

Appendix B

Forms List

Form ID	Title	References
7	Service Record Card	314.61
50	Notification of Personnel Action	323.83, 364.11, 421.516, 421.526, 422.354, 422.355, 435.31, 437.4, 474.9, 512.554a,b,c,d, 514.52, 519.43, 552.411, 552.412, 552.5, 553.11, 553.111, 553.112, 553.113, 553.123, 553.132, 935.26
50-B	Request for Personnel Action (Processing Copy of New Hires Only)	546.633
85	Nonsensitive Security Clearance	314.24
180	Certificate of Training	732.15
202	Health Benefits Refund Payment Authorization	525.132c, 525.132d
337	Clearance Record for Separated Employee	365.173, 936.42
820	Ranking of Position Request	155.1, 215.2, 231.1, 232, 232.3, 233
1012	Travel Voucher	716.11, 742.411, 742.42
1017-A	Time Disallowance Record	432.72
1164	Claim for Reimbursement for Expenditures on Official Business	742.411
1188	Cancellation of Organization Dues From Payroll Withholdings	925.11, 925.122a,b,c,d, 925.4, 925.5
1216	Employee's Current Mailing Address	364.2, 593.33, 666.7
1221	Advance Sick Leave Authorization	513.522
1223	Statement of Earnings and Deductions	422.354, 924.71
1224	Court Duty Leave, Statement of Service	516.46a
1303	Salary Change Notices	437.4
1314-A	Auxiliary Rural Carrier Time Certificate	516.46b
1555	Statement of Account	867.133a
1723	Assignment Order	353.332, 422.42
1727	Award Recommendation/Authorization	471.32, 474.6, 474.9, 475.6, 635.32
1734	Record of Training	732.14, 742.5
1750	Employee Probationary Period Evaluation Report	378.11
1764	Accident Analysis Summary	821.44
1767	Report of Hazard, Unsafe Condition or Practice	825.511b, 825.7, 825.71, 825.72, 825.735
1768	Safe Driver Award Committee Decision	842.254c

Appendix B

Forms List

Form ID	Title	References
1769	Accident Report	821.31, 821.311, 821.312f, 821.313, 821.314, 821.315, 821.316, 821.317, 821.33, 821.331, 821.341, 825.511b, 826.621
1772	Accident Log	821.32, 825.511b, 826.621
1773	Report of Hazard Log	825.734
1782	Training Request and Authorization	714.122, 732.13, 742.1, 742.21, 742.3, 742.3c,d, 742.411, 742.412, 742.42, 742.5, 743.1, 743.223, 743.423, 743.43, 753.11d, 754.6
1783	On-the-Job Safety Review Analysis	821.22d
1784 A & B	Safety and Health Inspection Checklist	825.12, 825.511b, 852.1, 852.2
1784-C	Safety and Health Deficiency Report	825.62, 825.64
1902	Justification for Billing Accounts Receivable	452.11, 743.43, 462.11
1903-DZ	Invoice and Statement	743.43
1961	Employee Uniform Allowance Statement	936.57
2146	Employee's Claim for Personal Property	645.2
2240	Pay, Leave, or other Hours Adjustment Request	452.11, 462.11, 594.32, 594.468, 594.5
2246	Terminal Leave Worksheet	512.71, 512.813
2248	Monetary Payroll Adjustment	452.11, 462.211
2342	Request: Unemployment Compensation Data	551.422
2411	Check List for Pre-Retirement Interviews	569.125
2417	Confidential Statement of Employment and Financial Interests (for Use by Postal Service Employees)	662.11, 662.13
2418	Confidential Statement of Employment and Financial Interests (for Use by Postal Service Employees)	662.14
2432	Individual Training Progress Report	438.222, 732.11
2548	Individual Training Record	732.12
2485	Medical Examination and Assessment	546.621b
2489	Identification of Physical/Mental Disability	546.621b
2490	Medical Bill Certification For Job-Related Injuries	541.3
2491	Medical Report—First Aid Injuries	541.3
2533	Limited Duty Assignment	314.43d
2556	Third Party Statement of Recovery	541.3, 545.871, 545.872, 545.873a,b(1), 545.874, Ex. 545.857a, Ex. 545.857c
2557	Employee's Third-Party Recovery Statement	541.3, 545.858d, Ex. 545.858a,c, Ex. 545.859c, 545.873a,b, 545.874
2559	Third Party Claim—Information Request	541.3, 545.859a, Ex. 545.859a,b
2560	Referral of Third Party Material	541.3, 545.859e
2562	Injury Compensation Program—Notice of Potential Third Party Claim	541.3, 545.855, Ex. 545.855, 545.857a,c(1), 545.858a, 545.859a
2572	Injury Compensation Data Collection	541.3
2572A	Injury Claims Analysis—Update Worksheet	541.3
2573	Request—OWCP Claim Status	541.3, 545.94

