

Type of Injury	Forms Required	Prepared By	When Prepared	Remarks
<b>Motor Vehicle Accident (with bodily injury)</b>	All forms for Motor Vehicle Accident without bodily injury and all Employee Injury forms			
<b>Claims for loss of or damage to employee's personal property</b>	CD-224, Employee Claim for Loss of or Damage to <u>Personal Property</u> CD-137, Report of Injury, Illness Accident or Fatality	Employee	Within 10 days after accident	If the personal property must be repaired, submit a bill for the repair cost with the CD-224.
<b>Claims for loss or damage by third party due to possible negligence or wrongful act by Census employee</b>	SF-95, Claim for Damage, Injury or Death  CD-224, Employee Claim for Loss of or Damage to <u>Personal Property</u> CD-137, Report of Injury, Illness Accident or Facility	Claimant	As soon as possible but no later than 2 years after date	<b>Form SF-95 will be sent to the claimant by the Regional Census Center.</b>

*Figure 15-1: Accident and 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: \_\_\_\_\_

## Topic 3: Continuation of Pay (COP)

### General

*Public Law 93-416* provides that employees who file a claim for a period of wage loss due to a work-related accident/injury are entitled to have their regular pay continued for a period not-to-exceed 45 calendar days. This entitlement is predicated on the findings of a qualified physician who determines that the work-related injury precludes the employees from returning to work in their current position performing regular duties, light duties, and/or restricted hours, or even another position with alternate duties.

Within the meaning of the law, all Census employees (temporary and permanent) are covered by the *Federal Employees Compensation Act*. 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.

**Note:** Employees who experience a work-related illness (not accident or injury) are not entitled to COP. Such employees must use their accrued leave earnings, if they have any, to cover their absences.

### LCO Responsibilities for Managing COP Claims

The LCO serves as the liaison between the injured employee and the RCC. The LCO is responsible for:

- Receiving a copy of the COP memo from the RCC regarding the amounts, hours, and time period awarded to the employee.
- Recording the COP hours for the specified time period in Decennial Applicant, Personnel and Payroll System (DAPPS) so that the hours will be paid along with the payroll currently being processed.
- Immediately forwarding any medical or other case-related information to the RCC.

### When the LCO Receives a Copy of a CCSI Memo

Upon receiving a copy of the memo from the RCC, the LCO:

- Keys COP information into DAPPS.

Specific instructions for performing the above task are contained in Chapter 12, Topic 3, in the D-581, *DAPPS Operating Guide*.

A sample of the memo is shown in Figure 15-2.

*Figure 15-2: Sample CCSI Memorandum*

MEMORANDUM FOR                    Name of Administrative Coordinator  
     Administrative Supervisor  
     Bureau of the Census  
     Dallas Regional Census Center

From:                                   COP Manager  
     Contract Claims Services, Inc.

Subject:                                Decennial Continuation of Pay for **Test Person 3**  
     SSN: 999-99-9999    LCO: Dallas, TX 3006

The above named employee has reported a work place injury for which an election of continuation of pay (COP) has been made. CCSI is authorized to pay injured employees up to 45 days of COP pending a final approval by the Department of Labor, Office of Workers' Compensation Programs. CCSI authorizes you to pay the above named employee the set hours specified in the 'Hours' column below for the time period(s) approved. Any subsequent payments for this employee will be added to this chart and forwarded to you under separate cover. The purpose of the chart is to display a chronology of approved payments for your information.

Approved Period	Hours	Pay Rate at this time period	Amount	COP Calendar Days Used (*)	Comments
7/17/06 – 7/21/06	39	8.75	341.25	9	for injury sustained on 7/17/03

(\*) Includes Saturdays and Sundays

When calculating the daily hours/amount owed, if the hour and dollar amounts do not match the total amount of COP hours/amount authorized by CCSI, round the hours up to the nearest quarter hour, then calculate a new amount. This amount must not exceed the total authorized amount by more than \$.5.

If the employee returns to work after the above approved period, please contact CCSI at 1-800-743-2231, or FAX notification to 1-888-467-1273.

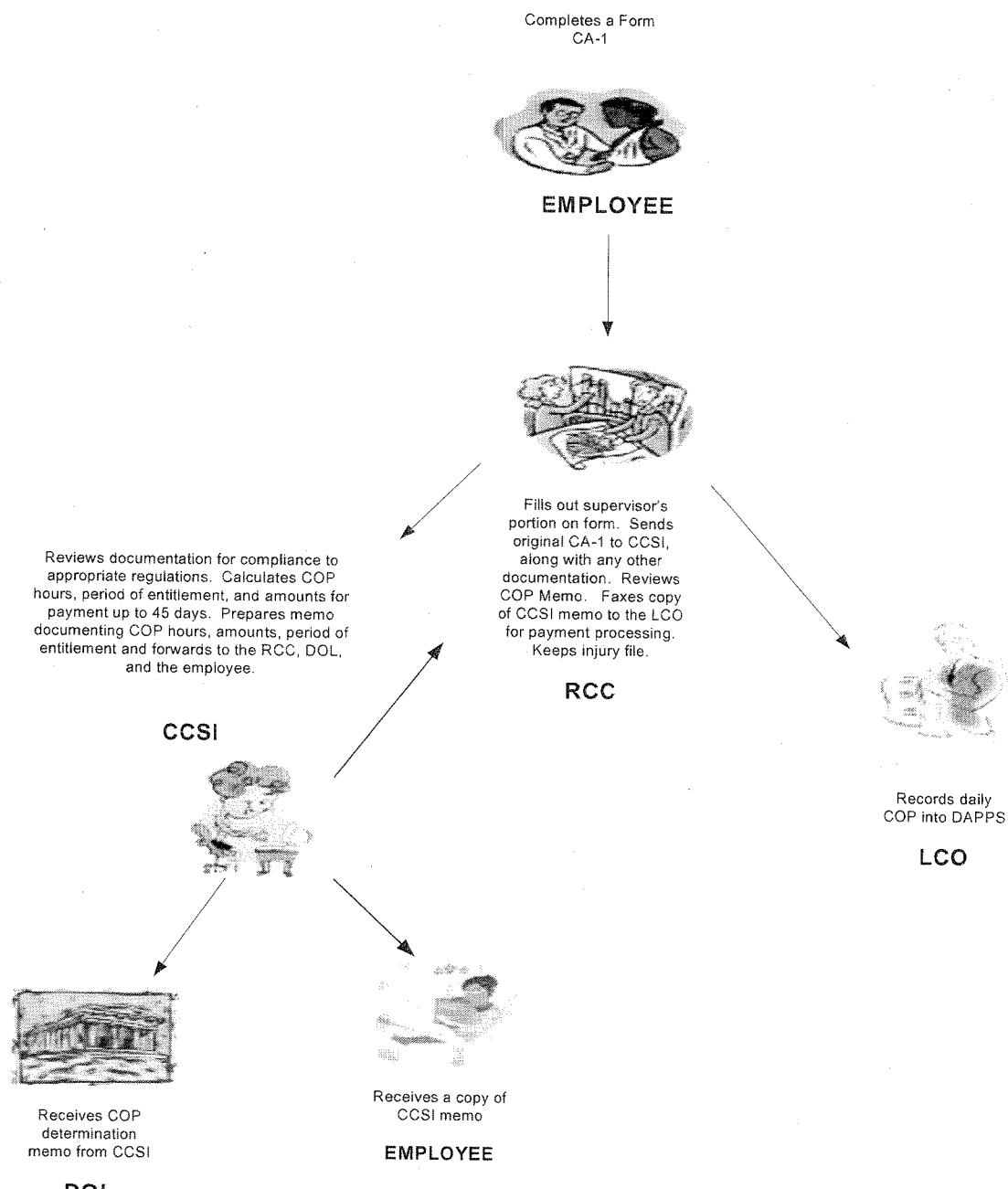
cc:     Employee  
       DOL – OWCP

### Summary of COP Claims Process

The COP claims process is summarized in a flowchart that is shown as Figure 15-3.

