UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency
Washington, DC 20250

Notice AO-1455

For: FSA Offices

FSA Pandemic Situation Reporting

Approved by: Administrator

1 Pandemic Situation Reporting

A Background

All USDA agencies are required to immediately begin daily situation reporting for all office locations where operations have been negatively impacted or offices have been closed because of employee absenteeism.

B Purpose

This notice provides the conditions under which FSA Offices are required to submit FSA-785 (Exhibit 1) and FSA-785-1 (Exhibit 2) for **pandemic situation reporting**.

Important: This notice applies to FSA State and County Offices and offices located in the Washington DC metro area, Kansas City, St. Louis, and Salt Lake City.

C Contact

If there are questions about this notice, contact 1 of the following:

- Carol Fleming by any of the following:
  - e-mail at **carol.fleming@wdc.usda.gov**
  - telephone at 202-720-9865
- Cindy Foister by any of the following:
  - e-mail at **cindy.foister@wdc.usda.gov**
  - telephone at 202-720-7228.

Disposal Date	**Distribution**
July 1, 2010	All FSA Offices; State Offices relay to County Offices

2 Action

A County Office Action

Effective immediately, County Offices shall contact the State Office if either of the following occur:

- critical FSA functions being reduced, delayed, or suspended because of employee absenteeism
- no office staff is available to provide service to producers.

B State Office Action

Effective immediately, State Offices are required to submit a completed FSA-785 (Exhibit 1) and FSA-785-1 (Exhibit 2), if applicable, on a daily basis by 2 p.m. e.t. to **both** contacts listed in subparagraph 1 C as follows:

- FSA-785 shall **only** be completed if any of the following occurred:
  - critical FSA functions were reduced, delayed, or suspended because of employee absenteeism
  - offices were closed because of employee absenteeism

    Note: Employee absenteeism is defined as being away from the office for **any** nonwork or weather related reason, such as annual leave, sick leave, military leave, etc.

    Example: In a 3 employee County Office, 1 employee is out on maternity leave, another employee is out on vacation, and the third employee is out on sick leave. In this scenario, the office is closed because of **employee absenteeism** and should be reported by the State Office on FSA-785.

- FSA-785-1 shall **only** be completed if FSA employees were deployed.

  Note: Deployment occurs when employees are sent to work at a location other than his/her permanent duty station to assist in the effective and efficient operations of the office to which they have been sent.

Each FSA-785 and/or FSA-785-1 submitted shall reflect actions taken the **previous** day.

Important: FSA-785 and FSA-785-1, item 1 shall **always** be 1 day before the date in item 10C.

Note: Negative reports are **not** required.

2 Action (Continued)

C Other FSA Offices Action

Effective immediately, offices located in the Washington DC metro area, Kansas City, St. Louis, and Salt Lake City are required to submit a completed FSA-785 (Exhibit 1) and FSA-785-1 (Exhibit 2), if applicable, on a daily basis by 2 p.m. e.t. to **both** contacts listed in subparagraph 1 C as follows:

- FSA-785 shall **only** be completed if any of the following occurred:
  - critical FSA functions were reduced, delayed, or suspended because of employee absenteeism
  - offices were closed because of employee absenteeism
- FSA-785-1 shall **only** be completed if FSA employees were deployed.

  Note: Deployment occurs when employees are sent to work at a location other than his/her permanent duty station to assist in the effective and efficient operations of the office to which they have been sent.

Each FSA-785 and/or FSA-785-1 submitted shall reflect actions taken the **previous** day.

Important: FSA-785 and FSA-785-1, item 1 shall **always** be 1 day before the date in item 10C.

Note: Negative reports are **not** required.

FSA-785, FSA Pandemic Situation Report - Office Closure and Function Reduction

A FSA-785 Instructions

Complete FSA-785 according to the following.

Item	Instructions
1	Enter date. **Important:** FSA-785 should apply to the previous day's conditions.
2	Enter the application FY.
3 and 4	Complete the appropriate block for the submitting office location.
5	Check (✓) the applicable box to designate whether FSA's functions were reduced, delayed, or suspended.
5A	Enter FSA functions that were reduced, delayed, or suspended because of absenteeism.
5B	Enter office locations where FSA functions were impacted.
6	Check (✓) the applicable box if office was closed because of absenteeism.
6A	Enter number of offices closed because of employee absenteeism.
6B	Enter office locations that FSA functions have been closed because of employee absenteeism.
7	Enter actions taken by FSA to mitigate impact to FSA operations, as well as re-open/restore normal operations. Enter estimated timeframe to resume operations
8A through 8C	Enter FSA official's name, signature, and date of report submission.

FSA-785, FSA Pandemic Situation Report - Office Closure and Function Reduction (Continued)

B FSA-785 Example

The following is an example of FSA-785.

