Doc ID: 6747925

NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE



INSPECTOR GENERAL

REPORT OF INVESTIGATION

30 September 2016

IV-16-0033

Alleged Timecard Fraud

(U) This report might not be releasable under the Freedom of Information Act or other statutes and regulations. Consult the NSA/CSS Inspector General Chief of Staff before releasing or posting all or part of this report.

Approved for Release by NSA on 12-29-2021, FOIA Case # 85643 (litigation)

Release 2022-1
NSA 18525

(U) OFFICE OF THE INSPECTOR GENERAL

(U) Chartered by the NSA Director and by statute, the Office of the Inspector General conducts audits, investigations, inspections, and special studies. Its mission is to ensure the integrity, efficiency, and effectiveness of NSA operations, provide intelligence oversight, protect against fraud, waste, and mismanagement of resources by the Agency and its affiliates, and ensure that NSA activities comply with the law. The OIG also serves as an ombudsman, assisting NSA/CSS employees, civilian and military.

(U) AUDITS

(U) The audit function provides independent assessments of programs and organizations. Performance audits evaluate the effectiveness and efficiency of entities and programs and their internal controls. Financial audits determine the accuracy of the Agency's financial statements. All audits are conducted in accordance with standards established by the Comptroller General of the United States.

(U) INVESTIGATIONS

(U) The OIG administers a system for receiving complaints (including anonymous tips) about fraud, waste, and mismanagement. Investigations may be undertaken in response to those complaints, at the request of management, as the result of irregularities that surface during inspections and audits, or at the initiative of the Inspector General.

(U) INTELLIGENCE OVERSIGHT

(U) Intelligence oversight is designed to insure that Agency intelligence functions comply with federal law, executive orders, and DoD and NSA policies. The IO mission is grounded in Executive Order 12333, which establishes broad principles under which IC components must accomplish their missions.

(U) FIELD INSPECTIONS

(U) Inspections are organizational reviews that assess the effectiveness and efficiency of Agency components. The Field Inspections Division also partners with Inspectors General of the Service Cryptologic Elements and other IC entities to jointly inspect consolidated cryptologic facilities.

Release 2022-1
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I. (U) SUMMARY

(U//~~FOUO~~) On 22 April 2016, the NSA/CSS Office of Inspector General (OIG) received an allegation that [redacted] GG11/02, was submitting inaccurate timesheets.

(U//~~FOUO~~) Analysis of [redacted] access control records and timesheets from 17 April 2015 -- 16 April 2016 revealed that he routinely submitted false and inaccurate timesheets. On 105 of the 163 days (64%) under analysis, [redacted] claimed more time on his timesheets than he was within access control. By contrast, [redacted] never claimed less time on his timesheet than he was within access control. On 59 days [redacted] claimed hours on his timesheet when there was no record of him being within access control. In total, the OIG analysis revealed that [redacted] claimed 673.75 hours that he did not work.[1]

(U//~~FOUO~~) When interviewed by the OIG under oath, [redacted] admitted to knowingly claiming hours he did not work for overnight hours and on weekends. He stated that he was stressed because of [redacted] as well as trying to finish school. [redacted] was remorseful and admitted that he should not have claimed the hours he did not work.

(U//~~FOUO~~) The preponderance of the evidence supports the conclusion that during the period 17 April 2015 to 16 April 2016, [redacted] knowingly submitted false and inaccurate timesheets, for a total shortfall to the Government of 673.75 hours (approximately $21,307.41). His actions violated NSA/CSS Personnel Management Manual (PMM), Chapter 360, §§1-3(a), 2-7 (a); and NSA/CSS PMM, Chapter 366, §§ 2-1(K), 2-2(B).[2]

(U//~~FOUO~~) A copy of the NSA/CSS OIG report will be forwarded to Employee Relations (A307) for information and appropriate action. A summary of the findings will also be forwarded to the Associate Directorate for Security and Counterintelligence (A5242) and [redacted] supervision.

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[1] (U//~~FOUO~~) The OIG arrived at 673.75 hours after crediting [redacted] for work-related and approved absences and assumed that time spent within access control was time "worked."

[2] (U//~~FOUO~~) [redacted] may have also violated 18 U.S.C. §1001 and 18 U.S.C. §287 through his actions. The OIG reported this potential violation to the United States Attorney's Office for the District of Baltimore, Maryland on [redacted] may also have violated 31 U.S.C. §3802.

II. (U) BACKGROUND

(U) Introduction

(U//~~FOUO~~) In September 2011, [redacted] began working as an NSA civilian employee. On 30 November 2014, he began working in [redacted].

(U//~~FOUO~~) [redacted] Division Chief, [redacted] has been [redacted] supervisor since November 2014. [redacted] signed 27 of 28 timesheets that were reviewed by the OIG for the timeframe of 17 April 2015 - 16 April 2016.

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(U) Applicable Authorities

(U) See Appendix A for the full citations.

- (U) NSA/CSS PMM, Chapter 360, §§1-3 (a), 2-7 (a)
- (U) NSA/CSS PMM, Chapter 366, §§2-1(K), 2-2(B)

III. (U) FINDINGS

(U//~~FOUO~~) *ALLEGATION: During the period of 17 April 2015-16 April 2016, did* [redacted] *knowingly submit false and inaccurate timesheets, for a total shortfall to the Government of 673.75 hours, in violation of NSA/CSS Personnel Management Manual (PMM), Chapter 360, §§1-3(a), 2-7 (a); and NSA/CSS PMM, Chapter 366, §§2-1(K), 2-2(B)?*

(U//~~FOUO~~) ***CONCLUSION: Substantiated.***

(U) Documentary Evidence

(U//~~FOUO~~) [redacted] **Timesheets (Appendix B)**

(U//~~FOUO~~) Copies of [redacted] completed timesheets for the pay periods ending 18 April 2015 through 16 April 2016 are included.

(U//~~FOUO~~) **Timesheets and Access Control Record Comparison (Appendix C)**

(U//~~FOUO~~) The OIG compared [redacted] access control records and timesheets from 17 April 2015 to 16 April 2016. The OIG analyzed 163 work days during the period. After crediting [redacted] for his time at school in accordance with the Advanced Study Program (ASP), 99 work days remained. Of those 99 days, 94% had discrepancies in [redacted] favor while there were no discrepancies in favor of the Agency. On 96 of days analyzed, the discrepancies were 2 hours or more. On 59 days, [redacted] claimed hours on his timesheet despite no record of his presence within access control. In total, the OIG analysis revealed that [redacted] claimed 673.75 discrepant hours that he did not work.

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(U//~~FOUO~~) [redacted] **Computer Logs (Appendix D)**

(U//~~FOUO~~) The OIG collected [redacted] computer logs for the time period of 17 April 2015 to 16 April 2016. The computer logs were compared to the access control records and timesheets to assess [redacted] computer activity during the periods of time when he was not within access control. The computer logs confirmed that there was no computer activity when [redacted] was outside access control.

(U//~~FOUO~~) [redacted] **Response Regarding Discrepant Hours (Appendix E)**

(U//~~FOUO~~) [redacted] reviewed the OIG's analysis spreadsheet and provided the following documentation in response to the discrepant hours. [redacted] claimed that he would occasionally go to meetings or vendor training outside of access control. The OIG credited [redacted] for 49.25 hours of work performed outside access control.

(U//~~FOUO~~) Advanced Studies Program (ASP) Documentation (Appendix F)

(U//~~FOUO~~) [redacted] was enrolled in the ASP for the fall 2014, spring 2015, fall 2015, and spring 2016 semesters. The ASP is intended to provide advanced, accelerated training at an accredited college or university for permanent NSA civilian employees. The ASP permits supervisors to authorize up to 20 hours per week for employees to pursue (attend class, study, and commute) accelerated training at a college or university in areas that have been identified "critical" to their organization. During the spring 2015 semester, [redacted] was allowed to take 19 hours per week of duty time to attend school. During the fall 2015 and spring 2016 semesters, [redacted] was allowed to take 14 hours per week of duty time to attend school.

(U//~~FOUO~~) Additional Documentation Obtained by Investigator (Appendix G)

(U//~~FOUO~~) Additional documentation was obtained to determine if the mitigation provided by [redacted] was valid. This documentation includes visitor's logs, attendance rosters, and emails for the different vendor meetings and trainings that [redacted] claimed to have attended. [redacted] provided documentation for 99 hours of work performed outside of access control. The OIG verified that 49.25 of the 99 hours submitted constituted work performed by [redacted] outside of access control.

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(U) Testimonial Evidence

(U//~~FOUO~~) [redacted]

(U//~~FOUO~~) On 6 July 2016, [redacted] Chief, [redacted] was interviewed and provided the following sworn testimony.

(U//~~FOUO~~) [redacted] has been [redacted] supervisor for the last two years. [redacted] is a software engineer and spends the majority of his duty time writing code at his desk. His primary place of duty is at [redacted] does occasionally attend day-long vendor sessions in the NBP area outside of access control. These events are usually held once every 2-3 weeks and would take place from 0800-1700. [redacted] documented work schedule is 0500-1330 on alternate work schedule (AWS) 5. [redacted] regularly flexes his schedule to work longer than eight hours a day because of his commute.

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(U//~~FOUO~~) [redacted] has never been TDY and has not attended any long term training that would require him to be out of the office. [redacted] allowed [redacted] to work night and weekend hours since approximately January 2016. [redacted] requested to work nights and weekends because [redacted] would work his night and weekend hours at the [redacted] building or [redacted] because [redacted] closes from 2100-0500.

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(U//~~FOUO~~) [redacted] has never had any concerns or issues with [redacted] performance in [redacted]. There was one instance in April 2016 that [redacted] questioned [redacted] timesheet but [redacted] provided evidence to show he was in the office.

(U//~~FOUO~~) [redacted]

(U//~~FOUO~~) On 5 August 2016 and again on 18 August 2016, [redacted] Software Engineer, [redacted] was interviewed and provided the following sworn testimony.

(U//~~FOUO~~) [redacted] is a GG11 and has worked for the Agency for approximately five years. He currently works in [redacted] as a software engineer. He has worked for his supervisor, [redacted] for approximately two and one-half years.

(U//~~FOUO~~) His primary work location is [redacted] Initially, he claimed to have spent time in the [redacted] building once or twice a month for meetings, briefings, and talks. However, during his second interview, [redacted] stated that after reviewing his schedule and the documentation he provided in mitigation, it was likely he never worked in the [redacted] buildings during the time period reviewed.[3]

(U//~~FOUO~~) He also claimed that he routinely met with commercial vendors outside of access control at NBP and other locations. He claims these meeting occurred approximately once a week. However, there were times where he would have more than one meeting in a day and other times he would go a couple of weeks with no meetings. Meetings with vendors would typically occur between the hours of 0800- 1700. He stated that he does not work from home and has never gone on temporary duty (TDY).

(U//~~FOUO~~) He normally works a Monday - Friday schedule with an arrival time of 0500 and a departure time between 1330 - 1500. He is on an AWS 5 and tries to work more than 8 hours a day so that he does not have to commute on Fridays. He commutes about 90 miles to work so he normally comes in early to avoid traffic. He initially claimed to have worked nights and weekends when [redacted] He claimed that he did not work in [redacted] on nights and weekends because the building was closed, and often times the air conditioning would be turned off. He claimed to have worked weekends on an 'as needed' basis as far back as before he worked in [redacted].

(U//~~FOUO~~) He has [redacted] since he began working in [redacted] He has used virtually all of his annual and sick leave in the last year.

(U//~~FOUO~~) He has been enrolled in the ASP at [redacted] since the fall 2014. He finished his fourth semester in the program in the spring 2016. He was unsure of the amount of

[3] The access control records indicate that [redacted] never badged in to any building other than [redacted] during the time period analyzed.

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hours he was allowed to claim on his timesheet per semester but thought it was 20 hours a week for the first year and 18 hours a week the second year.

(U//~~FOUO~~) He admitted to completing his timesheets at the end of every pay period. When asked if he was 100% sure of the accuracy of the hours claimed on his timesheet he admitted that all the night and weekend hours on his timesheets were false. He apologized for claiming hours that he did not work. He stated that he should have told me sooner but he [redacted]

(b) (6) [redacted]

(U//~~FOUO~~) He estimated he began falsifying his timesheets around Christmas in 2015. He was surprised at the number of discrepant hours. He stated, "This is shocking, even to me." He claims that he was not thinking rationally and attributed part of the discrepant hours to his timekeeping practices. Even though he did not remember submitting false timesheets in the summer of 2015, he admitted to almost every one of the 59 "no access" days being false.

(U//~~FOUO~~) During his second interview, [redacted] provided documentation for approximately 99 discrepant hours in the form of invitations, calendar notes, and emails for off-site vendor meetings and training events. When asked if there was any additional documentation that would mitigate any of the remaining discrepant hours [redacted] answered that he did not think so. He estimated that at most he would be able to mitigate 12-24 more hours. He admitted that the rest of the discrepant hours were false.

(b) (3)-P.L. 86-36
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(U) Analysis and Conclusions

(U//~~FOUO~~) The NSA/CSS PMM, Chapter 366, §2-1(K) prohibits employees from "knowingly making or presenting a false or fraudulent statement or claim." NSA/CSS PMM, Chapter 366, §2-2(B); prohibits "deliberate misrepresentations, falsifications, or omission of material facts in any Agency document." The law defines "knowingly" as acting with knowledge of the falsity, acting with reckless disregard of whether the statement is true, or making a conscious effort to avoid learning the truth. The preponderance of the evidence shows that the timesheets submitted by [redacted] were false and that [redacted] knew they were false or did not make an earnest attempt to ensure the timesheets were accurate. Therefore, he violated the aforementioned PMM sections.

(U//~~FOUO~~) The OIG analyzed 163 work days during the period of 17 April 2015 to 16 April 2016. After crediting [redacted] for his time at school in accordance with the ASP, 99 work days remained. Of those 99 days, [redacted] claimed more time on his timesheet than he was within access control 94% of the time. [redacted] never claimed less time on his timesheet than he was within access control. On 96 of the days analyzed, there were discrepancies of 2 hours or more. On 59 days, [redacted] failed to enter access control despite claiming hours on his timesheet. In total, the OIG analysis reflects 673.75 hours claimed

as work by [redacted] during which he was not within access control, demonstrating that the timesheets were false.

(U//~~FOUO~~) When interviewed by the OIG, [redacted] admitted that he did not work any overnight or weekend hours as he had claimed on his timesheet (approximately 255.25 hours). He also admitted that virtually all of the "no access" days were false. [redacted] seemed surprised at the total number of discrepant hours in the OIG analysis. Although [redacted] initially claimed that he attended various meetings and trainings in the headquarters buildings within access control, he finally admitted that it was likely he did not work in any other building with access control other than [redacted] This testimony was consistent with the access control records which indicated [redacted] never entered any building other than [redacted] during the period analyzed.

(b) (3)-P.L. 86-36

(U//~~FOUO~~) Further evidence that the discrepancies were intentional was the pattern of [redacted] absences. The data showed that [redacted] claimed more time on his timesheet than he was within access control 105 times. Meanwhile, he never claimed less time on his timesheet than he was within access control. The sheer number of discrepancies in his favor cause a reasonable person to conclude that he deliberately claimed more hours than he actually worked. Even though [redacted] admitted to falsifying his time on nights, weekends, and "no access" days, the evidence establishes that he claimed even more false hours than he admitted. His pattern reflects an intentional effort to receive pay for hours not worked.

(U//~~FOUO~~) The NSA/CSS PMM, Chapter 360, §2-7 (a) "Employee Responsibilities" states employees "Ensure that all information relevant to their time and attendance is recorded accurately." NSA/CSS PMM, Chapter 360, § 1-3(a) states, "Timesheets are maintained on a daily basis." The preponderance of the evidence established that [redacted] did not maintain his timesheets on a daily basis and failed to ensure the accuracy of his timesheets. Therefore, he violated the aforementioned PMM sections.

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(b) (6)

(U//~~FOUO~~) [redacted] admitted during his testimony that he did not maintain his timesheets on a daily basis. By waiting until the end of the pay period to complete his timesheets, [redacted] demonstrated a lack of due diligence in ensuring his timesheets appropriately reflected his actual hours worked.

(U//~~FOUO~~) In light of the above, the OIG finds that the preponderance of the evidence supports the conclusion that during the period 17 April 2015 to 16 April 2016, [redacted] knowingly submitted false and inaccurate timesheets, for a total shortfall to the Government of 673.75 hours (approximately $21,307.41). His actions violated NSA/CSS PMM, Chapter 360, §§1-3(a), 2-7 (a), and NSA/CSS PMM, Chapter 366, §§2-1(K), 2-2(B).

IV. (U) RESPONSE TO TENTATIVE CONCLUSION

(U//~~FOUO~~) On 30 September 2016, [redacted] provided the following response to the tentative conclusions. Because [redacted] did not provide new information that required additional investigation, the tentative conclusions became final.

(b)(3)-P.L. 86-36
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From: [redacted]
To: [redacted]
Subject: Re: (U) OIG Tentative Conclusions
Date: Friday, September 30, 2016 5:50:22 AM

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

I agree with these tentative conclusions. They accurately reflect the conclusions of our previous discussions.

I am deeply ashamed and sorry for my actions. I will fully cooperate with the Agency to redress this matter.

(b)(3)-P.L. 86-36

Although there is no excuse for my actions, I wish to provide an explanation for my transgressions. As I had explained in one of our previous discussions, during the time period in question [redacted] Additionally, I was having trouble handling my work (plus 180 mile commute) and my college workload. My pride prevented me from admitting my inability to cope with these stresses and from seeking appropriate avenues for handling my absences i.e. advanced sick leave or leave bank.

I do have one question. What happens next?

(b)(6)

Thank you.

V. (U) CONCLUSION

(U//~~FOUO~~) The preponderance of the evidence supports the conclusion that during the period of 17 April 2015 to 16 April 2016, [redacted] knowingly submitted false and inaccurate timesheets, for a total shortfall to the Government of 673.75 hours (approximately $21,307.41). His actions violated NSA/CSS Personnel Management Manual (PMM), Chapter 360, §§1-3(a), 2-7 (a); and NSA/CSS PMM, Chapter 366, §§2-1(K), 2-2(B).

(b)(3)-P.L. 86-36
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VI. (U) DISTRIBUTION OF RESULTS

(U//~~FOUO~~) A copy or summary of this report of investigation will be provided to:

1. A307, Employee Relations for information and any appropriate action,
2. A5242, Special Actions, for information and any appropriate action,
3. B214, Accounts Receivable, for information and any appropriate action,
4. [redacted] supervision for information.

(b)(3)-P.L. 86-36
(b)(6)

[redacted]
Senior Investigator

Concurred by: [redacted]
Assistant Inspector General
For Investigations

(b)(3)-P.L. 86-36

APPENDIX A

(U) Applicable Authorities

Release 2022-1
NSA 18537

(U) NSA/CSS PMM, Chapter 360 — *Time and Attendance*

Section 1-3 — (U) *Policy*

a. Timesheets are maintained on a daily basis;

Section 2-7 — (U) *Employee Responsibilities*:

a. Ensure that all information relevant to their time and attendance is recorded accurately.

(U) NSA/CSS PMM, Chapter 366—*Personal Conduct*

Section 2.1 — (U) Work Environment:

Employees will not engage in any conduct that creates a hostile work environment and/or interferes with an individual's work performance.

...

K. False Statements – Employees will not knowingly make or present a false or fraudulent statement or claim; enter into an agreement or conspiracy to defraud the Government by obtaining or aiding in the payment or allowance of a false or fraudulent claim; or, knowingly and willfully falsify or conceal a material fact by a trick, scheme, or device.....

