

From: Announcement, DOI
Bcc: doi_all_employees@doi.gov
Subject: #TrainingTuesday: DOI University – FY 2018 First Quarter Course Schedule
Date: Tuesday, August 29, 2017 10:31:31 AM
Attachments: [image.png](#)



To: All DOI Employees

From: Jeff Underwood, Acting Dean, DOI University

Subject: DOI University – FY 2018 First Quarter Course Schedule

Announcement

Seats are available in the following DOI University (DOIU) courses.

Click on a course title below and follow the link for more details and to register (DOI Learn login is required).

*Please Note: If you are taking a DOIU acquisition course for FAC-P/PM, FAC-COR, or FAC-C certifications, please contact your [Bureau Acquisition Career Coordinator \(BACC\)](#) for guidance about your certification requirements. All DOIU acquisition courses for FAC certification are available in the [Federal Acquisition Institute Training Application System \(FAITAS\)](#). To register for a DOIU course in DOI Learn, click on the course title below.

Acquisition*

Title	Date	Tuition	Location	Contact
Federal Appropriations Law	October 17-20, 2017	\$745	Denver, CO	Denver Learning Center
FAC-COR Training - Level II	October 23-27, 2017	\$680	A buquerque, NM	Albuquerque Learning Center
FAC-COR Training – Level II	November 13-17, 2017	\$680	Washington, DC	Washington Learning Center
FAC-COR Refresher	December 4-8, 2017	\$680	Washington, DC	Washington Learning Center
FAC COR Advanced	December 4-8, 2017	\$680	A buquerque, NM	Albuquerque Learning Center
FAC-COR Training - Level II	December 11-15, 2017	\$680	Denver, CO	Denver Learning Center
FAC-COR Training - Level II	December 11-15, 2017	\$680	Anchorage, AK	Albuquerque Learning Center

Communications

Title	Date	Tuition	Location	Contact
Managing Performance	October 24-26, 2017	\$675	Denver, CO	Denver Learning Center
Business Communication Boot Camp	October 30- November 2, 2017	\$625	Phoenix, AZ	Washington Learning Center

Retirement Planning

Title	Date	Tuition	Location	Contact
Retirement Planning for FERS and CSRS Employees	November 14-15, 2017	\$400	Billings, MT	Washington Learning Center
Retirement Planning for FERS and CSRS Employees	December 5-6, 2017	\$400	Albuquerque, NM	Albuquerque Learning Center
Retirement Planning for FERS	December 19-20, 2017	\$400	Denver, CO	Denver Learning Center

Supervision and Leadership

Title	Date	Tuition	Location	Contact
Supervision for New Supervisors	October 16-20, 2017	\$750	Denver, CO	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	October 17-19, 2017	\$650	Washington, DC	Washington Learning Center
Supervision for New Supervisors	October 23-27, 2017	\$750	Washington, DC	Washington Learning Center
Supervision for Experienced Supervisors	October 30- November 3, 2017	\$750	Albuquerque, NM	Albuquerque Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	October 31- November 2, 2017	\$510	Sacramento, CA	Denver Learning Center
Supervision for New Supervisors	November 13-17, 2017	\$750	Albuquerque, NM	Albuquerque Learning Center
Supervision for Experienced Supervisors	November 13-17, 2017	\$750	Denver, CO	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	November 14-16, 2017	\$650	Albuquerque, NM	Albuquerque Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	November 28- 30, 2017	\$650	Denver, CO	Denver Learning Center
Supervision for Experienced Supervisors	December 11-15, 2017	\$750	Washington, DC	Washington Learning Center

Tribal Interests

Title	Date	Tuition	Location	Contact
Alaska National Interest Lands Conservation Act (ANILCA) Seminar	November 7-8, 2017	\$525	Anchorage, AK	Albuquerque Learning Center
Consulting with Tribal Nations	November 28-30, 2017	\$688	Albuquerque, NM	Albuquerque Learning Center

Are you interested in a different course? Visit our [catalog](#) to see a list of other upcoming courses.

Contact DOIU

Learning Center	Name	Email	Phone Number
A buquerque, NM	Jennifer Martinez	jennifer_martinez@ios.doi.gov	(505) 563-5404
A buquerque, NM	April Gonzalez	april_d_gonzalez@ios.doi.gov	(505) 563-5406
Denver, CO	Pam Stovall	pamela_stovall@ios.doi.gov	(303) 236-0061
Denver, CO	Josh Marshall	joshua_marshall@ios.doi.gov	(303) 236-0062
Washington, DC	Mary Jo Catalano	mary_catalano@ios.doi.gov	(202) 208-3757

Policy for Cancellations/Refunds/No Shows

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Visit [DOI University](#), your home for transformational learning.

Visit doi.gov/employees for employee news, resources and events.

Please do not reply to this e-mail. This mailbox is not monitored. Use the contact information located in this message to get more information or provide comments.



DOI UNIVERSITY

US DEPARTMENT OF THE INTERIOR

From: Announcement, DOI
Bcc: doi_all_employees@doi.gov
Subject: #TrainingTuesday: DOI University
Date: Tuesday, November 28, 2017 1:43:04 PM
Attachments: [image.png](#)

Inline image 1



To: All DOI Employees

From: Jeff Underwood, Acting Dean, DOI University

Subject: DOI University – FY 2018 Second Quarter Course Schedule

Announcement

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Acquisition*

Title	Date	Tuition	Location	Contact
FAC-COR Advanced	January 8-12, 2018	\$680	Denver, CO	Denver Learning Center
FAC-COR Advanced	January 8-12, 2018	\$680	Anchorage, AK	A buquerque Learning Center
FAC-COR Advanced	January 22-26, 2018	\$680	Washington, DC	Washington Learning Center
FAC-COR Refresher	January 22-26, 2018	\$680	Albuquerque, NM	A buquerque Learning Center
FAC-COR Training - Level II	February 5-9, 2018	\$680	Washington, DC	Washington Learning Center
FAC-COR Refresher	February 5-9, 2018	\$680	Billings, MT	Washington Learning Center
FAC-COR Training - Level II	February 5-9, 2018	\$680	Boulder City, NV	Washington Learning Center
FAC-COR Training - Level II	February 5-9, 2018	\$680	Denver, CO	Denver Learning Center
FAC COR Advanced	February 26- March 2, 2018	\$680	Albuquerque, NM	A buquerque Learning Center
Basic Simplified Acquisition Procedures	February 26- March 2, 2018	\$680	Denver, CO	Denver Learning Center
Basic Simplified Acquisition Procedures	March 5-9, 2018	\$680	Albuquerque, NM	A buquerque Learning Center
FPM 231: Application in Project and Program Management	March 6-9, 2018	\$830	Denver, CO	Denver Learning Center
FAC-COR Training - Level II	March 12-16, 2018	\$680	Albuquerque, NM	A buquerque Learning Center
FPM 232: Applications in Contracting	March 13-15, 2018	\$730	Denver, CO	Denver Learning Center

Communications

Title	Date	Tuition	Location	Contact
Emotional Intelligence	January 16-17, 2018	\$515	Denver, CO	Denver Learning Center
Business Writing: A Plain-Language Approach	March 26, 2018	\$250	Washington, DC	Washington Learning Center

Financial Management and Budget

Title	Date	Tuition	Location	Contact
Principles of Federal Appropriations Law	January 17-18, 2018	\$480	Washington, DC	Washington Learning Center
Federal Appropriations Law	January 30- February 2, 2018	\$745	Denver, CO	Denver Learning Center
Federal Appropriations Law	February 12-15, 2018	\$745	Anchorage, AK	A buquerque Learning Center

Retirement Planning

Title	Date	Tuition	Location	Contact
Retirement Planning for FERS and CSRS Employees	February 13-14, 2018	\$400	Albuquerque, NM	A buquerque Learning Center
Retirement Planning for FERS Employees	February 14-15, 2018	\$400	Denver, CO	Denver Learning Center
Retirement Planning for FERS Employees	February 27-28, 2018	\$400	Washington, DC	Washington Learning Center
Retirement Planning for FERS and CSRS Employees	February 27-28, 2018	\$400	Anchorage, AK	A buquerque Learning Center
Retirement Planning for FERS Employees	March 27-28, 2018	\$400	Denver, CO	Denver Learning Center

Supervision and Leadership

Title	Date	Tuition	Location	Contact
Supervision for Experienced Supervisors	January 8-12, 2018	\$750	Albuquerque, NM	A buquerque Learning Center
Supervision for New Supervisors	January 8-12, 2018	\$750	Sacramento, CA	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	January 9-11, 2018	\$650	Denver, CO	Denver Learning Center
Supervision for New Supervisors	January 15-19, 2018	\$750	Anchorage, AK	A buquerque Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	January 23-25, 2018	\$650	Albuquerque, NM	A buquerque Learning Center
Supervision for New Supervisors	January 29- February 2, 2018	\$750	Washington, DC	Washington Learning Center
Supervision for New Supervisors	January 29- February 2, 2018	\$750	Albuquerque, NM	A buquerque Learning Center
Building and Leading Effective Teams	February 13-15, 2018	\$640	Denver, CO	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	February 27- March 1, 2018	\$650	Denver, CO	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	February 27- March 1, 2018	\$650	Anchorage, AK	A buquerque Learning Center
Supervision for Experienced Supervisors	March 5-9, 2018	\$750	Washington, DC	Washington Learning Center
Supervision for Experienced Supervisors	March 5-9, 2018	\$750	Albuquerque, NM	A buquerque Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	March 6-8, 2018	\$650	Anchorage, AK	A buquerque Learning Center

Supervisors				
Supervision for Experienced Supervisors	March 12-16, 2018	\$750	Anchorage, AK	A buquerque Learning Center
Supervision for New Supervisors	March 19-23, 2018	\$750	Anchorage, AK	A buquerque Learning Center
Strategic Thinking, Planning & Problem Solving	March 20-21, 2018	\$640	Denver, CO	Denver Learning Center
Managing Performance	March 20-22, 2018	\$675	Denver, CO	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	March 20-22, 2018	\$650	Boulder City, NV	Denver Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	March 27-29, 2018	\$650	Washington, DC	Washington Learning Center
Leadership and Management for Non-Managers and Aspiring Supervisors	March 27-29, 2018	\$650	Albuquerque, NM	A buquerque Learning Center

Tribal Interests

Title	Date	Tuition	Location	Contact
Consulting with Tribal Nations	January 23-25, 2018	\$688	Anchorage, AK	A buquerque Learning Center
Consulting with Tribal Nations	February 6-8, 2018	\$688	Albuquerque, NM	A buquerque Learning Center
Consulting with Tribal Nations	February 20-22, 2018	\$688	Washington, DC	A buquerque Learning Center
Alaska National Interest Lands Conservation Act (ANILCA) Seminar	March 6-7, 2018	\$525	Anchorage, AK	A buquerque Learning Center

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Contact DOIU

Learning Center	Name	Email	Phone Number
Albuquerque, NM	Jennifer Martinez	jennifer_martinez@ios.doi.gov	505-563-5404
Albuquerque, NM	April Gonzalez	april_d_gonzalez@ios.doi.gov	505-563-5406
Denver, CO	Pam Stovall	pamela_stovall@ios.doi.gov	303-236-0061
Denver, CO	Josh Marshall	joshua_marshall@ios.doi.gov	303-236-0062
Washington, DC	Mary Jo Catalano	mary_catalano@ios.doi.gov	202-208-3757

Policy for Cancellations/Refunds/No Shows

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DOI UNIVERSITY

US DEPARTMENT OF THE INTERIOR

From: Renner, Elinor
To: [Scott Angelle](#); [Michael Argo](#); [David Bernhardt](#); [Caroline Boulton](#); [Brenda Burman](#); [Scott Cameron](#); [Cason James](#); [Micah Chambers](#); [Vincent Devito](#); [Douglas Domenech](#); [Scott Hommel](#); [Steven Howke](#); [John Bockmier](#); [Daniel Jorjani](#); [Larrabee, Jason](#); [Katharine MacGregor](#); [Downey Magallanes](#); [Lori Mashburn](#); [Rick May](#); [David Mihalic](#); [Alan Mikkelsen](#); [Russell Newell](#); [Laura Rigas](#); [Greg Sheehan](#); [Brian Steed](#); [John Tahsuda](#); [Andrea Travnicek](#); [Stephen Wackowski](#); [Todd Willens](#); [Todd Wynn](#)
Cc: [Michael Barre](#); [Gulac, Catherine](#); [James Hess](#); [Evann Rogers](#); [Jean Parrish](#); [Gareth Rees](#); [Audrey Haskins](#); [Gisella Ojeda-dodds](#); [Shirley Lewis](#); [Tasha Robbins](#); [Caminiti, Mariagrazia](#); [Tracie Lassiter](#); [Natalie Davis](#); [Shandria Dixon](#); [Sellars, Roslyn](#); [Linda Thurn](#); [Michelle Brown](#); [Anita Personius](#); [Monson, Lesia](#); [Smith, Valerie](#)
Subject: 2018 Policy Planning Session - Action Needed
Date: Tuesday, December 05, 2017 5:14:35 PM
Attachments: [2018 Policy Planning Session Agenda.docx](#)

Hello Everyone,

Thank you for your help preparing for our 2018 Policy Planning Session at the [National Conservation Training Center](#) this Thursday and Friday. This email has several details and final logistics for the event. Please be sure to read through it carefully. I have underlined the action items that we still need.

