

Mandatory Reference: 470  
File Name: 470maa\_042301\_cd24  
Last Revised: 04/23/2001

### Request for Chargé Pay

From: USAID Post \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Name of previous Officer-in-Charge) (Social Security Number)

left post and relinquished duties from \_\_\_\_\_ to \_\_\_\_\_.  
(date of departure) (date of return)

\_\_\_\_\_  
(Name of current Officer-in-Charge) (Social Security Number)

assumed charge during this period. The 28-calendar-day waiting period at present post was accomplished as shown below:

FROM	TO	Number of Days
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CERTIFICATION

\_\_\_\_\_  
(Department of State Administrative Officer) (Date)

\_\_\_\_\_  
(USAID Controller or Executive Officer) (Date)

\_\_\_\_\_  
(USAID/W Bureau Clearance) (Date)