This form is available electronically.

FSA-785 (11-06-09) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency **FSA PANDEMIC SITUATION REPORT - OFFICE CLOSURE AND FUNCTION REDUCTION**	1. Date Covered by Report *(MM-DD-YYYY)*	2. Fiscal Year
INSTRUCTIONS: *Submit a completed report to the National Office, EPD and DAFO, on a daily basis by 2:00 p.m. eastern time* ***only under the following conditions:*** *critical FSA functions are reduced, delayed or suspended due to employee absenteeism or offices are closed due to employee absenteeism.*		

3. FSA State Office Name and Address *(Including Zip Code)* Telephone Number *(Area Code)*:	4. Other FSA Office Name and Address *(Including Zip Code)* *(WDC, KC, St. Louis, Salt Lake City, or other FSA Offices)* Telephone Number *(Area Code)*:

5. Were any critical or non-critical FSA functions reduced, delayed, or suspended due to employee absenteeism?

☐ NO ☐ YES *(If "YES," address the questions in Items 5A and 5B):*

5A. Indicate the office functions that were reduced, delayed, or suspended due to employee absenteeism:

5B. Name the office location(s) that were effected due to office functions that were reduced, delayed, or suspended due to employee absenteeism:

Office Location *(County, City and State)*	Office Location *(County, City and State)*

6. Were any offices closed due to employee absenteeism?

☐ NO ☐ YES *(If "YES," address the questions in Items 6A and 6B):*

6A. Indicate the number of offices that were closed due to employee absenteeism:

6B. Name the office location(s) that were affected due to employee absenteeism:

Office Location *(County, City, and State)*	Office Location *(County, City and State)*

7. *What actions are being taken to mitigate negative program impacts or to restore normal operations?*
Examples: *deployment of personnel to closed or reduced staff offices; no action taken due to insignificant impact.*
Other:

Estimated Time Frame to resume operations?

8A. Title of FSA Official	8B. Signature	8C. Date *(MM-DD-YYYY)*

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FSA-785-1, FSA Pandemic Situation Report - Deployment

A FSA-785-1 Instructions

Complete FSA-785-1 according to the following.

Item	Instructions
1	Completing official will include the date covered by the report. The report should cover the preceding day's conditions.
2	Completing official will include the application fiscal year report is made in.
3-4	Complete the appropriate block for the location from where the report is being submitted from.
5A	Include number of personnel deployed from a specific location (i.e., County Office, State Office) to restore operations at a closed Office.
5B	Include specific location(s) where the personnel were deployed from.
5C	Include specific location(s) where the personnel were deployed to.
5D-E	Include date of personnel deployment and estimated personnel return date.
6A	Complete listing of type of resources (other than personnel) to assist in restoration of operations at a closed Office.
6B	Include estimated dollar amount for these resources used to assist in restoring operations.
6C	Include location from where these resources were obtained from.
6D	Include Point of Contact responsible for committing resources.
7	Use this block to provide any additional information related to deploying resources for restoring closed Offices' operations.
8A-C	Completing official will include their title, signature and date of report submission in these blocks.

FSA-785-1, FSA Pandemic Situation Report - Deployment (Continued)

B FSA-785-1 Example

The following is an example of FSA-785-1.

This form is available electronically.

FSA-785-1
(11-06-09)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

FSA PANDEMIC SITUATION REPORT-DEPLOYMENT

1. Date Covered by Report *(MM-DD-YYYY)*

2. Fiscal Year

INSTRUCTIONS: *Submit a completed report to the National Office, EPD and DAFO, on a daily basis by 2:00 p.m. eastern time* ***only under the following conditions:*** *critical FSA functions are reduced, delayed or suspended due to employee deployment or offices are closed due to employee deployment.*

3. FSA State Office Name and Address *(Including Zip Code)*

Telephone Number *(Area Code)*:

4. Other FSA Office Name and Address *(Including Zip Code)* *(WDC, KC, St. Louis, Salt Lake City, or other FSA Offices.)*

Telephone Number *(Area Code)*:

5. Personnel Deployed:

A. Number of Personnel	B. Name of FSA Office Deployed From	C. Name of FSA Office Deployed To	D. Date of Deployment *(MM-DD-YYYY)*	E. Estimated Date of Return *(MM-DD-YYYY)*

6. Resources Committed. *(Examples: GSA vehicle, laptop, other.)*

A. Type of Resource	B. Dollar Amount of Resources	C. FSA Office Location Where Resources Were Committed	D. Name of Point of Contact Responsible for Commitment of Resources and Telephone Number *(Area Code)*
	$		
	$		
	$		

7. Other Information Related to Deployment:

8A. Title of FSA Official	8B. Signature	8C. Date *(MM-DD-YYYY)*

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.