Agenda: The agenda for the meeting is attached. Please let me know if you have any questions.

Dress Code: The dress code for this event is casual. The [weather forecast](#) is currently for low to mid 40's, so I would recommend dressing warmly.

Rooms: Russell has blocked rooms for everyone. You will check in on arrival. If you do not have a travel card, we will need to pay the room using a corporate card. Please let me know today if you do not have a travel card.

Travel Authorization: If you haven't already, please submit your travel authorization form to Mike Argo. If you or your assistant have any questions on how to do this, please email me.

Slides: If you *are* using slides, please send them to me by noon Wednesday, December 6th. If you *are not* using slides, please email me to confirm.

Transportation: There is parking at the main building or near the dorms, all of which are in walking distance. We have reserved the 15 passenger van to drive from DOI to the NCTC and back again on Friday. The van will depart DOI at 7:00 on Thursday morning. Please email if you would like to ride in the van, and I will coordinate.

Fun Facts: Please email Russel Newell, cc'd here, three fun facts about yourself that you don't think people already know about you (Please cc me on this email too). For example, one of mine might be that I have been skydiving. Some of Russell's is that he is a huge Glenn Gould fan and does Ironmans. Hope this helps

Please let me know if you have any questions.

--

Elinor Renner
U.S. Department of the Interior
Immediate Office of the Secretary
Special Assistant to the Secretary

Washington, DC 20240
202-208-6087



2018 Policy Planning Session

Thursday, December 7 – Friday, December 8, 2017
National Conservation Training Center | Shepherdstown, West Virginia

– AGENDA –

THURSDAY, DECEMBER 7, 2017

8:30 – 10:30 a.m.	ARRIVAL & CHECK IN <i>Room blocks have already been reserved for everyone.</i>	<i>Entry Auditorium 698 Conservation Way</i>
10:30 – 11:15 a.m.	WELCOME & EVENT OVERVIEW Russell Newell <i>Deputy Director, Office of Communications</i> David Bernhardt <i>Deputy Secretary</i>	<i>BYRD Auditorium</i>
11:15 – 11:45 a.m.	POLICY, MANAGEMENT, AND BUDGET Scott Cameron <i>Principal Deputy Assistant Secretary</i>	<i>Gallery Conference Room</i>
11:45 – 12:45 p.m.	LUNCH	<i>Second floor of the Commons Building</i>
12:45 – 1:15 p.m.	WATER AND SCIENCE Andrea Travnicek <i>Acting Assistant Secretary</i>	<i>Gallery Conference Room</i>
1:15 – 1:45 p.m.	BUREAU OF RECLAMATION Alan Mikkelsen <i>Deputy Commissioner</i>	<i>Gallery Conference Room</i>
1:45 – 2:15 p.m.	NATIONAL PARK SERVICE Jason Larrabee <i>Principal Deputy Assistant Secretary</i>	<i>Gallery Conference Room</i>
2:15 – 2:45 p.m.	U.S. FISH AND WILDLIFE SERVICE Greg Sheehan <i>Principal Deputy Director</i>	<i>Gallery Conference Room</i>
2:45 – 3:00 p.m.	BREAK <i>There is a nearby break station that serves coffee, tea, juice, and water; as well as nutritional and full-flavored snacks.</i>	

3:00 – 3:30 p.m.	INSULAR AREAS Doug Domenech <i>Assistant Secretary</i>	<i>Gallery Conference Room</i>
3:30 – 4:00 p.m.	INDIAN AFFAIRS John Tahsuda <i>Principal Deputy Assistant Secretary</i>	<i>Gallery Conference Room</i>
4:00 – 4:30 p.m.	LAND AND MINERALS MANAGEMENT Kate MacGregor <i>Acting Assistant Secretary</i>	<i>Gallery Conference Room</i>
4:30 – 5:00 p.m.	BUREAU OF LAND MANAGEMENT Brian Steed <i>Deputy Director, Programs and Policy</i>	<i>Gallery Conference Room</i>
5:00 – 5:30 p.m.	BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT Scott Angelle <i>Director</i>	<i>Gallery Conference Room</i>
5:30 – 6:00 p.m.	ALASKAN AFFAIRS Steve Wackowski <i>Senior Advisor</i>	<i>Gallery Conference Room</i>
6:00 – 7:00 p.m.	DINNER	<i>Second floor of the Commons Building</i>
7:00 – 8:00 p.m.	BONFIRE & EVENING ACTIVITIES	<i>Bonfire Patio</i>

FRIDAY, DECEMBER 8, 2017

6:00 – 7:30 a.m.	MORNING HIKE (OPTIONAL) <i>Interested participants will meet in the lobby before setting out on the [TBD trail + Description + length]</i>	<i>The Entry Auditorium</i>
7:30 – 8:30 a.m.	BREAKFAST	<i>Second floor of the Commons Building</i>
8:30 – 9:00 a.m.	CONGRESSIONAL AND LEGISLATIVE AFFAIRS John Tanner <i>Director</i>	<i>Gallery Conference Room</i>
9:00 – 9:30 a.m.	ENERGY Vincent DeVito <i>Counselor to the Secretary for Energy Policy</i>	<i>Gallery Conference Room</i>
9:30 – 10:00 a.m.	GRANTS Steve Howke <i>Senior Advisor</i>	<i>Gallery Conference Room</i>
10:00 – 10:15 a.m.	BREAK <i>There is a nearby break station that serves coffee, tea, juice, and water; as well as nutritional and full-flavored snacks.</i>	

10:15 – 11:30 a.m.	2018 POLICY GOALS CONSOLIDATION Downey Magallanes <i>Deputy Chief of Staff, Policy</i>	<i>Gallery Conference Room</i>
11:30 – 12:00 p.m.	UPDATE FROM WHITE HOUSE STRATEGIC COMMS Mercy Schlapp <i>Senior Advisor for Strategic Communications</i>	<i>Gallery Conference Room</i>
12:00 – 12:30 p.m.	COMMUNICATING THE MESSAGE Laura Rigas <i>Deputy Chief of Staff, Policy</i> Russell Newell <i>Deputy Director, Office of Communications</i>	<i>Gallery Conference Room</i>
12:30 – 1:00 p.m.	LUNCH	
1:00 p.m.	DEPART THE NATIONAL CONSERVATION TRAINING CENTER	

From: Mashburn, Lori
To: [Jack, Brian](#)
Subject: 250th Anniversary Commission
Date: Friday, September 15, 2017 11:51:01 AM
Attachments: [250th Anniversary Commission Briefer.docx](#)

Hello Brian,

Below and attached is a one-pager outlining the Commission and where it stands right now. To answer your question, there is not an ED yet. The NP that will serve as secretariat and run/coordinate the Commission has not yet been selected. The request for bids is going out soon. The point person at the moment is DOI and the Acting Assistant Secretary for Fish, Wildlife, and Parks. That person is going to change in the next couple of weeks though as we bring on a new person. Let me know if you have additional questions.

250th Anniversary Commission Update:

Background: On July 22, 2016, President Barack Obama signed the United States Semiquincentennial Commission Act (Act) (Public Law 114-196) establishing a Commission to provide for the observance and commemoration of the 250th anniversary of the founding of the United States. The 33 member commission is comprised of eight members of Congress, 16 private citizens and 9 non-voting ex officio federal officials. The Commission shall prepare an overall program for commemorating the 250th anniversary of the founding of the United States and the historic events preceding that anniversary. The Commission shall plan, encourage, develop, and coordinate observances and activities commemorating the historic events that preceded, and are associated with, the United States Semiquincentennial. No later than July 22, 2018, the Commission shall submit to the President a comprehensive report that includes the specific recommendations of the Commission for the commemoration of the 250th anniversary and related events.

Non-Profit Selection: In the law establishing the 250th commission, the Secretary of the Interior must select a non-profit to serve as the secretariat to the commission through a competitive bid process.

A draft request for proposal (RFP) is being created right now. It will be available on Friday, September 15 for the Secretary's Office review. Once a final RFP is approved, it will go out for bid. The way the law reads, the bid process does not have to follow a specific contracting law such as a concession contract. The requirements for the proposal responses are in the RFP. The opportunity will be advertised and copies of the RFP will be made available to those who have expressed interest. Once the RFP is released, interested parties will have one month to respond unless the Secretary's office would like to shorten or lengthen the response time.

Commission: There have been no meetings yet to the Interior's knowledge. The secretariat will be in charge of organizing the commission. Commission members are:

United States Senate:

Hon. Bob Casey, Pennsylvania (D-PA), Hon. Tom Cotton, Arkansas (R-AR), Hon. Jeanne Shaheen, New Hampshire (D-NH) and Hon. Pat Toomey, Pennsylvania (R-PA)

United States House of Representatives:

Hon. Robert Aderholt, Alabama (R-AL), Hon. Robert Brady, Pennsylvania (D-PA), Hon. Joseph Crowley, New York (D-NY) and Hon. Patrick Meehan, Pennsylvania (R-PA)

Private citizens:

David L. Cohen, Pennsylvania (Appointed By Harry Reid D-Nev), Val Crofts, Wisconsin, Daniel DiLella, Pennsylvania, Cathy Gillespie, Virginia, Noah Griffin, California, Amy Gutmann, PhD, Pennsylvania Grant Hill, Florida, Andrew Hohns, PhD, Pennsylvania (Appointed By Harry Reid D-Nev), Jim Koch, Massachusetts, Lucas Morel, PhD, Virginia, Wilfred McClay, PhD, Oklahoma, Heather Murren, Nevada, James L. Swanson, Washington, DC, Richard Trumka, Maryland, Thomas Walker, Alabama and Lynn Forney Young, Texas

Ex officio federal officials: Secretary of Interior, Secretary of State, Attorney General, Secretary of Defense, Secretary of Education, Librarian of Congress, Secretary of the Smithsonian Institution, Archivist of the United States and the presiding officer of the Federal Council on the Arts and the Humanities.

Lori K. Mashburn
White House Liaison
Department of the Interior
202.208.1694

250th Anniversary Commission Update:

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United States House of Representatives:

Hon. Robert Aderholt, Alabama (R-AL), Hon. Robert Brady, Pennsylvania (D-PA), Hon. Joseph Crowley, New York (D-NY) and Hon. Patrick Meehan, Pennsylvania (R-PA)

Private citizens:

David L. Cohen, Pennsylvania (Appointed By Harry Reid D-Nev), Val Crofts, Wisconsin, Daniel DiLella, Pennsylvania, Cathy Gillespie, Virginia, Noah Griffin, California, Amy Gutmann, PhD, Pennsylvania Grant Hill, Florida, Andrew Hohns, PhD, Pennsylvania (Appointed By Harry Reid D-Nev), Jim Koch, Massachusetts, Lucas Morel, PhD, Virginia, Wilfred McClay, PhD, Oklahoma, Heather Murren, Nevada, James L. Swanson, Washington, DC, Richard Trumka, Maryland, Thomas Walker, Alabama and Lynn Forney Young, Texas

Ex officio federal officials: Secretary of Interior, Secretary of State, Attorney General, Secretary of Defense, Secretary of Education, Librarian of Congress, Secretary of the Smithsonian Institution, Archivist of the United States and the presiding officer of the Federal Council on the Arts and the Humanities.

From: Pavlik, Brian
To: [Lori Mashburn](#)
Subject: 250th Commission
Date: Wednesday, August 23, 2017 1:45:33 PM
Attachments: [250th Commission Memembers.docx](#)
[USA 250 Briefing Statement FY 2017.docx](#)

Lori

I can't find who nominated who except the two by Harry Reid which are listed. It will be a 50/50 split between parties. I can contact the members officers who nominated but I won't have that information in time for your call.

Andrew Hohns who is the Chair of USA 250 is also on the commission.

