

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Oregon State FSA Office  
Tualatin, Oregon 97062

**OR NOTICE PM - 408**

**FOR: COUNTY OFFICES**

**Personnel Action Processing - COC Elections**

<b>APPROVED BY:</b>	State Executive Director <i>Larry C. Frey</i>
LEF:jdt	

**1 Overview**

**A Purpose**

The purpose of this notice is to provide instructions to county offices for submitting SF-52's "Personnel Action Requests" to the STO for COC members/alternates that are newly elected, re-elected, or outgoing members that did not run or were not re-elected.

**B COF Action**

County Offices shall submit SF-52's to the STO as follows:

- **Exhibit 1**, Re-elected COC - Extension of Temp Appt.
  - FSA-586, Oath of Office
- **Exhibit 2**, Newly elected COC - Establish COC Appt.
 

**Note:** For newly elected, COF must include the following forms:

  - W-4 Tax Withholding
  - SF-1199A, Direct Deposit Form
  - AD-349, Address Form
  - FSA-586, Oath of Office
  - SF-256, Self Identification of Handicap
  - SF-181, Race & National Origin Identification
- **Exhibit 3**, Not Elected or chose not to run - Termination Expiration of Appointment
- Ongoing COC Members - No Action Required

**PLEASE NOTE:** County Offices need to submit an SF-52 with accompanying forms for all new members **at least 1 week prior to first payroll**. This also pertains to alternate members as they are called to a meeting.

**C Contact**

If you have questions regarding this notice, please contact Jill in the State Office at 503-692-3688, Extension 224.

<b>DISPOSAL</b> October 1, 2002	<b>DISTRIBUTION</b> County Offices, DD's, COR, STO
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OREGON NOTICE PM-408

**1 Overview, Continued**

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**C**  
**COC Alternates**

COC Alternates will not be loaded until actually called to a meeting. COF will need to obtain all necessary forms at the first meeting the alternate COC member is called. Again, all forms for any new member/alternate must be in the STO **at least 1 week prior to first payroll.**

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**D**  
**PC TARE Action**  
**For Newly Elected**  
**COC**

If a COC member is newly elected or a new COC alternate is called, they will need to be loaded in the PC-Tare Master Record in order to send a T&A record.

Accounting classification codes must be entered **on the first T&A** prepared for an employee. The "AC" field should be coded with "1" so that the accounting data will be stored for future reference. The accounting classification code must be entered on the first line of work hours on the T&A, beginning under the column labeled "APP". The standard classification code format for all COC is:

**Y8741XXXCC00**

The Y in the above format should be replaced by the fiscal year (2001 = 1), the XXX should be replaced by your 3 digit County Code, the CC are the actual letters which stand for County Committee and the last two digits are zero's.

After an employee's first T&A is submitted the "AC" field should then be coded on subsequent T&A's with a "2", without entering the classification code. This code "2" tells NFC to continue using the initial accounting loaded.

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**E**  
**A/36 Action**

County Offices should update the A/36 System Name and Address file of County Committee Members.

County Offices shall also continue to update COC Members and Alternates in Personnel and Payroll to show new position and term of office information according to 15-AO Par. 160 through 163. Once this information has been updated (**for all COC Members and Alternates**), a new COC Directory Report should be printed and faxed to the State Office as soon as possible, **along with a copy of the organizational minutes attention Jill.** These two reports are a second check for making sure that all members are in the NFC Database and eligible to be paid.

OREGON NOTICE PM-408

1 Overview, Continued

***F***  
**Completion**  
**Instructions for**  
**SF-52 for COC**  
**Elections**

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County Offices need to complete only the blocks listed below when using **Exhibits 1, 2, or 3** for COC Elections.