*Figure 15-3:*

## COP Claims Process



**Handling Subsequent  
Memos**

To continue eligibility for COP, employees must justify their absences through medical certificates (or other documents) which must state one of the following:

- The employee is incapacitated for a specific time.
- The employee is incapacitated until a specified date.
- The employee is incapacitated indefinitely.

CCSI will instruct injured employees to forward any medical documents directly to them. If the LCO receives employee medical documents, send the original to the RCC.

CCSI will again determine any COP benefits due the employee. The results will be documented in another memorandum to the RCC with copies forwarded to the injured employee and the DOL.

The RCC will instruct the LCO to record the COP hours in DAPPS for payment processing. Continue this process for as long as the employee submits medical evidence, or for up to 45 days, whichever comes first. After 45 days, payments will be made by DOL; however, the case will remain with CCSI.

## Topic 4: Personal Property Claims

### Introduction

Claims for loss or damage to personal property (property belonging to an individual) are to be prepared on a CD-224, *Employee Claim For Loss Of Or Damage To Personal Property* and submitted to the RCC along with a copy of supporting evidence and appropriate accident forms (if not already submitted).

**Note:** Employees are encouraged to carry private insurance against damage or loss of their personal property.

### Conditions Required for Allowable Claim

A claim may be filed by employees 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 two years after the incident from which the claim arose.
- The loss of damage was not caused, wholly or partly, by the employee's negligence or wrongful act.
- The claim is substantiated.
- The 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

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 has necessarily been subjected in the performance of official duties.
- Claims for loss of or damage to personal property when

employees are forced to evacuate transportation facilities while traveling in the course of their duties.

- Claims for theft or burglary of employee's property when there is a clearly established positive evidence of the existence of the theft or burglary and that all reasonable and practicable protection and security measures were taken, and that the item involved was incident to the service of the employee. The employee shall furnish satisfactory proof that such measures were taken. If a police report is filed, it should be submitted with claim.

#### **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 as stated in the above section on *Allowable Claims*.
- 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.

#### **Evidence in Support of Claims**

When applicable, the following evidence should be submitted. Otherwise, a statement must be submitted indicating why evidence is not available or practical 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.

**Recovery From Third Parties**

If employees have submitted a claim to their insurance company, a copy of such claim should be included with 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 loss. The amount payable for property loss or damage 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.

**Note:** Claims will be payable only for such types and quantities of personal property, the possession of which shall be determined to have been reasonable, useful, or proper under the circumstances at the time of loss or damage. And, taking into consideration the hour of the day and the locality where the loss occurred, and any other factors pertinent to the determination.

**Third Party Claims for Loss of Property or Personal Injury or Death (Tort Claims)**

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 Census employees, the LCOM must:

- Notify the Area Manager immediately.
- Send the SF-95, *Claim for Damage, Injury, Or Death*, to the claimant(s).
- Inform the claimant to attach any additional statements of support evidence which might be pertinent to a proper adjudication of the particular claim filed on the SF-95.
- Get a statement from the employee involved.
- Submit the SF-95 and attachments to the RCC.

The completed SF-95 and attachments should be submitted 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.



# Chapter 16: Shipping and Forwarding Materials

## Topic 1: Flow of Materials

The purpose of this chapter is to provide guidelines for forwarding census materials between Enumerators, Crew Leaders, and the Field Operations Supervisor (FOS); the FOS and the Local Census Office (LCO); and the LCO and the Regional Census Centers (RCC), or the National Processing Center (NPC). Refer to the D-503, Security and Logistics Manual, Chapter 8, for additional information on shipping.

### Introduction

Because no one method of shipment will always be the most efficient, several alternative methods should be considered. It is the area manager's responsibility, with RCC concurrence, to determine which method of shipment is the most desirable at any given time. The confidentiality of sensitive materials must also be considered when determining the method of shipment.

The specific companies and services mentioned in this chapter are included as examples only and must not be considered to be the exclusive sources for these services. Consider all companies providing a particular service for the area.

### Materials Flow

Timely forwarding and/or shipment of census materials is essential for all census operations.

### Payroll

During the 2010 Census, payroll will be submitted either electronically or utilizing paper. If the payroll is electronic, the employee will transmit an E-308. Supervisors are responsible for transmitting the electronic certified E-308 from their staff to the LCO. If the payroll is not electronic, the supervisors will be responsible for collecting and submitting a D-308, *Daily Pay and Work Record*, for their crew or staff on a daily basis (unless otherwise arranged) and give them to the FOS who reviews them for accuracy and reasonableness before delivering and/or shipping the forms to the LCO.

### Personnel Forms

Crew Leaders review and sign personnel forms at the time

Enumerators are appointed and make arrangements with the FOS to deliver the appointment folders to the LCO on the first day of training.

**Note:** The Assistant Manager for Administration (AMA) and the Assistant Manager for Field Operations (AMFO) must work closely together to develop procedures that ensure personnel forms are reviewed and delivered to the LCO on the first day of training. The AMFO must ensure that the plan is implemented properly so the Enumerators can be paid in a timely manner.

### **Questionnaires**

Paper questionnaires will be used for Nonresponse Followup (NRFU) during the 2010 Census. Questionnaires must be returned using the method specified by operations. Enumerators will capture information using Hand-Held Computers (HHCs) for Address Canvassing. The questionnaire data will be electronically transmitted to Census Headquarters (HQs).

### **Supplies and Equipment**

Use the least costly method that will get supplies and equipment to their destination in a timely manner.

## **Specific Responsibilities for Forwarding Materials**

### **Enumerators**

#### **Payroll**

#### **E-308**

Enumerators transmit a completed E-308 for each day he or she works.

#### **D-308**

Enumerators working on paper-based operations turn in a completed D-308, *Daily Pay and Work Record*, **daily** to their Crew Leaders unless specifically authorized to meet on a less frequent basis (usually in very rural areas).

### **Crew Leaders or Crew Leader Assistants**

#### **Payroll**

#### **E-308**

Crew Leaders or Crew Leader Assistants transmit a completed

E-308 for each day he or she works.

Crew Leaders electronically certify E-308s on a daily basis for Crew Leader Assistants and enumerators assigned to their crew.

### **D-308**

Crew Leaders or Crew Leader Assistants pick up completed D-308s, *Daily Pay and Work Record*, from their enumerators *daily* (or less frequently if authorized), review the forms for reasonableness and completeness. Crew Leaders fill in all supervisory items, certify the forms (sign and date), and deliver them along with their own D-308 to the FOS daily. The late receipt of enumerator and/or Crew Leader D-308s at the LCO could delay the processing of payroll information and result in a late or incomplete paycheck to the field staff.