Please let me know if you have any questions. I have to leave at 2:30 for a meeting offsite and won't be back on email until 5:30 or so. Thanks,

--

Brian Pavlik
National Park Service
1849 C St. NW Rm #3129
Washington, DC 20240
202-354-1827 (Office)
202-641-3709 (Mobile)

250th Commission:

The 33-member body is comprised of 8 Members of Congress, 16 private citizens, and 9 federal officials. To date, announced appointments include:

United States Senate:

- Hon. Bob Casey, Pennsylvania (D-PA)
- Hon. Tom Cotton, Arkansas (R-AR)
- Hon. Jeanne Shaheen, New Hampshire (D-NH)
- Hon. Pat Toomey, Pennsylvania (R-PA)

United States House of Representatives:

- Hon. Robert Aderholt, Alabama (R-AL)
- Hon. Robert Brady, Pennsylvania (D-PA)
- Hon. Joseph Crowley, New York (D-NY)
- Hon. Patrick Meehan, Pennsylvania (R-PA)

Private citizens:

- David L. Cohen, Pennsylvania (Appointed By Harry Reid D-Nev)
- Val Crofts, Wisconsin
- Daniel DiLella, Pennsylvania.
- Cathy Gillespie, Virginia
- Noah Griffin, California
- Amy Gutmann, PhD, Pennsylvania
- Grant Hill, Florida
- Andrew Hohns, PhD, Pennsylvania (Appointed By Harry Reid D-Nev)
- Jim Koch, Massachusetts
- Lucas Morel, PhD, Virginia
- Wilfred McClay, PhD, Oklahoma
- Heather Murren, Nevada
- James L. Swanson, Washington, DC
- Richard Trumka, Maryland
- Thomas Walker, Alabama
- Lynn Forney Young, Texas

Briefing Statement FY 2017

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Bureau: National Park Service
Subject: USA 250

Key Facts

- USA 250, Incorporated, is a 501(c)3 nonprofit organization in Pennsylvania. Its exempt purpose is to:
 - (i) organize, advocate, promote and coordinate a celebration of the 250th anniversary of the founding of America and the signing of the Declaration of Independence, and
 - (ii) organize and facilitate a long-term conversation on the American future that focuses on renewing America's core values, philosophy and form of governance and the nation's commitment to freedom and tenets of the [REDACTED] Declaration of Independence.
- USA 250's vision for the nation's 250th anniversary is that citizens and leaders from all 50 states will convene to renew and advance the equal and inalienable pursuit of Life, Liberty, and Happiness in the modern era.
- USA250 is enlisting a diverse range of stakeholders across communities, governments, industries, philanthropies, and the public at large to capture the ideas and solicit the partnership of friends across the country and around the world. And we are researching best practices from comparison events and model initiatives.
- Based in Philadelphia.
- Behind legislation for 250th commission.
- Founded in 2010.

Key Personnel

- Executive Director – Jon Grabelle Herrmann. Previous positions, Pre-K for PA (Southeast Campaign Director) and J-Street (Nation Field Director). Graduated from The Wharton School. Jon cares about arts and culture, civil Rights and social Action, economic empowerment, education, environment, human rights, politics and poverty Alleviation
- Andrew Hohns – Chair of USA 250's board of directors. Andrew is managing director at Mariner Investment. He holds a BS in Economics from the Wharton School at the University of Pennsylvania, a Masters in Liberal Arts from the School of Arts and Sciences at the University of Pennsylvania, and a PhD in Applied Economics and Managerial Sciences from the Wharton School at the University of Pennsylvania. He also serves as a board member of the United States Fund for UNICEF and as an Adjunct Assistant Professor at New York University's Stern School of Business.

From: Hardaway, Peyton
To: [Lori Mashburn](#)
Subject: 2809 Benefit Form
Date: Monday, December 11, 2017 10:16:01 AM
Attachments: [Health Benefits Election Form SF-2809.pdf](#)

Here you go.

--

Gary '[Peyton](#)' Hardaway
Executive Resources Program Manager
U.S. Department of the Interior | Bureau of Safety and Environmental Enforcement (BSEE) | Human Resources
Division (HRD) | HR Operations and Executive Resources Branch-D.C. 1849 C St. NW, Washington D.C.,
20240 | Main Interior Building - Room
(5446) Tel: 202.208.6607 | Cell: 571.524.3961 | Fax: 202.219.8104 | Email: Peyton.Hardaway@bsee.gov



Health Benefits Election Form

Form Approved:
OMB No. 3206-0160

Uses for Standard Form (SF) 2809

Use this form to:

- **Switch designated eligible family member; or**
- Enroll or reenroll in the FEHB Program; or
- Elect not to enroll in the FEHB Program (*employees only*); or
- Change your FEHB enrollment; or
- Cancel your FEHB enrollment; or
- Suspend your FEHB enrollment (*annuitants or former spouses only*).

Who May Use SF 2809

1. Employees eligible to enroll in or currently enrolled in the FEHB Program. *Employees automatically participate in premium conversion unless they waive it, see page 7.*
2. Annuitants in retirement systems other than the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs (OWCP).

Note: Civil Service Retirement System (CSRS) and Federal Employees Retirement System (FERS) annuitants and former spouses and children of CSRS/FERS annuitants Do not use this form. Instead, use form OPM 2809, which is available at www.opm.gov/forms/OPM_forms, or call the Retirement Information Office toll free at 1 888 767 6738.

3. Former spouses eligible to enroll in or currently enrolled in the FEHB Program under the Spouse Equity law or similar statutes.
4. Individuals eligible for Temporary Continuation of Coverage (TCC) under the FEHB Program, including:
 - Former employees (who separated from service);
 - Children who lose FEHB coverage; and
 - Former spouses who are not eligible for FEHB under item 3 above.

Instructions for Completing SF 2809

Type or Print. We have not provided instructions for those items that have an explanation on the form.

Part A — Enrollee and Family Member Information

You must complete this part.

- Item 2. See the Privacy Act and Public Burden Statements on page 5.
- Item 5. If you are separated but not divorced, you are still married.
- Item 7. If you have Medicare, check which Parts you have, including prescription drug coverage under Medicare Part D.
- Item 8. If you have Medicare, enter your Medicare Claim Number. This number is on your Medicare Card.

- Item 9. If you are covered by other health insurance, either in your name or under a family member's policy, check yes and complete item 10.
- Item 10. Provide the information requested on any other health insurance that covers you. An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. *If you or a family member is covered under another FEHB enrollment, check the FEHB box and **STOP**.* Contact your Human Resources office or retirement system immediately as this is a dual coverage situation. Some examples of how this could occur are:

- You are enrolling in an FEHB Self Only plan while your spouse has either an FEHB Self Plus One or Self and Family plan, in which you are already covered.
- You are enrolling in an FEHB Self Plus One plan while you are also covered under your spouse's FEHB Self Plus One plan or FEHB Self and Family plan.
- You are enrolling in an FEHB Self and Family plan while your spouse is already enrolled in either a FEHB Self Only plan, an FEHB Self Plus One plan that covers you, or an FEHB Self and Family plan that covers you.
- You are an employee under age 26 and have no eligible family members. You are enrolling in your own FEHB plan while you are covered under your parent's FEHB Self Plus One plan or Self and Family plan.
- You are an annuitant who is reemployed in the Federal government. You are enrolling in an FEHB plan as an employee while you are covered under your own or a family member's FEHB plan.

No person may be covered under more than one FEHB enrollment. However, in certain unusual circumstances, your agency may allow you to enroll in order to:

- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment to enroll in FEHB to cover his or her own spouse and/or child;
- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment, but lives outside his or her parent's HMO service area, to have FEHB coverage;
- Enable an employee who separates or divorces to enroll in FEHB to cover family members who move outside the HMO service area of the covering FEHB Self Plus One or Self and Family enrollment.

In these unusual situations, each enrollee must notify his or her plan as to which family members are covered under which enrollment. See Dual Enrollment information on page 5.

If your enrollment is for Self Plus One or Self and Family, complete the family member information as appropriate. (If you need extra space for additional family members, list them on a separate sheet and attach.)

Important: In order for your Self Plus One FEHB enrollment election to be processed, you must complete the family member information for your designated family member.

The instructions for completing items 13 through 24 for your initial family member also apply to the information you provide for additional family members.

Item 14. Provide the Social Security Number for this family member if he/she has one. If your family member does not have a Social Security Number, leave blank; benefits will not be withheld. (See Privacy Act Statement on page 5.)

Item 17. Provide the code which indicates the relationship of each eligible family member to you.

Code	Family Relationship
01	Spouse
19	Child under age 26
09	Adopted Child under age 26
17	Stepchild under age 26
10	Foster Child under age 26
99	Disabled child age 26 or older who is incapable of self support because of a physical or mental disability that began before his/her 26 th birthday.

Item 18. If your family member does not live with you, enter his/her home address.

Item 19. If your family member has Medicare, check which Parts (Part A [Hospital Insurance] and/or Part B [Medical Insurance]) he/she has, including prescription drug coverage under Medicare Part D.

Item 20. If your family member has Medicare, enter his/her Medicare Claim Number. This number is on his/her Medicare Card.

Item 21. If your family member is covered by other group insurance, such as private, state, or Medicaid, check the box and complete item 22.

Item 22. Provide the information requested on any other health insurance that covers this family member. **If your family member is covered under another FEHB plan, see instructions for item 10.**

Item 23. Enter email address, if applicable, for this family member.

Item 24. Enter preferred telephone number, if applicable, for this family member.

Family Members Eligible for Coverage

Unless you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One enrollment include one eligible family member (spouse or child under age 26) designated by you. A Self and Family enrollment includes you and all of your eligible family members.

Eligible children include your children born within marriage or adopted children; stepchildren (may include children of your same sex domestic partner*); recognized natural children; or foster children who live with you in a regular parent child relationship.

Other relatives (for example, your parents) are **not** eligible for coverage even if they live with you and are dependent upon you.

If you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One or Self and Family enrollment are the natural or adopted children under age 26 of **both you and your former or deceased spouse.**

In some cases, a disabled child age 26 or older is eligible for coverage under your Self Plus One or Self and Family enrollment if you provide adequate medical certification of a mental or physical disability that existed before his/her 26th birthday and renders the child incapable of self support.

Note: Your employing office can give you additional details about family member eligibility including any certification or documentation that may be required for coverage. Contact your employing office for more information about covering foster child(ren), or child(ren) of your same sex domestic partner who you would marry but for your state's marriage law. "Employing office" means the office of an agency or retirement system that is responsible for health benefits actions for an employee, annuitant, former spouse eligible for coverage under the Spouse Equity provisions, or individual eligible for TCC.

Survivor Benefits

For your surviving family members to continue your FEHB enrollment after your death, all of the following requirements must be met:

Self Plus One

- You must have been enrolled for Self Plus One at the time of your death; and
- Your designated family member must be entitled to an annuity as your survivor.

Note: The only survivor eligible to continue the health benefits enrollment is the designated family member covered under FEHB on the date of death as long as that individual is entitled to a survivor annuity. No other family members are entitled to continue the enrollment even though they may be entitled to a survivor annuity.

Self and Family

- You must have been enrolled for Self and Family at the time of your death; and
- At least one family member must be entitled to an annuity as your survivor.

Note: All of your survivors who meet the definition of "family member" can continue their health benefits coverage under your enrollment as long as any one of them is entitled to a survivor annuity. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to Self Only.

*If you would marry but you live in a state that does not allow same sex couples to marry.

Part B — FEHB Plan You Are Currently Enrolled In

You must complete this part if you are changing, cancelling, or suspending your enrollment.

- Item 1. Enter the name of the plan you are enrolled in from the front cover of the plan brochure.
- Item 2. Enter your current enrollment code from your plan ID card.

Part C — FEHB Plan You Are Enrolling In or Changing To

Complete this part to enroll or change your enrollment in the FEHB Program.

- Item 1. Enter the name of the plan you are enrolling in or changing to. The plan name is on the front cover of the brochure of the plan you want to be enrolled in.
- Item 2. Enter the enrollment code of the plan you are enrolling in or changing to. The enrollment code is on the front cover of the brochure of the plan you want to be enrolled in, and shows the plan and option you are electing and whether you are enrolling for Self Only, Self Plus One, or Self and Family.

To enroll in a Health Maintenance Organization (HMO), you must live (or in some cases work) in a geographic area specified by the carrier.

To enroll in an employee organization plan, you must be or become a member of the plan's sponsoring organization, as specified by the carrier.

Your signature in Part H authorizes deductions from your salary, annuity, or compensation to cover your cost of the enrollment you elect in this item, unless you are required to make direct payments to the employing office.

Part D — Event That Permits You To Enroll, Change, Or Cancel

- Item 1. Enter the event code that permits you to enroll, change, or cancel based on a Qualifying Life Event (QLE) from the Table of Permissible Changes in Enrollment that applies to you.

Explanation of Table of Permissible Changes in Enrollment

The tables on pages 7 through 14 illustrate when: an employee who participates in premium conversion; annuitant; former spouse; person eligible for TCC; or employee who waived participation in premium conversion may enroll or change enrollment. The tables show those permissible events that are found in the regulations at 5 CFR Parts 890 and 892.

The tables have been organized by enrollee category. Each category is designated by a number, which identifies the enrollee group, as follows:

1. Employees who participate in premium conversion
2. Annuitants (other than CSRS/FERS annuitants), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs
3. Former spouses eligible for coverage under the Spouse Equity provision of FEHB law
4. TCC enrollees
5. Employees who waived participation in premium conversion

Following each number is a letter, which identifies a specific Qualifying Life Event (QLE); for example, the event code "1A" refers to the initial opportunity to enroll for an employee who elected to participate in premium conversion.

- Item 2. Enter the date of the QLE using numbers to show month, day, and complete year; e.g., 06/30/2011. If you are electing to enroll, enter the date you became eligible to enroll (for example, the date your appointment began). If you are making an open season enrollment or change, enter the date on which the open season begins.

