

SUMMARY OF REVISIONS
CA-2231
OMB NO: 1240-0018

- In instructions, corrected item 16 to item 15. Deleted, “if item 5 does not apply to you, leave blank. Added, “If the claimant has not signed this form, please provide an explanation in the comments section”.
- Block 5 –removed the requirement for the federal appropriations code. Replaced with employer’s Bill Payment Number.
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- Block 8—removed the requirement for the social security number and requires the claimant’s signature instead.
- Block 10—removed Reporting Quarter.
- Blocks 10 through 16 were renumbered 9 through 15, as a result of Block 10 deletion.
- Added “to” , “from” and “hours” in block 9, now item 10, “Dates and Hours Worked
- Added space for Supervisor to add comments, if form is unsigned by the claimant as per instructions.
- Added a Privacy Act Statement.