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

4. DOD COMPONENT/ORGANIZATION	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:

8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:

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

DD FORM 577, NOV 2014

PREVIOUS EDITION IS OBSOLETE.