

Reclamation Manual

Directives and Standards

7-2661 (01-2016)
Bureau of Reclamation



REPORT OF TAXABLE FRINGE BENEFITS

Agency U.S. Department of the Interior (IN)	Bureau Bureau of Reclamation (07)	Region							
Name of Employee (Last, First, Middle Initial)			Social Security No. (last four digits)						
(H.C. EFB) (Employee Fringe Benefits)									
Organization/Cost Center	Fund Code	WBS (Project Code)							
Tax Year	Date of Documentation	Amount to be Reimbursed	Commitment Item						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;">Employee's Signature</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;">Employee's Telephone No.</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Supervisor's Signature</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Supervisor's Telephone No.</td> </tr> </table>				Employee's Signature	Date	Employee's Telephone No.	Supervisor's Signature	Date	Supervisor's Telephone No.
Employee's Signature	Date	Employee's Telephone No.							
Supervisor's Signature	Date	Supervisor's Telephone No.							
<p>Disposition of this form: Original to servicing Personnel Office. FAX this form to Payroll Operations Division. This FAX is in lieu of original.</p> <p>When completed, handle as Sensitive but Unclassified Material</p>									
<p><small>PRIVACY ACT STATEMENT: Authority E.O. 9397 Privacy Act Statement information collected via this form is covered by the Privacy Act of 1974 (5 U.S.C. 552a) and Privacy Act System of Records Notice – DOI-86. The Privacy use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain any additional information, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to title 5 U.S.C. Section 552a and for uses described in System of Records Notice DOI-86.</small></p>									
<p><small>Purpose: Fitness/Wellness Subsidy Routine Uses: Annual Employee Reimbursement Program Collection: Voluntary, however non-disclosure will affect Payroll Operations Division's ability to deposit reimbursement.</small></p>									