Section 2.2 — (U) Personnel and Security Standards:

Employees granted access to classified information and Sensitive Compartmented Information must be stable; trustworthy; reliable; of excellent character, judgment and discretion; and of unquestioned loyalty to the United States. Any conduct, including off-duty conduct that brings into question these character traits may be cause for appropriate security action and in some cases administrative action. The following illustrations are provided as examples and are not inclusive:

...

B. Deliberate misrepresentations, falsifications, or omission of material facts in any Agency document.....

APPENDIX B

(U) [redacted] Timesheets

(b)(3)-P.L. 86-36
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Release 2022-1
NSA 18539

Doc ID: 6747925

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CLASSIFICATION ** Required to apply Digital Signature

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req		Timekeeper SID *Req	04/18/15	0
STD JON					HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required*	5														80.00
TYPE/SHIFT															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	75	RG	1		9	9		9.5	9.5	
			2		9	10		9.5	9.5	
Sick Leave	5	LS	1				5.0			
			2							
			1							
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	75	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	5	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN																		
MON	0600	1500						X	9	0600	1500						X	9
TUE	0610	1510						X	9	0545	1545						X	10
WED																		
THU	0600	1600							9.5	0600	1600							9.5
FRI	0600	1600							9.5	0600	1600							9.5
SAT																		

REMARKS
5 USC 4109 - 38 hours of training
Version 56 Checksum = 756acaad Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone ** Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must be Civilian, SEN, Navy, PRF, Last, MI, EX, SIG, ORG, Com.)

Sent to payroll on: 04/17/2015 | Entered in DCPS

Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

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Doc ID: 6747925

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Classification

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TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req			05/02/15	0
	N			Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
STD JO						

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	58	RG	1			10		9.5	9.5	
			2			10		9.5	9.5	
Sick Leave	16	LS	1		8.0		8.0			
			2							
Annual Leave	6	LA	1							
			2				6.0			
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	58	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	22	NP/LV	

	WEEK 1						H O L	M N E O A L	HOURS WORKED	WEEK 2						H O L	M N E O A L	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																		
TUE DAY 3	0545	1545						X	10	0545	1545						X	10
WED DAY 4																		
THU DAY 5	0600	1600							9.5	0600	1600							9.5
FRI DAY 6	0600	1600							9.5	0600	1600							9.5
SAT DAY 7																		

REMARKS
5 USC 4109 - 38 hours of training
Version 56 Checksum = 82a6fb80 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must fit Class Sel'ce, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to apply)

Sent to payroll on: 05/1/2015 | Entered in DCPS

Supersedes All previous versions of P30918 which are obsolete

Derived From:
Dated:
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TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
				05/16/15	0

TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
	N				

STD JOB

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	58	RG	1		10			9.5	9.5	
			2		10			9.5	9.5	
Sick Leave	16	LS	1			8.0				
			2			8.0				
Annual Leave	6	LA	1				3.0			
			2				3.0			
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	58	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	22	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0545	1545						X	10	0540	1540						X	10
TUE DAY 3																		
WED DAY 4																		
THU DAY 5	0600	1600							9.5	0600	1600							9.5
FRI DAY 6	0600	1600							9.5	0600	1600							9.5
SAT DAY 7																		

REMARKS
5 USC 4109 - 38 hours of training
Version 56 Checksum = 7fa33858 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone *Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must be Classification, SSN, Name, PP End, AWS, TK SID, SFT/ROT, Approval) | Sent to payroll on: 05/19/2015 | Entered in DCPDS

Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18542

Doc ID: 6747925

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT SIC (Agency) *Req: N	DIST (Org) *Req			05/30/15	0
STD JOB				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	W S	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift										LH 0					
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	31	RG	1			11				
			2				10	10		
Annual Leave	33	LA	1		8.0		8.0	8.0	1.0	
			2						8.0	
Administrative Leave	3	LN	1						3.0	
			2							
Holiday Leave	8	LH	1							
			2		8.0					
Sick Leave	5	LS	1							
			2			5.0				

(b) (3)-P.L. 86-36

REG	31	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	49	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																X		
TUE DAY 3	0540	1650						X	11									
WED DAY 4										0535	1535						X	10
THU DAY 5										0530	1530						X	10
FRI DAY 6																		
SAT DAY 7																		

REMARKS
20150522-LN 3 hrs - Admin leave approved by the Director NSA/CSS.
Version 56 Checksum = 8b98817e Checked

CERTIFICATION. Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone ** Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Send to Payroll

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18543

Doc ID: 6747925

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
Classification

(b)(3)-P.L. 86-36
(b)(6)

(b)(6)

TIMESHEET FORMAT 2

Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			06/13/15	
STD JON				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	31.75	RG	1			11.75	10	10		
			2							
Annual Leave	48.25	LA	1		8.00				4.25	
			2		8.00	8.00	8.00	8.00	4.00	
			1							
			2							
			1							
			2							
			1							
			2							

(b)(3)-P.L. 86-36

REG	31.75	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	48.25	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																		
TUE DAY 3	0545	1730						X	11.75									
WED DAY 4	0545	1545						X	10									
THU DAY 5	0545	1545						X	10									
FRI DAY 6																		
SAT DAY 7																		

REMARKS
Signed by supervisor. Employee on unexpected leave.

CERTIFICATION Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	*Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K S/D, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS
		06/12/2015	

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18544

Doc ID: 6747925

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT DIC (Agency) *Req: N	DIST (Org) *Req		Timekeeper SID *Req	06/27/15	0
STD JON					HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	51.25	RG	1			10		10	10.25	
			2			10	10	1		
Sick Leave	8	LS	1		8.0					
			2							
Annual Leave	20.75	LA	1				8.0			
			2		4.75				8.0	
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	51.25	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	28.75	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																		
TUE DAY 3	0540	1540						X	10	0540	1540						X	10
WED DAY 4										0540	1540						X	10
THU DAY 5	0540	1540						X	10	1300	1400						X	1
FRI DAY 6	0535	1550						X	10.25									
SAT DAY 7																		

REMARKS

Version 56 Checksum = e57ca7b7 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must fit Classification, SSN, Name, PP End, AWS, T/K SID, S/D, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Send to Payroll

Release 2022-1
NSA 18545

Doc ID: 6747925

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			07/11/15	0
STD JON				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,8) (From)	(To)

	W S	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift							LH 0								
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	50.5	RG	1		10	10	10			
			2			10		10.5		
Annual Leave	14.5	LA	1							
			2		8.0				6.50	
Sick Leave	4	LS	1							
			2				4.0			
Administrative Leave	3	LN	1					3.0		
			2							
Holiday Leave	8	LH	1						8.0	
			2							

REG	50.5	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	29.5	NP/LV	

	WEEK 1 IN	OUT	IN	OUT	IN	OUT	HOL	MEAL	HOURS WORKED	WEEK 2 IN	OUT	IN	OUT	IN	OUT	HOL	MEAL	HOURS WORKED
SUN DAY 1																		
MON DAY 2	0545	1545						X	10									
TUE DAY 3	0540	1540						X	10	0545	1545						X	10
WED DAY 4	0545	1545						X	10									
THU DAY 5										0545	1615						X	10.5
FRI DAY 6							X											
SAT DAY 7																		

REMARKS
LN-20150702 3hrs Admin Leave approved by the Director NSA/CSS.
Version 58 Checksum = 0fdf4f4d Checked

CERTIFICATION Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone *Req	*Non-Secure Phone * Required	SID * Req
267-7838		

EMPLOYEE'S SIGNATURE (Must Be Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS
		07/9/2015	

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

(b) (3)-P.L. 86-36

Release 2022-1
NSA 18546

Doc ID: 6747925

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Classification

(b)(3)-P.L. 86-36
(b)(6)

(b)(6)

TIMESHEET FORMAT 2 Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required	NAME (Last, First Middle) ** Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
			07/25/15	

TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,8) (From)	(To)
	N				

STD JON

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	40	RG	1			10	10		10	
			2		10					
Sick Leave	4	LS	1							
			2				4.00			
Annual Leave	36	LA	1					8.00		
			2			8.00	4.00	8.00	8.00	
			1							
			2							
			1							
			2							

(b)(3)-P.L. 86-36

REG	40	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	40	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2										0545	1545						X	10
TUE DAY 3	0545	1545						X	10									
WED DAY 4	0545	1545						X	10									
THU DAY 5																		
FRI DAY 6	0545	1545						X	10									
SAT DAY 7																		

REMARKS
Signed by supervisor for employee, who is out on unplanned leave.

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must fit Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign) | CERTIFIER'S SIGNATURE | Sent to payroll on: | Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18547

Doc ID: 6747925

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			08/08/15	
STD JON				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	W S	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	28	RG	1				10	6.5	11.5	
			2							
Annual Leave	48	LA	1		8.00	8.00				
			2		8.00	8.00	8.00	8.00		
Sick Leave	4	LS	1							
			2						4.00	
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	28	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	52	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																		
TUE DAY 3																		
WED DAY 4	0545	1545						X	10									
THU DAY 5	0830	1500						X	6.5									
FRI DAY 6	0530	1700						X	11.5									
SAT DAY 7																		

REMARKS:
Signed by supervisor for employee, who is out on unplanned leave.

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	*Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must Be Classified: SSN, Name, PP End, AWS, TK SID, SID, ORG, Agency, Name) | CERTIFIER'S SIGNATURE | Sent to payroll on: | Entered in DCPS

FORM P3091B 5 APRIL 2013 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18548

Doc ID: 6747925

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Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			08/22/15	0
STD JON				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	80	RG	1		11	9.5	11	10	9.5	
			2		10	9.5	9.5			
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	80	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV		NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0540	1640						X	11	0540	1540						X	10
TUE DAY 3	0540	1510						X	9.5	0540	1510						X	9.5
WED DAY 4	0600	1700						X	11	0540	1510						X	9.5
THU DAY 5	0540	1540						X	10									
FRI DAY 6	0540	1510						X	9.5									
SAT DAY 7																		

REMARKS

Version 58 Checksum = a40f7703 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier *Secure* Phone **Req	*Non-Secure Phone* **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must be Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

CERTIFIER'S SIGNATURE

Sent to payroll on:

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Send to Payroll

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18549

Doc ID: 6747925

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN * Required		NAME (Last, First, Middle) * Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			09/05/15	0
STD JON				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	W S	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	77	RG	1		10	7	10.5	7		
			2		10.5	15	10	7		
Credit Earned	1	CD	1							
			2			1.0				
Administrative Leave	3	LN	1							
			2						3.0	
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	77	OT		COMP/ CREDIT	1	HOL		SUN		2ND		3RD		ND		E/H		LV	3	NP/LV	

	WEEK 1						H O L	M N E O A L	HOURS WORKED	WEEK 2						H O L	M N E O A L	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0540	1540						X	10	0525	1555						X	10.5
TUE DAY 3	0600	1330							7	0530	2130						X	16
WED DAY 4	0520	1550						X	10.5	0525	1525						X	10
THU DAY 5	0600	1330							7	0600	1330							7
FRI DAY 6																		
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training
Admin leave approved by the Director NSA/CSS.
Version 58 Checksum = 44c51f6a Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone *Req	*Non-Secure Phone *Required	SID * Req
267-7838		

EMPLOYEE'S SIGNATURE (Must Be Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Approval, signature)

CERTIFIER'S SIGNATURE

Sent to payroll on: | Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Send to Payroll

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
CLASSIFICATION * Required to apply Digital Signature

Release 2022-1
NSA 18550

Doc ID: 6747925

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
					09/19/15	0
TAG/BLK	ACT SIG (Agency) *Req: N	DIST (Org) *Req		Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
STD JON						

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift			LH 0												
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	28	RG	1			7		7		
			2			7		7		
Holiday Leave	8	LH	1		8.0					
			2							
Annual Leave	31	LA	1			1.0	8.0	1.0	8.0	
			2		8.0	1.0	4.0			
Sick Leave	12	LS	1							
			2				4.0		8.0	
Credit Taken	1	CN	1							
			2					1.0		

(b) (3)-P.L. 86-36

REG	28	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	52	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2							X											
TUE DAY 3	0600	1330							7	0600	1330							7
WED DAY 4																		
THU DAY 5	0600	1330							7	0600	1330							7
FRI DAY 6																		
SAT DAY 7																		

REMARKS
Admin leave approved by the Director NSA/CSS
5 USC 4109 - 28 hours of training
Version 58 Checksum = f1c8fe6c Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

CERTIFIER'S SIGNATURE

Sent to payroll on:

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
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NSA 18551

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(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req			10/03/15	0
	N			Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
STD JON						

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	80	RG	1		10.5	7	10.5	11	10	
			2			7	9	7	8	
Credit Earned	4	CD	1							
			2				1.0		3.0	
			1							
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	80	OT		COMP/ CREDIT	4	HOL		SUN		2ND		3RD		ND		E/H		LV		NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0530	1600						X	10.5									
TUE DAY 3	0600	1330							7	0600	1330							7
WED DAY 4	0530	1600						X	10.5	0525	1525						X	10
THU DAY 5	0600	1730							11	0600	1330							7
FRI DAY 6	0520	1520						X	10	0520	1620						X	11
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training
Version 58 Checksum = 1c721bbe Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone *Req	*Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must Fill Classification, SSN, Name, PP End, AWS, T/K S/D, SID, ORG, Approx to apply)

CERTIFIER'S SIGNATURE

Sent to payroll on:

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
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NSA 18552

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(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT / SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			10/17/15	0
STD JOB				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,5,6,8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift										LH 0					
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR*	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	50	RG	1			7	11	7		
			2			7		7	11	
Sick Leave	8	LS	1		8.0					
			2							
Excused Absence (MBA)	4	LV	1						4.0	
			2							
Credit Taken	4	CN	1						4.0	
			2							
Holiday Leave	8	LH	1							
			2		8.0					

(b) (3)-P.L. 86-36

REG	50	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	30	NP/LV	

	WEEK 1 IN	WEEK 1 OUT	IN	OUT	IN	OUT	HOL	MEAL	HOURS WORKED	WEEK 2 IN	WEEK 2 OUT	IN	OUT	IN	OUT	HOL	MEAL	HOURS WORKED
SUN DAY 1																		
MON DAY 2																X		
TUE DAY 3	0730	1500							7	0730	1500							7
WED DAY 4	0520	1620						X	11									
THU DAY 5	0730	1500							7	0730	1500							7
FRI DAY 6										0500	1600						X	11
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training
4 hours excused absence approved for MBA IAW NSA/CSS PMM 363, Section 6-17
Version 58 Checksum = 9064cae7 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
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NSA 18553

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CLASSIFICATION

(b) (6)

CONTINUATION PAGE
TIMESHEET FORMAT 2

SSN		NAME (Last, First Middle)		SID	PP ENDING	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) N	DIST (Org)			10/17/15	0
STD JON				Timekeeper's SID	HOURS OF WORK (AWS 1,6,& 8) (From)	(To)

This page and the Type Hour Entry lines below are provided as a supplement to page 1. This page is not intended to and does not replace page 1. This page is not valid without page 1.

All calculated line totals are incorporated into the summary line on page 1.

Employee and Certifier ***MUST*** sign ***BOTH*** pages before the Timesheet can be submitted.

(b) (3)-P.L. 86-36

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Annual Leave	6	LA	1							
			2				6.0			
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							

REMARKS
5 USC 4109 - 28 hours of training
4 hours excused absence approved for MBA IAW NSA/CSS PMM 363, Section 6-17
Version 58 Checksum = 9064cae7 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

CERTIFIER'S PHONE (Secure)	(Non-Secure)	SID
267-7838		

EMPLOYEE'S SIGNATURE (MUST fill Classification, SSN, Name, PP End, AWS, T/K SID to Sign)

CERTIFIER'S SIGNATURE

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NSA 18554

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TIMESHEET FORMAT 2 Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	AC (Agency) *Req: N	DIST (Org) *Req		10/31/15	
STD JON			Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	28	RG	1			7		7		
			2			7		7		
Annual Leave	48	LA	1		8.00		8.00		10.00	
			2		8.00		8.00		6.00	
Sick Leave	4	LS	1							
			2						4.00	
			1							
			2							
			1							
			2							

(b)(3)-P.L. 86-36

REG	28	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	52	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																		
TUE DAY 3	0730	1500							7	0730	1500							7
WED DAY 4																		
THU DAY 5	0730	1500							7	0730	1500							7
FRI DAY 6																		
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7838		

EMPLOYEE'S SIGNATURE (Must be Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS
		11/16/2015	

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
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NSA 18555

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(b) (6)

(b) (6)

TIMESHEET FORMAT 2

Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required	NAME (Last, First, Middle) ** Required to apply Digital Signature	SID/UID ** Req	PP ENDING ** Req	PLT ROT SFT ROT
			11/14/15	

TAG/BLK	ACT UIC (Agency) ** Req	DIST (Org) ** Req	Timekeeper SID ** Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
	N				

STD JOB

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR ** Required	5														80.00
Type/Shift												LH 0			
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	28	RG	1			7		7		
			2			7		7		
Annual Leave	40	LA	1		8.00		8.00		10.00	
			2		8.00				6.00	
Sick Leave	4	LS	1							
			2						4.00	
Holiday Leave	8	LH	1							
			2				8.00			
			1							
			2							

(b) (3)-P.L. 86-36

REG	28	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	52	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2																		
TUE DAY 3	0730	1500							7	0730	1500							7
WED DAY 4																X		
THU DAY 5	0730	1500							7	0730	1500							7
FRI DAY 6																		
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone ** Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS
		11/16/2015	

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
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Release 2022-1
NSA 18556

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(b)(6)

TIMESHEET FORMAT 1

Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN * Required	NAME (Last, First Middle) * Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
			11/28/15	

TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req	Timekeeper's SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
	N				

Send to Payroll

STD JON

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift													LH 0		
GRADED NITE DIFF															

WEEK	DAY	TYPE HOUR	HOURS	JOB ORDER NUMBER	E/H OTHER	LAST HOUR	TMP SFT	NITE DIFF	INJ NO
1	2	RG	¤10						
1	3	RG	¤7						
1	4	RG	¤10						
1	5	RG	¤7						
1	6	RG	¤10						
2	3	RG	¤7						
2	3	LN	¤3						
2	4	RG	¤8		TS				
2	5	LH	¤8						
2	6	RG	¤10						

(b)(3)-P.L. 86-36

REG	¤69	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H	¤8	LV	¤11	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN Day 1																		
MON DAY 2	0515	1515						X	¤10									
TUE DAY 3	0730	1500							¤7	0730	1500							¤7
WED DAY 4	0520	1520						X	¤10	0730	1530						X	¤8
THU DAY 5	0730	1500							¤7							X		
FRI DAY 6	0515	1515						X	¤10	0525	1525						X	¤10
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training
Holiday Leave IAW E.O., dated 20151126.
Admin leave approved by the Director NSA/CSS.
Version 58 Checksum = 78af5c55 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone *Req	Non-Secure Phone * Required	SID * Req
267-7046		

EMPLOYEE'S SIGNATURE

CERTIFIER'S SIGNATURE

Sent to payroll on:

Entered in DCPS

FORM P3091A 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091A which are obsolete

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NSA 18557

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(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req		Timekeeper SID *Req	12/12/15	0
STD JON					HOURS OF WORK (AWS 0,1,6,8,8) (From)	(To)

	WS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	58	RG	1		10	7		7		
			2			7	10	7	10	
Annual Leave	22	LA	1				6.0		8.0	
			2		8.0					
			1							
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	58	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	22	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0520	1520						X	10									
TUE DAY 3	0730	1500							7	0730	1500							7
WED DAY 4										0525	1525						X	10
THU DAY 5	0730	1500							7	0730	1500							7
FRI DAY 6										0515	1515						X	10
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training
Version 58 Checksum = 8d7c580b Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must fit Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

CERTIFIER SIGNATURE

Sent to payroll on:

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
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NSA 18558

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(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
					12/26/15	0

TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req		Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,8,8) (From)	(To)
	N					

STD JOB

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift														LH 0	
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	43	RG	1				10			
			2		10	4.25	10.75	8		
Holiday Leave	12	LH	1							
			2					4.00	8.00	
Excused Absence (MBA)	4	LV	1							
			2			4.00				
Annual Leave	13	LA	1			8.00		5.00		
			2							
Sick Leave	8	LS	1		8.00					
			2							

REG	43	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	37	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2										0525	1525						X	10
TUE DAY 3										0520	0935						X	4.25
WED DAY 4	0525	1525						X	10	0515	1600						X	10.75
THU DAY 5										0500	1300						X	8
FRI DAY 6																X		
SAT DAY 7																		

REMARKS
20151224 -- Half-Day Holiday by Executive Order dated 11 December 2015.
20151222 -- 4 hours excused absence approved for MBA IAW NSA/CSS PMM 363, Section 6-17
Signed by supervisor. Employee out on emergency.

