

EVALUATION OF SUGGESTION

501

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

FROM: NAME OF EVALUATOR

Michael T. Lesar

ORGANIZATION (OFFICE/DIVISION/BRANCH)

RDB/DAS/ADM

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

a. Another NRC office (specify) _____

b. Another Government office (specify) _____

because:

2. The suggestion was ^{partially} adopted by me on: (DATE) _____

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

a. The suggestion is now in use.

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

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

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

3. The suggestion was ^{in full} not adopted by me, because:

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

ADDITIONAL COMMENTS OR INFORMATION

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

SIGNATURE - EVALUATOR



POSITION TITLE

Chief, RDB/DAS/ADM

DATE

05/10/2005

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested Adoption of Employee Suggestion	2. Request Number 501
3. For Additional Information Call (Name and Telephone Number) Susan Bellosi - 415-7307 AB 5/16/05	4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date) Mark J. Flynn, Director Division of Administrative Services Office of Administration <i>[Signature]</i>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Timothy F. Hagan, Director Office of Administration <i>[Signature]</i> 5/24/05
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PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Kerlin, Martin J.	2. Social Security Number	3. Date of Birth	4. Effective Date
FIRST ACTION	SECOND ACTION		
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action		
5-C. Code 5-D. Legal Authority	6-C. 6-D. Legal Authority		
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority		

7. FROM: Position Title and Number	15. TO: Position Title and Number
8. Pay 9. Occ. 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis	16. Pay 17. Occ. 18. Grade or Level 19. Step or 20. Total Salary/Award 21. Pay
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference: 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure: 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code	39. Duty Station (City-County-State or Overseas Location)					
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisor Status

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

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
			D.		
			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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