Part E — Election NOT to Enroll

Place an "X" in the box only if you are an employee and you do NOT wish to enroll in the FEHB Program. **Be sure to read the information titled *Employees Who Elect Not to Enroll or Who Cancel Their Enrollment*.**

Part F — Cancellation of FEHB

Place an "X" in the box only if you wish to cancel your FEHB enrollment. Also enter your current plan name and enrollment code in **Part B**. **Be sure to read the information titled *Employees Who Elect Not to Enroll or Who Cancel Their Enrollment*.**

Note For Parts E and F. *If you are Electing Not to Enroll or Cancelling your enrollment because you are covered as a spouse or child under another FEHB enrollment, your agency must enter the enrollee's name, Social Security number, and FEHB enrollment code in REMARKS.*

Cancellation of Enrollment

Employees participating in premium conversion may cancel their FEHB enrollment only during the open season or when they experience a Qualifying Life Event. Employees who waived participation in premium conversion, annuitants, former spouses, and individuals enrolled under TCC may cancel their enrollment at any time. However, if you cancel, neither you nor any family member covered by your enrollment are entitled to a 31 day temporary extension of coverage, or to convert to an individual, nongroup policy. Moreover, family members who lose coverage because of your cancellation are not eligible for TCC. Be sure to read the additional information below about cancelling your FEHB enrollment.

Employees Who Elect Not to Enroll (Part E) or Who Cancel Their Enrollment (Part F)

To be eligible for an FEHB enrollment after you retire, you must retire:

- Under a retirement system for Federal civilian employees, and
- On an immediate annuity.

In addition, you must be currently enrolled in a plan under the FEHB Program and must have been enrolled (or covered as a family member) in a plan under the Program for:

- The 5 years of service immediately before retirement (i.e., commencing date of annuity entitlement), or
- If fewer than 5 years, all service since your first opportunity to enroll. (Generally, your first opportunity to enroll is within 60 days after your first appointment [in your Federal career] to a position under which you are eligible to enroll under conditions that permit a Government contribution toward the enrollment.)

If you do not enroll at your first opportunity or if you cancel your enrollment, you may later enroll or reenroll only under the circumstances

explained in the table beginning on page 7. Some employees delay their enrollment or reenrollment until they are nearing 5 years before retirement in order to qualify for FEHB coverage as a retiree; however, there is always the risk that they will retire earlier than expected and not be able to meet the 5 year requirement for continuing FEHB coverage into retirement. **When you elect not to enroll or cancel your enrollment you are voluntarily accepting this risk.** An alternative would be to enroll in or change to a lower cost plan so that you meet the requirements for continuation of your FEHB enrollment after retirement.

Note for temporary [under 5 U.S.C. 8906a] employees eligible for FEHB without a Government contribution: Your decision not to enroll or to cancel your enrollment will **not** affect your future eligibility to continue FEHB enrollment after retirement.

Annuitants Who Cancel Their Enrollment

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79 9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at [www.opm.gov/forms/Retirement and Insurance Forms](http://www.opm.gov/forms/Retirement%20and%20Insurance%20Forms), or call 1 888 767 6738.

Generally, you cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. Your employing office or retirement system can advise you on events that allow eligible annuitants to reenroll. If you cancel your enrollment because you are covered under another FEHB enrollment, you can reenroll from 31 days before through 60 days after you lose that coverage under the other enrollment.

If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

Former Spouses (Spouse Equity) Who Cancel Their Enrollment

Generally, if you cancel your enrollment in the FEHB Program, you cannot reenroll as a former spouse. However, if you cancel the enrollment because you become covered under FEHB as a new spouse or employee, your eligibility for FEHB coverage under the Spouse Equity provisions continues. You may reenroll as a former spouse from 31 days before through 60 days after you lose coverage under the other FEHB enrollment.

If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

Temporary Continuation of Coverage (TCC) Enrollees Who Cancel Their Enrollment

If you cancel your TCC enrollment, you cannot reenroll. Your family members who lose coverage because of your cancellation cannot enroll for TCC in their own right nor can they convert to a nongroup policy. Family members who are Federal employees or annuitants may enroll in the FEHB Program when you cancel your coverage if they are eligible for FEHB coverage in their own right.

Note 1: If you become covered by a regular enrollment in the FEHB Program, either in your own right or under the enrollment of someone else, your TCC enrollment is suspended. You will need to send documentation of the new enrollment to the employing office maintaining your TCC enrollment so that they can stop the TCC enrollment. If your new FEHB coverage stops before the TCC enrollment would have expired, the TCC enrollment can be reinstated for the remainder of the original eligibility period (18 months for separated employees or 36 months for eligible family members who lose coverage).

Note 2: Former spouses (Spouse Equity) and TCC enrollees who fail to pay their premiums within specified timeframes are considered to have voluntarily cancelled their enrollment.

Part G — Suspension of FEHB

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79 9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at [www.opm.gov/forms/Retirement and Insurance Forms](http://www.opm.gov/forms/Retirement%20and%20Insurance%20Forms), or call 1 888 767 6738.

Place an "X" in the box only if you are an annuitant or former spouse and wish to suspend your FEHB enrollment. Also enter your current plan name and enrollment code in Part B.

You may suspend your FEHB enrollment because you are enrolling in one of the following programs:

- A Medicare Advantage plan or Medicare HMO,
- Medicaid or similar State sponsored program of medical assistance for the needy,
- TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life),
- CHAMPVA, or
- Peace Corps.

You can reenroll in the FEHB Program if your other coverage ends. If your coverage ends **involuntarily**, you can reenroll from 31 days before your other coverage ends through 60 days after your other coverage ends. If your coverage ends **voluntarily** because you disenroll, you can reenroll during the next open season.

You must submit documentation of eligibility for coverage under the non FEHB Program to the office that maintains your enrollment. That office must enter in REMARKS the reason for your suspension.

Part H — Signature

Your agency, retirement system, or office maintaining your enrollment cannot process your request unless you complete this part.

If you are registering for someone else under a written authorization from him or her to do so, sign your name in Part H and attach the written authorization.

If you are registering for a former spouse eligible for coverage under the Spouse Equity provisions or for an individual eligible for TCC as his or her court appointed guardian, sign your name in Part H and attach evidence of your court appointed guardianship.

Part I - Agency or Retirement System Information and Remarks

Leave this section blank as it is for agency or retirement system use only.

Electronic Enrollments

Many agencies use automated systems that allow their employees to make changes using a touch tone telephone, or a computer instead of a form. This may be Employee Express or another automated system. If you are not sure whether the electronic enrollment option is available to you, contact your employing office.

Dual Enrollment

No person (enrollee or family member) is entitled to receive benefits under more than one enrollment in the FEHB Program. Normally, you are not eligible to enroll if you are covered as a family member under someone else's enrollment in the Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 26 and covered under a parent's enrollment and marries or becomes the parent of a child to enroll for Self Plus One or Self and Family coverage.

Each enrollee must notify his or her plan of the names of the persons to be covered under his or her enrollment who are not covered under the other enrollment. See instructions for item 10 for more information.

Temporary Continuation of Coverage (TCC)

The employing office must notify a former employee of his or her eligibility for TCC. The enrollee, child, former spouse, or their representative must notify the employing office when a child or former spouse becomes eligible.

- For the eligible child of an enrollee, the enrollee must notify the employing office within **60 days** after the qualifying event occurs; e.g., child reaches age 26.

- For the eligible former spouse of an enrollee, the enrollee or the former spouse must notify the employing office within **60 days** after the former spouse's change in status; e.g., the date of the divorce.

An individual eligible for TCC who wants to continue FEHB coverage may choose any plan, option, and type of enrollment for which he or she is eligible. The time limit for a former employee, child, or former spouse to enroll with the employing office is within **60 days** after the Qualifying Life Event, or receiving notice of eligibility, whichever is later.

Effective Dates

Except for open season, most enrollments and changes of enrollment are effective on the first day of the pay period after the employing office receives this form and that follows a pay period during any part of which the employee is in pay status. Your employing office can give you the specific date on which your enrollment or enrollment change will take effect.

Note 1: If you are changing your FEHB enrollment from Self Plus One or Self and Family to Self Only so that your spouse can enroll for Self Only, you should coordinate the effective date of your spouse's enrollment with the effective date of your enrollment change to avoid a gap in your spouse's coverage.

Note 2: If you are cancelling your FEHB enrollment and intend to be covered under someone else's enrollment at the time you cancel, you should coordinate the effective date of your cancellation with the effective date of your new coverage to avoid a gap in your coverage.

Agency Distribution of SF 2809

Agencies must distribute one copy of the completed SF 2809 to each of the following, as appropriate:

- Official Personnel Folder
- New Carrier
- Old Carrier
- Payroll Office
- Enrollee

Privacy Act and Public Burden Statements

The information you provide on this form is needed to document your enrollment in the Federal Employees Health Benefits Program under Chapter 89, title 5, U.S. Code. The principal use of this information will be to share it with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. Other routine uses include disclosures to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or Social Security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment.

We request that you provide your Social Security Number so that it may be used as your individual identifier in the FEHB Program, and for other purposes. Executive Order 13478 (November 18, 2009) allows Federal agencies to use Social Security Numbers as individual identifiers to distinguish between people of same or similar names. In addition, a mandatory insurer reporting law (Section 111 of Public Law number 110 173) requires your health insurance carrier to report your Social Security Number or your Medicare Claim Number in order to properly coordinate benefits between your health plan and Medicare. Also, Section 6055 of the Internal Revenue Code requires your health insurance plan to report, to the Internal Revenue Service (IRS), information necessary to confirm that you and your covered family members have minimum essential coverage from your health plan. The information required from your health insurance plan includes a Social Security Number for yourself and each of your covered family members. Failure to furnish your Social Security Number and/or Medicare Claim Number may result in the US. Office of Personnel Management's (OPM) inability to ensure the prompt payment of your and/or family's claims for health benefits services or supplies, proper coordination with Medicare and proper health insurance status reporting to the IRS.

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team, (3206 0160), Washington, D.C. 20415 3430. The OMB number, 3206 0160 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Federal Employees Receiving Premium Conversion Tax Benefits
Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay for their share of FEHB premiums with pre tax dollars. Premium conversion plans are governed by Section 125 of the Internal Revenue Code, and IRS rules govern when a participant may change his or her election outside of the annual open season. **All employees who enroll in the FEHB Program automatically receive premium conversion tax benefits**, unless they waive participation. When an employee experiences a Qualifying Life Event (QLE) as described below, certain changes to the employee's FEHB coverage (**including change to Self Only and cancellation**) and premium conversion election may be permitted, so long as they are **because of and consistent with** the QLE's. If you are covering child(ren) of your same sex domestic partner who you would marry but for your state's marriage law, contact your employing office for more information on premium conversion availability and other tax considerations. For more information about premium conversion, please visit www.opm.gov/healthcare/insurance/healthcare.

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Change that May Be Permitted		Time Limits in which Change May Be Permitted
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Cancel or Change to Self Plus One or Self Only</i>	<i>Switch Designated Family Member</i>	<i>Participate</i>	<i>Waive</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
1	Employee electing to receive or receiving premium conversion tax benefits								
1A	Initial opportunity to enroll, for example: <ul style="list-style-type: none"> • New employee • Change from excluded position • Temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a 	Yes	N/A	N/A	N/A	N/A	<i>Automatic Unless Waived</i>	Yes	Within 60 days after becoming eligible
1B	Open Season	Yes	Yes	Yes	Yes	Yes	Yes	Yes	As announced by OPM
1C	Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> • Marriage, divorce, annulment • Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child • Last child loses coverage, for example, child reaches age 26, disabled child becomes capable of self support, child acquires other coverage by court order • Death of spouse or eligible family member 	Yes	Yes	Yes	Yes ¹	Yes	Yes	Yes	Within 60 days after change in family status
		<i>Employees may enroll or change beginning 31 days before the event.</i>							
1D	Any change in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> • Reemployment after a break in service of more than 3 days • Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (<i>If coverage did not terminate, see 1G.</i>) 	Yes	N/A	N/A	N/A	No	<i>Automatic Unless Waived</i>	Yes	Within 60 days after employment status change
1E	Any change in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> • Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution • Change from full time to part time career or the reverse 	Yes	Yes	Yes	Yes	No	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services. ²	Yes	Yes	Yes	Yes	No	Yes	Yes	Within 60 days after return to civilian position