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must Fl Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign) | CERTIFIER'S SIGNATURE | Sent to payroll on: | Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Send to Payroll

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18559

Doc ID: 6747925

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Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required	NAME (Last, First Middle) ** Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
			01/09/16	0

TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,8) (From)	(To)
	N				

STD JOB

	WS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift							LH 0								
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	65	RG	1		10.5	10.5	10.5	10.5		
			2		10.25		9.75	3		
Holiday Leave	8	LH	1						8.0	
			2							
Administrative Leave	3	LN	1					3.0		
			2							
Excused Absence (MBA)	4	LV	1							
			2					4.0		
Credit Earned	10	CD	1							
			2						10.0	

(b) (3)-P.L. 86-36

REG	65	OT		COMP/ CREDIT	10	HOL		SUN		2ND		3RD		ND		E/H		LV	15	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0520	1550						X	10.5	0455	1510						X	10.25
TUE DAY 3	0525	1555						X	10.5									
WED DAY 4	0525	1555						X	10.5	0525	1510						X	9.75
THU DAY 5	0520	1550						X	10.5	0445	0745						X	3
FRI DAY 6							X			0455	1455						X	10
SAT DAY 7																		

REMARKS
LN - Admin leave approved by the Director NSA/CSS.
4 hours excused absence approved for MBA IAW NSA/CSS PMM 363, Section 6-17
Version 58 Checksum = 43c8a824 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must be Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

CERTIFIER'S SIGNATURE

Sent to payroll on:

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

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Dated:
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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18560

Doc ID: 6747925

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Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
				01/23/16	0

TAG/BLK	AC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
	N				

STD JON

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift										LH 0					
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	50	RG	1							11
			2	11.75		7	7	6.75	6.5	
Holiday Leave	8	LH	1							
			2		8.00					
Credit Taken	9	CN	1					1.00	8.00	
			2							
Sick Leave	12	LS	1				6.00	6.00		
			2							
Administrative Leave	1	LN	1							
			2						1.00	

(b) (3)-P.L. 86-36

REG	50	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	30	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1										0300	1445						X	11.75
MON DAY 2																X		
TUE DAY 3										0730	1500							7
WED DAY 4										0730	1500							7
THU DAY 5										0005	0650						X	6.75
FRI DAY 6										0005	0635						X	6.5
SAT DAY 7	0335	1435						X	11									

REMARKS
5 USC 4109 - 14 hours of training
20160122 -- LN -- Code Red
Version 58 Checksum = 9761b6a7 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

CERTIFIERS SIGNATURE

Sent to payroll on: 02/11/2016

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18561

Doc ID: 6747925

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2 Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
					02/06/16	0

TAG/BLK	ACT DIC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,8 S) (From)	(To)
	N				

STD JON

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	62.5	RG	1			7	7			
			2	10	7		8.25	7	6.5	9.75
Sick Leave	4	LS	1						4.00	
			2							
Credit Taken	1	CN	1						1.00	
			2							
Administrative Leave	12.5	LN	1		8.00			4.50		
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	62.5	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	17.5	NP/LV	

	WEEK 1						HOL	MEOA	HOURS WORKED	WEEK 2						HOL	MEOA	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1										0015	1015						X	10
MON DAY 2										0730	1500							7
TUE DAY 3	0730	1500							7									
WED DAY 4	0730	1500							7	0730	1500	2245	2400					8.25
THU DAY 5										2400	0600	2300	2400				X	7
FRI DAY 6										2400	0630						X	6.5
SAT DAY 7										0030	1015						X	9.75

REMARKS
5 USC 4109 - 28 hours of training
20160125 - LN - Code Red
20160128 - LN - Code Yellow

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone: *Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must fit Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS
		02/11/2016	

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Release 2022-1
NSA 18562

Doc ID: 6747925

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Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
					02/20/16	0

TAG/BLK	AC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
	N				

STD JON

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift										LH 0					
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	68	RG	1		7		7	11	8	10
			2			7	10	8		
Holiday Leave	8	LH	1							
			2		8.0					
Sick Leave	4	LS	1			4.0				
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	68	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	12	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0730	1500							7							X		
TUE DAY 3										0730	1500							7
WED DAY 4	0730	1500							7	0730	1500	2100	2400					10
THU DAY 5	0005	0805	2100	2400				X	11	2400	0800						X	8
FRI DAY 6	2400	0630	2230	2400				X	8									
SAT DAY 7	2400	1000						X	10									

REMARKS
5 USC 4109 - 28 hours of training
Holiday Leave IAW E.O., dated 20160215
Version 58 Checksum = 3ffa49d8 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone ** Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must be Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)	CERTIFIER'S SIGNATURE	Sent to payroll on:	Entered in DCPS
		03/7/2016	

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18563

Doc ID: 6747925

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Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	ACT UIC (Agency) *Req: N	DIST (Org) *Req			03/05/16	0
STD JOB				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	76	RG	1		7		10	9.5	8.5	9
			2		9.5	6.5	9.5	6.5		
Annual Leave	4	LA	1							
			2						4.0	
			1							
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	76	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	4	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0730	1500							7	0730	1500	2130	2400					9.5
TUE DAY 3										2400	0630						X	6.5
WED DAY 4	0730	1500	2100	2400					10	0730	1500	2130	2400					9.5
THU DAY 5	2400	0630	2100	2400				X	9.5	2400	0630						X	6.5
FRI DAY 6	2400	0600	2130	2400				X	8.5									
SAT DAY 7	2400	0900						X	9									

REMARKS
5 USC 4109 - 28 hours of training
Version 58 Checksum = e3018193 Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone ** Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Part I's Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

CERTIFIER'S SIGNATURE

Sent to payroll on: 03/18/2016

Entered in DCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18564

Doc ID: 6747925

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Classification

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

TIMESHEET FORMAT 2

SSN ** Required		NAME (Last, First, Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	AC (Agency) *Req: N	DIST (Org) *Req			03/19/16	0
STD JOB				Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,5,6,8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR: Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	80	RG	1		7		8.5	9	8	8
			2		10	6.5	8	8.5	6.5	
			1							
			2							
			1							
			2							
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	80	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV		NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0730	1500							7	0730	1500	2100	2400					10
TUE DAY 3										2400	0630						X	6.5
WED DAY 4	0730	1500	2230	2400					8.5	0730	1500	2300	2400					8
THU DAY 5	2400	0630	2130	2400				X	9	2400	0630	2200	2400				X	8.5
FRI DAY 6	2400	0630	2230	2400				X	8	2400	0630						X	6.5
SAT DAY 7	2400	0800						X	8									

REMARKS
5 USC 4109 - 28 hours of training
Version 58 Checksum = b160541c Checked

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign)

Sent to payroll on: | Entered in OCPS

Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

Send to Payroll

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CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18565

Doc ID: 6747925

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Classification

(b)(3)-P.L. 86-36
(b)(6)

(b)(6)

TIMESHEET FORMAT 2 Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required	NAME (Last, First Middle) ** Required to apply Digital Signature	SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
			04/02/16	0

TAG/BLK	ACT UIC (Agency) *Req	DIST (Org) *Req	Timekeeper SID *Req	HOURS OF WORK (AWS 0,1,6,& 8) (From)	(To)
	N				

STD JOB

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours – Graded	79	RG	1		9.5	7	10	9.75	8.75	9
			2		7		7		2	9
Sick Leave	1	LS	1							
			2			1.00				
			1							
			2							
			1							
			2							
			1							
			2							

(b)(3)-P.L. 86-36

REG	79	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	1	NP/LV	

	WEEK 1						HOL	MEOA	HOURS WORKED	WEEK 2						HOL	MEOA	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0730	1500	2130	2400					9.5	0730	1500							7
TUE DAY 3	2400	0700						X	7									
WED DAY 4	0730	1500	2100	2400					10	0730	1500							7
THU DAY 5	2400	0645	2100	2400				X	9.75									
FRI DAY 6	2400	0645	2200	2400				X	8.75	2200	2400						X	2
SAT DAY 7	2400	0900						X	9	2400	0900						X	9

REMARKS
5 USC 4109 - 28 hours of training
Signed by supervisor as employee was out unexpectedly.

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must be Classification, SSN, Name, PP End, AWS, T/A, SID, SID ORG, Agency to sign)

Sent to payroll on: | Entered in PCPS

Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
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Send to Payroll

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18566

Doc ID: 6747925

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
Classification

(b) (3)-P.L. 86-36
(b) (6)

(b) (6)

TIMESHEET FORMAT 2

Privacy Act Statement: See 'Go E-Timesheets' for current statement

SSN ** Required		NAME (Last, First Middle) ** Required to apply Digital Signature		SID/UID *Req	PP ENDING *Req	PLT ROT SFT ROT
TAG/BLK	AC (Agency) *Req: N	DIST (Org) *Req		Timekeeper SID *Req	04/16/16	0
STD JON					HOURS OF WORK (AWS 0,1,5,6,8) (From)	(To)

	AWS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
TOUR Required	5														80.00
Type/Shift															
GRADED NITE DIFF															

JOB ORDER NUMBER / DESCRIPTION	TYPE TOTAL	TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Hours -- Graded	28	RG	1		7		7			
			2		7		7			
Sick Leave	15	LS	1			9.00		6.00		
			2							
Annual Leave	37	LA	1					3.00	8.00	
			2			9.00		9.00	8.00	
			1							
			2							
			1							
			2							

(b) (3)-P.L. 86-36

REG	28	OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV	52	NP/LV	

	WEEK 1						HOL	MEAL	HOURS WORKED	WEEK 2						HOL	MEAL	HOURS WORKED
	IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT			
SUN DAY 1																		
MON DAY 2	0730	1500							7	0730	1500							7
TUE DAY 3																		
WED DAY 4	0730	1500							7	0730	1500							7
THU DAY 5																		
FRI DAY 6																		
SAT DAY 7																		

REMARKS
5 USC 4109 - 28 hours of training
Signed by supervisor as employee was out unexpectedly.

CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.

Certifier Secure Phone **Req	Non-Secure Phone **Required	SID ** Req
267-7046		

EMPLOYEE'S SIGNATURE (Must fill Classification, SSN, Name, PP End, AWS, T/K SID, SID, ORG, Agency to sign) | CERTIFIER'S SIGNATURE | Sent to payroll on: | Entered in OCPS

FORM P3091B 5 APRIL 2015 REV 5.0 NSN: 7540-FM-001-5538
Supersedes All previous versions of P3091B which are obsolete

Derived From:
Dated:
Declassify On:

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~
CLASSIFICATION ** Required to apply Digital Signature

Release 2022-1
NSA 18567

Doc ID: 6747925

APPENDIX C

(U) Timesheet and Access Control Record Comparison

Release 2022-1
NSA 18568

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

	NSAW										673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
4/17/15	Fri		NO ACCESS						9:30	9.50	-9.50	0.00	0.00	School
4/21/15	Tue	5:46:10												
4/21/15		11:10:54			5:24:44	0:00:00	Y	5:24:44	10:00	4.50		4.50		0545-1545
4/23/15	Thu		NO ACCESS						9:30	9.50	-9.50	0.00		School
4/24/15	Fri		NO ACCESS						9:30	9.50	-9.50	0.00		School
4/28/15	Tue	5:45:24												
4/28/15		10:47:40			5:02:16	0:00:00	Y	5:02:16	10:00	4.75		4.75		0545-1545
4/30/15	Thu		NO ACCESS						9:30	9.50	-9.50	0.00		School
5/1/15	Fri		NO ACCESS						9:30	9.50	-9.50	0.00	9.25	School
5/4/15	Mon	5:47:51												
5/4/15		12:28:58			6:41:07	0:00:00	Y	6:41:07	10:00	3.25		3.25		0545-1545
5/7/15	Thu		NO ACCESS						9:30	9.50	-9.50	0.00		School
5/8/15	Fri		NO ACCESS						9:30	9.50	-9.50	0.00		School/End of Session
5/11/15	Mon	5:41:31												
5/11/15		11:38:31			5:57:00	0:00:00	Y	5:57:00	10:00	4.00		4.00		0540-1540
5/14/15	Thu		NO ACCESS						9:30	9.50		9.50		0600-1600
5/15/15	Fri		NO ACCESS						9:30	9.50		9.50	26.25	0600-1600
5/19/15	Tue	5:39:49												
5/19/15		8:42:03			3:02:14	0:00:00	Y	3:02:14	11:00	7.75	-7.75	0.00		0540-1650 briefing
5/27/15	Wed	5:36:50												
5/27/15		12:29:10			6:52:20	0:00:00	Y	6:52:20	10:00	3.00		3.00		0535-1535
5/28/15	Thu	5:34:46												
5/28/15		10:59:39												
5/28/15		11:01:38		0:01										
5/28/15		12:40:27			7:05:41	0:00:00	Y	7:05:41	10:00	2.75		2.75	5.75	0530-1530
6/2/15	Tue	5:45:23												
6/2/15		8:08:07			2:22:44	0:00:00	Y	2:22:44	11:45	9.25	-9.25	0.00		0545-1730
6/3/15	Wed	5:39:22												
6/3/15		7:49:52			2:10:30	0:00:00	Y	2:10:30	10:00	7.75	-7.75	0.00		0545-1545
6/4/15	Thu		NO ACCESS				Y		10:00	10.00		10.00	10.00	0545-1545
6/16/15	Tue	5:40:11												
6/16/15		8:32:08												

Release 2022-1
NSA 18569

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

	NSAW	[redacted]										673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
6/16/15		8:44:51	[redacted]	0:12										
6/16/15		9:04:09			3:23:58	0:00:00	Y	3:23:58	10:00	6.50	-6.50	0.00		0540-1540-[redacted] Deep Dive
6/18/15	Thu	NO ACCESS					Y		10:00	10.00		10.00		0540-1540
6/19/15	Fri	5:36:56	[redacted]											
6/19/15		8:46:57			3:10:01	0:00:00	Y	3:10:01	10:15	7.00	-7.00	0.00		0535-1550-[redacted] ollow up
6/23/15	Tue	5:43:29												
6/23/15		11:38:01			5:54:32	0:00:00	Y	5:54:32	10:00	4.00		4.00		0540-1540
6/24/15	Wed	5:39:13												
6/24/15		10:24:49			4:45:36	0:00:00	Y	4:45:36	10:00	5.00		5.00		0540-1540
6/25/15	Thu	NO ACCESS					Y		1:00	1.00		1.00	20.00	1300-1400
6/29/15	Mon	NO ACCESS					Y		10:00	10.00		10.00		0545-1545
6/30/15	Tue	5:40:00	[redacted]											
6/30/15		8:44:21												
6/30/15		8:46:51		0:02										
6/30/15		12:13:51			6:33:51	0:00:00	Y	6:33:51	10:00	3.25		3.25		0540-1540
7/1/15	Wed	5:51:52												
7/1/15		8:23:19			2:31:27	0:00:00	Y	2:31:27	10:00	7.25	-7.25	0.00		0545-1545-[redacted]
7/7/15	Tue	5:46:22												
7/7/15		12:13:44			6:27:22	0:00:00	Y	6:27:22	10:00	3.50		3.50		0545-1545
7/9/15	Thu	5:43:48												
7/9/15		9:53:30			4:09:42	0:00:00	Y	4:09:42	10:30	6.25	0.00	6.25	23.00	0545-1615-[redacted] meeting; didn't sign the sign-in roster
7/14/15	Tue	NO ACCESS					Y		10:00	10.00		10.00		0545-1545
7/15/15	Wed	5:32:22	[redacted]											
7/15/15		11:07:48			5:35:26	0:00:00	Y	5:35:26	10:00	4.25		4.25		0545-1545
7/17/15	Fri	NO ACCESS					Y		10:00	10.00		10.00		0545-1545
7/20/15	Mon	5:40:03	[redacted]											
7/20/15		7:44:14			2:04:11	0:00:00	Y	2:04:11	10:00	7.75		7.75	32.00	0545-1545
7/29/15	Wed	5:42:08												
7/29/15		14:06:00			8:23:52	0:00:00	Y	8:23:52	10:00	1.50		1.50		0545-1545-[redacted] postponed
7/30/15	Thu	NO ACCESS					Y		6:30	6.50		6.50		0830-1500-[redacted] postponed
7/31/15	Fri	5:41:57	[redacted]											
7/31/15		13:04:14			7:22:17	0:00:00	Y	7:22:17	11:30	4.00		4.00	12.00	0530-1700

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

	NSAW	[redacted]										673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
8/10/15	Mon		NO ACCESS				Y		11:00	11.00		11.00		0540-1640
8/11/15	Tue		NO ACCESS				Y		9:30	9.50		9.50		0540-1510
8/12/15	Wed	6:03:05	[redacted]											
8/12/15		11:04:11			5:01:06	0:00:00	Y	5:01:06	11:00	5.75	-3.75	2.00		0600-1700- [redacted] product plans from 1230-1600
8/13/15	Thu		NO ACCESS				Y		10:00	10.00		10.00		0540-1540
8/14/15	Fri		NO ACCESS				Y		9:30	9.50		9.50		0540-1510
8/17/15	Mon		NO ACCESS				Y		10:00	10.00		10.00		0540-1540
8/18/15	Tue		NO ACCESS				Y		9:30	9.50	0.00	9.50		0540-1510 [redacted] discussion; No verification
8/19/15	Wed	5:40:26	[redacted]											
8/19/15		7:24:18			1:43:52	0:00:00	Y	1:43:52	9:30	7.75		7.75	69.25	0540-1510
8/24/15	Mon	5:39:08												Beginning of Fall 2015 Session
8/24/15		13:03:56			7:24:48	0:00:00	Y	7:24:48	10:00	2.50		2.50		0540-1540
8/25/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
8/26/15	Wed	5:24:57	[redacted]											
8/26/15		14:00:17			8:35:20	0:00:00	Y	8:35:20	10:30	1.75		1.75		0520-1550
8/27/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
8/31/15	Mon	5:25:30	[redacted]											
8/31/15		12:13:44			6:48:14	0:00:00	Y	6:48:14	10:30	3.50		3.50		0525-1555
9/1/15	Tue		NO ACCESS				Y		16:00	16.00	-7.00	9.00		School/Night hours- [redacted] meeting; not on the attendance list
9/2/15	Wed	5:24:40	[redacted]											
9/2/15		8:11:21			2:46:41	0:00:00	Y	2:46:41	10:00	7.00		7.00		0525-1525
9/3/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00	23.75	School
9/8/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
9/10/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
9/15/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
9/17/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00	0.00	School
9/21/15	Mon	5:28:41	[redacted]											
9/21/15		14:37:46			9:09:05	0:00:00	Y	9:09:05	10:30	1.25		1.25		0530-1600
9/22/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

