

Office of the Assistant Director for Education & Human Resources, Room 805, 4201 Wilson Boulevard, Arlington, VA 22230, (703) 306-1605; 6841.

Dated: September 5, 1995.

Luther S. Williams,

*Assistant Director, Education and Human Resources.*

[FR Doc. 95-23079 Filed 9-15-95; 8:45 am]

BILLING CODE 7555-01-M

## NUCLEAR REGULATORY COMMISSION

### Tennessee Valley Authority

[Docket No. 50-328]

#### Sequoyah Nuclear Plant Unit 2; Notice of Withdrawal of Application for Amendment to Facility Operating License

The U.S. Nuclear Regulatory Commission (the Commission) has granted the request of the Tennessee Valley Authority (the licensee) to withdraw its July 19, 1995, application for proposed amendment to Facility Operating License No. 79 for the Sequoyah Nuclear Plant Unit 2, located in Soddy Daisy, Tennessee.

The proposed amendment would have revised the technical specification surveillance requirements and bases to incorporate alternate steam generator tube plugging criteria at tube support plate intersections. The approach was similar to guidance given in Generic Letter 95-05, "Voltage-Based Repair Criteria for Westinghouse Steam Generator Tubes Affected by Outside Diameter Stress Corrosion Cracking."

The Commission had previously issued a Notice of Consideration of Issuance of Amendment published in the Federal Register on August 1, 1995 (60 FR 39189). However, by letter dated

September 7, 1995, the licensee withdrew the proposed change.

For further details with respect to this action, see the application for amendment dated July 19, 1995, and the licensee's letter dated September 7, 1995, which withdrew the application for license amendment.

The above documents are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Chattanooga-Hamilton County Library, 1001 Broad Street, Chattanooga, Tennessee.

Dated at Rockville, Maryland, this 11th day of September 1995.

For the Nuclear Regulatory Commission.  
David E. LaBarge, Sr.

*Project Manager, Project Directorate II-3, Division of Reactor Projects— I/II, Office of Nuclear Reactor Regulation.*

[FR Doc. 95-23057 Filed 9-15-95; 8:45 am]

BILLING CODE 7490-01-P

## OFFICE OF PERSONNEL MANAGEMENT

### Notice of Request for Expedited Review of a Revised Information Collection; RI 30-2 and RI 30-44

**AGENCY:** Office of Personnel Management.

**ACTION:** Notice.

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1980 (title 44, U.S. Code, chapter 35), this notice announces that the Office of Personnel Management has submitted to the Office of Management and Budget a request for expedited approval of an information collection. The form RI 30-2, Annuitant's Report of Income, is used

by disability annuitants under age 60 to report their earnings annually to the Office of Personnel Management. Form RI 30-44, Report of Income is Not Usable, is used to follow-up with the annuitant when the information from the RI 30-2 is not usable.

It is estimated that there will be 21,000 respondents to the RI 30-2, and 260 respondents to the RI 30-44. It takes approximately 35 minutes to complete the RI 30-2, and approximately 5 minutes to complete the RI 30-44. The combined annual burden is 12,272 hours.

Copies of these two forms are appended to this notice.

**DATES:** Comments on this proposal should be received within 7 calendar days from the date of this publication. OMB has been requested to act within 10 calendar days.

**ADDRESSES:** Send or deliver comments to—

Lorraine E. Dettman, Chief, Retirement and Insurance Service, Operations Support Division, U.S. Office of Personnel Management, 1900 E Street NW., Room 3349, Washington, DC 20415

and

Joseph Lackey, OPM Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building NW., Room 10235, Washington, DC 20503.

#### FOR INFORMATION REGARDING

**ADMINISTRATIVE COORDINATION—CONTACT:** Mary Beth Smith-Toomey, Management Services Division, (202) 606-0623.

U.S. Office of Personnel Management.

Lorraine A. Green,

*Deputy Director.*

BILLING CODE 6325-01-M

Form Approved:  
OMB No. 3208-0034

# Annuitant's Report of Earned Income for 1995

If the address shown below is not correct, please complete and return the enclosed address change card.

United States Office of Personnel Management Retirement Programs, P.O. Box 579, Washington, DC 20044-0579									
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For Agency Use Only

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Please complete and return this form ONLY if:

1. You had earned income for the calendar year 1995; or
2. You are a Federal Employees Retirement System retiree receiving an award of monthly Social Security disability benefits; or
3. You have been reemployed in the Federal service after you separated for disability retirement.