Forms List

Appendix B

Form ID	Title	References
2577	Assignment of Claim to the USPS	541.3, 545.859d,f, 545.872, Ex. 545.859f
2591	Application for Employment	323.84
3074	Request for Waiver of Claim for Erroneous Payment of Pay	437.32, 437.5
3111	Specific Notice to Employees Entering (or already in) Nonpay Status—Change in Health Benefits Regulations	525.222, 525.223
3132	Correspondence Course Application	
3189	Request for Temporary Schedule Change for Personal Convenience	516.44c
3239	Payroll Deduction Authorization to Liquidate Postal Service Indebtedness	Ex 452.22, Ex 452.233,462.5, 463.23
3241	Statement of Receipts and Disbursements	615.62, Ex. 615.62
3544	Post Office Receipt for Money	545.873b
3971	Request for or Notification of Absence	511.23, 511.42, 512.411, 512.412, 512.421, 512.422, 512.423, 513.34, 513.341, 513.342, 513.35, 514.51, 515.42, 515.51, 519.732a,b
3972	Absence Analysis	511.42
3973	Military Leave Control	517.91, 517.92
4584	Observation of Driving Practices	831.331
4943	Locker Record	612.241
5900	Hiring Worksheet	342.11
6375	Uniform Allowance Stop Payment Notice	936.56
6802	Request for Job Evaluation Action	142.21, 142.23, 142.24, 142.25, 143.1a, 215.1, Ex. 215.1, 222, 222.1, 222.4, 223.1, 223.21, 223.21a
6803	Wage and Separation Information	551.422, 552.32i, 552.611, 552.612, 553.131a,b,c,d, 553.132, 553.133, 553.212, 553.221, 553.23a,b,c
6886	Thrift Savings Plan Request for Retroactive Contributions	594.42, 594.43, 594.451, 594.461, 594.462, 594.467, 594.5
7314	Medical Agreement	867.131a,c
7380	Supply Center Requisition	529.31, 539.42, 442.3
7381	Requisition for Supplies, Services, or Equipment	753.12, 753.3
8006	Uniform Allowance Code Sheet	938.41
BRI 46-10	Notice of Recovery from Disability	323.334a, 323.335a
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	314.43, 541.3, Ex. 514.4, 542.111, 544.12, 544.13, 544.17a, 544.211, 544.212, 545.3a, 545.41, 545.42, 541.51f, 545.531, 545.54, 545.541, 545.542, 545.543, 545.55, 545.851, 545.854a(1), 821.311, 821.313a
CA-2	Notice of Occupational Disease and Claim for Compensation	314.43, 541.3, Ex. 514.4, 542.121, 544.12, 544.13, 544.17a, 544.22, 545.3a, 545.41, 545.42, 545.852, 821.311, 821.316