### **Appointment Folders**

Crew Leaders also collect enumerators' appointment folders following the appointment of the Enumerators at the classroom training and forward these materials (usually through the FOS) to the LCO during the first day of training.

### **Supplies and Equipment**

Crew Leaders return all supplies and equipment , which includes fingerprint supplies and equipment, to the FOS when all work is completed in their Crew Leader District (CLD). The FOS will return any fingerprint supplies to the administrative area for restock or disposal.

## **Field Operations Supervisors**

### **Payroll**

#### **E-308**

FOS' transmit a completed E-308 for each day he or she works.

FOS' electronically certify E-308s on a daily basis for Crew Leaders assigned to their crew.

#### **D-308**

FOS' deliver Enumerator, Crew Leader, Crew Leader Assistant and their own D-308, *Daily Pay and Work Record*, to the LCO **each** day unless otherwise authorized. The late receipt of enumerator and/or Crew Leader D-308s at the LCO could delay

the processing of payroll information and result in a late or incomplete paycheck to the field staff.

Request that FOS' and Crew Leaders ensure that they have forwarded all of their employees' payroll forms. Have Crew Leaders follow up on missing payrolls and take action (including warning or dismissal) against those individuals who are not making timely submissions without a good reason. It is particularly important before the close of the pay period to include claims for Friday and/or Saturday work.

### **Personnel Forms**

FOS' deliver all appointment folders to the LCO on the day of the employees' appointment or within 24 hours of the appointment date, if authorized additional time.

### **Supplies and Equipment**

FOS' collect all forms, supplies, and equipment, including all unused or ruined fingerprint cards, supplies and equipment, from Crew Leaders upon completion of assignments and return them to the LCO.

## **Local Census Office**

### **Payroll**

The LCO processes payroll data daily, even if this requires late shifts or multiple shifts in the payroll processing area. No shipments are necessary to the RO since all data are transmitted electronically.

### **Personnel Forms, excluding Official Personnel Folder (OPF) materials**

The LCO retains all payroll/personnel folders so shipments to the RCC are not required. Official Personnel Folder (OPF) materials are transmitted to the RCC.

### **Supplies and Equipment**

If possible, return all supplies and equipment to the vendor from which purchased, for a refund. If not returnable, the RCC will provide instructions for the disposition of these items. Use the least expensive method that will meet the required time schedule, or as directed by the RCC.

## Topic 2: Methods for Shipping Materials

### Introduction

Due to widely varying local conditions and the magnitude of census operations, several methods of transporting materials must be considered. These methods include services provided by the United States Postal Service (USPS), services provided by private carriers (United Parcel Service, Federal Express, Airfreight, Bus Parcel Delivery), and hand-carrying the materials to their immediate destination.

General Services Administration (GSA) regulations require yearly contract awards for next day express small package (50 lbs. or less) transportation services. The regulations make it mandatory for government agencies to use the services of the next day carrier awarded the contract, unless the service is not adequate to meet the requirements for individual locations.

The RCC will issue information on contracts awarded, exclusive carriers, and special shipping instructions as necessary. The current contract is with Federal Express (FedEx).

### 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.

**Note:** Whenever possible, mail "Census Confidential" material in double cover. The inner cover (envelope or wrapping) should be sealed, addressed, and labeled.

### Mail

Services provided through the USPS include:

- Express Mail. Express mail is guaranteed *next day* service provided between selected cities across the 48 continental states. Parcels received by a participating post office by 5 p.m., is deliverable to either the participating post office nearest to the addressee by 10 a.m., or to the addressee by 3 p.m.
- Regular Mail. Regular mail includes first class, priority, certified, and registered mail.
  - First class mail (pieces not exceeding 11 ounces)

provides the next fastest service to Express Mail. The USPS's goal is for first class mail to reach locally designated states within two days and remaining areas within three days. First class mail cannot be traced.

- Priority mail is first-class mail for shipments over 11 ounces up to 70 lbs. Priority mail cannot be traced.
- Certified mail offers proof of delivery, a signed receipt.
- Registered mail is a secure service that provides controlled movement and delivery. This service is expensive and should be used only when necessary.
- Business Reply Mail. LCOs use business reply mail when postage-free replies for information requested from private individuals, businesses, or state governments is desired.

#### **Use of Personal E-mail**

Never use your personal e-mail account (such as, 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:

#### **United Parcel Service (UPS)**

Common carrier is the general, door-to-door, services for parcels weighing 70 lbs or less.

The following restrictions apply:

- The maximum weight is 70 lbs. per container.

- The maximum package length and girth is 108 inches.
- Next day delivery is provided for distances up to 150 miles; 2<sup>nd</sup> day service for up to 450 miles; and 3<sup>rd</sup> day up to 900 miles.

UPS is available throughout the United States and features one of the lowest freight rates. Cash payment (with reimbursement requested on employee's payroll form) must be made by the shipper if an account is not established by the RCC. Obtain RCC approval before making cash payments.

**Federal Express  
(FedEx)**

FedEx is a private express service which is under GSA contract. Use FedEx for routine shipping of census materials containing social security numbers or PII to applicants, employees, Regional Census Center, and so on. The contract calls for *mandatory* government use for next day express small package (50 lbs. or less) transportation services, unless the level of service provided for the individual location does not meet your requirements. This method of shipment is comparatively expensive, and should be used only when less costly methods will not provide the service required.

**Air Freight**

Air Freight is a comparatively expensive service which can provide *overnight* (or sooner) pickup and/or delivery to and from airports or individual addresses. This service may be used for shipping packages or bulk shipments over 50 lbs. to the same destination. Do not use this service without prior approval from the RCC.

Due to the large number of air freight services and the complexity of their schedules and rate structures, additional information about this shipping method is not included here. Contact the RCC for advice and assistance.

**Bus Parcel Delivery**

Make the necessary inquiries to determine the availability of bus parcel delivery service in your area. In general, bus parcel delivery offers a moderately-priced method of shipping materials. Next day service is generally made for parcels traveling up to 500 miles. Service is usually from bus station to station. However, door-to-door service is available in selected locations by some bus lines.

**Hand Delivery by Census Employees**

Hand delivery means the personal delivery of materials such as when enumerators hand deliver their payroll forms, completed questionnaires, and address registers to their Crew Leaders. Hand delivery will only be used during paper based operations as the primary method of transmitting materials between Enumerators and Crew Leaders, Crew Leaders and FOSs, and FOSs and the LCO.

**Factors Affecting the Shipment of Materials**

Consider *timing* and *cost* as the two most important factors when shipping census materials. Keep in mind that all census operations have a specific schedule in which the data must be collected, checked into the LCO, and shipped to the NPC. Additionally, Census HQs and/or RCC managers may place time constraints on the shipment of specific materials to Census HQs or the RCC.

Once applicable time constraints for a particular shipment have been determined, select the method of shipment that offers the service needed for the lowest cost. If for some reason using the least expensive method fails to meet delivery requirements, try another shipping service that meets your requirements. Ensure carriers understand that multiple packages containing "Census Confidential" material must travel and be delivered as a unit.

**Billing Procedures and Responsibilities**

RCCs are responsible for the payment for services within their region. See Chapter 13 for additional information regarding the payment of bills.

**Special Mail Services**

Submit copies of billing forms or customer receipts for FedEx, Air Freight, and so forth to the RO on a flow basis for payment. Payment to the USPS is covered by the *Postage and Fees Paid* arrangement made by Census HQ.

**Other Services**

Procedures for payment of private parcel and/or bus delivery are to be arranged by the RCC. Generally, this is accomplished by establishing regional accounts with each service involved. In this case, account numbers are established and the RCC is billed directly. If accounts are not established, employees may have to pay cash for the private parcel and/or bus delivery and then claim reimbursement on their payroll form.

# Chapter 17: Closing the Office

## Topic 1: Office Closing Checklist

This chapter provides instructions for closing the Local Census Office (LCO) and for preparing final reports by the LCO Manager (LCOM), assistant managers, and Field and Office Operations Supervisors. The detailed instructions for closing the office are in a checklist format. Additional instructions for closing the LCO will be issued in memoranda.

### **Office Closing Checklist**

The LCOM (or designate) enters the date each item on the checklist below is completed.

<b>ITEM NUMBER</b>	<b>DATE COMPLETED</b>	<b>ACTION</b>
1		Telephone the Regional Census Center (RCC) to inform them that your office will be ready to close on (date). If approval to close is given, proceed with the balance of the checklist. Always make sure that the RCC knows and approves of what you are doing.
2		Alert the RCC to notify the telephone company to discontinue telephone service on the closing date. Disconnect and actually remove the telephone instruments so that no unauthorized calls can be made. Unless you are told otherwise, the telephone instruments and possibly other telephone equipment are the property of the Census Bureau. Contact the RCC concerning the disposition of the telephones and other office-related equipment.
3		Notify, in writing, the firms that furnished rental equipment that the office is closing on (date). Tell them that rental furniture and/or equipment should be picked up on or before that date. For the items picked up, get a dated and signed receipt showing the item type and serial number. Forward all receipts to the RCC Administrative Officer.
4		Notify, in writing, all vendors who are now furnishing or have furnished services or supplies that the LCO is closing on (date). Tell them that outstanding bills should be sent immediately.
5		Cancel any other contractual agreements not specifically covered.
6		Collect all unused FedEx, and other freight company, preprinted air bills and send them to the Management Services Branch at HQ.

		Verify the address through the Decennial Administrative Branch (DAB).
ITEM NUMBER	DATE COMPLETED	ACTION
7		Remove and inspect contents from all desk drawers. In the past, this action has turned up important documents including payroll forms, appointment documents, and unpaid bills.
8		Leave a <i>Change of Address</i> card at the post office showing the RCC address as the forwarding address for mail arriving after the LCO closing date.
9		The LCOM, assistant managers, and operations supervisors submit final reports to the RCC. See page 17-3.
10		Discuss the termination of full-time employees and intermittent employees with the RCC. Terminate the employment of all intermittent DAPPS staff employees on or before the office closing date. Give employees a copy of their termination SF-50B, <i>Notification of Personnel Action</i> . The RCC will handle LCOM, Assistant Managers, and Administrative Assistants terminations.
11		Make sure that all payroll forms are accounted for and sent to the RCC. Ensure that all cost reports and related documents are completed and forwarded to the RCC as well.
12		Ship all completed administrative documents including correspondence files, official personnel folders, payroll files, and accident files, to the appropriate location as designated by the DAB. Clearly mark the outside of each carton to denote its contents. For example, LCO # 2501, payroll files, box 1 of 2 boxes.
13		The RCC or Census Headquarters (HQs) will provide instructions for the shipment of questionnaires, address registers, and other filled census forms.
14		The RCC or Census HQs will provide disposition instructions for purchased furniture and equipment and for any materials pertaining to census evaluations. If arrangements for shipment do not include inside pickup; that is, loading the truck, ask the RCC for permission to hire a temporary labor contractor. Arrange with the RCC as to how the temporary labor contractor will be paid.
15		Any closeout instructions issued by the RCC take precedence over the checklist instructions listed above.
16		Lock the office and turn all keys over to the Area Manager, or the firm from whom the space was rented. Refer to LCO Closeout procedures.

## Topic 2: Final Report

### Who Must Complete a Final Report

The LCOM, all assistant managers, and all operations supervisors must prepare a narrative report for the RCC before the LCO closes. Each report should cover the important happenings in each of their respective areas. Give special emphasis to the effectiveness of the various procedures, the completeness of coverage obtained, and areas which need improvement. The following sections provide suggested outlines, but you may prepare the report in some other form. Your comments will help improve operations in the future. It will be easier to write the report if the managers/supervisors keep notes during the course of the census. Send the completed reports directly to the Area Manager.

### Office Manager Final Report

Include the following signed statement in your final report:

*I hereby certify that on (day) of (month), (year), the work in LCO Number (XXXX) is completed to the best of my knowledge and belief.*

Include comments and/or answers to the following questions in the body of your report:

- How did actual developments compare with the plans?
- How adequate were the training programs?
- What is your opinion of the effectiveness of the supervision given by:
  - Assistant managers.
  - Field Operations Supervisors to Crew Leaders.
  - Crew Leaders to Enumerators.
- Comment on the positive or negative effects of pay rates for the various jobs in recruiting, retaining, and motivating staff.
- Comment on the adequacy of the office staff. What is your opinion of the dates that the staff began duty in regard to the amount of work available at that time? What is your opinion about the ratio of employees to each supervisor?

- Did you have any specific problems or successes in recruitment?
- Were any difficulties experienced with the time schedule?
- How effective were the controls on the flow of work in the office?
- What unforeseen problems did you encounter in heading an office, and how did you solve them?
- Are there any special job requirements or work experience that should be considered for recruiting and selecting Administrative Clerks in the LCO?
- Comment on the effectiveness of the census partnership program.
- Give suggestions for improvement in the overall operation and in specific areas.
- Attach a copy of the Closing Checklist for the LCO which shows the dates each activity was completed.

**Assistant Manager and  
Operations Supervisor  
Final Reports**

Include comments and/or answers to the following questions:

- How did actual development compare with the plans?
- How adequate was your training?
- What is your opinion of the effectiveness of the leadership of the LCOM?
- Comment on pay rates for the various jobs.
- Were any difficulties experienced with the time schedule?
- Comment on the effectiveness of forms, manuals, and training materials. Give recommendations for improvement.
- Comment on recruitment procedures. Discuss problem areas, successes, and recommendations for future recruiting activities.
- What additional suggestions can you offer for improvement in office and/or field operations?

# Chapter 18: LCO Administrative Grievance Procedure

## Topic 1: Administering the Grievance Procedure

### Introduction

The Administrative Grievance Procedure is a streamlined complaint process which provides 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 when the deciding official does not grant the full relief requested by the grievant.

When employees voice displeasure about any facet of their working environment, supervisors should attempt to resolve the matter by discussing the issue with the employees. Importantly, experience has shown that supervisors resolve most concerns informally through dialogue with the employees. However, employees have a right to file a grievance under the Administrative Grievance Procedure.

A grievance is a request by employees for personal relief in a matter of concern or dissatisfaction regarding their employment that is subject to the control of Census Bureau or Department of Commerce management officials.

