APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.
PRINCIPAL PURPOSE(S): To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.
SORN T1300 (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570154/t1300/)
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at:
http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx.
DISCLOSURE Voluntary; however, failure to provide the requested information may preclude appointments.

SECTION I - APPOINTEE

1. NAME *(First, Middle Initial, Last and Rank or Grade)*	2. DoD ID NUMBER	3. TITLE Approving Official (AO) and Certifying Official (CO)
4. DOD COMPONENT/ORGANIZATION BRANCH: UNIT: ORG NAME IN DTS:	5. ADDRESS *(Include ZIP Code, email address, and telephone number with area code and DSN)*	

6. POSITION TO WHICH APPOINTED *(X appropriate box - one only. Checking more than one invalidates the appointment.)*

☐ DISBURSING OFFICER: DSSN _____	☐ CASHIER	☐ CHANGE FUND CUSTODIAN
☐ DEPUTY DISBURSING OFFICER: DSSN _____	☐ PAYING AGENT	☐ IMPREST FUND CASHIER
☒ CERTIFYING OFFICER	☐ COLLECTIONS AGENT	☐ SAFEKEEPING CUSTODIAN
☐ DEPARTMENTAL ACCOUNTABLE OFFICIAL	☐ DISBURSING AGENT	☐ ASSISTANT SAFEKEEPING CUSTODIAN

7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:
Approve DTS temporary travel (TAD), local travel, certify payments of TAD and local travel entitlements. As a certifying officer, you shall be responsible for certifying payment vouchers, and documents prepared under DTS in accordance with the JTR. You may not concurrently serve in any other accountable position. AO/Cos shall not be appointed to any other roles in DTS. The Certifying Officer acknowledges that by applying his/her digital signature to the travel document, they are confirming they have reviewed and understand the requirements of an Authorizing/Certifying Official as detailed in the references cited in the Appointment/Termination Record. They are making a legally binding statement – carrying pecuniary liability—that they have verified the validity of the claim, that every expense listed is accurate, supported by required substantiating documentation, and adheres to the Joint Travel Regulations (JTR) and DoD Financial Management Regulation (FMR).
You are assigned permission levels 0,1,2, organization, and group access.
Organization Access:
Group Access Name:

8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:
DoD FMR VOL. 5, Chapter 5; DoD FMR Vol. 9, Chapter 8, DoDI 5154.31, Volume 3; Joint Travel Regulations, Finance Policy Manual (FPM) Vol. 4, Chapter 2, and FPM VPL. 2, Chapter 2.

SECTION II - APPOINTING AUTHORITY

9. NAME *(First, Middle Initial, Last)*	10. TITLE	11. DOD COMPONENT/ORGANIZATION
12. DATE *(YYYYMMDD)*	13. SIGNATURE	

SECTION III - APPOINTEE ACKNOWLEDGEMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

14. PRINTED NAME *(First, Middle Initial, Last)*	15. DATE *(YYYYMMDD)* *(Not earlier than date in Item 12 or 13)*
16.a. DIGITAL SIGNATURE	16.b. MANUAL SIGNATURE

SECTION IV - APPOINTMENT TERMINATION

The appointment of the individual named above is hereby revoked.	17. DATE *(YYYYMMDD)*	18. APPOINTEE INITIALS
19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE