

See OPM-1, paragraph 5.a.(1) for usage instructions.

Directive: Enter Base Directive Number and Name Here

Appendix: Enter Appendix Designation and Name Here

Rev #	Date	Description of Revision	Approved by (name, title)

Enter typed information only, no signature is required.

Sample:

Directive: TSR-12, Post-Act Reclamation Program

Appendix: Appendix B, Request for Funds Format

Rev #	Date	Description of Revision	Approved by (name, title)
1	5/12/2023	Revised to update Code of Federal Regulations (CFR) reference on page B-2.	Susan Jones, AD/PS