A summary of the LCO Administrative Grievance Procedure, including relevant time frames, a list of excluded matters, and a copy of the D-244, *Administrative Grievance Intake Form*, is available to LCO employees in the following employee handbooks:

- D-590, *Census Employee Handbook for Enumerators, Recruiting Assistants, and Crew Leader Assistant*.
- D-591, *Census Employee Handbook for Crew Leaders and Field Operations Supervisors*.
- D-592, *Census Employee Handbook for Office Clerks*.
- D-593, *Census Employee Handbook for Office Operations Supervisors for Recruiting, Field Operations, and Administration*.

Appendix A contains an illustration of the D-244, *Administrative Grievance Intake Form*.

Employees are considered to have elected the Decennial Administrative Grievance forum at the time they complete, in writing, the D-244, *Administrative Grievance Intake Form*, and present it to a management official at the LCO. When LCO Managers (LCOMs) receive a grievance, they must promptly notify the Regional Census Center (RCC) Administrative Coordinator who will contact the Equal Employment Opportunity Specialist. When employees have already filed an EEO complaint about the same issue, the grievance is dismissed.

**Note:** Separated employees and applicants who have not been hired by the Census Bureau are not entitled to file a complaint using the Administrative Grievance Procedure.

**Employee Options**

Employees who elect to file a formal EEO complaint regarding an aspect of their employment are precluded from raising the same matter under the Administrative Grievance Procedure.

**Submission Requirements****Time Limit**

Employees must complete and submit a D-244, *Administrative Grievance Intake Form*, to their supervisors within 15 calendar days following the date of the act or occurrence or on the date the employees become aware of the grievable issue.

**Deciding Official**

Generally, LCO employees must file a grievance with the 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 assistant manager should forward the grievance directly to the LCOM and advise the grievant of such. When LCOMs are unsure who the appropriate decision official should be, they must consult with the Area Regional Census Manager or the Administrative Coordinator.

**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.

<b>Official Time</b>	Allow the grievant a reasonable amount of official work time to present the grievance. The grievant is <b>not</b> entitled to official work time to prepare the grievance.
<b>Processing Requirements</b>	<p>The appropriate LCO deciding officials must confirm that the following items are completed on the D-244, <i>Administrative Grievance Intake Form</i>:</p> <ul style="list-style-type: none"><li>• The name of the deciding official.</li><li>• The name of the grievant.</li><li>• The subject of the grievance.</li><li>• The dates of the incident(s) forming the basis for the grievance.</li><li>• The date the grievant submits the D-244.</li><li>• The date of the grievance meeting or telephone conference call.</li><li>• The personal relief requested.</li></ul> <p>A grievance cannot be processed until all of this information has been entered on the form. If the employee refuses to provide any of this information, this will serve as a basis for dismissing the grievance.</p> <p>Deciding officials complete the back portion of the D-244, <i>Administrative Grievance Intake Form</i>, documenting the acceptance or rejection of the grievance, the reasons for the rejection, if applicable, and the final written grievance decision.</p> <p>Deciding officials do the following when determining the acceptability of the grievance:</p> <ul style="list-style-type: none"><li>• Confirm that the grievance is filed according to the specified time limits. If the grievance is not filed in a timely manner, deciding officials reject the grievance and cite the basis for the rejection on the D-244.</li><li>• Confirm that the grievance falls within the scope of the Administrative Grievance Procedure. Refer to the next section, <i>Exclusions</i>, for a list of subject areas that are excluded from the Administrative Grievance Procedure. If the grievance concerns an excluded subject, deciding</li></ul>

officials reject the grievance and cite the basis for the rejection on the D-244.

- Establish a grievance file containing a copy of the D-244 and any other documentation submitted by the employee.
- Conduct whatever fact-finding is appropriate to the situation.
- Issue a written decision to the employee within 15 calendar days after receipt of the grievance.

When deciding officials grant less than the full relief requested by employees, the deciding officials' supervisors must make the final decision. In this case, deciding officials provide their supervisors with a written recommendation with justification and a copy of the grievance file.

#### **Exclusions**

The Administrative Grievance Procedure does not apply to:

- A decision which is appealable to the Merit Systems Protection Board (MSPB) or subject to final administrative review by the Office of Personnel Management (OPM) or the Equal Employment Opportunity Commission (EEOC).
- Published policy or regulations of Field Division (FLD), the Census Bureau, or the Department of Commerce.
- Nonselection for a higher paid position or the failure to receive a conversion to a higher paid position under battlefield conditions.
- An action that terminates a temporary promotion and returns the employee to the position from which he or she was temporarily promoted.
- An action that 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.
- The granting of or failure to grant an employee award, or the adoption of or failure to adopt an employee suggestion or invention.
- The receipt or failure to receive an award or quality step increase.
- A preliminary warning notice of an action which, if effected, would be covered under the grievance system or excluded from coverage because it is appealable to the

MSPB or subject to administrative review by OPM or the EEOC.

- The substance of the critical elements and performance indicators of an employee's position.
- A return of an employee from an initial appointment as a supervisor or manager to a nonsupervisory or nonmanagerial position for failure to satisfactorily complete the probationary period.
- Any separation action.
- A matter previously grieved by the same employee.
- An action taken in response to a formal agreement that was voluntarily entered into by employees which assign them from one geographical location to another.

Additionally, upon a grievance becoming moot due to the employee's death or separation from employment with the Census Bureau, the deciding officials must cancel the grievance unless the personal relief sought by the employee involves compensation or other personal relief that could be granted after termination of their employment.

#### **Employee Rights**

Persons involved in the processing or adjudication of a grievance must protect the confidentiality of all related communications with the grievant and others involved in the grievance and the right of the individuals to privacy. Additionally, persons with access to information related to the grievance must not disclose that information to anyone except those who have a legitimate need to know.

**Note:** Advise individuals who have access to grievance-related information of the requirements for confidentiality, privacy, and need-to-know.

Employees, in pursuing resolution of a grievance under the Administrative Grievance Procedure, should have:

- Freedom from restraint, coercion, interference, discrimination, or reprisal in connection with filing a grievance.
- Full, impartial, and prompt consideration of the grievance by appropriate supervisory or management officials

#### **Additional Employee Rights**

When employees have questions that fall outside the scope of the Administrative Grievance Procedure, they are entitled to

communication with and advise from:

- A supervisory or management official of higher rank than their supervisor.
- The Census Bureau's EEO officer or EEO counselors.
- The Regional Director (RD).

#### **Records Maintenance**

The Assistant Manager for Administration must establish a grievance file for each case. The following documents are the *only* records that are maintained in each file:

- The D-244, *Administrative Grievance Intake Form*, prepared by the grievant and reviewed/completed by the appropriate LCO manager.
- All documents supplied by the grievant and any documents used by deciding officials to make a decision on the case.
- The recommended grievance decision and/or the final grievance decision, as appropriate, that is documented on the D-244.
- A copy of any settlement agreement.

Maintain Administrative Grievance Procedure files as follows:

- Keep grievance files in a secure area within the LCO. Retain active cases in the LCO, but forward resolved cases to the RO.
- Forward all remaining grievance files to the RO when the LCO closes. Grievance files will be retained for a period of seven (7) years from the decision date.

# Chapter 19: Equal Employment Opportunity Programs

## Topic 1: Overview

This chapter contains the Census Bureau's Equal Employment Opportunity (EEO) policies and the responsibilities of the Local Census Office (LCO) concerning the Census Bureau's Affirmative Employment Program (AEP) and EEO programs.

### Introduction

*Updated 02/2010*

The following federal laws govern the EEO program throughout the federal government.