Dear Annuitant:

This form, Annuitant's Report of Earned Income, is mailed each year to Civil Service Retirement System and Federal Employees' Retirement System annuitants who are receiving disability retirement benefits and who were under age 60 during the prior year. OPM is required by title 5, U.S. Code, sections 8337 (d) and 8455(a)(2), as stated in title 5, Code of Federal Regulations, sections 831.502(e)(1) and 844.402(d), to obtain information about your income from wages or self-employment. This is needed because your annuity must be terminated effective June 30 of the year following the one in which your income exceeds 80 percent of the current rate of pay of the position you occupied immediately before retirement. If you are age 60 this current year, this will be the last time we will send you this income reporting form.

If we determine that you are restored to earning capacity, we will send you information about your annuity terminating on June 30; we will also notify you whether you are eligible for an immediate, non-disability retirement or a deferred retirement beginning at age 62.

*This year we will not be sending follow-up notices.*

**Privacy Act and Public Burden Statement**

Information you furnish will be used to determine your eligibility to continue receiving annuity benefits. Information may be shared, and is subject to verification, via paper, electronic media, or through use of computer matching programs, with national, state, local, or other agencies in order to determine and issue benefits under their programs, to obtain information necessary for continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law.

Solicitation of this information is authorized by 5 U.S.C. 8347(a) and 5 U.S.C. 8461(g). Provision of this information is voluntary; however, failure to supply all of the information requested IF YOU HAD EARNED INCOME may result in suspension of your annuity benefit.

We think this form takes an average 35 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the OPM Reports and Forms Management Officer, OMB Clearance Number 3208-0034, Office of Personnel Management, Washington, DC 20415.

Enclosure: RI 30-2A

Previous editions not usable

RI 30-2  
Revised January 1996

**Annuitant's Report of Earned Income for 1995**

If it is necessary to reply, please complete all the questions and use a pencil to darken the circles. Please be sure to read the enclosed information and instruction sheet, RI 30-2A.

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| <p><b>1. If you had EARNED INCOME FOR 1995, please fill in the boxes below and return this form.</b></p> <p>The enclosed instructions (RI 30-2A) specifically state what to include as income and what not to include as income.</p> <p>Enter the highest amount shown on your W-2's. Also include self-employment and deferred income, if applicable.</p> <p>Fill in all 6 boxes using as many beginning zeros as you need. Do NOT show the cents.</p> <p>Use a number 2 PENCIL to darken the corresponding circle below each number.</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 0 5px;">Dollars</td> <td style="text-align: center; padding: 0 5px;">Cents</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td><td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td><td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td><td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td><td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td><td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td><td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">8</td><td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td><td style="text-align: center;">9</td> </tr> </table> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>3. FEDERAL EMPLOYEES RETIREMENT SYSTEM RETIREES ONLY</b><br/>(Your claim number begins with CSA 8)</p> <p>If you are receiving an award of monthly Social Security disability benefits, answer the 2 questions below and return this form.</p> <p><b>3A. Show the total dollar amount below. Fill in all 6 boxes, using as many beginning zeros as you need. 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Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both.</p> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p><b>4. You must sign here in all cases.</b></p> </td> <td style="vertical-align: top; padding: 5px;"> <p>If signature is by mark "X", a witness must also sign, date, and enter his or her address below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Witness' signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p><b>5. Date</b></p> </td> <td style="vertical-align: top; padding: 5px;"> <p><b>6. 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Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both.</p> |  | <p><b>4. You must sign here in all cases.</b></p>  | <p>If signature is by mark "X", a witness must also sign, date, and enter his or her address below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Witness' signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> </table>  | Witness' signature | Date  | <p><b>5. Date</b></p>  | <p><b>6. Please provide your daytime telephone number, including the area code.</b></p> | <p>Witness' address</p> |                       |   |                         |  |
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| <p><b>2. If you have been reemployed in the Federal service after you separated for disability retirement, please fill in the boxes below and return this form.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><b>Dates of reemployment</b></td> </tr> <tr> <td style="width: 50%; padding: 5px;">From</td> <td style="width: 50%; padding: 5px;">To</td> </tr> <tr> <td style="padding: 5px;">Appointment type</td> <td style="padding: 5px;">Grade and step</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Agency name and address</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>  
   | <b>Dates of reemployment</b>   |                    | From   | To | Appointment type   | Grade and step | Agency name and address |   |  |   | <p><b>3B. Enter the effective date of your SSA disability benefit.</b></p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 0 5px;">Month</td> <td style="text-align: center; padding: 0 5px;">Year</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> JAN<br/> <input type="radio"/> FEB<br/> <input type="radio"/> MAR<br/> <input type="radio"/> APR<br/> <input type="radio"/> MAY<br/> <input type="radio"/> JUN<br/> <input type="radio"/> JUL<br/> <input type="radio"/> AUG<br/> <input type="radio"/> SEP<br/> <input type="radio"/> OCT<br/> <input type="radio"/> NOV<br/> <input type="radio"/> DEC             </td> <td style="text-align: center;"> <input type="radio"/> 0<br/> <input type="radio"/> 1<br/> <input type="radio"/> 2<br/> <input type="radio"/> 3<br/> <input type="radio"/> 4<br/> <input type="radio"/> 5<br/> <input type="radio"/> 6<br/> <input type="radio"/> 7<br/> <input type="radio"/> 8<br/> <input type="radio"/> 9             </td> </tr> </table> | Month   
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| <p><b>Warning</b> Your earnings for 1995 will be verified through a computer match with the Social Security Administration's Earnings Files. Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both.</p>  
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| <p><b>4. You must sign here in all cases.</b></p>  
   | <p>If signature is by mark "X", a witness must also sign, date, and enter his or her address below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Witness' signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> </table> | Witness' signature | Date   |    |  |                |                         |   |  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Witness' signature   
   | Date   |                    |  |    |  |                |                         |   |  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   |                              |                  |                |                         |                  |                |                         |   |       |      |   |       |      |  |  |  |  |  |  |  |   |  |  |   |                    |   |  |   |                         |                       |   |                         |  |
| <p><b>5. Date</b></p>  
   | <p><b>6. Please provide your daytime telephone number, including the area code.</b></p>  |                    |  |    |  |                |                         |   |  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Witness' address</p>  
   |  |                    |  |    |  |                |                         |   |  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
RETIREMENT PROGRAMS  
P.O. BOX 579  
WASHINGTON, DC 20044-0579

