



Approving Official (AO) Appointment/Maintenance Request Form

| | | | |
|---|---------------------------------|---|---|
| Date of Request | | Cardholder Name: | |
| Type of Action (select all that apply): | <input type="checkbox"/> New AO | <input type="checkbox"/> Replacement AO | <input type="checkbox"/> Departing AO (Close Account) |

New/Replacement AO Information

| | | | |
|---------------|--|-------------|--|
| Name & Title: | | AO's Grade: | |
|---------------|--|-------------|--|

*(Name listed above **must match** the applicant's name on record with the USDA's HR Department)*

| | | | |
|-------------------------|--|-----------|--|
| Agency/Division/Office: | | | |
| Office Address: | | | |
| City: | State: | Zip-code: | |
| Telephone No.: | E-mail Address: <i>Email Address must be a valid USDA issued email address</i> | | |

| | | | | | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|--|--------------------------|-----|--------------------------|----|--------------------------|
| Copy of AO's AXOL Training Certificate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | *Is AO Cardholder's Supervisor- of-Record? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Name of Cardholder's Supervisor, if not the AO: | | | | | | | Supervisor's Grade: | | | | |
| Supervisor E-mail: | | | | | | | | | | | |

**Please provide rationale if the AO is not the supervisor-of-record, and attach to the request form.*

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Signature of Approving Official

Date

| | |
|--|--|
| | |
|--|--|

*This form **must be** signed within thirty (30) days of request submission to comply with A-123 audit procedures. Any applications that are submitted beyond 30 days of the signature date will be rejected.*

AO's Supervisor-of Record Information

| | | | |
|--------------------------|---|---------------------|--|
| *Name & Title: | | Supervisor's Grade: | |
| *Agency/Division/Office: | | | |
| *Office Address: | | | |
| *City: | *State: | *Zip-code: | |
| *Telephone No.: | *E-mail Address: <i>Email Address must be a valid USDA issued email address</i> | | |

Departing AO's Information

| | | | | | | |
|--|--------------------------|-----|--------------------------|----|----------------------------|--|
| Separated from Agency/ Close AXOL Account: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, Date of Separation | |
| Name: | | | | | AO's AXOL User ID: | |
| Agency/Division/Office: | | | | | | |
| Office Address: | | | | | | |