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Change that May Be Permitted		Time Limits in which Change May Be Permitted
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Cancel or Change to Self Plus One or Self Only</i>	<i>Switch Designated Family Member</i>	<i>Participate</i>	<i>Waive</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
1G	Employee, spouse or eligible family member: <ul style="list-style-type: none"> • Begins nonpay status or insufficient pay³ or • Ends nonpay status or insufficient pay if coverage continued • <i>(If employee's coverage terminated, see 1D.)</i> • <i>(If spouse's or eligible family member's coverage terminated, see 1M.)</i> 	No	No	No	Yes	No	Yes	Yes	Within 60 days after employment status change
1H	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Yes	No	Yes	Yes	Within 60 days after receiving notice from employing office
1I	Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. ⁴	N/A	Yes	Yes	N/A <i>(see 1M)</i>	Yes	No <i>(see 1M)</i>	No <i>(see 1M)</i>	Upon notifying employing office of move
1J	Transfer from post of duty within a State of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after arriving at new post
		<i>Employees may enroll or change beginning 31 days before leaving the old post of duty.</i>							
1K	Separation from Federal employment when the employee or employee's spouse is pregnant.	Yes	Yes	Yes	N/A	No	N/A	N/A	During employee's final pay period
1L	Employee becomes entitled to Medicare and wants to change to another plan or option. ⁵	No	No	Yes <i>(Changes may be made only once.)</i>	N/A <i>(see 1P)</i>	No	N/A <i>(see 1P)</i>	N/A <i>(see 1P)</i>	Any time beginning on the 30th day before becoming eligible for Medicare
1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following: <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment • Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan⁶ • Loss of coverage under another federally sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service • Loss of coverage under Medicaid or similar State sponsored program of medical assistance for the needy • Loss of coverage under a non Federal health plan, including foreign, state or local government, private sector • Loss of coverage due to change in worksite or residence <i>(Employees in an FEHB HMO, also see 1L.)</i> 	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage
		<i>Employees may enroll or change beginning 31 days before the event.</i>							

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Cancel or Change to Self Plus One or Self Only</i>	<i>Switch Designated Family Member</i>	<i>Participate</i>	<i>Waive</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
1N	Loss of coverage under a non Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non Federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area
1O	Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. ⁷	Yes	Yes	Yes	Yes	Yes	Yes	Yes	During open season, unless OPM sets a different time
1P	Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following: <ul style="list-style-type: none"> • Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L.) • TRICARE for Life, due to enrollment in Medicare. • TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under Chapter 67, title 10. • Health insurance acquired due to change of worksite or residence that affects eligibility for coverage • Health insurance acquired due to spouse's or eligible family member's change in employment status (includes state, local, or foreign government or private sector employment).⁸ 	No	No	No	Yes ⁹	Yes	Yes	Yes	Within 60 days after QLE
1Q	Change in spouse's or eligible family member's coverage options under a health plan, for example: <ul style="list-style-type: none"> • Employer starts or stops offering a different type of coverage (If no other coverage is available, also see 1M.) • Change in cost of coverage • HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO • HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (If no other coverage is available, see 1M) 	No	No	No	Yes ⁹	Yes	Yes	Yes	Within 60 days after QLE
1R	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes ⁹	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.

(If you are a United States Postal Service employee, these rules may be different. Consult your employing office or information provided by your agency.)

1. Employees may change to Self Only outside of open season only if **the QLE caused** the enrollee to be the last eligible family member under the FEHB enrollment. Employees may change to Self Plus One outside of Open Season only if **the QLE causes** only one family member to be eligible under the FEHB enrollment. Employees may cancel enrollment outside of open season only if **the QLE caused** the enrollee and all eligible family members to acquire other health insurance coverage.
2. Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service is available in the Frequently Asked Questions section of the FEHB website at www.opm.gov/healthcare-insurance/healthcare.

(Listing continued on the reverse)

3. Employees who begin nonpay status or insufficient pay *must* be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.
4. This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who *change from Self Only or Self Plus One to Self and Family or from one plan or option to another* a different timeframe than that allowed under 1M. For change to Self Only or Self Plus One, cancellation, or change in premium conversion status, see 1M.
5. This code reflects the FEHB regulation that gives employees enrolled in FEHB a one time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only or Self Plus One, cancellation, or change in premium conversion status, see 1P.
6. If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to *terminate* the enrollment.
7. Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
8. Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.
9. Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. Employees may change to Self Plus One outside of Open Season only if the QLE caused all but one eligible family member to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.

Tables of Permissible Changes in FEHB Enrollment for Individuals Who Are Not Participating in Premium Conversion

Enrollment May Be Cancelled or Changed from Self and Family to Self Plus One or Self Only or from Self Plus One to Self Only at Any Time

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	Switch Designated Family Member	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
2	Annuitant (Includes Compensationers) <i>Note for enrolled survivor annuitants: A change in family status based on additional family members can only occur if the additional eligible family members are family members of the deceased employee or annuitant.</i>					
2A	Open Season	No	Yes	Yes	Yes	As announced by OPM.
2B	Change in family status; for example: marriage, birth or death of family member, adoption, or divorce.	No	Yes	Yes	Yes	From 31 days before through 60 days after the event.
2C	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan and TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May Reenroll	N/A	N/A	No	From 31 days before through 60 days after involuntary loss of coverage.
2D	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May Reenroll	N/A	N/A	No	During open season.
2E	Restoration of annuity or compensation (OWCP) payments, for example: <ul style="list-style-type: none"> Disability annuitant who was enrolled in FEHB, and whose annuity terminated due to restoration of earning capacity or recovery from disability, and whose annuity is restored; Compensationeer whose compensation terminated because of recovery from injury or disease and whose compensation is restored due to a recurrence of medical condition; Surviving spouse who was covered by FEHB immediately before survivor annuity terminated because of remarriage and whose annuity is restored; Surviving child who was covered by FEHB immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored; Surviving child who was covered by FEHB immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored. 	Yes	N/A	N/A	No	Within 60 days after the retirement system or OWCP mails a notice of insurance eligibility.
2F	Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
Event Code	Event	From Not Enrolled to Enrolled	From Self Only to Self Plus One or Self and Family	From One Plan or Option to Another	Switch Designated Family Member	When You Must File Health Benefits Election Form With Your Employing Office
2G	Annuitant or eligible family member loses coverage under another group insurance plan, for example: <ul style="list-style-type: none"> Loss of coverage under another federally sponsored health benefits program; Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; Loss of coverage under Medicaid or similar State sponsored program (but see events 2C and 2D); Loss of coverage under a non Federal health plan. 	No	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
2H	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
2I	Annuitant or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
2J	Employee in an overseas post of duty retires or dies.	No	Yes	Yes	Yes	Within 60 days after retirement or death.
2K	An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.	N/A	Yes	Yes	No	Within 60 days after separation from the uniformed service.
2L	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
2M	Annuitant's annuity is insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	No	Employing office will advise annuitant of the options.
3	Former Spouse Under The Spouse Equity Provisions					
	<i>Note: Former spouse may change to Self Plus One or Self and Family only if family members are also eligible family members of the employee or annuitant.</i>					
3A	Initial opportunity to enroll. Former spouse must be eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98 615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99 569), or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 (P.L. 100 204).	Yes	N/A	N/A	N/A	Generally, must apply within 60 days after dissolution of marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for FEHB. May enroll any time after employing office establishes eligibility.
3B	Open Season.	No	Yes	Yes	Yes	As announced by OPM.
3C	Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.	No	Yes	Yes	Yes	From 31 days before through 60 days after change in family status.
3D	Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May reenroll	N/A	N/A	No	From 31 days before through 60 days after involuntary loss of coverage.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	Switch Designated Family Member	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
3E	Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May reenroll	N/A	N/A	No	During open season.
3F	Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
3G	Enrolled former spouse or eligible child loses coverage under another group insurance plan, for example: <ul style="list-style-type: none"> Loss of coverage under another federally sponsored health benefits program; Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; Loss of coverage under Medicaid or similar State sponsored program (but see 3D and 3E); Loss of coverage under a non Federal health plan. 	N/A	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
3H	Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
3I	Former spouse or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
3J	On becoming eligible for Medicare (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning the 30th day before becoming eligible for Medicare.
3K	Former spouse's annuity is insufficient to make FEHB withholdings for plan in which enrolled.	No	No	Yes	No	Retirement system will advise former spouse of options.
4	Temporary Continuation of Coverage (TCC) For Eligible Former Employees, Former Spouses, and Children.					
	<i>Note: Former spouse may change to Self Plus One or Self and Family only if family members are also eligible family members of the employee or annuitant.</i>					
4A	Opportunity to enroll for continued coverage under TCC provisions: <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	Yes Yes Yes	Yes N/A N/A	Yes N/A N/A	N/A	Within 60 days after the qualifying event, or receiving notice of eligibility, whichever is later.
4B	Open Season: <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	No No No	Yes Yes Yes	Yes Yes Yes	Yes	As announced by OPM.
4C	Change in family status (except former spouse); for example, marriage, birth or death of family member, adoption, or divorce.	No	Yes	Yes	Yes	From 31 days before through 60 days after event.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	Switch Designated Family Member	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
4D	Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	No	Yes	Yes	Yes	From 31 days before through 60 days after event.
4E	Reenrollment of a former employee, former spouse, or child whose TCC enrollment was terminated because of other FEHB coverage and who loses the other FEHB coverage before the TCC period of eligibility (18 or 36 months) expires.	May reenroll	N/A	N/A	No	From 31 days before through 60 days after the event. Enrollment is retroactive to the date of the loss of the other FEHB coverage.
4F	Enrollee or eligible family member loses coverage under FEHB or another group insurance plan, for example: <ul style="list-style-type: none"> Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment (but see event 4E); Loss of coverage under another federally sponsored health benefits program; Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; Loss of coverage under Medicaid or similar State sponsored program; Loss of coverage under a non Federal health plan. 	No	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
4G	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
4H	Enrollee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	No	Upon notifying the employing office of the move or change of place of employment.
4I	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
5	Employees Who Are Not Participating In Premium Conversion					
5A	Initial opportunity to enroll.	Yes	N/A	N/A	N/A	Within 60 days after becoming eligible.
5B	Open Season.	Yes	Yes	Yes	Yes	As announced by OPM.
5C	Change in family status; for example: marriage, birth or death of family member, adoption, or divorce	Yes	Yes	Yes	Yes	From 31 days before through 60 days after event.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Switch Designated Family Member</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
5D	Change in employment status, for example: <ul style="list-style-type: none"> • Reemployment after a break in service of more than 3 days; • Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP; • Return to pay sufficient to make withholdings after termination of coverage during a period of insufficient pay; • Restoration to civilian position after serving in uniformed services; • Change from temporary appointment to appointment that entitles employee receipt of Government contribution; • Change to or from part time career employment. 	Yes	Yes	Yes	No	Within 60 days of employment status change.
5E	Separation from Federal employment when the employee is employee's spouse is pregnant.	Yes	Yes	Yes	No	Enrollment or change must occur during final pay period of employment.
5F	Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.	Yes	Yes	Yes	Yes	From 31 days before leaving old post through 60 days after arriving at new post.
5G	Employee or eligible family member loses coverage under FEHB or another group insurance plan, for example: <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment; • Loss of coverage under another federally sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State sponsored program; • Loss of coverage under a non Federal health plan. 	Yes	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
5H	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
5I	Loss of coverage under a non Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area.
5J	Employee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside the area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Switch Designated Family Member</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
5K	On becoming eligible for Medicare (This change may be made only once in a lifetime.)	N/A	No	N/A	No	At any time beginning on the 30th day before becoming eligible for Medicare.
5L	Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.	Yes	N/A	N/A	No	Within 60 days after becoming eligible.
5M	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	No	Within 60 days after receiving notice from employing office.
5N	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.

Health Benefits Election Form

Part A - Enrollee and Family Member Information *(for additional family members use a separate sheet and attach)*

1. Enrollee name <i>(last, first, middle initial)</i>	2. Social Security Number	3. Date of birth <i>(mm/dd/yyyy)</i>	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home mailing address <i>(including ZIP Code)</i>		7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. Medicare Claim Number

9. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 10 below. <input type="checkbox"/> No				
10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> _____ <i>Policy Number</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
11. Email address			12. Preferred telephone number	
13. Name of family member <i>(last, first, middle initial)</i>	14. Social Security Number	15. Date of birth <i>(mm/dd/yyyy)</i>	16. Sex <input type="checkbox"/> M <input type="checkbox"/> F	17. Relationship code
18. Address <i>(if different from enrollee)</i>		19. If this family member is covered by Medicare, check all that apply <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		20. Medicare Claim Number

21. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 22 below. <input type="checkbox"/> No				
22. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> _____ <i>Policy Number</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
23. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>			24. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>	
25. Name of family member <i>(last, first, middle initial)</i>	26. Social Security Number	27. Date of birth <i>(mm/dd/yyyy)</i>	28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Relationship code
30. Address <i>(if different from enrollee)</i>		31. If this family member is covered by Medicare, check all that apply <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		32. Medicare Claim Number

33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. <input type="checkbox"/> No				
34. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> _____ <i>Policy Number</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
35. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>			36. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>	
37. Name of family member <i>(last, first, middle initial)</i>	38. Social Security Number	39. Date of birth <i>(mm/dd/yyyy)</i>	40. Sex <input type="checkbox"/> M <input type="checkbox"/> F	41. Relationship code
42. Address <i>(if different from enrollee)</i>		43. If this family member is covered by Medicare, check all that apply <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		44. Medicare Claim Number

45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below. <input type="checkbox"/> No				
46. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> _____ <i>Policy Number</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
47. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>			48. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>	

(Continued on the reverse)

For agency distribution of copies, see page 5 of the instructions.