## Information and Instructions for Completing the Annuitant's Report of Earned Income

Please complete and return this form **only if**:

1. You had earned income for the calendar year 1995; <sup>(0\*)</sup>
2. You are a Federal Employees Retirement System retiree receiving an award of monthly Social Security disability benefits; or
3. You have been reemployed in the Federal service after you separated for disability retirement.

**What To Report As Earned Income** - All income from wages and self-employment plus deferred income you actually earned between January 1 and December 31 of the past year, as explained below.

- Income from wages is any gross pay, salary, bonus, or award you received for working for someone else (including overtime, vacation pay, etc.) before *any* withholdings or deductions.
- If your W-2 shows different amounts for "Wages, tips, other compensation" and "Social Security wages," enter the **higher amount** on the Report of Earned Income. If you have more than one W-2, add the amounts shown and report the total.
- **Deferred income** for "restored to earning capacity" determination is any income, cash or property, where you have the option of receiving or deferring receipt until sometime in the future. In short, if you voluntarily defer a portion of your earnings, that income is still considered for earning capacity purposes. Even if deferred income is not subject to income tax until a future year, it is still counted as earning capacity in the year in which it is earned.
- Income from self-employment is any net profit you made from working or managing your own business, whether at home or elsewhere. Net profit is the amount remaining after deduction for business expenses and before deduction of any personal expenses or exemptions as allowed by the Internal Revenue Service. A net loss from self-employment in one business may not offset 1) income from wages and 2) income from another self-employment endeavor, unless the two businesses are interrelated components of a single enterprise.
- Income resulting from personal services such as rents, royalties, etc.
- Interest or dividends resulting from your own trade or business.
- Do not deduct business expenses from wages or commission you receive for working for someone else.
- If you are reemployed in the Federal service, you must report the gross amount of your salary. Your agency should be deducting the gross amount of your annuity from your salary.

*If all or a portion of your income was derived from a partnership, corporation, or sole proprietorship, please complete form RI 30-2 and enclose a detailed explanation, including the following items: income you received directly from wages, fringe benefits, and employee expenses; gross revenue and pre-tax profit of the enterprise; number of workers employed (if a partnership, give the number of partners); your role or position and hours worked; the principle product produced or service supplied; and your total cash investment and percentage of ownership in the enterprise (include your individual share plus shares held by immediate family members). Report separately income received from independent businesses and salary received from working for someone else. Please write your GSA claim number on your explanation.*

**What Not To Report As Earned Income** - Any income from the following sources:

- |                                |  |                               |
|--------------------------------|--|-------------------------------|
| • <b>Pensions or annuities</b> | • Money which you earned before retirement | • Fellowships or scholarships |
| • Gifts                        | • Inheritances                             | • Business losses             |
| • Social Security proceeds     | • Capital gains                            | • Alimony/child support       |
| • Insurance proceeds           | • Non-employment prizes or awards          |                               |
| • Unemployment compensation    |  |                               |

**PLEASE CAREFULLY REVIEW THE EXAMPLE ON THE REVERSE SIDE**

**Instructions for Completing the Enclosed Form**

**IT IS IMPORTANT THAT YOU FOLLOW ALL OF THE INSTRUCTIONS BELOW.**

1. The enclosed form has been designed to allow your answers to be read using optical scanning equipment. Therefore, use **only a pencil** to darken the circles. If you make a mistake, erase it completely and darken the correct circles. Do not use a felt tip pen or other pen to complete this form.
2. Complete the Annuitant's Report of Earned Income for 1995 as illustrated in the example below:

**EXAMPLE**

Item 1 of the form is reproduced here to illustrate how you should make your entries on this form. The example illustrates how this question would be completed for an annuitant whose earned income in 1995 was \$8,289.39.

