

U.S. Department of State

OMB APPROVAL NUMBER 1405-0036 EXPIRATION DATE XX/XX/XXXX
*ESTIMATED BURDEN: 25 MINUTES

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Name	οf	School

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JRY ructions)	NAME	NATIONALITY	POSITION OR TEACHING DUTIES		HIGHEST DEGREE EARNED		
CATEGORY (See instructions)	(List administrator(s) first then alphabetically those in category a, in category b, and so on.)		(Indicate grade or subject; if part-time administrative and part-time teaching, include both)	Degree	(include local		
1	2	3	4	5	6	7	
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DS-574 XX-XXXX

n g	DATE EMPLO` AT SC	S OF YMENT HOOL	YEAR EXPER	S OF IENCE		(Expre	COMPENS ess in terms of	SATION U.S. dollars only)				mal	Agency
Indicate with "X" if teaching in field of academic preparation	Date Present Employment First Began (mm-yyyy)	Terminal Date of Contract (mm-yyyy)	In Present Type Position (compute present year as 1)	In Other Educational Position	Annual Salary	Value of Housing and Utilities Provided in Addition to Salary (Annual Basis)	Costs of International Travel and Goods Shipment (Annual Basis)	Value of Other Allowances (Annual Basis) Identify (Tuition for dependents, R and R, use of auto, club memberships, etc.)	Percent of Compensation Paid in U.S. Dollars	Percent of Compensation Covered by U.S. Government Grant	Indicate with "X" if Full-time Employee, with "Part" if Part-time Employee	If Part-time Employee, Show Approximate Percent of Normal Work Week on Duty	Name of U.S. Government Agency with which Category "B" Employee Affiliated
10	11	12	13	14	15	16	17	18	19	20	21	22	23