

QUARTERLY REVIEW OF EXPERTS/CONSULTANTS APPOINTMENTS

1. Name of Employee	2. Type of Appointment	3. Authority 5 U.S.C. 3109 and Comm. Approp. Act
4. Organizational Unit	5. Position Number	6. Rate of Pay
7. Effective Date of Appointment	8. Fiscal Year/Quarter	9. Position No.

In accordance with the provisions of FPM Chapter 304, App. A-2, dated January 22, 1982, I certify that I have satisfied myself that the duties performed by the above-named employee are consistent with the original purpose and that—

1. The duties are still those of an expert or consultant as applicable;
2. The appropriate time limits are being observed;
3. Documentation is kept current; and
4. The duties of record are acutally being performed.

10. Comments

For employees on "Intermittent Employment", indicate the number of days worked during this quarter.

11. Certification a. Signature of Certifying Official— (Head of Operating Unit or designated management official)	b. Title	c. Date
12. Review Completed a. Signature of Personnel Officer	b. Date	