Standard Form 2809
Revised November 2015
Previous edition is not usable.

Enrollee name: _____ Date of birth: _____

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)		Part E - Election NOT to Enroll (Employees Only)	
1. Event code	2. Date of event	<input type="checkbox"/>	I do NOT want to enroll in the FEHB Program. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.</i>

Part F - Cancellation of FEHB		Part G - Suspension of FEHB (Annuitants/Former Spouses Only)	
<input type="checkbox"/>	I CANCEL my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.</i>	<input type="checkbox"/>	I SUSPEND my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.</i>

Part H - Signature
WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto 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. (18 U.S.C. 1001.)

1. Your signature (do not print)	2. Date (mm/dd/yyyy)
----------------------------------	----------------------

Part I - To be completed by agency or retirement system
REMARKS

1. Date received (mm/dd/yyyy)	2. Effective date of action (mm/dd/yyyy)	3. Personnel telephone number ()
4. Name and address of agency or retirement system		5. Authorizing official (please print)
-----		6. Signature of authorized agency official
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number ()

From: Maniscalco, John
To: Lori_mashburn@ios.doi.gov
Subject: (b) (6) Resume
Date: Wednesday, August 02, 2017 12:45:09 PM
Attachments: (b) (6) .Resume.pdf

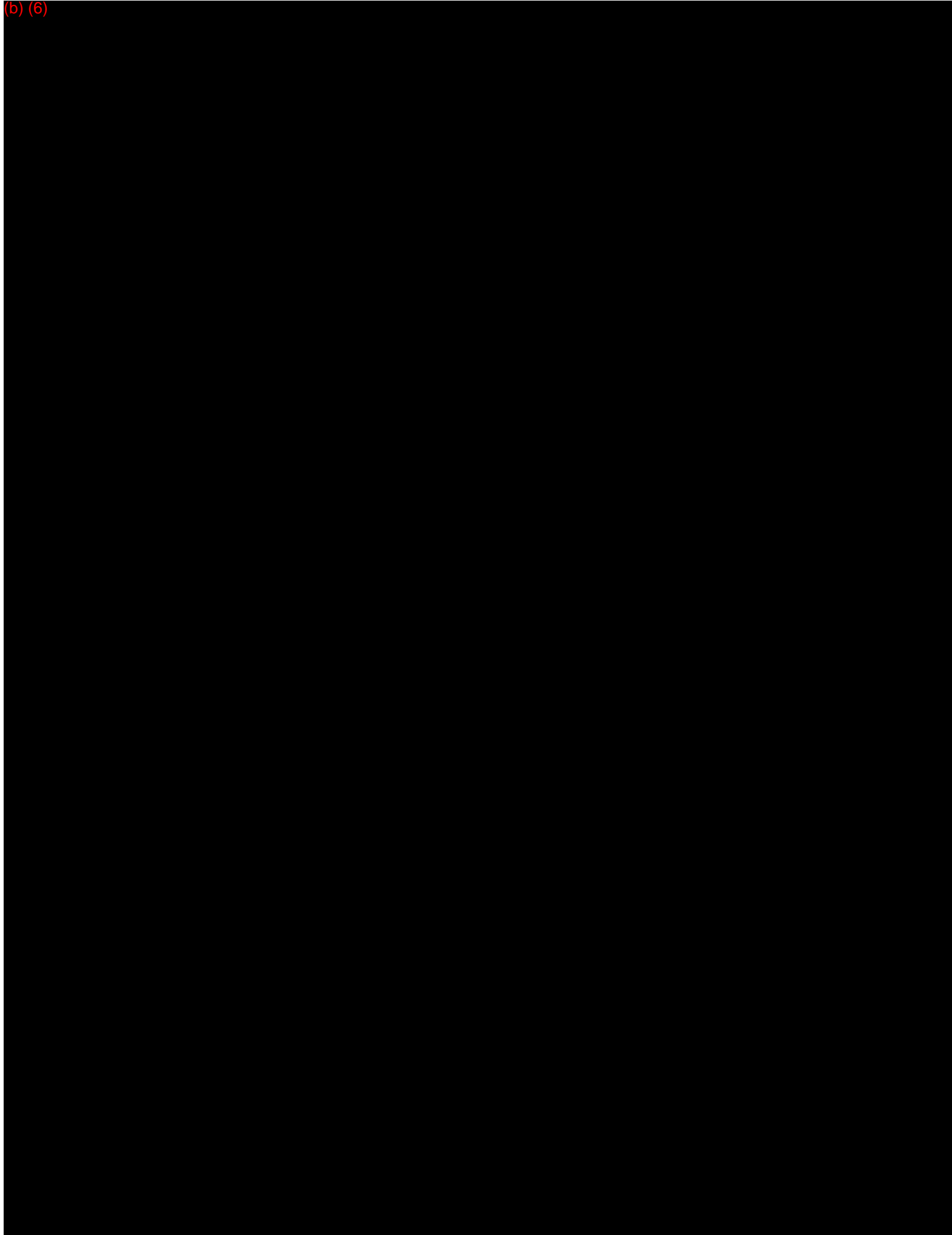
Hi Lori,

I heard you went over to Interior and I hope you are having a blast! How is the new gig treating you?

I wanted to reach out because (b) (6), is looking for a new opportunity. He is one of the staffers I trust the most, both in terms of knowledge and judgment, and I think he would make a fine addition to any employer. I thought I would check in to see if you had any open positions in your office. I think he would make an excellent fit, particularly due to his work on the Natural Resources Committee. I attached his resume in case you have something available.

Do you ever make your way to the Hill? If so, we should catch up over August. And, if not, we should still get together. It would be great to hear how things are going for you in person.

John Maniscalco
Legislative Director
Congressman Ron DeSantis (FL-6)
1524 Longworth House Office Building
202-225-2706



From: Andrews, Mike (Indian Affairs)
To: [Mashburn, Lori](#)
Subject: Another good Candidate for BIA
Date: Thursday, July 20, 2017 7:10:35 PM
Attachments: (b) (6) [Resume 2017 .docx](#)

Lori,

Hope you are well these days. I have been meaning to send this resume to you. (b) (6) is a personal friend and currently serves as the (b) (6) [REDACTED]
[REDACTED] He mentioned he is interested in serving in the Trump Administration. (b) (6)
[REDACTED]

Let me know if you have any questions. Keep up the good work,

- Mike

T. Michael Andrews
United States Senate Committee on Indian Affairs
Majority Staff Director and Chief Counsel
Senator John Hoeven, Chairman
(202)224-0519

From: (b) (6) [REDACTED]
Sent: Thursday, June 22, 2017 4:21 PM
To: Andrews, Mike (Indian Affairs) <Mike_Andrews@indian.senate.gov>
Subject: RE: if you have a minute

Mike,
Thanks for the call...here is my resume.

Keep me posted.

Thanks!

(b) (6)
[REDACTED]

(b) (6)



(b) (6)



(b) (6)



From: Mashburn, Lori
To: [Hinson, Alex](#)
Subject: Balash release
Date: Thursday, July 20, 2017 9:23:58 AM
Attachments: [Joe Balash Press Release Draft.docx](#)

Alex,

Use the one attached. I made some edits to your original and removed the first API quote as Balash requested. Let me know if you have any questions.

Thanks,
Lori K. Mashburn
White House Liaison
Department of the Interior
202.208.1694

Interior Secretary Zinke Applauds Nomination of Alaska's Joe Balash as Assistant Secretary for Land and Minerals

WASHINGTON – President Donald J. Trump announced his intent to nominate Alaska's Joe Balash to serve as the Department of the Interior's Assistant Secretary for Land and Minerals Management. A native of North Pole, Alaska, living in Washington D.C., Balash brings more than 19 years of experience in land and natural resource management.

Mr. Balash currently serves as the Chief of Staff to Alaska's Senator Dan Sullivan. He is the former Commissioner of the Alaska Department of Natural Resources, which has management responsibility for one of the largest single portfolios of land and water resources in the world, containing more than 100 million acres of uplands, 40-60 million acres of submerged lands and tidelands, and more than 500,000 barrels of oil produced daily.

"It's been a long time since the Department had an Assistant Secretary from Alaska, and the President's nomination of Joe Balash further proves his commitment to Alaska and rural America as a whole," **said Secretary Zinke**. "Joe is no stranger to the Department of the Interior having worked alongside the Department on a number of projects in Alaska. He brings an incredible combination of state and federal experience to the table, and he will be very effective in helping the Department work with Congress to do the work of the American people. I look forward to his speedy confirmation in the Senate."

"I am deeply honored to be able to serve at the Department of the Interior," **said Joe Balash**. "As a nation, we are blessed with tremendous public lands and resources that give our people unparalleled opportunities for recreation and job creation for generations to come. I look forward to working with Secretary Zinke and his incredible team to seize on those opportunities and deliver on President Trump's America First Energy Plan."

"While I'm sad to see Joe leave the Senate, his departure is a big gain for Secretary Zinke, the Department of Interior, the United States and Alaska," **said Senator Sullivan**. "His wealth of knowledge and passion for Alaska – and more broadly federal land issues – cannot be overstated. His advice and counsel on natural resource matters will be invaluable as Secretary Zinke and the Trump administration chart a new path toward American energy dominance. Alaska can and should be a critical element of this important national objective."

"Joe Balash is an excellent choice for Assistant Secretary for Lands and Minerals Management, and I'm incredibly pleased that Secretary Zinke has chosen him for this important position," **Senate Energy and Natural Resources Chairman Lisa Murkowski said**. "From his time in the Alaska Governor's Office and as Commissioner of Natural Resources, to his service as a Senate Chief of Staff, Joe is uniquely qualified for this role. He has significant experience on energy and resource policy, a demonstrated record of upholding Alaska's interests as a landowner, and will make sure that America's interests are well represented at the Interior Department."

“The work being done by this administration in the areas of energy and public lands – including efforts to unleash our nation’s energy potential and reform years of mismanagement by our agencies – is something we value greatly as Alaskans,” **said Congressman Don Young.** “Critical to these efforts is the appointment of individuals and staff that understand the real-world impacts and consequences their decisions have on public lands and resources-oriented states like mine. As the Congressman for the state that was often ground zero for the countless missteps of the previous Interior Department, I commend Secretary Zinke for making Alaska a top-priority as he assembles his team. The addition of Joe Balash – someone I’ve worked with closely during his service as the Chief of Staff to Senator Dan Sullivan, a former Commissioner of the Alaska Department of Natural Resources and ardent supporter of responsible resource development – is an important step to begin solving the many challenges Alaskans and Americans have faced when dealing with the Department of the Interior.’

“Joe Balash’s appointment as Assistant Secretary will be good for Alaska and great for our nation. He is smart, honest, fair, and focused on solving problems and challenges in accordance with law while maximizing opportunity for Americans,” **said former Alaska Governor Sean Parnell.** “He knows how to work with diverse groups of people and interests to protect our nation’s interests in her public lands and environment while maximizing job creation and opportunity for all Americans. From an Alaska perspective, it is good to know that our state will have someone at Interior who understands the complexity of Alaska issues and the people affected by decision making in Washington. Joe Balash’s selection is, indeed, an extremely solid pick for the President and for the people.”

"As a lifelong Alaskan who understands the importance for the responsible management of our resources, I can't think of anyone who would do a better job at the Department of the Interior for all Americans," **said Eddie Grasser, Vice President, Safari Club International.**

“Joe will make an excellent Assistant Secretary for Land and Minerals. He brings to the office a wealth of experience and skills. First of all, he understands the importance of energy development, both on and offshore. Alaska is a great training ground for the decisions that are important to the rest of the United States in overall energy policy,” **said Randall Luthi, the President of the National Ocean Industries Association.** “His legislative experience will bode well for the Department with the Hill. His experience as Commissioner of the Department of Natural Resources means that he understands the importance of collecting different views and assuring energy development and the protection of other natural resources. The members of NOIA look forward to working with him to expand the US energy potential off our shores.”

"We welcome the pick of Mr. Balash as the assistant secretary of Land and Minerals Management. With his background as commissioner for natural resources in Alaska, Balash brings a depth of experience to Secretary Zinke and the Department of Interior," **said Erik Milito, API group director of Upstream and Industry Operations.** “He should be a tremendous asset in helping to prioritize energy development and further strengthen U.S. energy and national security. We look forward to continuing to work with the Department of Interior on policies that will help keep energy affordable, create jobs, and protect our environment.”

As the Assistant Secretary for Land and Minerals Management, Balash will advise and oversee the Bureau of Land Management, Bureau of Ocean Energy Management, Bureau of Safety and Environmental Enforcement and the Office of Surface Mining Reclamation and Enforcement. The Assistant Secretary heads the Department of the Interior's management of all federal lands and waters, and their associated mineral and non-mineral resources, as well as the appropriate regulation of surface coal mining. The Assistant Secretary for Land and Minerals Management is committed to managing, protecting, and improving lands and waters to serve the needs of the American people at all times.