- *Title VII of the Civil Rights Act of 1964*, as amended. This act protects all employees and applicants from employment discrimination based on race, color, gender, sexual orientation, religion, and national origin.
- *Age Discrimination in Employment Act of 1967*, as amended. This act protects employees and applicants who are 40 years or older from employment discrimination based on age.
- *Rehabilitation Act of 1973*. This act protects qualified individuals with disabilities from employment discrimination based on disability.
- *Equal Pay Act*. This act protects employees from discrimination on the basis of sex in pay for equal work on jobs requiring equal skill, effort and responsibility.
- *The Genetic Information Nondiscrimination Act of 2008 (GINA)*. This act protects employees and applicants from employment discrimination based on genetics.

**Note:** In addition, regulations of the Equal Employment Opportunity Commission (EEOC) forbid restraint, interference, coercion, discrimination or reprisal at any stage in the processing of an employment complaint under the laws above, including the counseling stage.

All employees should be made aware of the Census Bureau's EEO policy at the time of training. Applicants should be advised by display of EEO posters in the LCO and at recruiting/testing sites.

**EEO Policy Statement**

The Census Bureau is committed to provide equal opportunity in employment for all persons without regard to race, color, religion, gender, sexual orientation, national origin, age, or disability.

Managers, supervisors and employees alike have responsibilities to ensure that the Census Bureau's 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, recognition, and retention of qualified individuals. Sexual harassment also is prohibited, and steps will be taken to eliminate it when it exists. Employees have the right to seek redress for alleged discrimination, and they are protected from reprisal in exercising this right.

**Affirmative Employment Program**

The Census Bureau is committed to the AEP to: (1) increase employment and advancement opportunities for racial, ethnic, and gender groups that may be under represented in the work force, and (2) take positive steps to reduce or eliminate remaining under representation. Managers and supervisors are responsible for and are evaluated on their actions in support of EEO and affirmative employment. A comprehensive program analysis and barrier identification review takes place annually in which all divisions, staffs, and/or offices report on their progress in removing current barriers, identifying any new barriers, and indicating all initiatives and actions taken.

**Employment of Persons With Disabilities**

The Census Bureau's policy is to provide persons with disabilities full access to its programs, information, and services. The AEP supports the hiring, placement, advancement, and retention of qualified individuals with disabilities. Regional Directors (RDs) are encouraged to always keep in mind what the individual can do. Most 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 Individuals With Disabilities**

*The Rehabilitation Act of 1973*, as amended, defines an individual with a disability as one who:

- Has a physical or mental impairment which substantially limits one or more of such person's major life activities.

- Has a record of such impairment, or
- is regarded as having such impairment.

### **Definition of a Qualified Individual With a Disability**

With respect to employment, a qualified individual with a disability is one who, with or without reasonable 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:

- Meets the experience and/or education requirements of the position in question, or
- Meets the criteria for appointment under one of the special appointment authorities for persons with disabilities.

### **Accommodation**

Accommodation not only applies to testing, selection and placement, but to all employment decisions. Reasonable accommodation is required for qualified applicants and employees

Each person with a disability will have needs specific to their situation. All requests from the applicant must be provided 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 reasonable accommodation is the most effective.

### **Definition of an Accommodation**

An effective adjustment to a job and/or the work environment to enable qualified persons with disabilities to participate in the application process, perform the essential job function of a position or to receive equal benefits and privileges of employment.

### **Determining Factors**

All employees must communicate all reasonable accommodations to the first line supervisor. Applicants should request reasonable accommodations through the RCC or LCO where they have applied for a position. If necessary, supporting medical documentation may be required. Decisions on accommodation requests 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 of Accommodations**

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.

Always ensure that an applicant with a physical or mental disability receives proper and equal consideration for positions in which they qualify. Illustration 19-1 that follows shows the physical abilities requirements of both office and field LCO positions.

**Illustration 19-1**  
**Physical Abilities Requirements**

*Note: The physical abilities listed in the charts must not determine whether or not an applicant with a disability is qualified for a 2008 Census Dress Rehearsal position. Recommended accommodations for these or any other physical requirement must be assessed on a case-by-case basis, and reasonable accommodations must be decided based on individual circumstances.*

PHYSICAL ABILITIES	OFFICE POSITIONS MANAGERIAL				
	LCO Manager	Assist. MGR. Administration	Assist. Mgr. Recruiting	Assist. Mgr. Field Ops.	Assist. Mgr. Quality Assurance
Hearing	X	X	X	X	X
Talking	X	X	X	X	X
Near Vision	X	X	X	X	X
Handling	X	X	X	X	X
Reaching	X	X	X	X	X
Stooping					
Crouching					
Kneeling					
Climbing					
Far Vision			X		
Strength:	Light	Light	Light	Light	Light

**Illustration 19-1**  
**Physical Abilities Requirements**  
**(Continued)**

PHYSICAL ABILITIES REQUIRED FOR EACH LCO POSITION (CONTINUED)						
PHYSICAL ABILITIES	OFFICE POSITIONS SUPERVISORY					
	OOS Recruiting	FOS Field Ops.	OOS Field Ops.	OOS Administration	OOS Quality Assurance	OOS Support
Hearing	X	X	X	X	X	X
Talking	X	X	X	X	X	X
Near Vision	X	X	X	X	X	X
Handling	X	X	X	X	X	X
Reaching	X	X	X	X	X	X
Stooping						
Crouching				X <sup>1</sup>		X <sup>2</sup>
Kneeling						
Climbing						
Far Vision	X					
Strength:	Light	Light	Light	Medium	Light	Medium

PHYSICAL ABILITIES	OFFICE POSITIONS CLERICAL ADMINISTRATIVE					
	Reinterview Clerk	Payroll/Personnel Clerk	Recruiting Testing Clerk	Selecting Clerk	Field Clerk	Administrative Assist.
Hearing	X	X	X	X	X	X
Talking	X	X	X	X	X	X
Near Vision	X	X	X	X	X	X
Handling	X	X	X	X	X	X
Reaching	X	X	X	X	X	X
Stooping						
Crouching		X <sup>3</sup>	X <sup>4</sup>	X <sup>4</sup>	X <sup>4</sup>	
Kneeling						
Climbing						
Far Vision						
Strength:	Light	Medium	Light	Sedentary	Sedentary	Light

<sup>1</sup> Job requires either stooping or crouching

<sup>2</sup> Job requires either stooping, crouching, or kneeling

**Illustration 19-1**  
**Physical Abilities Requirements**  
**(Continued)**

PHYSICAL ABILITIES	FIELD POSITIONS			
	FOS Field Ops.	Crew Leader	Assistant Crew Leader	Enumerator
Hearing	X	X	X	X
Talking	X	X	X	X
Near Vision	X	X	X	X
Handling	X	X	X	X
Reaching	X	X	X	X
Stooping			X	
Crouching	X <sup>4</sup>			
Kneeling				
Climbing	X	X	X	X
Far Vision	X	X	X	X
Strength:	Light	Light	Light	Light

<sup>3</sup> Job requires either stooping, crouching, or kneeling

<sup>4</sup> Job requires either stooping or crouching

## Accommodation

### Denial of Accommodation Request

The accommodation will be denied if the accommodation would impose undue hardship on the operations.

