

EVALUATION OF SUGGESTION

501

TO: SUGGESTION COORDINATOR
Mail Stop O-3 E17A
Office of Human Resources

FROM: NAME OF EVALUATOR

Michael T. Lesar

ORGANIZATION (OFFICE/DIVISION/BRANCH)

RDB/DAS/ADM

☐ 1. The suggestion is outside my responsibility, but should be referred to:

☐ a. Another NRC office (specify) _____

☐ b. Another Government office (specify) _____

because:

☐ 2. The suggestion was adopted by me on: *partially* (DATE) _____

(Complete and attach SF52, "Request for Personnel Action," if an award is proposed.)

☐ a. The suggestion is now in use.

☒ b. The suggestion will be in use on: (DATE) **05/20/2005**

☐ c. The suggestion also merits consideration by other offices because:

ADM will coordinate with OIS and develop an appropriate procedure for posting network announcements for the issuance of a new or revised Management Directive. We anticipate that such a procedure will be in place for the first Management Directive issued after May 20, 2005.

in full
☐ 3. The suggestion was not adopted by me, because:

RDB conducted such a review in the summer of 2004 and reduced hard copy distribution by approximately 33 percent.

ADDITIONAL COMMENTS OR INFORMATION

ADM will consider the suggestion to create an index of updates as part of a working group evaluation of the Management Directives process and consider electronic enhancements. This effort will begin soon.

SIGNATURE - EVALUATOR



POSITION TITLE

Chief, RDB/DAS/ADM

DATE

05/10/2005

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested

Adoption of Employee Suggestion

2. Request Number

501

3. For Additional Information Call (Name and Telephone Number)

Susan Bellosi - 415-7307 *AB 5/16/05*

4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date)

**Mark J. Flynn, Director
Division of Administrative Services
Office of Administration**

[Signature]

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

**Timothy F. Hagan, Director
Office of Administration**

[Signature] **5/24/05**

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)

**Kerlin, Martin J.
FIRST ACTION**

2. Social Security Number

3. Date of Birth

4. Effective Date

SECOND ACTION

5-A. Code 5-B. Nature of Action

6-A. Code 6-B. Nature of Action

5-C. Code 5-D. Legal Authority

6-C. 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

8. Pay	9. Occ.	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay	17. Occ.	18. Grade or Level	19. Step or	20. Total Salary/Award	21. Pay
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	<i>[Signature]</i> \$100.00			

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization

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 ☐ NO

27. FEGLI

28. Annuitant Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied

1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category

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. Supervisor Status

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

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
			D.		
			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