###

From: Bradley, Margaret
To: [Lori Mashburn](#)
Subject: Concur Access
Date: Wednesday, December 13, 2017 1:29:01 PM
Attachments: [Mashburn, Lori - Concur Access Form.doc](#)

Hi Lori,

Please complete the attached Concur Access form. I have taken the liberty of filling in most of the information for you, however you should fill in (Part I) your first and middle names on the top row (I didn't know if Lori was short for something), the last for digits of your SSN and your date of birth. You can then print the document and sign it in Part VI. After you've signed it, you can call me for pickup and I'll get it to Mike Argo to sign. I can then send the document to the Concur team in Denver and we'll get you up and running. :)

Margaret

Margaret Bradley
Senior Advisor
Office of the Executive Secretariat
U.S. Department of the Interior
Room 7318
202-208-4523



United States Department of the Interior
Office of the Secretary



**CONCURGOV:
Federal Employee
Access Request Form**

(For use by DOI - OS [including IBC] and OST federal employees)

Go to Part VII(d), pages 6 - 8, to get instructions for preparing this form.

Part I: Requestor Information. Traveler should use name as it appears on their valid government ID.
(See Part VII(c), page 6, for list of TSA acceptable ID's).

Official Traveler Name			MASHBURN
And Other Required Data:	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
	Select One		
	<i>Name Suffix</i>	<i>Male (M) or Female (F)</i>	<i>Last 4 digits of SSN</i>
Office Email Address:	LORI_MASHBURN@IOS.DOI.GOV		Birth Date (mm/dd/yyyy)
CONCURGOV Organization Code and Group (where applicable):	DOIDOSSIO	Office Telephone Number:	2022081694
	<i>The organization code and group (where applicable) can be found in Part VII(a) on pages 3 - 5.</i>		
Office/Directorate Name:	IMMEDIATE OFFICE OF THE SECRETARY		
Duty Station Street Address:	1849 C STREET, NW		
Duty Station City/State/Zip:	WASHINGTON DC 20240		
Routing List Name (if known):		Duty Station Time Zone	EST

Part II: Type of Access. Check (X) all Travel Roles you will be performing: [See Roles and Definitions in Part VII(b).]

<input checked="" type="checkbox"/> Traveler (go to Part III)	<input type="checkbox"/> Travel Voucher Auditor – DOI-IBC Admin Staff Only
<input type="checkbox"/> Travel Arranger (go to Part IV)	<input type="checkbox"/> Travel Voucher Certifier – DOI-IBC Admin Staff Only
<input type="checkbox"/> Travel Document Reviewer (go to Part V)	<input type="checkbox"/> System Administrator – DOI-IBC Admin Staff Only
<input type="checkbox"/> Travel Authorizing Official (go to Part V)	

Part III: Travelers.

Will someone else be booking your travel arrangements?	Check (X) One:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
	If yes, enter your Travel Arranger's name:				
Who approves your Travel documents?	MICHAEL P ARGO				
If you are a new DOI employee, do you anticipate travel in your first 3 weeks of employment?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
IMPORTANT NOTE TO TRAVELERS: If you prefer to have your Travel Reimbursement Payment to be deposited at a bank other than your Payroll deposit bank, you must also complete the "OS/OST FBMS Vendor Update Form" (aka, ACH Form) - <u>and</u> - annotate on the form 'Alternate Bank for Travel Payments'. To find the form on the web, go to Part VII(d), paragraph 5(d), page 8.					

Part IV: Travel Arrangers Only. List all travelers or organization(s)/group(s) [from Part VII(a) on pages 3 – 5] for which you prepare travel authorizations and/or vouchers:

CONCURGOV Organization(s) and Group(s)	Last Name	First Name

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Part V: Routing Officials Only. This would include: Travel Reviewers, Authorizing Officials (TA Approvers, TV Authorizers). Enter applicable information about the organization(s) for which you will perform routing functions. Definitions of reviewing and authorizing officials can be found in Part VII(b) on pages 5 and 6.

CONCURGOV Organization(s) [Select your CONCURGOV organization code(s) from list of organizations provided in Part VII(a)]	Group(s) (if applicable)

Traveler Name (for whom you will be reviewing/authorizing)	Specify whether you will be a Reviewer or an Authorizer

Part VI: Signatures. These signatures acknowledge that your request for CONCURGOV access is for official government travel purposes only; and, your supervisor’s signature acknowledges that you are authorized to perform functions for the roles requested.

LORI MASHBURN		
<i>Traveler’s Printed Name</i>	<i>Traveler’s Signature</i>	<i>Date</i>
MICHAEL ARGO		
<i>Supervisor’s Printed Name</i>	<i>Supervisor’s Signature</i>	<i>Date</i>

Part VII: Organizations & Groups/OS Travel Roles & Definitions/TSA Acceptable ID’s/Instructions. See Pages 3 through 8 for list of OS organizations and groups supported by the DOI-IBC Travel Team; OS travel roles (and their definitions) that you may be requesting in CONCURGOV; TSA Acceptable ID’s, and instructions for completing the form. Pages 3 through 8 should not be submitted for processing.

<i>CONCURGOV System Administrator Use Only:</i>			
<i>Organization/Group:</i>			
<i>Employee ID:</i>	<i>User Role Membership:</i>		
<i>CTE Login Name:</i>			
<i>Date Added:</i>	<i>Entered by:</i>		
<i>Notes:</i>			

For questions about completing this form, call the OS, OCIO Customer Support Services’ Travel Help Desk at: 1-855-847-6398, Option 1

Completed forms can be submitted as follows:

- (1) (DOI-IBC interoffice mail) DOI-IBC Denver: Building 7401, Mail Stop D-2781; or**
- (2) FAX: 303-969-7115**

DO NOT SEND THIS FORM VIA EMAIL

ONLY SUBMIT PAGES 1 AND 2 OF THIS DOCUMENT

HAND WRITTEN DOCUMENTS WILL NOT BE ACCEPTED FOR PROCESSING.

Part VII(a): CONCURGOV Organizations & Groups

ORG DESCRIPTION & GROUP DESCRIPTION	ORG CODE
OS, ADVISORY COUNCIL ON HISTORIC PRESERVATION	DOIDOSACHP
OS, ASSISTANT SECRETARY FOR FISH, WILDLIFE, AND PARKS	DOIDOSASFWP
OS, ASSISTANT SECRETARY FOR INDIAN AFFAIRS	DOIDOSASIA
OS, ASSISTANT SECRETARY FOR LAND AND MINERALS MANAGEMENT	DOIDOSASLMM
OS, ASSISTANT SECRETARY FOR WATER AND SCIENCE	DOIDOSASWS
OS, COMMISSION OF FINE ARTS	DOIDOSCFCA
OS, INDIAN ARTS AND CRAFTS BOARD	DOIDOSIACB
OS, OFFICE OF INDIAN WATER RIGHTS OFFICE	DOIDOSIWRO
OS, NATIONAL INDIAN GAMING COMMISSION	DOIDOSNIGC
OS, NATIONAL INVASIVE SPECIES COUNCIL	DOIDOSNISC
OS, OFFICE OF CONGRESSIONAL AND LEGISLATIVE AFFAIRS	DOIDOSOCL
OS, OFFICE OF COMMUNICATIONS	DOIDOSOCO
OS, OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS	DOIDOSOIEA
OS, OFFICE OF EXECUTIVE SECRETARIAT AND REGULATORY AFFAIRS	DOIDOSOES
OS, ASSISTANT SECRETARY FOR INSULAR AFFAIRS	DOIDOSASOIA
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – POLICY, MANAGEMENT AND BUDGET ▪ OS, OFFICE OF POLICY, MANAGEMENT & BUDGET IMMEDIATE OFFICE => GROUP = PMB	DOIDOSASPMBDSMPB
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – BUDGET, FINANCE, PERFORMANCE, AND ACQUISITION ▪ OS, OFFICE OF BUSINESS INTEGRATION OFFICE => GROUP = BIO ▪ OS, OFFICE OF ACQUISITION AND PROPERTY MANAGEMENT => GROUP = PAM ▪ OS, OFFICE OF FINANCIAL MANAGEMENT => GROUP = PFM ▪ OS, OFFICE OF BUDGET => GROUP = POB ▪ OS, OFFICE OF PLANNING AND PERFORMANCE MANAGEMENT => GROUP = PPPM ▪ OS, OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION => GROUP = PSDBU	DOIDOSASPMBDSBFPA
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – HUMAN CAPITAL AND DIVERSITY ▪ OS, OFFICE OF CIVIL RIGHTS => GROUP = PCR ▪ OS, OFFICE OF HUMAN RESOURCES => GROUP = PHR ▪ DOI UNIVERSITY => GROUP = DOIU ▪ FEDERAL CONSULTING GROUP => GROUP = FCG ▪ NATIONAL INDIAN PROGRAMS TRAINING CENTER => GROUP = NIPTC ▪ OS, OFFICE OF OCCUPATIONAL SAFETY AND HEALTH => GROUP = PSH ▪ OS, OFFICE OF STRATEGIC EMPLOYEE AND ORGANIZATION DEVELOPMENT => GROUP = OSEOD	DOIDOSASPMBDSHCD
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – NATURAL RESOURCES REVENUE MANAGEMENT ▪ OS, OFFICE OF NATURAL RESOURCES REVENUE => GROUP = ONRR	DOIDOSASPMBDSNRRM
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – POLICY AND INTERNATIONAL AFFAIRS ▪ OS, OFFICE OF ENVIRONMENTAL POLICY & COMPLIANCE => GROUP = OEPC ▪ OS, OFFICE OF POLICY ANALYSIS => GROUP = PPA ▪ OS, OFFICE OF INTERNATIONAL AFFAIRS => GROUP = OIAFF ▪ OS, OFFICE OF RESTORATION AND DAMAGE ASSESSMENT => GROUP = NRDAR ▪ OS, OFFICE OF NATIVE HAWAIIAN RELATIONS => GROUP = ONHR	DOIDOSASPMBDSPIA

Part VII(a): CONCURGOV Organizations & Groups (continued)

ORG DESCRIPTION & GROUP DESCRIPTION	ORG CODE
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – PUBLIC SAFETY, RESOURCE PROTECTION, AND EMERGENCY SERVICES <ul style="list-style-type: none"> ▪ OS, OFFICE OF AVIATION SERVICES => GROUP = OAS ▪ OS, OFFICE OF EMERGENCY MANAGEMENT => GROUP = OEM ▪ OS, OFFICE OF LAW ENFORCEMENT AND SECURITY => GROUP = OLES ▪ OS, OFFICE OF WILDLAND FIRE => GROUP = OWF ▪ LESEM (<i>Includes both Office of Law Enforcement and Security & Office of Emergency Management</i>) => GROUP = PLE 	DOIDOSASPMBDSPSRPES
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – TECHNOLOGY, INFORMATION AND BUSINESS SERVICES <ul style="list-style-type: none"> ▪ OS, OFFICE OF COLLABORATIVE ACTION AND DISPUTE RESOLUTION => GROUP = CADR ▪ OS, IBC DIRECTOR OFFICE DIRECTORATE => GROUP = IBC DOD ▪ OS, IBC ACQUISITION SERVICES DIRECTORATE => GROUP = IBC AQD ▪ OS, IBC FINANCIAL MANAGEMENT DIRECTORATE => GROUP = IBC FMD ▪ OS, IBC HUMAN RESOURCES DIRECTORATE => GROUP = IBC HRD ▪ OS, OFFICE OF THE CHIEF INFORMATION OFFICER => GROUP = OCIO ▪ OS, OFFICE OF FACILITIES AND ADMINISTRATIVE SERVICES => GROUP = OFAS ▪ OS, OFFICE OF HEARINGS AND APPEALS => GROUP = OHA ▪ OS, OFFICE OF VALUATION SERVICES => GROUP = OVS 	DOIDOSASPMBDSTIBS
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – POLICY, MANAGEMENT AND BUDGET IMMEDIATE OFFICE - - ALASKA EMPLOYEES <ul style="list-style-type: none"> ▪ OS, OFFICE OF POLICY, MANAGEMENT & BUDGET IMMEDIATE OFFICE => GROUP = PMB 	DOIDOSASPMBAKDSPMB
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – POLICY AND INTERNATIONAL AFFAIRS - - ALASKA EMPLOYEES <ul style="list-style-type: none"> ▪ OS, OFFICE OF ENVIRONMENTAL POLICY & COMPLIANCE => GROUP = OEPC 	DOIDOSASPMBAKDSPIA
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – PUBLIC SAFETY, RESOURCE PROTECTION, AND EMERGENCY SERVICES - - ALASKA EMPLOYEES <ul style="list-style-type: none"> ▪ OS, OFFICE OF AVIATION SERVICES => GROUP = OAS 	DOIDOSASPMBAKDSPSRPES
OS, ASSISTANT SECRETARY FOR POLICY, MANAGEMENT AND BUDGET - - DEPUTY ASSISTANT SECRETARY – TECHNOLOGY, INFORMATION AND BUSINESS SERVICES - - ALASKA EMPLOYEES <ul style="list-style-type: none"> ▪ OS, IBC ACQUISITION SERVICES DIRECTORATE => GROUP = IBC AQD ▪ OS, OFFICE OF VALUATION SERVICES => GROUP = OVS 	DOIDOSASPMBAKDSTIBS
OS, SECRETARY IMMEDIATE OFFICE <ul style="list-style-type: none"> ▪ OS, SECRETARY IMMEDIATE OFFICE => GROUP = SIO ▪ OS, ALASKA AFFAIRS => GROUP = AKAFF ▪ OS, LAND BUY-BACK PROGRAM => GROUP = LBBP ▪ OS, INTERIOR MUSEUM => GROUP = MUSEUM 	DOIDOSSIO

