

Field Request for New or Revised Form

Requester		Office Name	
Office Address			
ZIP + 4	Room Number	Telephone Number (Include Area Code if not PEN)	
Form Requested <input type="checkbox"/> New <input type="checkbox"/> Revised	Effective Date (Month, Year)	Form Number (As assigned by Field Division)	
Form Title		Directive References (ID Numbers and Section Numbers)	
Related Documents			
Justification for Form or Revision			

Preparation/Quantity/Obsoleted Forms

Types of Offices to Use Form	Quantity Calculation $\frac{\text{No. of Offices to Complete Form}}{\text{Annual Use per Office}} \times \text{Annual Use per Office} = \text{Annual Quantity Required}$
Form Completed by (Public, employees, etc.)	Preparation Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> P/P <input type="checkbox"/> Monthly <input type="checkbox"/> A/P <input type="checkbox"/> Quarter <input type="checkbox"/> Annually <input type="checkbox"/> As Required <input type="checkbox"/> Other:
Sources Used to Complete Form (Another form, etc.)	
Forms Obsoleted by New Form or Revision (No., title, date)	
Disposition of Stock <input type="checkbox"/> Use <input type="checkbox"/> Destroy	

Copy Use

Copy	Organization Receiving Copy	Disposition of Copy (Filed, signed, transmitted elsewhere)
1		
2		
3		
4		
5		

Approvals (If form collects information of interest to more than your department, clear it on Form 186.)

HQ Records Office (Necessary if form: (a) collects information about an individual - for example, SSN - directly from that individual, (b) is completed by the public, or (c) requires the public to retain copies for a specific time period.) Privacy Act Statement <input type="checkbox"/> Not required <input type="checkbox"/> Required, notice attached _____ (Printed Name and Title, Signature and Date)	Regional Labor Relations (Necessary if form collects information about wages, hours, terms of employment, work and time standards, or studies relating to bargaining unit employees.) _____ (Printed Name and Title, Signature and Date)
Field Unit	Field Division
_____	_____
(Printed Name and Title, Signature and Date)	(Printed Name and Title, Signature and Date)