Appendix B

Forms List

Form ID	Title	References
CA-2a	Notice of Employee's Recurrence of Disability and Claim of Pay/Compensation	541.3, Ex. 514.4, 545.251, 545.254
CA-3	Report of Termination of Disability and/or Payment	541.3, 525.148, 545.63
CA-5	Claim for Compensation by Widow, Widower, and/or Children	541.3
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	541.3
CA-6	US Dept of Labor Official Superior's Report of Employee's Death	821.316, 541.3, 542.211
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease	545.711, 545.712, 545.713
CA-7/20	Claim for Compensation on Account of Traumatic Injury or Occupational Disease/Attending Physician's Report	525.141, 541.3, 525.144a,b
CA-8	Claim for Continuing Compensation on Account of Disability	545.713, 545.713a,d
CA-8/20a	Claim for Continuing Compensation on Account of Disability/Attending Physician's Supplemental Report	541.3, 545.713
CA-10	What a Federal Employee Should Do When Injured at Work	541.3
CA-11	When Injured at Work	541.3
CA-13	Work Injury Benefits For Federal Employees	541.3
CA-16	Authorization for Examination and/or Treatment	541.3, 543.11b, 544.16, 545.21, 545.211, 545.24, 545.252, 545.253
CA-17	Duty Status Report	314.43, 541.3, 544.16, 545.61, 545.62, 545.62b,c, 547.22, 547.23, 547.34a
CA-20a	Attending Physician's Supplemental Report	545.713c
CA-35A	Evidence Required in Support of a Claim for Occupational Disease	541.3
CA-35B	Evidence Required in Support of a Claim for Work-Related Hearing Loss	541.3
CA-35C	Evidence Required in Support of a Claim for Asbestos-Related Illness	541.3
CA-35D	Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition	541.3
CA-35E	Evidence Required in Support of a Claim for Work-Related Skin Disease	541.3
CA-35F	Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)	541.3
CA-35G	Evidence Required in Support of a Claim for Work-Related Psychiatric Illness	541.3
CA-35H	Evidence Required in Support of a Claim for Carpal Tunnel Syndrome	541.3
CA-1040		821.314
CFC 100	CFC Pledge Card	617.42
DD 214	Report of Transfer or Discharge	323.84
ES 931	Request for Wage Separation Information	551.422, 553.131c, 553.132, 553.211
ES 934	Request for Information or Reconsideration of Federal Findings	551.422, 552.423, 553.221, 553.222, 553.223, 553.224a,b,c
ES 936	Request for Verification of UCFE Wage and Separation Information Furnished on Form ES 931	551.422, 552.62, 553.23a,b,c,d
FE 6	Claim for Death Benefits (Federal Employees' Group Life Insurance)	538.312b, 538.341a, 538.33a, 539.432, 567.31
FE 6-Dep	Statement of Claim—Option C, Family Life Insurance	538.3a, 538.341, 539.432
FE 7	Claim for Accidental Dismemberment	538.33a, 538.342, 539.41

Forms List

Appendix B

Form ID	Title	References
HCFA-1500	Health Insurance Claim Form	541.3
OPM 1431	Spouse's Consent To Survivor Election	564.24
OPM 1425	Application for Refund of Retirement Deductions	
OPM 1482	Agency Certification of Status of Reemployed Annuitant	537.131, 537.132b
OPM 1528	Notification of Earnings for Medicare Eligibility	574.251
(Request forms from OPM, Forms Management and Design Branch, Office of Financial Control and Management, 1900 E Street, NW, Washington, DC 20415-0001, on an as-needed basis.)		
SF 8	Notice to Federal Employee About Unemployment Insurance	365.15, 552.411, 553.114, 553.12, 553.121, 553.122, 553.123, 553.211
SF 52	A Request for Personnel Action	935.211a
SF 54	(presently SF 2823, Designation of Beneficiary)	534.343b, 538.111
SF-85A	National Agency Check—Data for Nonsensitive or Noncritical-Sensitive Position	313.61
SF 86	Security Investigation Data for Sensitive Position	313.61, 314.24
SF 127	Request for Official Personnel Folder (Separated Employee)	313.72
SF 180	Requests Pertaining to Military Records	Ex. 512.223b
SF 278	Financial Disclosure Report for Executive Branch Personnel	662.8, 662.11
SF 813	Verification of a Military Retiree's Service in Nonwartime Campaigns or Expeditions	512.223c(4) & Ex 512.223c
SF 1150	Record of Leave Data	512.811, 512.812a,b
SF 1153	Claim for Unpaid Compensation of Deceased Civilian Employee	567.31, 567.334
SF 1164	Claim for Reimbursement for Expenditures on Official Business	716.11
SF 1187	Authorization for Deduction of Union Dues	924.11, 924.12, 924.12a,b, 924.41, 924.421, 924.422, 924.5, 924.72, 925.121, 925.122b
SF 1192	U.S. Savings Bond Authorization for Purchase and Request for Change	616.3
SF 2800	Application for Death Benefits	567.31, 567.331, 567.332, 567.333
SF 2801	Application for Immediate Retirement	562.352b, 564.31
SF 2802	Application for Refund of Retirement Deductions	565.462, 565.523
SF 2801-1	Certified Summary of Federal Service	569.126
SF 2803	Application To Make Deposit or Redeposit	565.23
SF 2804	Application to Make Voluntary Contributions	565.41
SF 2806	Individual Retirement Record	525.149, 536.42
SF 2809	Health Benefits Registration Form	521.613, 521.613a,b(1), 523.1, 523.33, 523.42, 523.611, 523.632d, 524.12, 524.12b,c, 524.322, 524.531c,d, 524.534d, 524.62, 524.64, 524.71, 524.921, 524.922, 524.95, 525.222c, 525.233b, 525.322b, 525.422, 525.425, 525.454, 526.512, 529.11, 529.23
SF 2810	Notice of Change in Health Benefits Enrollment	521.613(b), 523, 524.542a,b, 524.722, 524.731, 524.773, 524.966, 525.142, 525.143a, 525.144, 525.146b,c,d, 525.322, 525.422, 525.423, 525.425, 525.441, 525.512a,b, 526.52, 529.12, 632e