***Part A***

**Block 1:** Complete the NTE date for Exhibits 1 and 2

**Block 3:** County Office Contact

**Block 6:** Signature of CED

***Part B***

**Block 1:** Full Name  
(Include Middle Initial, if No Middle Initial then list "NMI")

**Block 2:** Social Security Number

**Block 3:** Date of Birth (**Mandatory**)

**Block 15:** List Title of COC (Chairperson, Member or Alternate)

**Block 22:** List Name of County Office

**Block 39:** List Duty Station (Only needed in Shared Management Offices)

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**Date** November 20, 2001

**Page 3**

REQUEST FOR PERSONNEL ACTION

**PART A - REQUESTING OFFICE (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)**

1. Actions Requested RE-ELECTED COC - EXTENSION OF TEMPORARY APPOINTMENT NTE		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A Code 760	5-B. Nature of Action EXT OF TEMP APPT.	6-A. Code	6-B. Nature of Action
5-C Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number COC _____									
8. Pay Plan AD	9. Occ. Code 0301	10. Grade or Level 00	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan AD	17. Occ. Code 0301	18. Grade Level 00	19. Step or Rate	20. Total Salary/Award	21. Pay Basis				
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization FARM SERVICE AGENCY OREGON STATE _____ COUNTY FSA OFFICE									

**EMPLOYEE DATA**

23. Veterans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%			24. Tenure 0 - None 2-Conditional 1-Permanent 3-Indefinite		25. Agency Use	26. Veterans Preference for RIF YES X NO	
27. FEGLI			28. Annuitant Indicator 0		29. Pay Rate Determinant		
30. Retirement Plan 2			31. Service Comp. Data (Leave)		32. Work Schedule I		
33. Part-Time Hours Per ... Biweekly Pay Period							

**POSITION DATA**

34. Position Occupied 9 1- Competitive Service 3-SES General 2- Excepted Service 4-SES Career Reserved		35. FLSA Category N E - Exempt N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status	
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location)					
40. Agency Data		41.	42.	43.	44.		
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class		49. Citizenship 1 - USA 8 - Other	
				50. Veterans Status		51. Supervisory Status	

**PART C - Reviews and Approvals (Not to be used by requesting office.)**

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

**REQUEST FOR PERSONNEL ACTION**

**PART A - REQUESTING OFFICE (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)**

1. Actions Requested  NEWLY ELECTED - ESTABLISH COC APPT NTE		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A Code 955	5-B. Nature of Action ESTABLISH COC APPT	6-A. Code	6-B. Nature of Action
5-C Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number  COC _____					
8. Pay Plan AD	9. Occ. Code 0301	10. Grade or Level 00	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan AD	17. Occ. Code 0301	18. Grade Level 00	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay		12D. Other Pay	20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay		20D. Other Pay
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization FARM SERVICE AGENCY OREGON STATE  _____ COUNTY FSA OFFICE					

23. Veterans Preference				24. Tenure		25. Agency Use	26. Veterans Preference for RIF	
1	1 - None	3 - 10-Point/Disability	5 - 10-Point/Other	0	0-None	2-Conditional	YES	X NO
	2 - 5-Point	4 - 10-Point/Compensable	6 - 10-Point/Compensable/30%		1-Permanent	3-Indefinite		
27. FEGLI				28. Annuitant Indicator		29. Pay Rate Determinant		
30. Retirement Plan				31. Service Comp. Data (Leave)		32. Work Schedule		
2						I		
33. Part-Time Hours Per				33. Part-Time Hours Per				
				... Biweekly Pay Period				

34. Position Occupied				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
9	1 - Competitive Service	3 - SES General		N	E - Exempt				
	2 - Excepted Service	4 - SES Career Reserved			N - Nonexempt				
38. Duty Station Code				39. Duty Station (City - County - State or Overseas Location)					
40. Agency Data				41.	42.	43.	44.		
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class		49. Citizenship		50. Veterans Status	51. Supervisory Status
						1 - USA 8 - Other			

**PART C - Reviews and Approvals (Not to be used by requesting office.)**

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
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**REQUEST FOR PERSONNEL ACTION**

**PART A - REQUESTING OFFICE (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)**

1. Actions Requested  NOT ELECTED OR CHOSE NOT TO RUN - TERMINATION EXPIRATION OF APPT.	2. Request Number
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A Code 355	5-B. Nature of Action TERMINATION EXPIRATION OF APPT.	6-A. Code	6-B. Nature of Action
5-C Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b>	<b>15. TO: Position Title and Number</b>  COC _____																								
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