



United States Department of State

*Bureau of Human Resources
Retirement Accounts Division
P.O. Box 150008
Charleston, SC 29495*

Reemployed Annuitant Quarterly Earnings Report

Employee / Annuitant's Name (Last, First, Middle)	Social Security Number	Date of Report
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Retired From (*check one*):

State AID Agriculture

Commerce ICA/USIA Peace Corps

Type of Appointment (*check one*):

Full-time (F-080) Part-time (P-less 080) Temporary (T-080)

WAE / Intermittent (I-080) Other: _____

Agency Providing Report: _____

Date of Appointment: _____ Dates covered by this report: _____

Salary Rate: _____ Accrued Basic Salary: _____

Note: Basic Salary – Gross basic (excludes overtime and differential pay) wages received (or scheduled for receipt) within this reporting period.

I certify that I the information on this form is accurate as reflected in this Agency's official personnel and pay records

<p align="center">Authorized Personnel Officer:</p> <p>Printed Name: _____</p> <p>Signature: _____</p>	<p align="center">Authorized Payroll Officer:</p> <p>Printed Name: _____</p> <p>Signature: _____</p>
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Please send completed form to:

Charleston Financial Service Center
U.S. department of State /RAD
 1969 Dyess Avenue, Building 646B
 P.O. Box 150008
 Charleston, SC 29495