

REPUBLIC OF PALAU

**APPLICATION AND AUTHORIZATION TO MAKE OR DISCONTINUE
ALLOTMENT FROM PAY OF CIVILIAN EMPLOYEES OUTSIDE THE USA**

ROP FORM 1981

Rev. 4/86

NAME OF ALLOTTER (<i>Last, First, Middle Initial</i>)	TITLE
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WHERE EMPLOYED	DEPARTMENT OR ACTIVITY
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AMOUNT OF BI-WEEKLY ALLOTMENT (<i>Amt in words</i>)	AMOUNT IN FIGURES	BEGIN ALLOTMENT (<i>Pay Period Starting</i>)	CEASE ALLOTMENT (<i>Pay Period Ending</i>)
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NAME OF ALLOTTEE (*Last, First, Middle Initial*)

ADDRESS OF ALLOTTEE (*Number, Street, City, State*)

CREDIT ACCOUNT OF (*If payable to a bank, business institution or individual, give name of account to be credited*)

REQUEST AND APPROVAL TO START ALLOTMENT	REQUEST AND APPROVAL TO DISCONTINUE ALLOTMENT
<i>I HEREBY request and authorize allotment to be paid at the end of each Pay Period from my pay, as above subject to approval, and to continue for the period stated or until revoked by me in writing.</i>	<i>I HEREBY request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.</i>
SIGNATURE, IN FULL, OF ALLOTTER (<i>Sign Original Only</i>)	SIGNATURE, IN FULL, OF ALLOTTER (<i>Sign Original Only</i>)
DATE	DATE
APPROVED (<i>Finance Officer</i>)	APPROVED (<i>Finance Officer</i>)
DATE	DATE