	NSAW											673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
9/23/15	Wed		NO ACCESS				Y		10:30	10.50		10.50		0530-1600
9/24/15	Thu		NO ACCESS						11:00	11.00	-7.00	4.00		School/0600-1730- [redacted] Quarterly; didn't sign visitor's log
9/25/15	Fri	5:22:23	[redacted]											
9/25/15		12:23:24			7:01:01	0:00:00	Y	7:01:01	10:00	2.75		2.75		0520-1520
9/29/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
9/30/15	Wed	5:27:07	[redacted]											
9/30/15		14:05:58			8:38:51	0:00:00	Y	8:38:51	10:00	1.25		1.25		0525-1525
10/1/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/2/15	Fri	5:24:36	[redacted]											
10/2/15		9:31:41			4:07:05	0:00:00	Y	4:07:05	11:00	6.75		6.75	26.50	0520-1620
10/6/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/7/15	Wed	5:25:14	[redacted]											
10/7/15		7:02:05			1:36:51	0:00:00	Y	1:36:51	11:00	9.25		9.25		0520-1620
10/8/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/13/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/15/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/16/15	Fri	5:04:35	[redacted]											
10/16/15		7:36:03			2:31:28	0:00:00	Y	2:31:28	11:00	8.25		8.25	17.50	0500-1600
10/20/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/22/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/27/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
10/29/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00	0.00	School
11/3/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
11/5/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
11/10/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
11/12/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00	0.00	School
11/16/15	Mon	5:20:57	[redacted]											
11/16/15		13:15:08			7:54:11	0:00:00	Y	7:54:11	10:00	2.00		2.00		0515-1515
11/17/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School

Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

	NSAW	[redacted]									673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
11/18/15	Wed	5:19:17	[redacted]											
11/18/15		11:12:32			5:53:15	0:00:00	Y	5:53:15	10:00	4.00		4.00		0520-1520
11/19/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
11/20/15	Fri	5:20:39	[redacted]											
11/20/15		11:10:59			5:50:20	0:00:00	Y	5:50:20	10:00	4.00		4.00		0515-1515
11/24/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
11/25/15	Wed		NO ACCESS				Y		8:00	8.00	-7.00	1.00		School
11/27/15	Fri	5:29:44	[redacted]											
11/27/15		6:27:35			0:57:51	0:00:00	Y	0:57:51	10:00	9.00		9.00	20.00	0525-1525
11/30/15	Mon	5:22:31												
11/30/15		11:12:21			5:49:50	0:00:00	Y	5:49:50	10:00	4.00		4.00		0520-1520
12/1/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
12/3/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
12/8/15	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
12/9/15	Wed	5:28:41	[redacted]											
12/9/15		6:48:00			1:19:19	0:00:00	Y	1:19:19	10:00	8.50		8.50		0525-1525
12/10/15	Thu		NO ACCESS						7:00	7.00	-7.00	0.00		School
12/11/15	Fri	5:14:17	[redacted]											
12/11/15		6:54:37			1:40:20	0:00:00	Y	1:40:20	10:00	8.25		8.25	20.75	0515-1515
12/16/15	Wed	5:26:20												
12/16/15		9:26:39			4:00:19	0:00:00	Y	4:00:19	10:00	5.75	0.00	5.75		0525-1525; Meeting at [redacted] not on list of attendees
12/21/15	Mon	5:30:27												
12/21/15		7:32:12			2:01:45	0:00:00	Y	2:01:45	10:00	7.75		7.75		0525-1525
12/22/15	Tue	5:20:40												
12/22/15		6:30:31			1:09:51	0:00:00	Y	1:09:51	4:15	3.00		3.00		0520-0935
12/23/15	Wed		NO ACCESS				Y		10:45	10.75		10.75		0515-1600
12/24/15	Thu		NO ACCESS				Y		8:00	8.00		8.00	35.25	0500-1300
12/28/15	Mon		NO ACCESS				Y		10:30	10.50		10.50		0520-1550
12/29/15	Tue		NO ACCESS				Y		10:30	10.50		10.50		0525-1555
12/30/15	Wed		NO ACCESS				Y		10:30	10.50		10.50		0525-1555

Release 2022-1
NSA 18573

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

	NSAW											673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
12/31/15	Thu		NO ACCESS				Y		10:30	10.50		10.50		0520-1550
1/4/16	Mon	4:53:13												
1/4/16		5:39:31			0:46:18	0:00:00	Y	0:46:18	10:15	9.25		9.25		0455-1510
1/6/16	Wed	5:21:05												
1/6/16		7:20:38			1:59:33	0:00:00	Y	1:59:33	9:45	7.75		7.75		0525-1510
1/7/16	Thu		NO ACCESS				Y		3:00	3.00		3.00		0445-0745
1/8/16	Fri	4:53:40												
1/8/16		5:40:11			0:46:31	0:00:00	Y	0:46:31	10:00	9.00		9.00	71.00	0455-1455- 10 hours credit earned
1/16/16	Sat		NO ACCESS				Y		11:00	11.00		11.00		Weekend hours
1/17/16	Sun		NO ACCESS				Y		11:45	11.75		11.75		Weekend hours
1/19/16	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School/Beginning of Spring 2016 Session
1/20/16	Wed		NO ACCESS						7:00	7.00	-7.00	0.00		School
1/21/16	Thu	5:36:46												
1/21/16		6:55:54			1:19:08	0:00:00	Y	1:19:08	6:45	5.25		5.25		Night hours
1/22/16	Fri		NO ACCESS				Y		6:30	6.50		6.50	34.50	Night hours
1/26/16	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
1/27/16	Wed		NO ACCESS						7:00	7.00	-7.00	0.00		School
1/31/16	Sun		NO ACCESS				Y		10:00	10.00		10.00		Weekend hours
2/1/16	Mon		NO ACCESS						7:00	7.00	-7.00	0.00		School
2/3/16	Wed		NO ACCESS						8:15	8.25	-7.00	1.25		School/Night hours
2/4/16	Thu	5:26:18												
2/4/16		6:04:10			0:37:52	0:00:00	Y	0:37:52	7:00	6.25		6.25		Night hours
2/5/16	Fri	5:26:50												
2/5/16		6:27:47			1:00:57	0:00:00	Y	1:00:57	6:30	5.25		5.25		Night hours
2/6/16	Sat		NO ACCESS				Y		9:45	9.75		9.75	32.50	Weekend hours
2/8/16	Mon		NO ACCESS						7:00	7.00	-7.00	0.00		School
2/10/16	Wed		NO ACCESS						7:00	7.00	-7.00	0.00		School
2/11/16	Thu	5:28:32												
2/11/16		8:58:43			3:30:11	0:00:00	Y	3:30:11	11:00	7.25		7.25		Night hours
2/12/16	Fri		NO ACCESS				Y		8:00	8.00		8.00		Night hours

(b) (3)-P.L. 86-36
(b) (6)

	NSAW											673.75		
Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
2/13/16	Sat		NO ACCESS				Y		10:00	10.00		10.00		Weekend hours
2/16/16	Tue		NO ACCESS						7:00	7.00	-7.00	0.00		School
2/17/16	Wed		NO ACCESS						10:00	10.00	-7.00	3.00		School/Night hours
2/18/16	Thu		NO ACCESS				Y		8:00	8.00		8.00	36.25	Night hours
2/22/16	Mon		NO ACCESS						7:00	7.00	-7.00	0.00		School
2/24/16	Wed		NO ACCESS						10:00	10.00	-7.00	3.00		School/Night hours
2/25/16	Thu	5:06:23												
2/25/16		6:28:45			1:22:22	0:00:00	Y	1:22:22	9:30	8.00		8.00		Night hours
2/26/16	Fri		NO ACCESS				Y		8:30	8.50		8.50		Night hours
2/27/16	Sat		NO ACCESS				Y		9:00	9.00		9.00		Weekend hours
2/29/16	Mon		NO ACCESS						9:30	9.50	-7.00	2.50		School/Night hours
3/1/16	Tue		NO ACCESS				Y		6:30	6.50		6.50		Night hours
3/2/16	Wed		NO ACCESS						9:30	9.50	-7.00	2.50		School/Night hours
3/3/16	Thu		NO ACCESS				Y		6:30	6.50		6.50	46.50	Night hours
3/7/16	Mon		NO ACCESS	(b) (3)-P.L. 86-36					7:00	7.00	-7.00	0.00		School
3/9/16	Wed		NO ACCESS						8:30	8.50	-7.00	1.50		School/Night hours
3/10/16	Thu		NO ACCESS				Y		9:00	9.00		9.00		Night hours
3/11/16	Fri		NO ACCESS				Y		8:00	8.00		8.00		Night hours
3/12/16	Sat		NO ACCESS				Y		8:00	8.00		8.00		Weekend hours
3/14/16	Mon		NO ACCESS						10:00	10.00	-7.00	3.00		School/Night hours
3/15/16	Tue		NO ACCESS				Y		6:30	6.50		6.50		Night hours
3/16/16	Wed		NO ACCESS						8:00	8.00	-7.00	1.00		School/Night hours
3/17/16	Thu		NO ACCESS				Y		8:30	8.50		8.50		Night hours
3/18/16	Fri	5:27:19												
3/18/16		6:28:17			1:00:58	0:00:00	Y	1:00:58	6:30	5.25		5.25	50.75	Night hours
3/21/16	Mon		NO ACCESS						9:30	9.50	-7.00	2.50		School/Night hours
3/22/16	Tue		NO ACCESS				Y		7:00	7.00		7.00		Night hours
3/23/16	Wed		NO ACCESS						10:00	10.00	-7.00	3.00		School/Night hours

(b)(3)-P.L. 86-36
(b)(6)

NSAW [redacted]

673.75

Date	DOW	Time	Location	Gaps	Access Total	Total GAP(s)	(Y) No lunch	Net Time	Hours Claimed	Discrepant Hours	ADJ	Discrepant Hours (NET)	Discrepant PP Hours	Notes
3/24/16	Thu		NO ACCESS				Y		9:45	9.75		9.75		Night hours
3/25/16	Fri		NO ACCESS				Y		8:45	8.75		8.75		Night hours
3/26/16	Sat		NO ACCESS				Y		9:00	9.00		9.00		Weekend
3/28/16	Mon		NO ACCESS						7:00	7.00	-7.00	0.00		School
3/30/16	Wed		NO ACCESS						7:00	7.00	-7.00	0.00		School
4/1/16	Fri		NO ACCESS				Y		2:00	2.00		2.00		Night hours
4/2/16	Sat		NO ACCESS				Y		9:00	9.00		9.00	51.00	Weekend
4/4/16	Mon		NO ACCESS						7:00	7.00	-7.00	0.00		School
4/6/16	Wed		NO ACCESS						7:00	7.00	-7.00	0.00		School
4/11/16	Mon		NO ACCESS						7:00	7.00	-7.00	0.00		School
4/13/16	Wed		NO ACCESS						7:00	7.00	-7.00	0.00	0.00	School

Summary Statistics		
Total Discrepant hours	673.75	
Total Days in analysis	163.00	
Days claimed more hours in AC	105.00	64.42%
Days claimed same hours in AC	58.00	35.58%
Days claimed less hours in AC	0.00	0.00%
Overcharge 2+ hours	96.00	
Average undercharge (Min.)	#DIV/0!	
Average overcharge (Min.)	385.00	

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NSA 18576

Doc ID: 6747925

APPENDIX D

(U) [redacted] Computer Logs

(b)(3)-P.L. 86-36
(b)(6)

Release 2022-1
NSA 18577

[redacted] Computer logs

Time	Activity
4/28/2015 7:32	Logged On
4/28/2015 7:35	Logged Off
5/19/2015 5:41	Logged On
5/19/2015 8:38	Logged Off
5/27/2015 5:38	Logged On
5/27/2015 12:27	Logged Off
5/28/2015 5:36	Logged On
5/28/2015 5:56	Logged On
5/28/2015 5:59	Logged Off
5/28/2015 8:53	Logged Off
5/28/2015 10:51	Logged On
5/28/2015 10:57	Logged Off
5/28/2015 10:58	Logged Off
6/2/2015 5:47	Logged On
6/2/2015 8:03	Logged Off
6/3/2015 5:41	Logged On
6/3/2015 7:48	Logged Off
6/16/2015 5:42	Logged On
6/16/2015 9:02	Logged Off
6/19/2015 5:39	Logged On
6/19/2015 8:42	Logged Off
6/23/2015 5:45	Logged On

[redacted]
(b)(3)-P.L. 86-36
(b)(6)

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[redacted] Computer logs

6/23/2015 11:36	Logged Off
6/24/2015 5:40	Logged On
6/24/2015 10:23	Logged Off
6/30/2015 5:42	Logged On
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
6/30/2015 8:43	Logged Off
7/1/2015 5:53	Logged On
7/1/2015 8:21	Logged Off
7/7/2015 5:48	Logged On
7/7/2015 12:12	Logged Off
7/9/2015 5:46	Logged On
7/9/2015 9:51	Logged Off
7/15/2015 5:34	Logged On
7/15/2015 11:06	Logged Off
7/20/2015 5:41	Logged On
7/20/2015 7:42	Logged Off
7/29/2015 5:43	Logged On
7/29/2015 14:05	Logged Off

[redacted]
(b)(3)-P.L. 86-36
(b)(6)

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[redacted] Computer logs

7/31/2015 5:43	Logged On
7/31/2015 13:02	Logged Off
8/19/2015 5:42	Logged On
8/19/2015 7:22	Logged Off
8/24/2015 5:41	Logged On
8/24/2015 13:02	Logged Off
8/26/2015 5:26	Logged On
8/26/2015 13:58	Logged Off
8/31/2015 5:27	Logged On
8/31/2015 8:19	Logged Off
8/31/2015 12:12	Logged Off
9/2/2015 5:26	Logged On
9/2/2015 8:10	Logged Off
9/21/2015 5:30	Logged On
9/21/2015 14:36	Logged Off
9/25/2015 5:24	Logged On
9/25/2015 12:22	Logged Off
9/30/2015 5:28	Logged On
9/30/2015 14:04	Logged Off
10/2/2015 5:26	Logged On
10/2/2015 9:27	Logged Off
10/7/2015 5:26	Logged On
10/7/2015 7:00	Logged Off

[redacted]
(b)(3)-P.L. 86-36
(b)(6)

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[redacted] Computer logs

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10/16/2015 5:07	Logged On
10/16/2015 7:34	Logged Off
11/16/2015 5:22	Logged On
11/16/2015 5:22	Logged On
11/16/2015 13:13	Logged Off
11/18/2015 5:23	Logged On
11/18/2015 7:43	Logged Off
11/18/2015 7:49	Logged On
11/18/2015 11:08	Logged Off
11/20/2015 5:26	Logged On
11/20/2015 11:09	Logged Off
11/27/2015 5:32	Logged On
11/27/2015 6:25	Logged Off
11/30/2015 5:29	Logged On
11/30/2015 11:10	Logged Off
12/9/2015 5:49	Logged On
12/9/2015 6:45	Logged Off
12/11/2015 5:16	Logged On
12/11/2015 6:53	Logged Off
1/21/2016 5:48	Logged On
1/21/2016 6:50	Logged Off
2/4/2016 5:30	Logged On
2/4/2016 6:01	Logged Off

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[redacted] Computer logs

2/5/2016 5:29	Logged On
2/5/2016 5:33	Logged Off
2/5/2016 5:34	Logged On
2/5/2016 6:26	Logged Off
2/11/2016 5:30	Logged On
2/11/2016 8:57	Logged Off
2/25/2016 5:19	Logged On
2/25/2016 6:26	Logged Off
3/18/2016 5:31	Logged On
3/18/2016 6:27	Logged Off

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NSA 18582

Doc ID: 6747925

APPENDIX E

(U) Advanced Studies (20/20) Program (ASP) Documentation

Release 2022-1
NSA 18583

Doc ID: 6747925

INFORMATION SHEET
ADVANCED STUDIES PROGRAM

(b)(3)-P.L. 86-36

Program POC:

NOTE: If you are currently in a cover status or have concerns regarding the protection of anonymity, please contact the College Team on 968-8047s for instructions on how to proceed with the application for college tuition assistance

TAXPAYER ACKNOWLEDGEMENT: Tuition assistance above $5250 is an employer-provided fringe benefit that may be subject to income taxation. If my total educational assistance from NSA exceeds $5250 in a calendar year, I acknowledge that NSA will withhold appropriate taxes (Federal, State, Medicare, and Social Security (OASDI)) from my paycheck on educational assistance over $5250 and NSA will report that amount as part of my income to the IRS, State Taxing Authority, and Social Security Administration. The taxable income will be reflected on my W-2 for the calendar year when the tuition is paid by NSA. I understand that tuition paid in Pay Period (PP) 23 and 24, the employee will have the option of having the tax deducted in PP 24 and/or PP 25 or transferred to the next year. All tuition payments made in PP 25 – Dec 31 that equal or exceed $5250 will be transferred to the following year. All tuitions payments made in PP 25 – Dec 31 that are less than $5250 will be held in the current year if the year-to-date tuition total is less than $5250. I understand it is my sole responsibility to determine whether I am lawfully able to make adjustments to my reported income or claim one of several income tax deductions related to tuition assistance over $5250 when I file my income tax documents.

1.TUITION: When you get your SF182 back from the Program POC use it to pay for your tuition and lab fee (if applicable) when you register for class at your college. It is your responsibility to provide a copy of the SF182 to the college. The college will forward the invoice to the Program POC. You are responsible for paying for books, course materials and all student fees. Only 200-level and above courses are sponsorable.

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2. REIMBURSEMENT: If you choose to pay the tuition yourself, you still **MUST** have your SF182 approved and certified prior to the start of your class. Send the Program POC a completed SF1034 for each course, a copy of your approved certified SF182, and a receipt from your college showing that you paid the amount you are claiming. Your reimbursement will be electronically transferred in about 30 days.

3. GRADE REPORTS: You are required to send a copy (not the original) of your grade report to the Program POC (DL College) no later than three weeks after your class ends. If no grade is received by the Program POC, you will be required to repay the Agency for the class and you may become ineligible for future college sponsorship. Please include your SID on your grade report.

4. CANCELLATIONS: If you don't or can't enroll in your class(es), write **CANCEL** across your approved SF182 and return it to the Program POC. The money will be used to sponsor other students.

5. COURSE CHANGE: If you change classes, send the Program POC a copy of your approved SF182 with the old info lined out and the new info written in, along with a new justification (signed by your supervisor), and a copy of the new course description, before the class begins. You will be notified by e-mail as to whether or not your change is approved. If it is approved, give a copy of the changed SF182 to your college.

6. TUITION INCREASE: If you must increase the amount of money on your approved SF182, please complete a new SF182 for the additional amount only. Write AMENDMENT across the top and send it to the Program POC or contact the Program POC for assistance. If you pay the increase yourself, you can get reimbursed (see 2. above) using the AMENDMENT copy that you get back from the Program POC.

7. LOW GRADES AND FAILURES: Each course must be completed with a grade of "B" or better. A grade of "B-" or lower does not fulfill this requirement and a debt will be owed to the Agency. The Program POC will send an email to Finance requesting them to bill you. Don't send any money until Finance contacts you, explaining your pay-back options. You will not be eligible for any additional tuition support until the debt is paid in full.

8. WITHDRAWALS: You must first withdraw officially from your college then notify the Program POC of the withdrawal.

9. RESIGNATIONS: If you resign from NSA before your six-month pay-back time has ended, you will be obligated to repay the Agency the full cost of the class(es). You will also be billed for all missing grades.