Appendix B

Forms List

Form ID	Title	References
SF 2811	Transmittal and Summary Report to Carrier	526.52
SF 2817	Life Insurance Election (FEGLI)	535.122a,b, 535.3, 535.521, 535.831c, 535.832a,c, 535.911, 536.41, 536.42, 536.612b, 537.132a,b, 537.144a,b,c, 539.11, 539.432
SF 2817B	A Description and Certification of Enrollment in the FEGLI Program	539.432
SF 2818	Continuation of Life Insurance Coverage as a Retiree or Compensationeer	534.343a,b, 536.112, 536.41, 536.42, 539.432
SF 2819	Notice of Conversion Privilege	535.63a,b, 535.63a(4), 535.722, 539.432
SF 2821	Agency Certification of Insurance Status	534.341, 534.343b, 535.63, 535.63a,a(4),b, 535.722, 536.42, 537.172, 538.222a,b, 538.312a,b, 538.33c, 539.3, 539.12, 539.31, 539.32, 539.432
SF 2822	Request for Insurance	535.82, 535.831a,b, 539.14, 539.432
SF 2823	Designation of Beneficiary	534.343b, 536.42, 537.321, 538.111, 538.114, 538.121, 538.124a,b,c,d, 538.131, 538.16, 538.18, 539.13, 539.432
SF 3102	Designation of Beneficiary	587.32a
SF 3104	Application for Death Benefits	587.61, 587.62
SF 3107	Application for Immediate Retirement	582.782c
SF 3107-2	Spouse's Consent to Survivor Election	584.28
SF 3108	Application To Make Service Credit Payment For Civilian Service	585.35
TSP-1	Election Form	591.51, 595.2
TSP-3	Designation of Beneficiary	597.411, 597.65
TSP-6	Statement Regarding Spouse	597.62, 597.63, 597.64
TSP-7	Election of Benefits	597.62, 597.63, 597.64
TSP-9	Change of Address	597.63, 597.64
TSP-11	TSP Annuity Benefits	597.64
TSP-12	Application for Equal Payment	597.63
TSP-13	Designation of an Eligible Retirement Plan	597.62
TSP-14	Joint Waiver of Spouse's Annuity	597.62, 598.63, 597.63, 597.64
TSP-15	Change in Marital Status	597.63, 597.64
TSP-16	Request for a Waiver of Notice to Spouse or Waiver of Spouse's Consent	597.62, 597.63, 597.64
TSP-17	Application for Account Balance of Deceased Participant	597.65
TSP-18	Validation of Retirement Information	597.61
TSP-20	Thrift Savings Plan Loan Application	596.31, 596.32
W-4PA	(available from OPM)	569.62