



ALLOTMENT OF PAY/PRIOR SERVICE CREDIT (FOREIGN SERVICE EMPLOYEES) APPLICATION AND AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE

1. U.S. Department or Agency	2. Bureau or Service	3. Retirement System <input type="checkbox"/> FS <input type="checkbox"/> FSPS <input type="checkbox"/> Other
------------------------------	----------------------	--

4. Name of Allotter (<i>Last, First, MI.</i>)	5. Employee or Social Security Number
---	---------------------------------------

6. Duty Station	(City)	(Country)
-----------------	--------	-----------

7. NATURE OF ACTION REQUESTED		
<input type="checkbox"/> FS Prior Service Credit	<input type="checkbox"/> Allotment of Pay	<input type="checkbox"/> Emergency Evacuation Allotment

If FS Prior Service Credit box is selected: use "97777000003" as the Routing/EIN number, and "X8186.3" as the account number below.

Allotment Each Pay Period	From:	To:
---------------------------	-------	-----

Type of Depositor Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
---------------------------	-----------------------------------	---------------------------------

Name and Address of Financial Institution	Routing/EIN Number
	Depositor Account Number

8. AUTHORIZATION BY ALLOTTER

I hereby request and authorize a regular allotment to be made, changed, discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.

A. Signature of Allotter in Full (<i>Sign Original Only</i>)	Date (<i>mm-dd-yyyy</i>)
--	----------------------------

B. Countersigned (<i>Allotter - Administrative Officer</i>)	Date (<i>mm-dd-yyyy</i>)
---	----------------------------

9. ADMINISTRATIVE ACTION

Appropriation	Date (<i>mm-dd-yyyy</i>)
---------------	----------------------------

10. APPROVED, RECORDED, AND FORWARDED

A. Title of Officer Responsible for Preparation of Payroll	B. Signature of Officer Responsible for Preparation of Payroll (<i>Type Name and Sign all Copies</i>)
--	--

WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974