Request to Establish or Discontinue a Personnel Office Identifier, or to Change POI Information

TO: U.S. OFFICE OF PERSONNEL			FROM:	
MANAGEMENT				
PERSONNEL SYSTEMS GROUP				
1900 E STREET NV	\mathcal{N}			
WASHINGTON, DC 20415-6000				
INSTRUCTIONS				
1. To ESTABLISH a POI, complete all items in the "TO" Section only, except for item #2				
2. To DISCONTINUE a POI, complete the "FROM" Section only.				
3. To CHANGE a POI, complete both "FROM & TO" Sections.				
	S ARE: E=Establish			
i. Herior cobbe	TIRE. E Establish	i, D Disconti	inde, e change	
FROM:				
1. Agency/Subelement Code 2. POI 3. Action Code 4. Effective Date (Month/Year)				
			, ,	
5. Agency Name (Name of Depart	ment or Independent Agen	cv)		
5. Agency Name (Name of Depart	ment of independent Agent	cy)		
- M.T. A.11				
6. Agency Mailing Address				
7. City			8. State	9. Zip Code (9 digits
7. City			o. State	9. Zip Code (9 digits
10. D . G G . L . G . L	1.0.07		tt den (ont (tt)	
10. Duty Station Code of the Personnel Office			11. ASP (OPM Use)	
12. Name of the Personnel Officer or Head of Office			13. Phone Number (with whatever applies International/	
			Country Codes, Area Code, No	imber, or Extension)
14. Name of the Contact For Emplo	ovee Surveys (if different t	than item 12)	15. Phone Number (with whatever	applies international/
11. Name of the Contact for Employee Surveys (if different than term 12)			Country Codes, Area Code, Number, or Extension)	
TO.				
TO:	Ta nov	In this cast	14 F00 : D : 04 477	
1. Agency/Subelement Code	2. POI	3. Action Code	4. Effective Date (Month/Year)	
5. Agency Name (Name of Depart	ment or Independent Agen	cy)		
6. Agency Mailing Address				
7. City			8. State	9. Zip Code (9 digits)
				F 1 1 1 (1 1 2 1 1)
10. Duty Station Code of the Personnel Office			11. ASP (OPM Use)	
10. Daily Station Code of the reisonner Office			11. ASI (OIWIOSC)	
10.)			10 70 - 37 - 1 - (31 - 1 -	
12. Name of the Personnel Officer or Head of Office			13. Phone Number (with whatever applies International/ Country Codes, Area Code, Number, or Extension)	
			Country Codes, 7 irea Code, 140	anoci, of Extension)
14. Name of the Contact For Employee Surveys (if different than item 12)			15. Phone Number (with whatever	applies international/
			Country Codes, Area Code, N	umber, or Extension)
16. Signature of the Person Submitting This Form 17. Typed Nam			and Title of Submitter	18. Date Signed
<i>5</i>	5) productions		

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