12. THESES AND PROPOSED PAPERS: In accordance with NSA/CSS Regulation 1-30, topics for proposed papers, theses, or dissertations that in any way relate to NSA/CSS information must be reviewed as prescribed in the published policy.
Reference: [redacted] . . . (b)(3)-P.L. 86-36

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13. CREDIT LIMIT: To participate in the ASP, undergraduate students must take a minimum of nine credit hours and graduate students must take a minimum of six credit hours per semester. Graduate students must carry nine credits to get the full 20 hours off per week. If graduate students carry under nine credits, they may be eligible for up to 19 hours per week class/study/travel. Undergraduate students must take 12 credit hours to get the maximum of 20 hours off per week, otherwise they are only eligible for up to 19 hours off per week for class/study/travel. The number of hours off per week is agreed upon between the supervisor and student before ASP paperwork is submitted for approval.

14. TIME-OFF AND TIMESHEETS: The maximum number of hours off per week may not exceed 20 hours. The student and supervisor agree on a schedule to accommodate the individual's work and school needs **BEFORE** the semester begins. Time-off will begin on the first day of class and end on the last day of class. Students are not eligible for any time-off before the first day of class nor after the last day of class.

The time-off hours are marked as "RG" hours. In the Remarks section of the timesheet, write the following notation – "5 USC 4109 40 hours of training." The number of hours of training is what is agreed upon between the student and supervisor (Time-Off statement). If a holiday falls on an ASP training day, the student will forfeit the training day – he/she can not take off another day during the week. The same would go for annual/sick leave taken or if the student is required to come into work for mission reasons.

If scheduled time-off is not used for study or class time, it must be charged to appropriate leave or worked. If, in the beginning of a semester only two hours are needed to study, that is all that should be requested and approved by the student and supervisor. It should be noted that mission requirements take precendence over all approved time-off. The supervisor is responsible to ensure that the student's timesheet is correctly filled out and entered into DCPS.

Students may remain on their current Alternate Work Schedule (AWS) code. Credit hours and overtime may be earned and used with supervisor approval.

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NSA TUITION ASSISTANCE COVERSHEET

(b)(3)-P.L. 86-36
(b)(6)

Name: [redacted] SID: [redacted] Org [redacted]

(b)(3)-P.L. 86-36

PROGRAM:

- [x] Advanced Studies (20/20) Program (ASP)
- [ ] Undergraduate Scholarship
- [ ] Graduate Fellowship

The following documents are included in my tuition assistance application:

- [x] NSA Application for Tuition Assistance.
- [x] Course description for each course from the college or university's course catalog.
- [x] Managerial Assessment. (For new participants only)
- [x] Official copy of all college transcripts indicating grade point average and class status.
- [x] Letter of acceptance from the selected school.
- [x] Proposed schedule of classes.

N/A Standard Form, SF182, "Authorization, Agreement, and Certification of Training" for all courses requested for the specific semester. (Required after receiving selection notification)

N/A NSA Continued Service Agreement. (Required after receiving selection notification)

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NSA 18587

NSA APPLICATION FOR TUITION ASSISTANCE

1. EMPLOYEE NAME (LAST, FIRST, MI)	(b) (3)-P.L. 86-36 (b) (6)	2. SID
[redacted]		[redacted]

3. SECURE PHONE	4. ORGANIZATION	5. GRADE
9693657	[redacted]	09

6. YEARS OF NSA CIVILIAN SERVICE	7. SUPERVISOR NAME / TITLE	8. SUPERVISOR SID
2	[redacted]	[redacted]

9. DIRECTORATE	10. JOB TITLE
SID	Cryptanalytic Computer Scientist

11. WORK ROLE

Cryptanalysis and CNO

(b) (3)-P.L. 86-36

12. OFFICIAL JOB DUTIES

As a Cryptanalytic Computer Scientist, I am responsible for integrating computer science, engineering, and mathematics to ensure the Agency best uses of its computing resources to meet the challenges of a net-centric world with complex and powerful technology from target networks. In the C2DP, I am tasked with gaining a breadth of knowledge in the fields of computer network operations, net-centric application development, and high-performance computing.

13. TUITION ASSISTANCE PROGRAM	14. IN WHAT DEGREE PROGRAM ARE YOU ENROLLED?
ADVANCED STUDIES (20/20) PROGRAM (ASP)	GRADUATE

15. EDUCATIONAL INSTITUTION TO BE ATTENDED (NAME ONLY)

[redacted]

(b) (6)

16. PROGRAM OF STUDY (DEGREE)
(Collected for statistical purposes only)

Computer Science

17. CURRENT GPA AND EARNED COLLEGE CREDITS (ASP and S/F applicants only)

Scholarship and Fellowship applicants must have a 3.0 (on a 4.0 scale) or a 2.0 (on a 3.0 scale) grade point average.

Current Grade Point Average (GPA): 3.8

Minimum number of completed credit hours required at accredited college/university:

- Undergraduate ASP: 60 credit hours
- Undergraduate Scholarship: 90 credit hours
- Graduate ASP: N/A
- Graduate Fellowship: N/A

(b) (3)-P.L. 86-36
(b) (6)

Number of earned credits for the degree program you are enrolled? [redacted]
(not applicable for graduate applicants)

NSA APPLICATION FOR TUITION ASSISTANCE

18. TAXPAYER ACKNOWLEDGEMENT: Tuition assistance above $5250 is an employer-provided fringe benefit that may be subject to income taxation. If my total education assistance from NSA exceeds $5250 in a calendar year, I acknowledge that NSA will withhold appropriate taxes (Federal, State, Medicare, and Social Security (OASDI)) from my paycheck on educational assistance over $5250 and NSA will report that amount as part of my income to the IRS, State Taxing Authority, and Social Security Administration. The taxable income will be reflected on my W - 2 for the calendar yea r when the tuition is paid by NSA. I understand that tuition paid by NSA after 1 November may be reported as income for the following year, in accordance with the IRS rules. I understand it is my sole responsibility to determine whether I am lawfully able to make adjustments to my reported income or claim one of several income tax deductions related to tuition assistance over $5250 when I file my income tax documents.

Employee SID [redacted] . . . . (b) (3)-P.L. 86-36 (b) (6)

NSA cannot provide individual income tax advice. Tax - related questions should be directed to a tax advisor. For additional information regarding withholdings, please contact the NSA Payroll office (go payroll). For information about taxation related to education benefits, please visit the ADET College Programs website (go college programs) to view the Frequently Asked Questions (FAQs).

ADET USE ONLY: EMPLOYEE ELIGIBILITY FOR PROGRAM (#18): ☐ Yes ☐ No

If Employee is not Eligible: Reason: ☐ #6 ☐ #12 ☐ #17 ☐ Current Debt Obligation

Other:

Date of Email Notification To Employee and Directorate POC:

19. COURSE INFORMATION: Complete fields below and attach course descriptions to the application.

If you are requesting tuition assistance through the Advanced Studies (20/20) Program (ASP) or the Undergraduate Scholarship/Graduate Fellowship Program, please provide the semester start date and semester end date.

X

Semester Start Date: 8/25/2014 Semester End Date: 12/12/2014 Semester: FALL 20 14

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]	(b) (6)	3	SEMESTER	$1326.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?

This course provides a survey of computer algorithms, examines fundamental techniques in algorithm design and analysis, and develops problem-solving skills required in all programs of study involving computer science. In particular, completion of this course benefits the cryptanalytic aspect of my job, where various algorithms play an integral role. The course also covers algorithm analysis and computational complexity, as well as sorting and searching. Sorting and searching are some of the most fundamental pillars that all of cryptanalysis is based on. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

NSA APPLICATION FOR TUITION ASSISTANCE

X

Semester Start Date: 8/25/2014 Semester End Date: 12/12/2014 Semester: FALL 20 14

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]	(b) (6)	3	SEMESTER	$1326.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?

This course takes a programmer beyond the simple code that one writes, and examines how the underlying machine handles the code. This information is needed in order to fully understand what is happening during the execution of a program, and how to leverage those actions to get the most out of the machine and resources. As such, any advanced computer science education is reliant on this foundational knowledge. Additionally, a thorough understanding of computer architecture is required to perform high performance computer science. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

X

Semester Start Date: 8/25/2014 Semester End Date: 12/12/2014 Semester: FALL 20 14

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]		4	SEMESTER	$1768.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?

This course provides an in-depth examination of search and knowledge representation, propositional and predicate logic, natural language processing, computer vision, expert systems, and machine learning. Each of these advanced topics plays a crucial role in the fields of computer network operations, net-centric application development, and high-performance computing. It is my official job duty to gain a breadth of knowledge in the fields of computer network operations, net-centric application development, and high-performance computing. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

[redacted]
(b) (3)-P.L. 86-36
(b) (6)

Form E5003 Rev 1.0 JUL 2013

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NSA APPLICATION FOR TUITION ASSISTANCE

X

Semester Start Date: 1/20/2015 Semester End Date: 5/8/2015 Semester: SPRING 2015

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]	(b) (6)	3	SEMESTER	$1326.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?
This course provides an in-depth examination of kernels, scheduling algorithms, interprocess communication, threading models, memory architectures, and distributed systems. Each of these advanced topics plays a crucial role in the fields of computer network operations, net-centric application development, and high-performance computing. It is my official job duty to gain a breadth of knowledge in the fields of computer network operations, net-centric application development, and high-performance computing. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

X

Semester Start Date: 1/20/2015 Semester End Date: 5/8/2015 Semester: SPRING 2015

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]		3	SEMESTER	$1326.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?
This course provides an in-depth examination of the design and analysis of parallel algorithms, parallel programming models, and scientific computing applications. Each of these advanced topics plays a crucial role in the field of high-performance computing. It is part of my official job duty to gain a breadth of knowledge in the field of high-performance computing. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

[redacted]
(b) (3)-P.L. 86-36
(b) (6)

Form E5003 Rev 1.0 JUL 2013

[redacted]

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Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

NSA APPLICATION FOR TUITION ASSISTANCE

Submit to Supervisor

20. EMPLOYEE AND SUPERVISOR CERTIFICATION

By signing below, I certify that I have answered the above questions accurately. I hereby acknowledge that tuition benefits will be provided to me contingent upon successful completion of the course and continuation of my eligibility for tuition benefits based upon my employment status with the NSA/CSS. I understand that I will be responsible for payment of the course and any related fees if I do not satisfy the terms of the NSA Continued Service Agreement.

Employee Signature: Date: 03/31/2014

By signing below, I certify that the employee is requesting tuition assistance for courses that have a direct bearing on the employee's current official job duties and do not duplicate NCS courses. I do not anticipate a change in my employee's official job duties within sixty days after the course start date. I certify that the employee is a permanent civilian employee and eligible to participate in this program. I certify that the total tuition assistance requested is for tuition and laboratory fees (if applicable) ONLY. The cost does NOT include registration fees, technology fees, resource fees, and miscellaneous student fees, books, for funds for any travel costs, such as class trips, site visits, and foreign or local travel.

Time-Off Statement (for Advanced Studies Program applicants only): Undergraduate students must take a twelve credit hours per semester and graduate students nine credit hours to be eligible for up to 20 hours off per week. Undergraduates who carry less than twelve credits and graduates less than nine credits are only eligible for 19 hours off per week.

I approve my employee for ☐ number of duty hours for class time, commute, and study per week.

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Supervisor name / SID: Org:

Supervisor Signature: Date:

ADET USE ONLY **Team Member:**

RECOMMEND FOR COLLEGE TUITION ASSISTANCE ☐ Yes ☐ No

IF YES: ☐ AH ☐ ASP(20/20) ☐ S/F

IF NO: ☐ EXCEEDS MAXIMUM CREDIT LIMIT PER SEMESTER ☐ EXCEEDS MAXIMUM CREDIT LIMIT PER YEAR (AH ONLY)

☐ BELOW MINIMUM CREDIT LIMIT PER SEM (ASP ONLY) ☐ DIRECTORATE'S CRITICAL SKILLS CATEGORY (ASP ONLY)

Other:

(b) (3)-P.L. 86-36
(b) (6)

Release 2022-1
NSA 18592

[redacted] (b)(3)-P.L. 86-36 (b)(6)

ADVANCED STUDIES PROGRAM (20/20)
PROPOSED SCHEDULE OF CLASSES

Course Number	Course Title	Credits
Fall 2014		
[redacted]		3 credits 3 credits 4 credits
Spring 2015	(b)(6)	
[redacted]		3 credits 3 credits

Courses must be 200 level and above.

Undergraduates must take a minimum of 9 credits per semester - maximum of 12 credits per semester.

Graduates must take a minimum of 6 credits per semester - maximum of 9 credits per semester.

Release 2022-1
NSA 18593

COLLEGE PROGRAMS NOMINATION FORM

PROGRAM NAME: Advanced Studies Program (ASP) (20/20)
NAME:
GRADE: GG 9 **SID**:
CURRENT ORGANIZATON: **POSITION TITLE**: Cryptanalytic Computer Scientist
OFFICE PHONE (SECURE): 969-3657 **OFFICE PHONE (NON-SECURE)**:

(b) (3)-P.L. 86-36

IN UNCLASSIFIED TERMS, BRIEFLY DESCRIBE THE NOMINEE'S JOB RESPONSIBILITIES AND JUSTIFY THE REQUESTED TRAINING BY ADRESSING THE FOLLOWING QUESTIONS:

1. Describe your organization's core mission/business.
2. What are the skills identified as essential to your core mission/business?
3. What mission/business needs (either in your organization or in the larger Agency enterprise) will be satisfied as a result of the education derived by this employee?
4. What is the value and relevance of this education to the employee's current job duties?

(b) (3)-P.L. 86-36
(b) (6)

(U) The Cryptanalytic Computer Network Operations Development Program (C2DP), is a three-year development program. Participants in the C2DP integrate their computer science/engineering and mathematical skills to create a technical community with a breath of knowledge in cryptanalysis and its applications to computer network operations, high performance computing, and mission applications.

(U) The schedule of classes that has proposed hits on all the mission focuses of the C2DP: cryptanalysis, computer network operations, high performance computing, and mission applications. The courses of are foundational knowledge for an advanced computer science education such as is seeking. are more specialized advanced computing classes. has obvious relevance to the C2DP mission. concepts also play a crucial role in the fields of computer network operations, mission application development, and high-performance computing. The mission areas that the C2DP focuses are volatile and constantly evolving. The courses he has selected will allow to bring current practices in advanced and highly-applicable modern computer science to his NSA assignments.

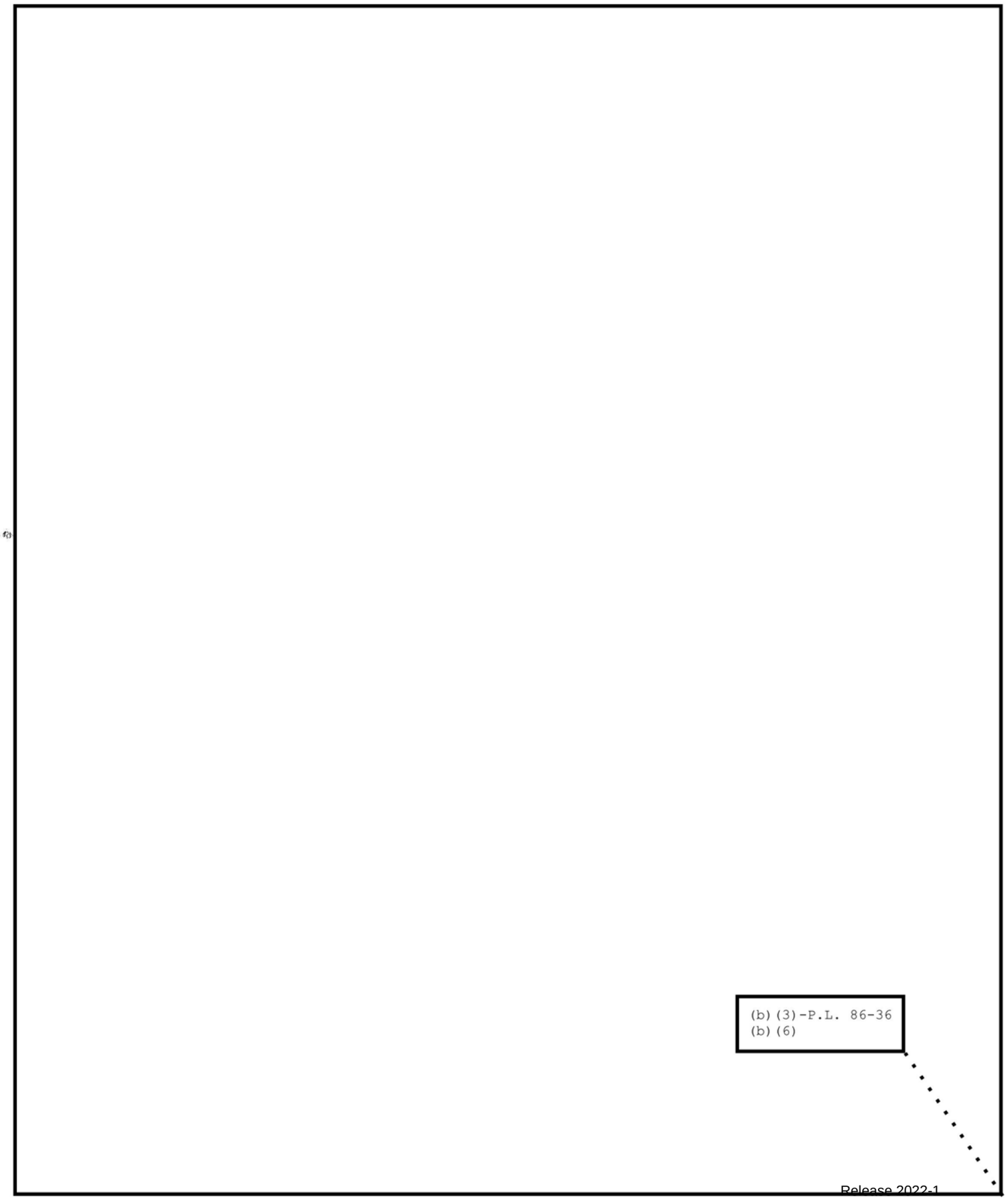
(b) (6)

Supervisor's Signature, SID, Date (Signature required)