In determining whether an accommodation would impose an undue hardship on the operation, consider the following factors:

- The overall size of the census jurisdiction with respect to the number of employees and size of budget.
- The nature of the LCO operation, including the composition and structure of the LCO's work force.
- The nature of the accommodation.

Before an accommodation is denied, discuss the situation with the Area Manager. Questions relating to reasonable accommodation should be referred to the Employee Relations Branch, Human Resources Division (HRD) on (301) 763-3701.

**EEO Program**

The EEO Officer and staff oversee the Census Bureau's EEO Program. The EEO Office is located in Room 3K104, 4600 Silver Hill Road, Washington, DC 20233. The telephone numbers include 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. The EEO staff includes EEO Specialists/Counselors engaged in the processing of complaints of employment discrimination through telephone counseling services from Census Headquarters (HQ).

**EEO Officer**

The EEO officer performs the following duties:

- Administers the Census Bureau's discrimination resolution system.
- Ensures a continuing program of education and training for supervisors and managers.
- Designs a campaign to publicize the Census Bureau's EEO Program to all employees to provide notice of time limits and necessity of contacting a counselor before filing a complaint and the telephone numbers and address of the EEO Office.
- Provides guidance to all EEO Specialists and/or Counselors.
- Advises RDs of the responsibilities and objectives of EEO Specialists/Counselors and the importance of cooperating with the Counselors as they attempt informal resolution of potential EEO complaints by employees and applicants for employment.
- Directs the development of multi-year and annual affirmative employment program plans and annual accomplishment reports.

**EEO Staff**

The EEO staff provides consulting and advisory services to managers and administrative personnel on all matters relating to EEO.

**EEO  
Specialists/Counselors**

The EEO Officer appoints all EEO Specialists/Counselors. Anyone who wishes to seek counseling through the EEO complaint process **must** contact the EEO Office at Census HQ. No EEO Counselors are located at the LCO.

The EEO Counselor has six clearly defined duties that must be performed for each completed counseling session:

- Advises the complainant about the EEO complaint process, rights and responsibilities, and other election requirements.
- Determines the issue(s) and basis(es) of the alleged complaint.
- Conducts a limited inquiry for the purposes of furnishing information for settlement efforts and determining jurisdictional questions if a formal complaint is filed.
- Seeks a resolution of the matter at the lowest possible level.
- Documents the resolution or advises complainants of their right to file a formal discrimination complaint if resolution fails.
- Prepares a report sufficient to determine that required counseling actions have been taken and resolves any jurisdictional questions that may arise.

#### **Manager/Supervisor EEO Responsibilities**

##### **Chief, Field Division**

The Chief, Field Division (FLD), as overseer for each RO:

- Reviews EEO accomplishments.
- Establishes and monitors affirmative employment objectives.
- Holds RDs accountable for meeting their EEO responsibilities by evaluating them on their efforts.
- Takes prompt and effective corrective action where appropriate.

##### **Regional Directors**

In order to achieve a successful EEO and AEP program, each RD:

- Provides opportunities for all employees to have assignments that are consistent with the capabilities.
- Ensures that EEO Program posters are displayed in prominent places throughout the work space.
- Utilizes available training and work experience which give employees opportunities for personal growth.

- Implements affirmative employment policy and program objectives.
- Enforces accountability by subordinate supervisors.
- Ensures that personnel selection practices give appropriate consideration to EEO objectives and AEP policies; that is, reasonable accommodation.
- Communicates to the Chief, FLD, HRD, Administrative and Customer Services Division (ACSD), and the EEO Office on those EEO and AEP matters that should be considered in the formulation of policies and programs.

**Line Supervisors**

Line supervisors include all other supervisors, including the LCO manager. Supervisors, in a position of authority directly over an employee, must:

- Apply the EEO and AEP policies and objectives in accomplishing the work of the Census Bureau.
- Apply EEO principles in every aspect of the work.
- Ensure that EEO Program posters are displayed in prominent places throughout the work space.
- Counsel subordinates.
- Give consideration to structuring the work in a manner that would allow for increased career opportunities for lesser-skilled employees.
- Maintain an atmosphere that is free of discrimination by:
  - Demonstrating awareness of EEO laws and policies; for example, preventing sexual harassment and providing reasonable accommodation for individuals with disabilities.
  - Taking appropriate action against employees who violate EEO principles; that is, counsel, discipline, and remove when necessary.
  - Cooperating with EEO Specialists, Counselors, and Investigators.
  - Seeking resolution to allegations and complaints of discrimination.

**Discrimination Offense**

Discrimination, as applied to EEO principles, is an alleged specific act taken by employees in the performance of their

official duties which treats one employee better than others based on race, gender, religion, color, sexual orientation, age (40 and over), national origin, disabling condition, or reprisal for prior EEO activity. The penalties for discrimination range from a five-day suspension to termination.

## **Sexual Harassment**

### **Census Bureau Policy Statement**

The Census Bureau will not tolerate sexual harassment. Training is conducted that informs supervisors and managers about sexual harassment and how it can be prevented in the work place. The following is the Census Bureau's Policy Statement on Sexual Harassment:

Recognizing that there are many forms of sexual harassment, the Census Bureau, in accordance with case law, will not tolerate nor condone the following: (1) unwelcome verbal suggestive remarks, sexual insults, innuendoes, jokes, and humor about sex or gender-specific traits, sexual propositions, and threats; (2) unwelcome nonverbal suggestive or insulting sounds, leering/ogling, whistling, gestures of a sexual nature, and sexually graphic materials; and (3) unwanted physical contact, including but not limited to, cornering, touching, pinching, brushing the body, and actual or attempted rape or assault. Neither the Agency'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 non-employees while conducting business in the Census Bureau's workplace.

### **EEOC Guidelines**

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 any of the following three criteria is met:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions

affecting such individual.

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

**Available Relief**

Victims of sexual harassment have several means of redress, including:

- Seeking help from their supervisor or higher level official.
- Initiating a discrimination complaint by contacting an EEO Counselor or the Department of Commerce/Office of Civil Rights (DOC/OCR) within 45 days of the harassment.
- Reporting the incident to the DOC Office of the Inspector General (OIG).
- Reporting the incident as a prohibited personnel practice to the Office of Special Counsel.
- Reporting the incident to the Employees Relations Office within HRD at Census HQ.

**Sexual Harassment Offense**

For all incidents of sexual harassment, contact the RO and seek guidance from the RD. Take appropriate action to stop the sexual harassment and to prevent its recurrence. This may include taking disciplinary action against the offending supervisor or employee. The range of penalties as listed in the DOC *Table of Offenses and Penalties* is a five-day suspension to removal.

**Sexual Orientation Discrimination****Census Bureau Policy Statement**

Employment discrimination based on sexual orientation violates Census Bureau policy, and it will not be tolerated. Retaliation for raising concerns for sexual orientation discrimination is also prohibited.

**EEO Guidelines**

While discrimination based on sexual orientation is not a violation of federal civil rights laws, it is prohibited under *Executive Order 11478*, as amended. 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 individuals of a particular sexual orientation.
- 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, including an employee organization.

#### **Available Relief**

Employees who believe that they have been subjected to discrimination based on sexual orientation have several avenues of redress. In general, 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 the RO for additional information regarding requirements and full employee rights.

