

## 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   |

## Forms List

## Appendix B

| 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  |

## Forms List

## Appendix B

| 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   |
| 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  |
| HCFA-1500 | Health Insurance Claim Form  | 541.3   |

## Forms List

## Appendix B

| Form ID   | Title  | References   |
|---|--|--|
| 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 Retirees 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   |
| SF 2811   | Transmittal and Summary Report to Carrier  | 526.52   |

## Forms List

## Appendix B

| Form ID   | Title  | References   |
|-----------|--|--|
| SF 2817   | Life Insurance Election (FGLI)   | 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 FGLI Program      | 539.432  |
| SF 2818   | Continuation of Life Insurance Coverage as a Retiree or Compensation   | 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   |