Part VII(a): CONCURGOV Organizations & Groups (continued)

ORG DESCRIPTION & GROUP DESCRIPTION	ORG CODE
OS, OFFICE OF THE SOLICITOR <ul style="list-style-type: none"> ▪ SOL ADMINISTRATION OFFICE => GROUP = AD ▪ SOL ALASKA REGION OFFICE => GROUP = AK ▪ SOL CHIEF OF STAFF => GROUP = COS ▪ SOL ETHICS OFFICE => GROUP = ET ▪ SOL GENERAL LAW OFFICE => GROUP = GL ▪ SOL INDIAN AFFAIRS OFFICE => GROUP = IA ▪ SOL INTERMOUNTAIN REGIONAL SALT LAKE OFFICE => GROUP = IM ▪ SOL BOULDER CITY FIELD OFFICE => GROUP = IMBC ▪ SOL PHOENIX FIELD OFFICE => GROUP = IMPX ▪ SOL SALT LAKE CITY FIELD OFFICE => GROUP = IMSLC ▪ SOL IMMEDIATE OFFICE => GROUP = IO ▪ SOL INDIAN TRUST LITIGATION OFFICE => GROUP = ITLO ▪ SOL LAND RESOURCES OFFICE => GROUP = LR ▪ SOL MINERAL RESOURCES OFFICE => GROUP = MR ▪ SOL NE REGIONAL BOSTON OFFICE => GROUP = NE ▪ SOL BOSTON FIELD OFFICE => GROUP = NEBOS ▪ SOL PITTSBURGH FIELD OFFICE => GROUP = NEPT ▪ SOL TWIN CITIES FIELD OFFICE => GROUP = NETC ▪ SOL PNW REGIONAL PORTLAND OFFICE => GROUP = PNW ▪ SOL BOISE FIELD OFFICE => GROUP = PNWBO ▪ SOL PORTLAND FIELD OFFICE => GROUP = PNWPORT ▪ SOL PSW REGIONAL SACRAMENTO OFFICE => GROUP = PSW ▪ SOL SACRAMENTO FIELD OFFICE => GROUP = PSWSAC ▪ SOL SAN FRANCISCO FIELD OFFICE => GROUP = PSWSF ▪ SOL PARKS AND WILDLIFE OFFICE => GROUP = PW ▪ SOL ROCKY MTN REGIONAL DENVER OFFICE => GROUP = RM ▪ SOL BILLINGS FIELD OFFICE => GROUP = RMBL ▪ SOL DENVER FIELD OFFICE => GROUP = RMDEN ▪ SOL SE REGIONAL ATLANTA OFFICE => GROUP = SE ▪ SOL ATLANTA FIELD OFFICE => GROUP = SEATL ▪ SOL KNOXVILLE FIELD OFFICE => GROUP = SEKX ▪ SOL SW REGIONAL ALBUQUERQUE OFFICE => GROUP = SW ▪ SOL ALBUQUERQUE FIELD OFFICE => GROUP = SWALB ▪ SOL TULSA FIELD OFFICE => GROUP = SWTU ▪ SOL WATER RESOURCES OFFICE => GROUP = WR 	DOIDSOSSOL
OS, OFFICE OF THE SPECIAL TRUSTEE FOR AMERICAN INDIANS	DOIDTOST

Part VII(b): Office of the Secretary CONCURGOV Roles and Definitions

1. Traveler - federal employee who travels for the government, usually for their own organization.

2. Travel Arranger - person who begins an authorization and makes travel arrangements for a traveler. Travel arrangers can prepare and sign authorizations for the traveler. They can also prepare vouchers for the traveler, but they cannot sign the voucher. Not all agencies have travel arrangers. They are usually administrative personnel, and the role can be assigned for multiple CONCURGOV OS organizations. (Note: travelers do not need the travel arranger role to arrange their own travel; this is only used to arrange trips for travelers other than themselves.)

3. Travel Reviewer - person who reviews travel documents for approving officials prior to approval. A travel reviewer can also be a travel arranger. If an individual holds both positions, they must stamp a document “authorization signed” as the arranger, then must stamp the document “reviewed” as the reviewer. The reviewer must stamp the travel document as “reviewed” before it can be routed to the approver/authorizer. This role is usually the approving/authorizing official’s administrative personnel and can be for multiple CONCURGOV OS organizations.

4. Travel Approver/Authorizer - person who has the authority to approve travel documents - usually a supervisor. The approver/authorizer must stamp the travel document for it to be official, and the role can be assigned for multiple CONCURGOV OS organizations.
 - a. Approver - for authorizations only. All authorizations must be stamped “authorization approv” before travel will be ticketed. This person is usually, but not always, the traveler’s supervisor.
 - b. Authorizer - for vouchers only. All vouchers must be stamped “authorized” before the voucher can move on to the auditors and certifiers for payment. This is usually, but not always, the traveler’s supervisor.
5. Travel Voucher Auditors - work in DOI-IBC Accounting Operations. They audit all charges on a travel voucher to determine whether the charges are valid for payment.
6. Travel Voucher Certifiers - work in DOI-IBC Accounting Operations. They are the final approvers for a voucher and certify they are correct for payment.
7. System Administrator (FATA) - DOI-IBC Subsidiary Systems Section personnel.

Part VII(c): Transportation Security Administration Acceptable Government ID’s:

- U.S. passport
- U.S. passport card
- DHS “Trusted Traveler” cards (Global Entry, NEXUS, SENTRI, FAST)
- U.S. Military ID (active duty or retired military and their dependents)
- Permanent Resident Card
- Border Crossing Card
- DHS-designated enhanced driver’s license
- Driver’s Licenses or other state photo identity cards issued by Department of Motor Vehicles (or equivalent) that meets REAL ID benchmarks
- Federally recognized, Tribal-issued Photo ID
- HSPD-12 PIV card
- Airline or airport-issued ID (if issued under a TSA-approved security plan)
- Foreign government-issued passport
- Canadian provincial driver’s license or Indian and Northern Affairs Canada (INAC) card
- Transportation Worker Identification Credential (TWIC)
- Immigration and Naturalization Service Employment Authorization Card (I-766)

Part VII(d): Instructions for Completing the Form:

1. FORM NAVIGATION

- a. Use the “Tab” key or click on each field to go from one gray shaded area to another. Do **not** use the “enter” key.
- b. The document can be saved using the “Save As” command.
- c. If a Security Warning bar appears just above the form with an “OPTIONS” button, click on the button and then on “Enable This Content” radio button. This will allow you to use the drop down menus.

2. GENERAL INSTRUCTIONS

- a. All capital letters are required when typing text areas in the document.
- b. Requestor must complete areas shaded in gray.
- c. Only pages 1 and 2 need to be submitted to DOI-IBC for processing.

3. PART I

- a. All fields in Part I except “Name Suffix” – and – “Routing List Name” are mandatory. If any mandatory fields are left blank, the form will not be processed until the information is furnished to DOI-IBC.
- b. Type name as it appears on your valid government ID used for identification at airports. A list of ID’s considered valid by the Transportation Security Administration is located in Part VII(c) on page 6 of this form. Click on “Select One” in the Name Suffix box and a drop down menu will appear to select the proper suffix.
- c. Your CONCURGOV organization code and group (where applicable) can be found in Part VII(a) on pages 3 through 5 of this form.
- d. If you have not been provided a “Routing List Name” by your office, you may leave this field blank.
- e. Click on “Select One” in the Time Zone box and a drop down menu will appear to select your time zone.

4. PART II

- a. Check all boxes that apply. To determine what roles you will be performing in CONCURGOV, carefully read the “Office of the Secretary CONCURGOV Roles and Definitions” in Part VII(b) on pages 5 and 6 of this form. The roles of Travel Arrangers and Travel Document Reviewers can be assigned to the same person; but Travel Document Reviewers cannot be Travel Authorizers, and vice versa.

5. PART III

- a. If you will be booking your own travel arrangements, ignore the first question. If someone else books your travel arrangements, add the travel arranger’s name.
- b. You must provide the name of the person who will be approving your travel documents. This is usually your supervisor, but not always. Some organizations have raised the level of this authority. Failure to provide this information, or providing invalid information, will delay processing your request. It is suggested that you contact your support personnel or supervisor to determine who performs this function in your office.
- c. If you are a new DOI employee and need to travel immediately, check this box. If you do not have a government issued charge card, you cannot make travel arrangements in CONCURGOV. Your organization’s administrative personnel will have to arrange travel for you; process and submit the travel authorization; and prepare and submit the travel voucher in CONCURGOV; and, your transportation will have to be paid using a corporate charge card. Contact your organization’s administrative personnel to determine who controls your organization’s corporate charge card.

d. If you prefer to have your Travel Reimbursement Payment to be deposited at a bank other than your Payroll deposit bank, you must also complete form “OS/OST FBMS Vendor Update Form” (also known as, ACH Form) - **and** - annotate on the form ‘**Alternate Bank for Travel Payments**’ - - along with your CONCURGOV access request form. The ACH form can be located at the following URL –

<http://www3.ibt.doi.gov/services/financial/CGE/cge.cfm>

If you are unable to get to the form using the link, please go to <https://www.doi.gov/ibt/>. From the menu bar, hover over “RESOURCES” and from the column titled “For Customers”, please select the “Finance and Accounting Support” link. From the left side of the ‘Financial Management’ web page and located under the section titled ‘FINANCIAL SYSTEMS AND SERVICES’, please select the “eTravel” link. Under the ‘Related Links’ section, please select the “ConcurGov Solutions (DOI OS)” link. This will bring you to the DOI-IBC CONCURGOV web page. Select the "Forms" tab; and then, please select the form you need. All forms on this page can be downloaded and filled out on-line. Please use this web site each time you want to complete a form because the forms are changed periodically; and once changed, the old forms will no longer be accepted for processing.

6. PART IV

a. This section is to be completed by individuals who will be arranging travel for other organizational employees only. Usually this function is handled by administrative support personnel. If you will be making travel arrangements only for yourself, do not complete this section.

b. If you are a travel arranger, identify either your CONCURGOV Organization Code /Group and/or the names of the travelers for whom you will be arranging travel. If you will be arranging travel for more employees than the form allows, attach a separate sheet to the form and identify it as a continuation of your information for PART IV.

7. PART V

a. Part V is to be completed by organization routing officials only. Routing officials are either reviewers who are usually administrative support personnel, or approvers/authorizers who are usually supervisors. These individuals are the personnel who apply official stamps to a travel document to either review or approve the travel (TA) or review or authorize payment (TV). Definitions of reviewers or approvers/authorizers can be found in Part VII(b) on pages 5 and 6.

b. The first section identifies the CONCURGOV Organization(s) and Group(s) (where applicable) for which the official will be authorizing travel and/or pay. The CONCURGOV Organization(s) and Group(s) can be found in Part VII(a) on pages 3 through 5 of this form.

c. The second section identifies the travelers for whom the official will be reviewing/authorizing travel and/or pay. If you will be authorizing travel for more employees than the form allows, attach a separate sheet to the form and identify it as a continuation of your information for PART V.

8. PART VI

a. The signature blocks must be completed by both the traveler and the traveler’s supervisor. Both blocks of this section must be completed before DOI-IBC will process the request. Failure to do so will delay processing.

9. PART VII

a. There are four sections to Part VII. Section (a) is the list of CONCURGOV Organizations and Groups and the organizations/groups’ descriptions. Section (b) is the list of the OS roles and the definitions of those roles. Section (c) is the Transportation Security Administration’s list of valid government ID’s. Section (d) contains the instructions for completing the form.

From: (b) (6)
To: lori_mashburn@ios.doi.gov
Subject: Counsel in the Office of Congressional and Legislative Affairs
Date: Monday, July 17, 2017 8:16:33 AM
Attachments: (b) (6) [Resume.pdf](#)

Dear Ms. Mashburn,

I hope this finds you well. I've spoken with Ryan Nichols, and he recommended that I send you my resume. I am interested in joining the Department of Interior as Counsel in the Office of Congressional and Legislative Affairs. During law school, I took courses on administrative law, environmental law, and statutory interpretation, where I gained a great deal of knowledge on how an agency like Interior has to function under the Constitution and federal statutes. Together with my professional experience on Capitol Hill, I believe that background makes me ideally suited for the position. My resume is attached to this email, and I would be most grateful for your consideration.

Sincerely,

(b) (6)

(b) (6)