#### **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 has 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](mailto: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>

**EEO Complaints**

If applicants or employees believe 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, gender, religion, national origin, sexual orientation, age (40 and over) disability or reprisal, they may file

a complaint of discrimination with the Census Bureau.

All LCO employees must fully cooperate with the EEO complaint process. RDs should ensure the full cooperation of all employees with the DOC's EEO staff, and the Census Bureau's EEO Officer, Counselors and staff in the processing and resolution of precomplaint matters and complaints. In the course of appeals, they must cooperate with the EEOC including routine access to LCO 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 Procedures**

The following procedures are in accordance with the EEOC regulations, effective November 9, 1999, for the processing of federal sector complaints of discrimination.

#### **Pre-Complaint Counseling**

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.

The EEO Counselor has 30 calendar days to inquire into the facts and attempt resolution. This 30-day counseling period may be extended up to an additional 60 days if the aggrieved person and the RO agree to such an extension in writing.

#### **Filing a Formal Complaint**

All formal complaints must be in writing and submitted to the Census Bureau EEO Office within 15 calendar days from the receipt date of the written notice of right to file a complaint of discrimination. The EEO Office will forward the formal complaints to the DOC/OCR.

#### **Acceptance/Reject of Complaint**

The DOC/OCR makes the decision to accept or reject a formal complaint. Accepted complaints will be assigned to 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 days of receipt of rejection.

#### **Investigation**

The DOC/OCR investigation must be conducted within 180 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/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/OCR fail to provide notice of completion of investigation.

#### **Hearing and Decision**

An EEOC administrative judge conducts the hearing and 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/OCR.

#### **Decision**

Within 15 calendar days of receipt of the administrative judge's decision, the agency will issue a final order notifying the complainant whether it will fully implement the administrative judge's decision. 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 an agency's final action 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.

#### **Employee's Rights**

##### **Representation**

A complainant has the right to be represented by a person of his/her 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**

Complainants have 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's order.
- 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. After 180 calendar days from the date of filing an appeal with EEOC and no EEO decision.

**Age Discrimination**

In age discrimination allegations, instead of filing a complaint with the Census Bureau's EEO Office, the complainant may file a complaint directly with the U.S. District Court after first giving the EEOC no less than 30 calendar days advance notice of intent to file a complaint about an action that occurred within the previous 180 calendar days.

However, if complainants choose to file an age discrimination complaint with the Census Bureau, they must complete all steps of the complaint process as outlined in Complaint Procedures on page 19-14.

Attorney's fees are not recoverable at the administrative level under the *Age Discrimination in Employment Act of 1967*, as amended.

Once an employee files a written complaint in either U.S. District Court or with the Census Bureau, that process is considered to be the employee's choice of action.

**Access for Persons With Disabilities to Meetings and Group Events**

In compliance with the *Rehabilitation Act of 1973*, as amended, the LCO must provide:

- Employees with disabilities full access to all aspects of employment. This includes meetings, presentations, training, and other group events as integral parts of the employment experience.
- Members of the public with disabilities, who are invited or admitted to group gatherings sponsored or co-sponsored by the Census Bureau, full access.
- Refer them to Department Administrative Order (DAO) 209-8 "Access for People With Disabilities to Meetings and Other Group Events" for more information.

**Definition of Group Events****Departmental Meetings**

Gatherings sponsored and/or initiated by the LCO and attended by LCO employees. Examples are staff meetings, briefings, informational presentations, conferences, receptions, celebrations, award ceremonies, holiday commemorations, and interactive exhibits.

**Public Meetings**

Gatherings sponsored and/or initiated by the LCO which are not limited to employees but attended by interested citizens, business representatives, state or local government officials, contractors, and other federal government employees.

Examples are workshops, local public meetings, network meetings, testing and recruiting sessions, and so forth.

**Training**

Training refers to LCO-sponsored seminars, conferences, skill building courses, and professional meetings for LCO employees and/or other Census Bureau employees; or LCO-sponsored educational gatherings for the benefit of employees or non-employees.

**Accessibility Requirements****Physical Accessibility**

A physically accessible facility must meet the minimum standard for architectural accessibility as referenced in DOC regulations under the *Uniform Federal Accessibility Standards (UFAS)*. The

*Americans with Disability Act Accessibility Guidelines (ADAAG)* is an acceptable alternative standard when it is clearly evident that equivalent or greater access to the facility or part of the facility is provided. Facility means all or any portions of buildings, structures, equipment, roads, walks, parking lots, rolling stock or other conveyance, and so forth whether leased, rented, or managed by the RO.

### **Auxiliary Aids**

Auxiliary aids are services such as readers, materials provided in Braille or other alternative formats (ie large print, electronic, etc.) audio recordings, and similar items for the vision impaired; and interpreters, note-takers, written materials, TTY telephone numbers, and so forth for the hearing impaired. Auxiliary aids should be made available upon request by a qualified disabled person.

See *Employment of Persons With Disabilities* on page 19-2 for a definition of qualified disabled persons.

Auxiliary aids do not include devices such as hearing aids, readers for personal use or study, or other such devices or services of a personal nature.

### **LCO Responsibilities Concerning Accessibility**

All LCO sponsored and LCO/RO co-sponsored departmental and public meetings held at the LCO/RO or an outside facility:

#### **Must be announced**

All departmental and public meetings must be announced or by invitation. The announcement/invitation and all notices must have the following statement:

*This program is physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to (name) (voice and TTY telephone numbers).*

If the above announcement is not made, you will be required to have auxiliary aids available including a sign language interpreter.

#### **Must be held in a physically accessible location**

The only exception is when the group event is restricted to specific, identified employees, none of whom are mobility impaired.

**Must provide all auxiliary aids requested in advance by a qualified person with disabilities**

The only exception is when the group event is restricted to specific, identified employees, none of whom are hearing or visually impaired.

The above exceptions shall not be construed to:

- Discourage the employment of persons with disabilities.
- Permit the exclusion of qualified employees with disabilities from training.
- Permit the exclusion of qualified individuals persons with disabilities who would otherwise be invited or admitted to departmental or public meetings, and/or training.

If qualified persons with disabilities arrive without notice, reasonable means should be taken to provide an effective accommodation solution thereby allowing full participation.

For co-sponsored meetings, if an agreement is not reached between the co-sponsor and the RO/LCO concerning the accessibility requirements and/or payment for their expense, the RO will be responsible.

**LCO Sponsored or Contracted Training**

Training sessions must meet the following criteria:

- Must be held in a physically accessible location. The only exception is when the training course is restricted to specific, identified employees, none of whom are mobility impaired.
- Must provide the auxiliary aids requested in advance by a qualified employee and/or non-employee with a disability.
- At non-RO/LCO site, upon advance request, must provide a qualified disabled employee with accessibility not otherwise provided by the vendor, whether public or private.

**Costs**

All costs associated with providing accessibility for individuals with disabilities to meetings and other group events should be charged to the Project Number associated with the meeting and/or group event and approved by the RD. If costs are excessive or will require additional funding, contact the Census HQ project manager for guidance.

**Complaints of Inaccessibility**

Employees and applicants for employment may file under *Department Administrative Order (DAO) 215-5, Processing of Discrimination Complaints*. Non-employees may file under the procedures set forth at *15 C.F.R. Part 8c.70*.

**Record Keeping**

For complaints, retain a working file until the case is completed or until the LCO closes. At the close of the LCO, forward any EEO complaint records to the RO.