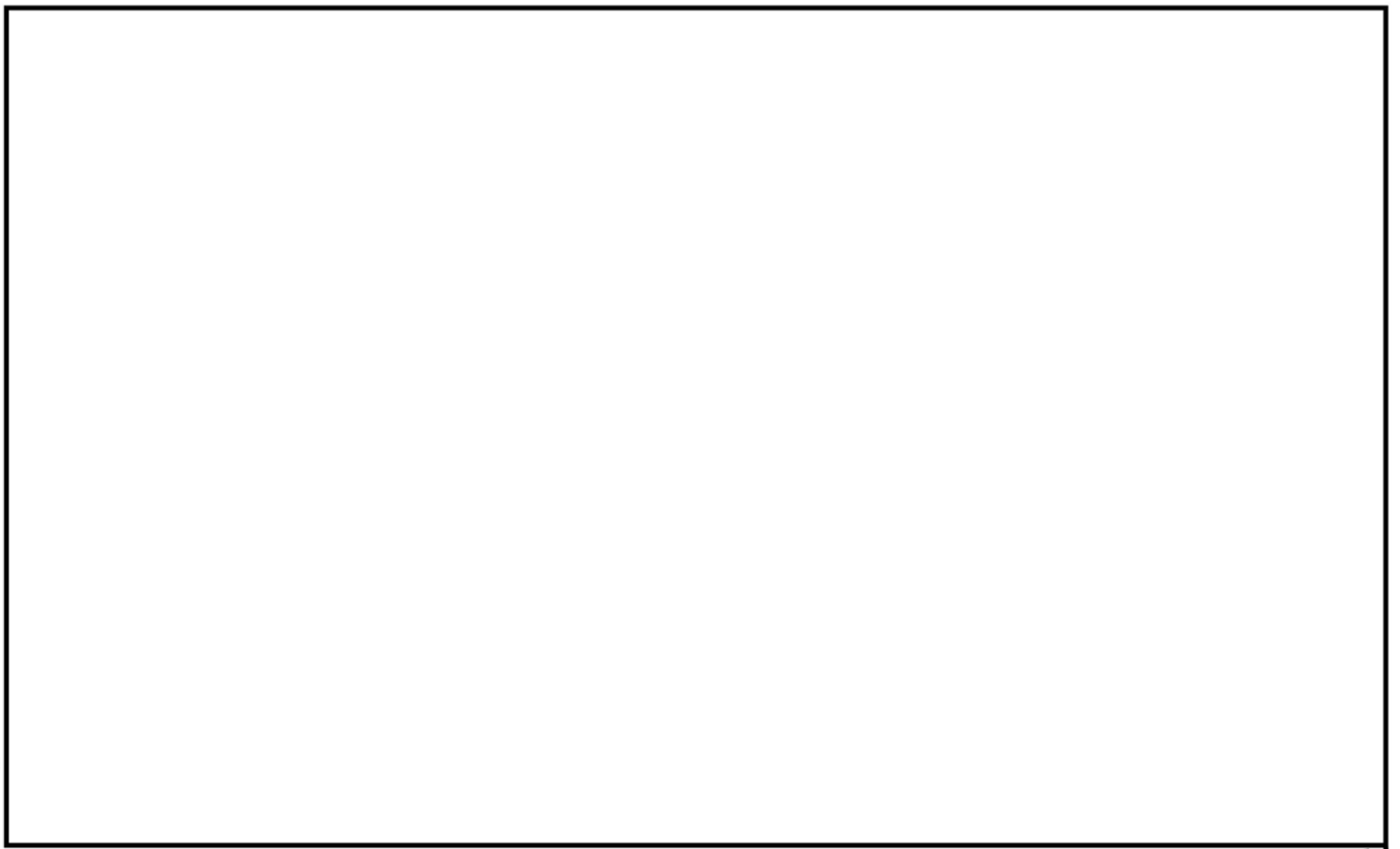
4/1/2014

X

Release 2022-1
NSA 18594

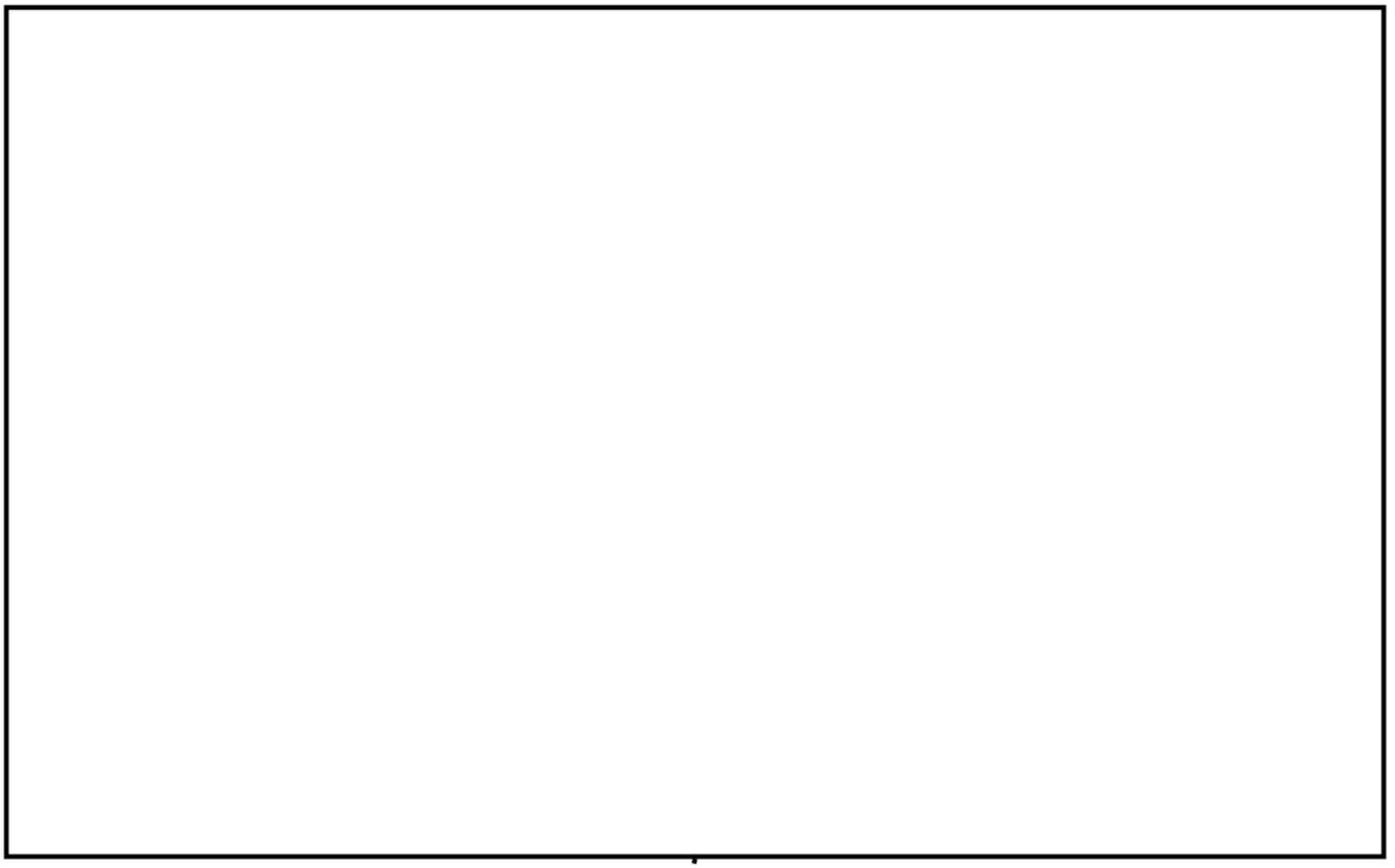


(b)(3)-P.L. 86-36
(b)(6)



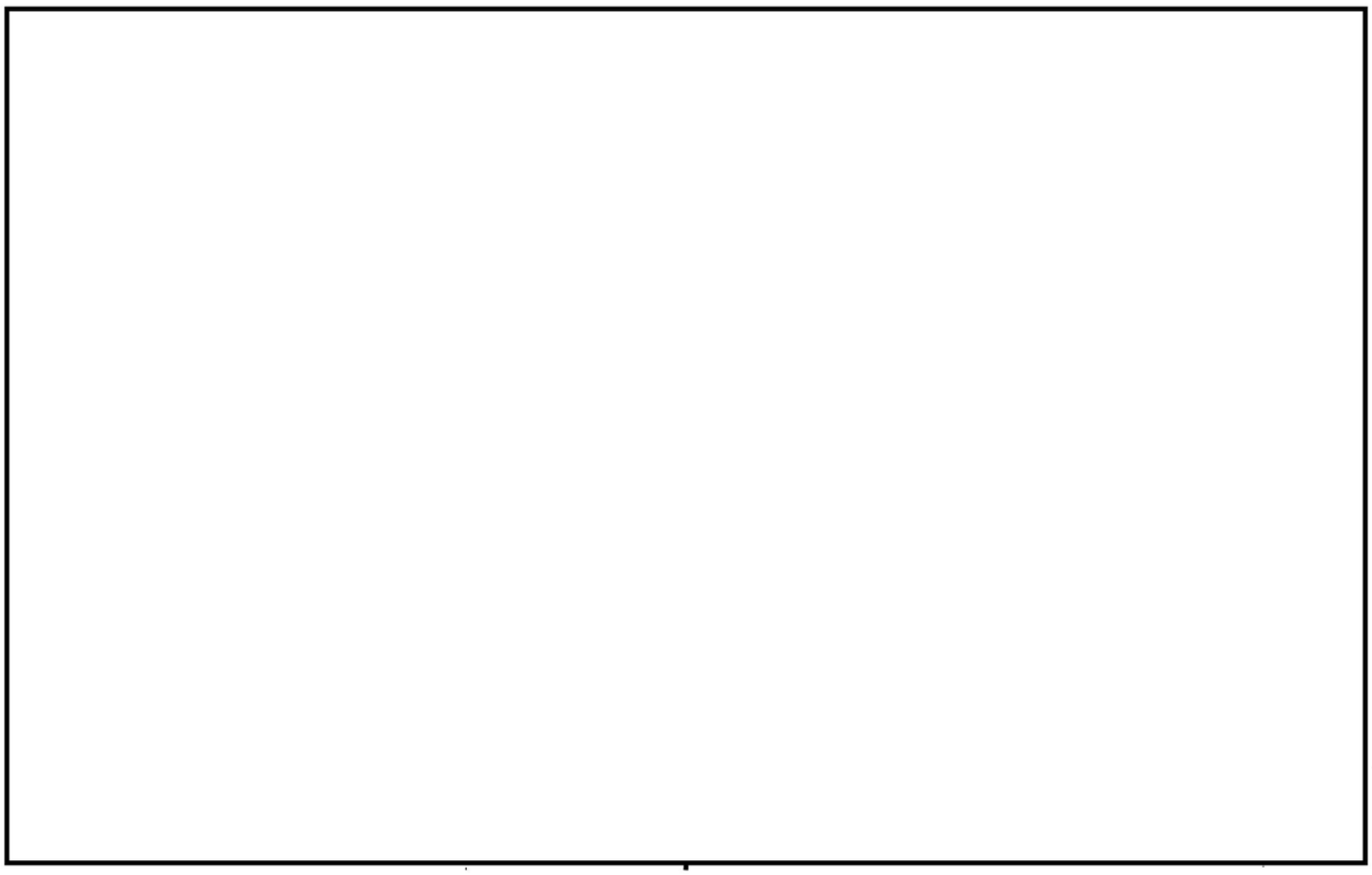
(b) (6)

Release 2022-1
NSA 18596



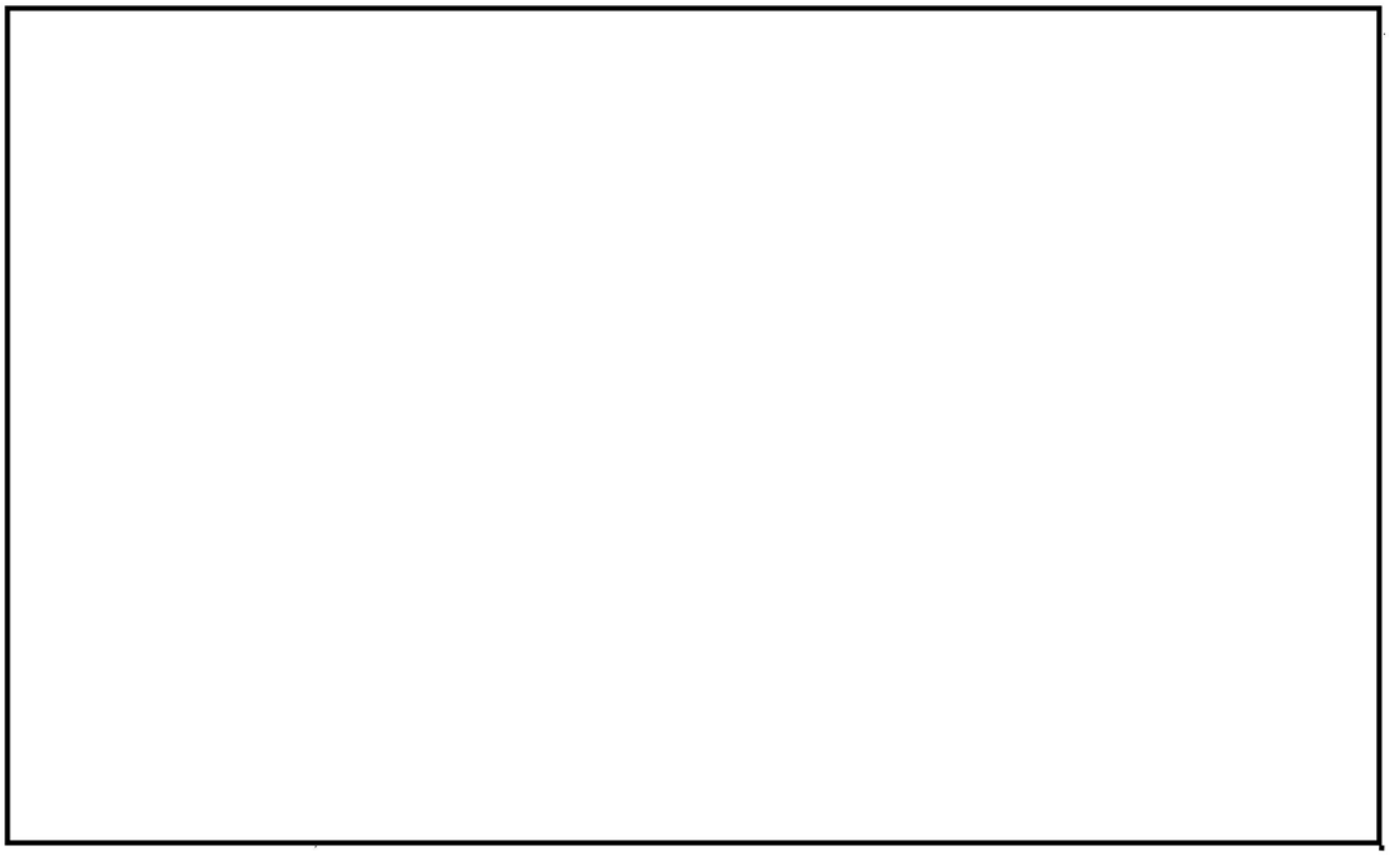
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Release 2022-1
NSA 18597



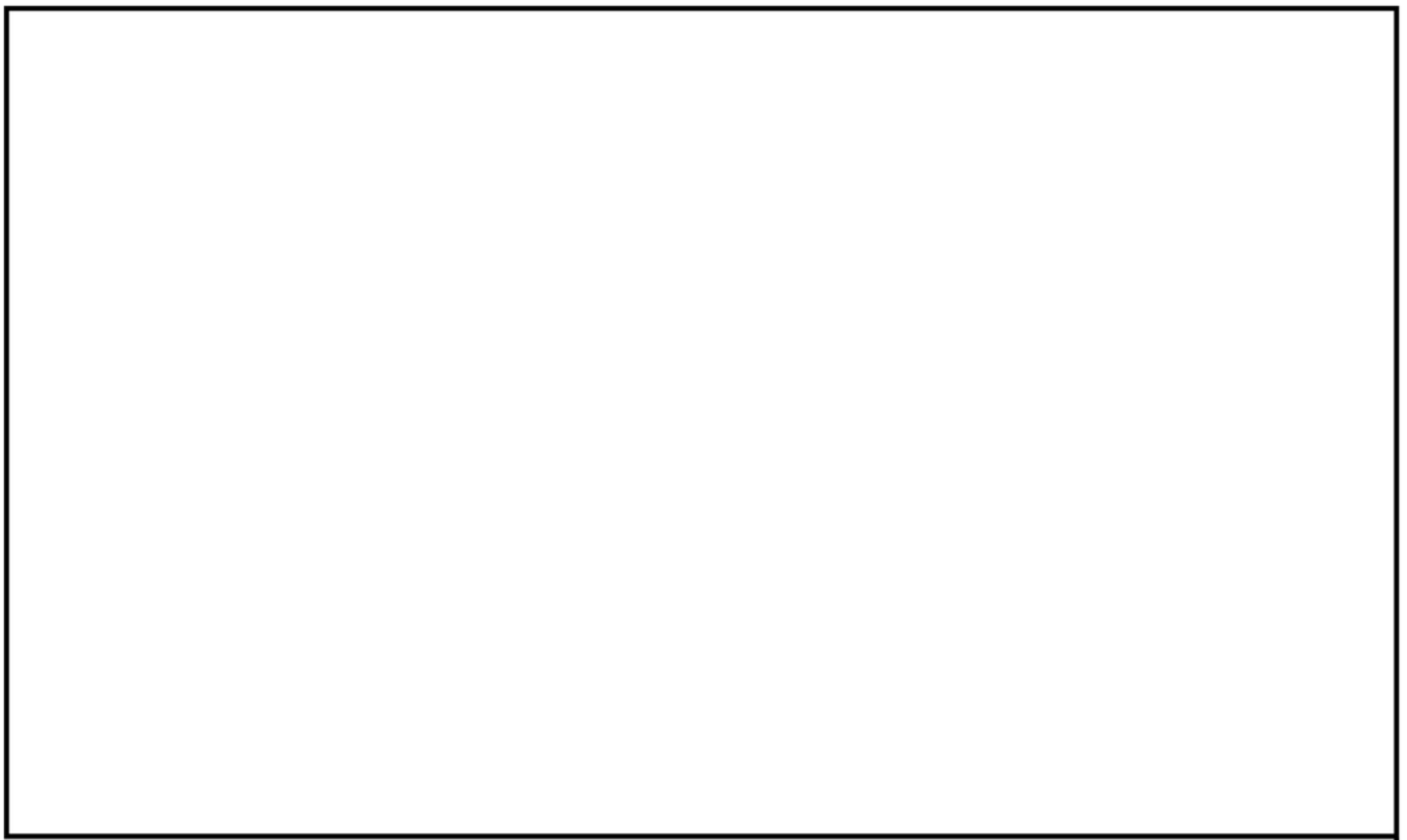
(b) (6)

Release 2022-1
NSA 18598



(b) (6)

Release 2022-1
NSA 18599



(b) (6)

