Request to Establish or Discontinue a Personnel Office Identifier, or to Change POI Information

TO: U.S. OFFICE OF PERSONNEL			FROM:	
MANAGEMENT				
PERSONNEL SYSTEMS GROUP				
1900 E STREET NV				
WASHINGTON, D				
		ΓRUCTIONS		
			TO" Section only, except for	item #2
	JE a POI, complete		2	
3. To CHANGE a P	OI, complete both ".	FROM & TO	" Sections.	
4. ACTION CODES	S ARE: E=Establish	n, D=Disconti	nue, C= Change	
FROM:				
1. Agency/Subelement Code	2. POI	3. Action Code	4. Effective Date (Month/Year)	
5. Agency Name (Name of Depart	ment or Independent Agen	cy)		
6. Agency Mailing Address				
7. City			8. State	9. Zip Code (9 digits
10. Duty Station Code of the Personnel Office			11. ASP (OPM Use)	
12. Name of the Personnel Officer or Head of Office			13. Phone Number (with whatever applies International/	
			Country Codes, Area Code, Numb	per, or Extension)
14. Name of the Contact For Emplo	ovee Surveys (if different t	than item 12)	15. Phone Number (with whatever ap	olies international/
14. Name of the Contact For Employee Surveys (If different than term 12)			Country Codes, Area Code, Number, or Extension)	
TO				
TO: 1. Agency/Subelement Code	2. POI	3. Action Code	4. Effective Date (Month/Year)	
1. Agency/Subelement Code	2. FOI	3. Action Code	4. Effective Date (World Fear)	
5 A N OY CD	<u> </u>			
5. Agency Name (Name of Depart	ment or Independent Agen	cy)		
6. Agency Mailing Address				
7. City			8. State	9. Zip Code (9 digits)
10. Duty Station Code of the Personnel Office			11. ASP (OPM Use)	
12. Name of the Personnel Officer or Head of Office			13. Phone Number (with whatever applies International/	
			Country Codes, Area Code, Numb	er, or Extension)
14 Name of the Contact For Empl	avias Curriovis (if different :	than itam 12)	15 Dhana Numbar (with whatavar and	lies international/
14. Name of the Contact For Employee Surveys (if different than item 12)			 Phone Number (with whatever app Country Codes, Area Code, Number) 	
		T	-	·
16. Signature of the Person Submitting This Form 17. Typed N		17. Typed Name	and Title of Submitter	18. Date Signed

U.S. Office of Personnel Management AUTHORIZED FOR LOCAL REPRODUCTION OPM Form 1396 (Rev 8/2012)