(1) In the box begin with zeros and write the highest amount shown on your W-2's rounded to the nearest dollar (008289), and (2) darken the appropriate circles for that amount. For earnings of \$8,289.39, you would complete block 1 as shown.

DOLLARS					CENTS			
\$	0	0	8	2	8	9	0	0
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	1	1	1	1	1	1	1
	2	2	2	<input checked="" type="radio"/>	2	2	2	2
	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7
	8	8	<input checked="" type="radio"/>	8	<input checked="" type="radio"/>	8	8	8
	9	9	9	9	9	<input checked="" type="radio"/>	9	9

3. If the Annuitant's Report of Earned Income for 1995 is stapled or damaged, delays in processing may occur. **Please do not** send a photocopy or duplicate this form. If you send a photocopy or damage this form, it will delay processing your response. If you need another form, please write to the address shown in item 4 or call (202)606-0249 or (202) 606-0238.
4. Please be sure to sign the enclosed Annuitant's Report of Earned Income for 1995 and mail it in the enclosed envelope to:  
 U.S. Office of Personnel Management  
 P.O. Box 579  
 Washington, DC 20044-0579

**If you need assistance:**

If, after carefully reading the instructions, you need assistance to complete the form, you may contact us weekdays from 8:00 a.m. to 5:00 p.m. Eastern Time on (202) 606-0249 or (202) 606-0238.

United States  
**Office of Personnel Management**  
 Office of Retirement Programs  
 Post Office Box 579  
 Washington, DC 20044

Form Approved:  
 OMB No. 3206-0034

### ***Annuitant's Report of Income - Followup***

Claim number
Disability Earnings Survey document number

We have received the "Annuitant's Report of Income" form which you completed and returned to this office. However, due to the poor condition in which it reached us or because it contained conflicting or apparently erroneous information, we were unable to process the form. For this reason, we are asking you again to supply the amount of your earnings from wages and self-employment by completing the items below:

1. My income for calendar year                      was \$                      .00	<b>Do NOT include your annuity from OPM in the amount you report here.</b>
---	--

2. Please sign your name (*do not print*) and give the date of signature below.

Signature	Date
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Return this letter in the envelope provided to:

Office of Personnel Management  
 P.O. Box 579  
 Washington, DC 20044

Your annuity payments may be suspended if this letter is not received at OPM by

--

*Thank you for your cooperation.*

Retirement Surveys Branch

#### Public Burden Statement

We think this form takes an average 5 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Reports and Forms Management Officer, (3206-0034), Washington, DC 20415.

[FR Doc. 95-23086 Filed 9-15-95; 8:45 am]  
BILLING CODE 6325-01-C

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**Notice of Request for Clearance of  
Commercial Garnishment Application  
Form**

**AGENCY:** Office of Personnel  
Management.

**ACTION:** Notice.

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**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, May 22, 1995), this notice announces that the Office of Personnel Management intends to submit to the Office of Management and Budget a request for clearance of an information collection, voluntary commercial

garnishment application form. The application is intended to be completed by creditors and will facilitate the processing by Federal agencies of commercial garnishment orders by providing information about the order in a uniform manner that would otherwise not be possible as a result of the wide variety of commercial garnishment orders issued by various State and local jurisdictions.

OPM anticipates that approximately 100 forms will be completed annually for OPM employees, each requiring an estimated ten minutes to complete, for a total public burden of approximately 17 hours. OPM anticipates, however, that many other Federal agencies will also be suggesting that creditors complete the form.

A copy of the proposed form is appended to this notice.

**DATES:** Comments on this proposed form should be received within 60 calendar days from the date of this publication.

**ADDRESSES:** Send or deliver comments to: Lorraine Lewis, General Counsel, U.S. Office of Personnel Management, 1900 E Street NW., Washington, DC 20415.

**FOR FURTHER INFORMATION CONTACT:**

Murray M. Meeker, Attorney, Office of the General Counsel, (202) 606-1980.

U.S. Office of Personnel Management.

Lorraine A. Green,  
*Deputy Director.*

BILLING CODE 6325-01-M