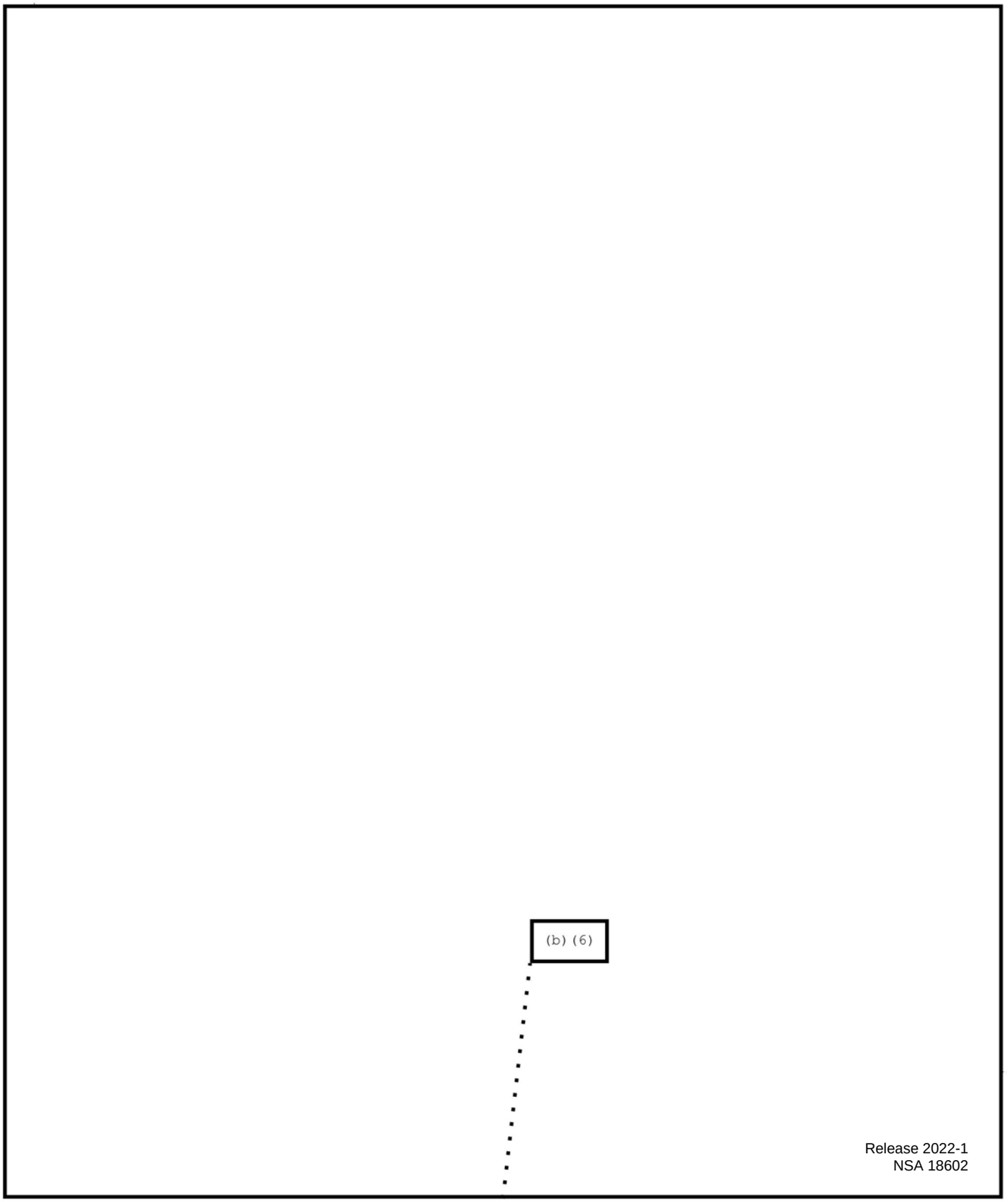
Release 2022-1
NSA 18600

(b)(3)-P.L. 86-36
(b)(6)

Academic Transcript

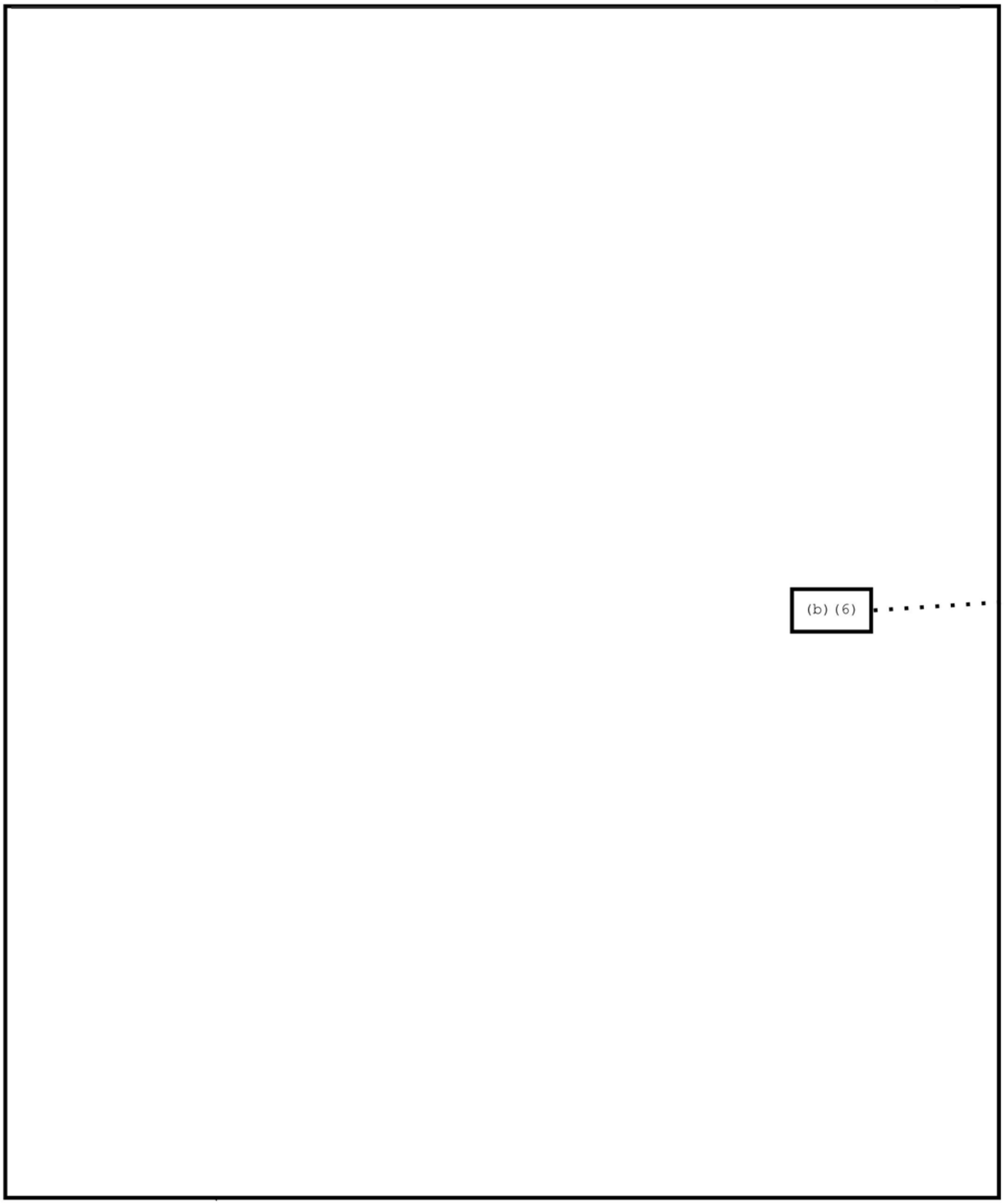
Mar 28, 2014
09:14 am

(b)(6)

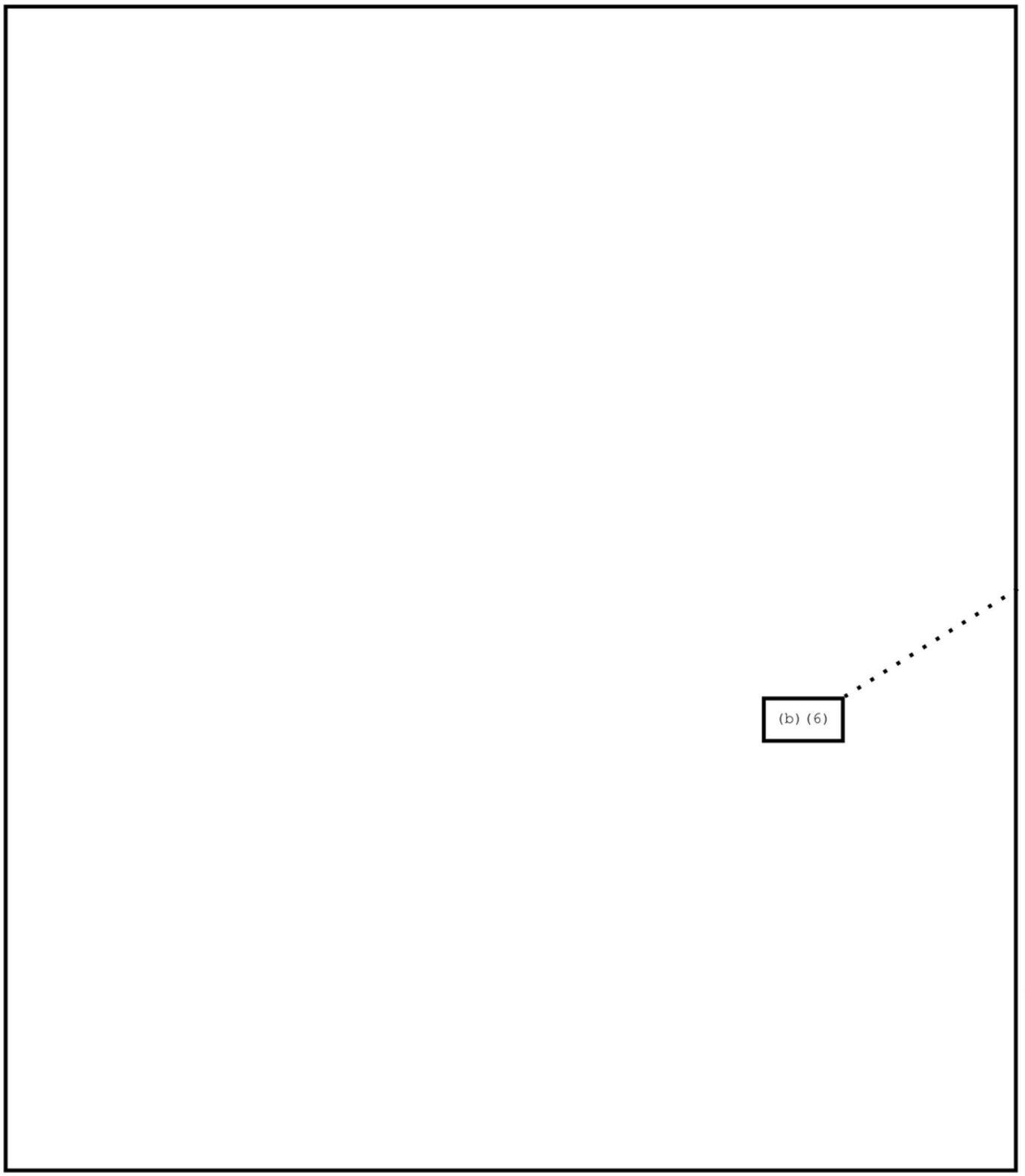


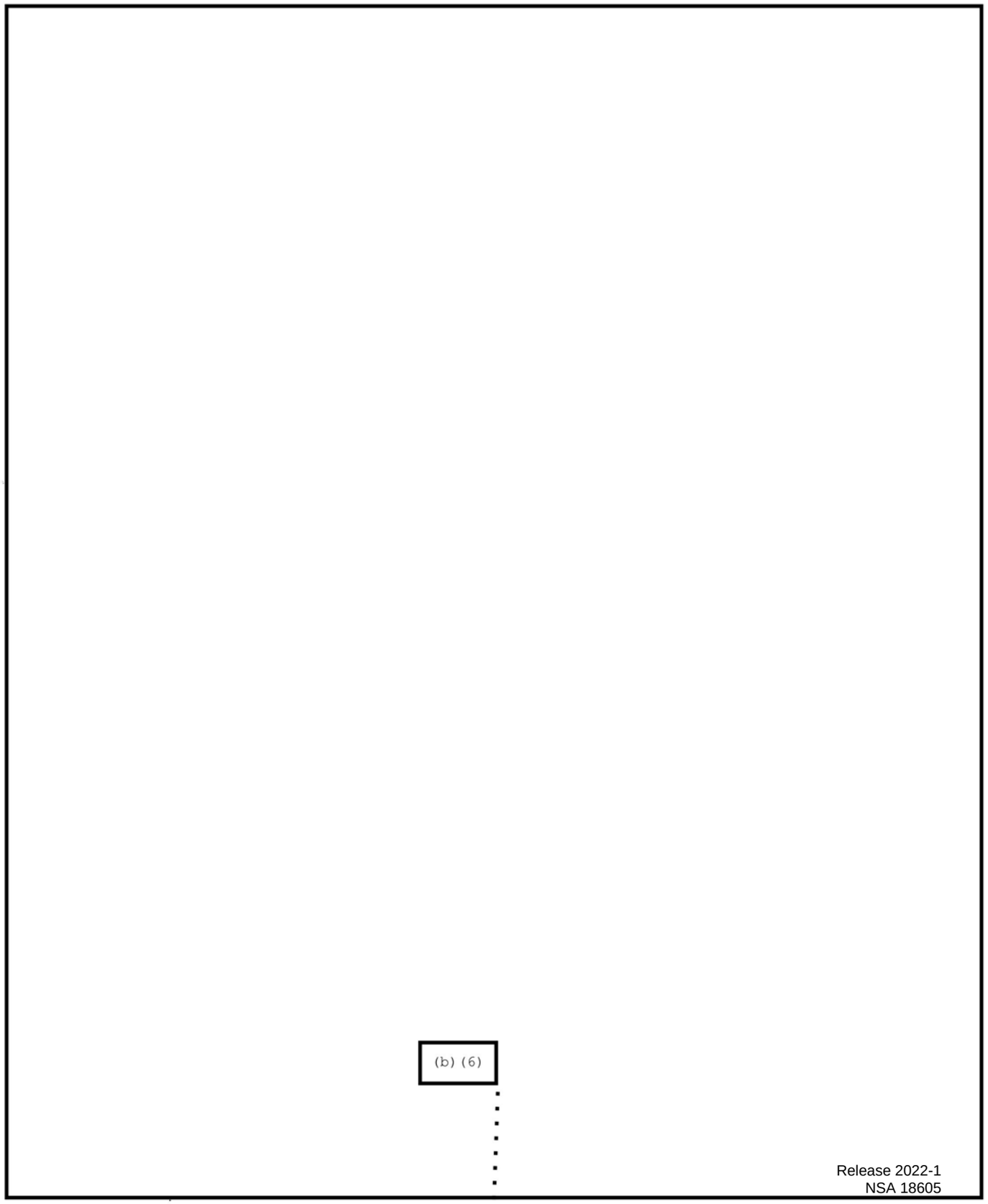
Release 2022-1
NSA 18602

Doc ID: 6747925

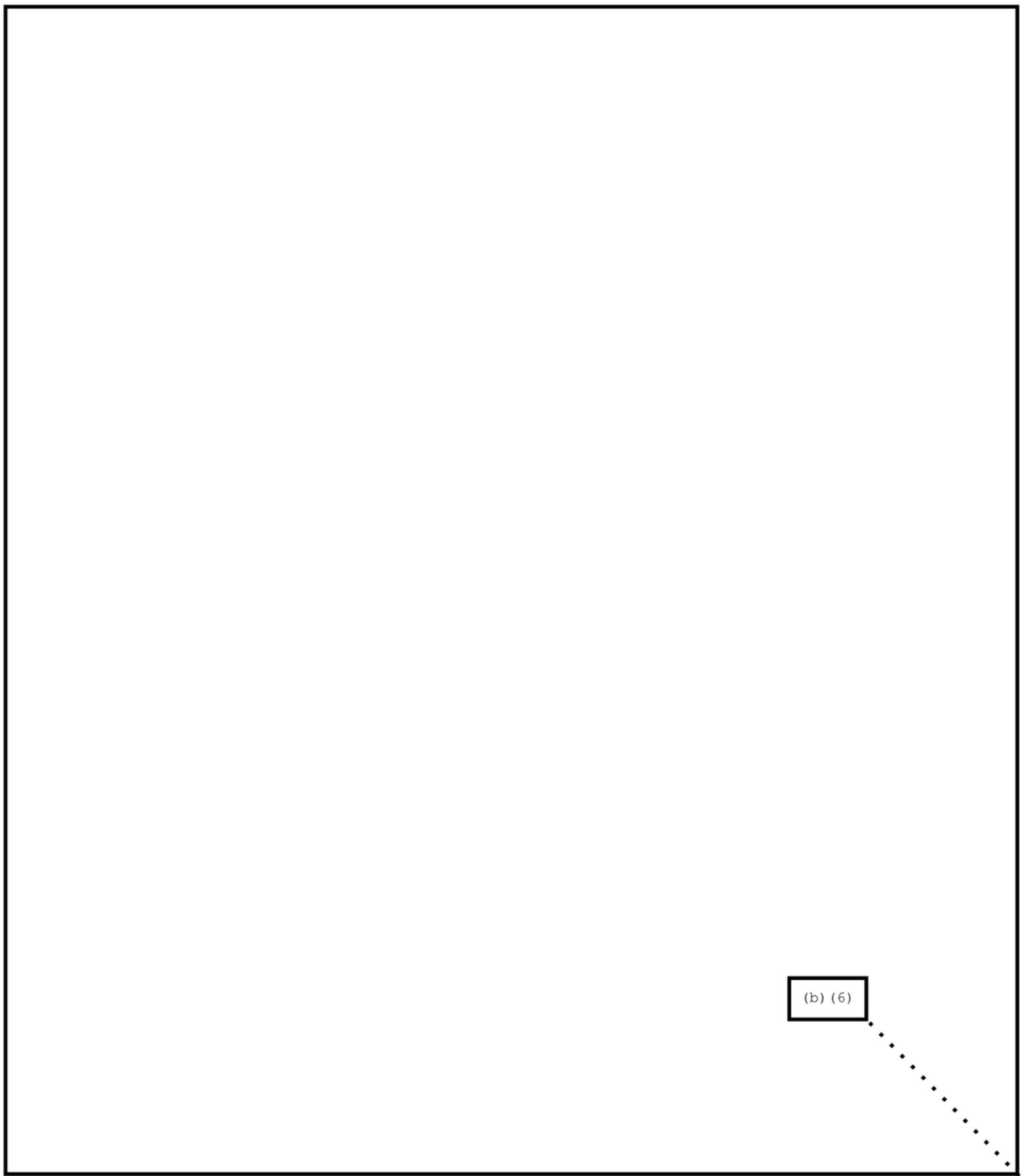


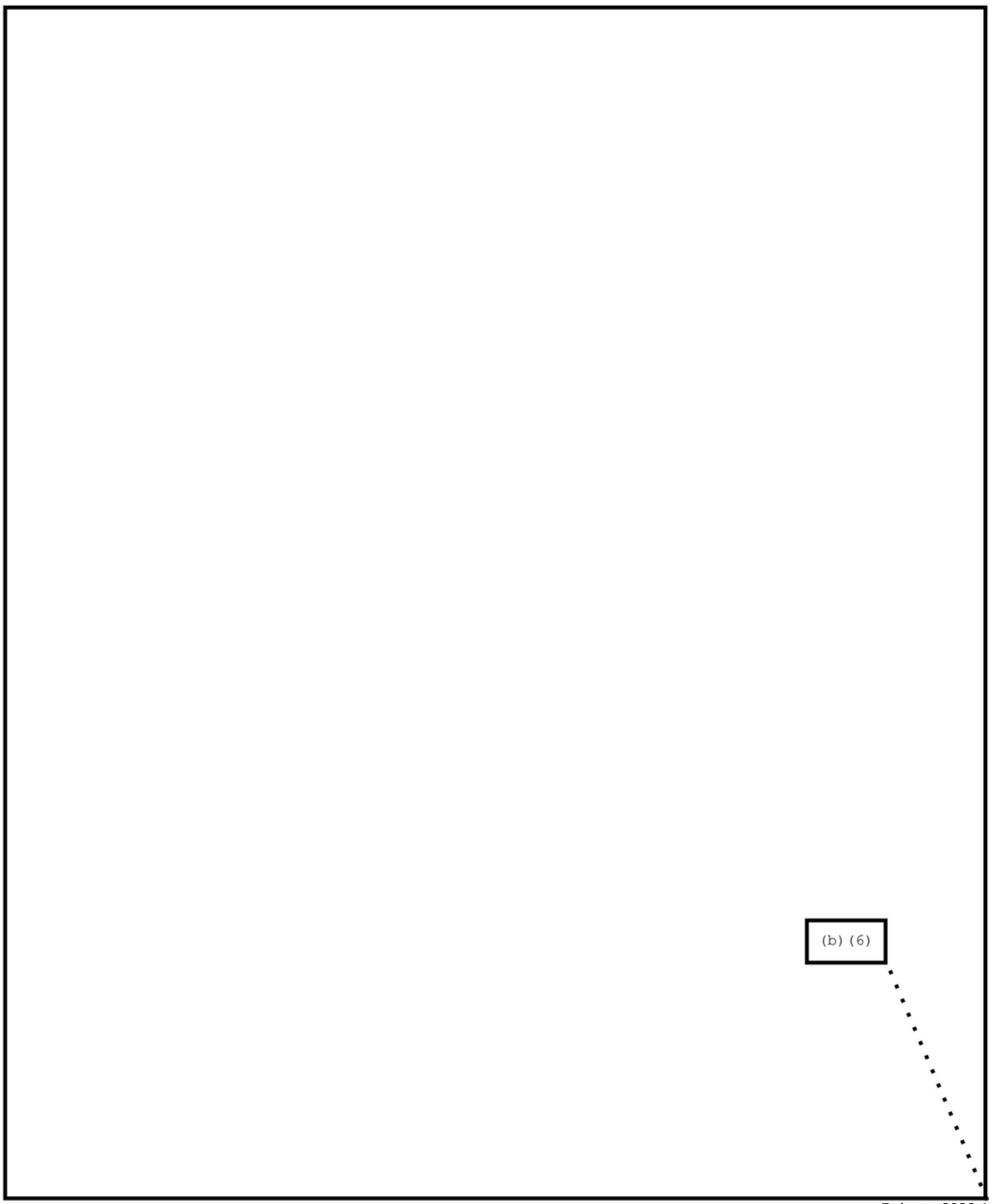
Release 2022-1
NSA 18603


(b) (6)



Release 2022-1
NSA 18605


(b) (6)


(b) (6)

Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

616734 ASP

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency code agency subelement and submitting office number

B. Request Status (Mark (X) one)
☐ Resubmission ☐ Initial
☐ Correction ☐ Cancellation

Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name (Last, First, Middle Initial)

2. Social Security Number/Federal Employee Number

3. Date of Birth (yyyy-mm-dd)

4. Home Address (Number, Street, City, State, ZIP Code) (Optional)

5. Home Telephone (Optional) (Include Area Code)

6. Position Level (Mark (X) one)
☒ a. Non-supervisory ☐ b. Manager
☐ c. Supervisory ☐ d. Executive

7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency)
National Security Agency
9800 Savage Rd
Fort Meade, MD 20755
Suite:

8. OfficeTelephone (Include Area Code and Extension)

9. Work Email Address

(b) (6)

10. Position Title
Cryptanalytic Computer Scientist

11. Does applicant need special accomodation?
☐ Yes ☒ No
If yes, please describe below

12. Type of Appointment	13. Education Level	14. Pay Plan	15. Series	16. Grade	17. Step
Career	18	GG	200	9	3

Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code)

1b. Location of Training Site (If same, mark box) ☒

1c. Vendor Telephone Number

1d. Vendor Email Address

2a. Course Title
See attached ASP data sheet

2b. Course Number Code

3. Training Start Date (Enter Date as yyyy-mm-dd)
2014-08-25

4. Training End Date (Enter Date as yyyy-mm-dd)
2014-12-12

(b) (3)-P.L. 86-36

5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type	8. Training Type Code

9. Training Sub Type Code	10. Training Delivery Type Code	11. Training Designation Type Code	12. Training Credit	13. Training Credit Type Code
			10	

14. Training Accreditation Indicator (Check below)	15. Continued Service Agreement Required Indicator (Check below)	16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)	17. Training Source Type Code
☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A		

18. Training Objective

19. AGENCY USE ONLY
PA 3/10/15

Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Tuition and Fees	$ 4,540.00	
b. Books & Material Costs	$	
c. TOTAL	$ 4,540.00	

2. Indirect Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Travel	$	
b. Per Diem	$	
c. TOTAL	$	

3. Total Training Non-Government Contribution Cost

4. Document / Purchasing Order / Requisition Number

5. 8 - Digit Station Symbol (Example - 12-34-5678)

6. BILLING INSTRUCTIONS (Furnish invoice to)
DEPARTMENT OF DEFENSE
9800 SAVAGE ROAD
ATTN: E811,
SUITE 6801
FT. MEADE,MD 20755-6801

Release 2022-1
NSA 18608

Section D - APPROVALS

1a. Immediate Supervisor - *Name and title*	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date 2014-07-15
2a. Second-line Supervisor - *Name and title*	
2b. Area Code / Telephone Number	2c. Email Address
2d. Signature	2e. Date 7/17/14
3a. Training Officer - *Name and title*	
3b. Area Code / Telephone Number	3c. Email Address
	3e. Date 7/17/14

(b)(3)-P.L. 86-36

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title*	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature ☒ Approved ☐ Disapproved	1e. Date 7-31-14

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date

TRAINING FACILITY — Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

Release 2022-1
NSA 18609

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

[redacted]

ADVANCED STUDIES PROGRAM (20/20)
DATA SHEET

(b)(3)-P.L. 86-36
(b)(6)

NAME: [redacted] **SID:** [redacted]

SCHOOL: [redacted] **ORG:** [redacted]

(b)(3)-P.L. 86-36

SEMESTER DATES: 25 Aug 2014 – 12 Dec 2014

(b)(6)

COURSE TITLE	COURSE CATALOG #	COURSE CREDITS	TUITION
[redacted]		3	$1362
		3	$1362
		4	$1816
TOTAL COST OF TUITION			$4540

41870
41871
41872

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

CONTINUED SERVICE AGREEMENT (CSA)

Note: This agreement must be signed by the nominee for NSA-sponsored external training that exceeds 80 hours or college tuition assistance program as prescribed in Title 5 USC 4108 and 5 CFR 410.309.

Employee Agreement to Continue in Service

Name of Course/Program: See attached ASP data sheet Course Date: 25 Aug 2014

Name of Vendor/School: [redacted] Course Length: 16 weeks

Location: [redacted]

(b) (6)

1. I AGREE that, upon completion of the NSA-sponsored:
   a. External training and training as part of a full-time college tuition assistance program, I will serve in the Agency three (3) times the length of the training period; or
   b. Training as part of a part-time college tuition assistance program, I will serve in the Agency six (6) months.
2. I understand I will be required to repay the Government in full for any educational expenses for part-time college tuition assistance programs or a proportional amount of any educational expenses for full-time college tuition assistance programs (EXCLUDING SALARY, PAY, OR COMPENSATION) remaining under the agreement if it is determined that I:
   a. Voluntarily separate from the Government, and am not transferring to another U.S. Government entity;
   b. Withdraw from the training;
   c. Receive a non-passing grade or an incomplete in the training; or
   d. Did not meet the grade requirements for the specific training program for which I am sponsored.
3. I understand that any amount of money which may be due to the Agency as a result of my failure to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
4. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
5. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreement will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: Start Date: 12 Dec 2014 End Date: 12 Jun 2014

Employee Name: [redacted]

(b) (3)-P.L. 86-36
(b) (6)

Employee's Signature: [redacted] Date Signed: 30 Jun 2014

(b) (3)-P.L. 86-36

Employee's Supervisor Name: [redacted]

Employee's Supervisor Signature [redacted] Date Signed: 15 Jul 2014

Release 2022-1
NSA 18611

[redacted]

CERTIFIED CORRECT.
APPROVAL FOR PAYMENT.
[redacted]
SIGNATURE
#4540.00 - final
AMOUNT
3/10/15
DATE

REQUEST FOR PAYMENT

DATE: 03/10/15

Invoice # [redacted]

BILL TO: Department of Defense
9800 Savage Road
Attn: E811, [redacted]
Suite 6801
Ft. Meade, MD 201755-6801

REMIT TO [redacted]

(b)(3)-P.L. 86-36

(b)(3)-P.L. 86-36
(b)(6)

[redacted]

			CHARGE	BALANCE
[redacted]				
[redacted]	(b)(6)	[redacted]		
[redacted]	3 credits	Tuition	$1,362.00	
	3 credits	Tuition	$1,362.00	
	4 credits	Tuition	$1,816.00	

Control # [redacted]

Routing No.
Account No
Cage Code
DUNs Code
TIN

Payment by Check or Bank Transfer Only

Contact for payment: [redacted]

TOTAL BILLING: $4,540.00

[redacted]
Bursar

Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

695883 ASP

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number	B. Request Status (Mark (X) one)
	☐ Resubmission ☐ Initial ☐ Correction ☐ Cancellation

Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name (Last, First, Middle Initial)	2. Social Security Number/Federal Employee Number	3. Date of Birth (yyyy-mm-dd)

4. Home Address (Number, Street, City, State, ZIP Code) (Optional)	5. Home Telephone (Optional) (Include Area Code)	6. Position Level (Mark (X) one)
		☒ a. Non-supervisory ☐ b. Manager ☐ c. Supervisory ☐ d. Executive

7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency)	8. Office Telephone (Include Area Code and Extension)	9. Work Email Address
National Security Agency 9800 Savage Rd Fort Meade, MD 20755 Suite:		

(b) (6)

10. Position Title	11. Does applicant need special accomodation?	If yes, please describe below
Software Engineer	☐ Yes ☒ No	

12. Type of Appointment	13. Education Level	14. Pay Plan	15. Series	16. Grade	17. Step
Career	13	GG	0200	11	1

Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code)	1b. Location of Training Site (if same, mark box) ☐	1c. Vendor Telephone Number	1d. Vendor Email Address

2a. Course Title	2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd)	4. Training End Date (Enter Date as yyyy-mm-dd)
See attached ASP data sheet		2015-08-24	2015-12-11

(b) (3)-P.L. 86-36

5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type	8. Training Type Code

9. Training Sub Type Code	10. Training Delivery Type Code	11. Training Designation Type Code	12. Training Credit	13. Training Credit Type Code
			40	

14. Training Accreditation Indicator (Check below)	15. Continued Service Agreement Required Indicator (Check below)	16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)	17. Training Source Type Code
☐ Yes ☐ No	☒ Yes ☐ No ☐ N/A	2016-06-12	

18. Training Objective	19. AGENCY USE ONLY
	Pd 8/24/15

Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Tuition and Fees	$ 2,820.00	
b. Books & Material Costs	$	
c. TOTAL	$ 2,820.00	

2. Indirect Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Travel	$	
b. Per Diem	$	
c. TOTAL	$	

3. Total Training Non-Government Contribution Cost	6. BILLING INSTRUCTIONS (Furnish invoice to):
	DEPARTMENT OF DEFENSE 9800 SAVAGE ROAD ATTN: E12, SUITE 6801 FT. MEADE, MD 20755-6801
4. Document / Purchasing Order / Requisition Number	
5. 8 - Digit Station Symbol (Example - 12-34-5678)	

Release 2022-1
NSA 18613

Section D - APPROVALS

1a. Immediate Supervisor - *Name and title*

[redacted] Chief [redacted]

1b. Area Code / Telephone Number	1c. Email Address
[redacted]	[redacted]
1d. Signature: [redacted]	1e. Date: 2015-07-15

2a. Second-line Supervisor - *Name and title*

2b. Area Code / Telephone Number	2c. Email Address
2d. Signature: [redacted]	2e. Date: 7/15/15

(b)(3)-P.L. 86-36

3a. Training Officer - *Name and title*

3b. Area Code / Telephone Number	3c. Email Address
[redacted]	3e. Date: 7/15/15

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title* [redacted]

1b. Area Code / Telephone Number	1c. Email Address
[redacted]	
1d. Signature: [redacted] ☒ Approved ☐ Disapproved	1e. Date: 7-16-15

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date

TRAINING FACILITY -- Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

Release 2022-1
NSA 18614

Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

ADVANCED STUDIES PROGRAM (20/20) DATA SHEET

NAME: [redacted] **SID:** [redacted]

SCHOOL: [redacted] **ORG:** [redacted]

SEMESTER DATES: 24 Aug 2015 - 11 Dec 2015

(b) (3)-P.L. 86-36

(b) (6)

COURSE TITLE	COURSE CATALOG #	COURSE CREDITS	TUITION
[redacted]		3	1410.00
		3	1410.00
TOTAL COST OF TUITION			$2820-

44195
44196

Release 2022-1
NSA 18615

CONTINUED SERVICE AGREEMENT (CSA)

Note: This agreement must be signed by the nominee for NSA-sponsored external training that exceeds 80 hours or college tuition assistance program as prescribed in Title 5 USC 4108 and 5 CFR 410.309.

Employee Agreement to Continue in Service

Name of Course/Program: See attached ASP data sheet Course Date: 24 Aug 2015

Name of Vendor/School: [redacted] Course Length: 16 Weeks

Location [redacted]

(b) (6)

1. I AGREE that, upon completion of the NSA-sponsored:
   a. External training and training as part of a full-time college tuition assistance program, I will serve in the Agency three (3) times the length of the training period; or
   b. Training as part of a part-time college tuition assistance program, I will serve in the Agency six (6) months.
2. I understand I will be required to repay the Government in full for any educational expenses for part-time college tuition assistance programs or a proportional amount of any educational expenses for full-time college tuition assistance programs (EXCLUDING SALARY, PAY, OR COMPENSATION) remaining under the agreement if it is determined that I:
   a. Voluntarily separate from the Government, and am not transferring to another U.S. Government entity;
   b. Withdraw from the training;
   c. Receive a non-passing grade or an incomplete in the training; or
   d. Did not meet the grade requirements for the specific training program for which I am sponsored.
3. I understand that any amount of money which may be due to the Agency as a result of my failure to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
4. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
5. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreement will remain in effect until I have completed my obligated service with that other agency or organization.

(b) (3)-P.L. 86-36
(b) (6)

Period of obligated Service: Start Date: 11 Dec 2015 End Date: 11 Jun 2016

Employee Name: [redacted]

Employee's Signature: [redacted] Date Signed: 07 Jul 2015

Employee's Supervisor Name: [redacted]

Employee's Supervisor Signature: [redacted] Date Signed: 15 Jul 2015

(b) (3)-P.L. 86-36

Release 2022-1
NSA 18616

Doc ID: 6747925

[redacted]

REQUEST FOR PAYMENT

[redacted]

DATE: 08/12/15

Invoice # [redacted]

BILL TO: Department of Defense
9800 Savage Road
Attn: E811, [redacted]
Suite 6801
Ft. Meade, MD 201755-6801

REMIT TO: [redacted]

(b) (3)-P.L. 86-36

(b) (3)-P.L. 86-36
(b) (6)

		CHARGE	BALANCE
[redacted]	Fall 2015		
[redacted] (b) (6) [redacted]			
[redacted]	Tuition	$1,410.00	
	Tuition	$1,410.00	

Control # [redacted]

Routing No.
Account No
Cage Code
DUNs Code
TIN

Payment by Check or Bank Transfer Only

Contact for payment [redacted]

TOTAL BILLING: $2,820.00

[redacted]
Bursar

CERTIFIED CORRECT.
APPROVAL FOR PAYMENT.

[redacted]
SIGNATURE

#2820.00 - final
AMOUNT

8/24/15
DATE

Release 2022-1
NSA 18617

NSA TUITION ASSISTANCE COVERSHEET

Name: [redacted] SID: [redacted] Org [redacted]

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

PROGRAM:

- [x] Advanced Studies (20/20) Program (ASP)
- [ ] Undergraduate Scholarship
- [ ] Graduate Fellowship

The following documents are included in my tuition assistance application:

- [x] NSA Application for Tuition Assistance.
- [x] College Programs Nomination
- [x] Proposed schedule of classes.
- [x] Course description for each course from the college or university's course catalog.
- [x] Official copy of all college transcripts indicating grade point average and class status.
- [x] Letter of acceptance from the selected school.

Release 2022-1
NSA 18618

UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

NSA APPLICATION FOR TUITION ASSISTANCE

1. EMPLOYEE NAME (LAST, FIRST, MI)	(b) (3)-P.L. 86-36 (b) (6)	2. SID
[redacted]		[redacted]

3. SECURE PHONE	4. ORGANIZATION	5. GRADE
267-7602	[redacted]	09

6. YEARS OF NSA CIVILIAN SERVICE	7. SUPERVISOR NAME / TITLE	8. SUPERVISOR SID
3	[redacted] (b) (3)-P.L. 86-36	[redacted]

9. DIRECTORATE	10. JOB TITLE
TD	Software Engineer

11. WORK ROLE

Software Engineer

12. OFFICIAL JOB DUTIES

Assigned to the [redacted] HPC architecture. Participate in or lead the development of a configurable simulation environment, assembler, and compiler for a unique CPU. Create documentation and instructions for the use of the new development environment. Coordinate and engage in the development of a benchmark and test application suite to verify the proposed design performance and functionality. Evaluate and test intermediate software and hardware designs to verify correctness as well as suitability for continued development.

13. TUITION ASSISTANCE PROGRAM	14. IN WHAT DEGREE PROGRAM ARE YOU ENROLLED?
ADVANCED STUDIES (20/20) PROGRAM (ASP)	GRADUATE

15. EDUCATIONAL INSTITUTION TO BE ATTENDED (NAME ONLY)	16. PROGRAM OF STUDY (DEGREE) *(Collected for statistical purposes only)*
[redacted] (b) (6)	Computer Science

17. CURRENT GPA AND EARNED COLLEGE CREDITS (ASP and S/F applicants only)

Scholarship and Fellowship applicants must have a 3.0 (on a 4.0 scale) or a 2.0 (on a 3.0 scale) grade point average.

Current Grade Point Average (GPA): 4

Minimum number of completed credit hours required at accredited college/university:

- Undergraduate ASP: 60 credit hours
- Undergraduate Scholarship: 90 credit hours
- Graduate ASP: N/A
- Graduate Fellowship: N/A

Number of earned credits for the degree program you are enrolled? 10
(not applicable for graduate applicants)

NSA APPLICATION FOR TUITION ASSISTANCE

18. TAXPAYER ACKNOWLEDGEMENT: Tuition assistance above $5250 is an employer-provided fringe benefit that may be subject to income taxation. If my total education assistance from NSA exceeds $5250 in a calendar year, I acknowledge that NSA will withhold appropriate taxes (Federal, State, Medicare, and Social Security (OASDI)) from my paycheck on educational assistance over $5250 and NSA will report that amount as part of my income to the IRS, State Taxing Authority, and Social Security Administration. The taxable income will be reflected on my W - 2 for the calendar year when the tuition is paid by NSA. I understand that tuition paid in Pay Period (PP) 23 and 24, I will have the option of having the tax deducted in PP 24 and/or PP 25 or transferred to the next year. All tuition payments made in PP 25 – Dec 31 that equal or exceed $5250 will be transferred to the following year. All tuition payments made in PP 25 – Dec 31 that are less than $5250 will be held in the current year if the year-to-date tuition total is less than $5250. I understand it is my sole responsibility to determine whether I am lawfully able to make adjustments to my reported income or claim one of several income tax deductions related to tuition assistance over $5250 when I file my income tax documents.

Employee SID [redacted] (b)(3)-P.L. 86-36 (b)(6)

NSA cannot provide individual income tax advice. Tax - related questions should be directed to a tax advisor. For additional information regarding withholdings, please contact the NSA Payroll office (go payroll). For information about taxation related to education benefits, please visit the ADET College Programs website (go college programs) to view the Frequently Asked Questions (FAQs).

ADET USE ONLY: EMPLOYEE ELIGIBILITY FOR PROGRAM (#18): ☐ Yes ☐ No

If Employee is **not** Eligible: Reason: ☐ #6 ☐ #12 ☐ #17 ☐ Current Debt Obligation

Other:

Date of Email Notification To Employee and Directorate POC:

19. COURSE INFORMATION: Complete fields below and attach course descriptions to the application.

If you are requesting tuition assistance through the Advanced Studies (20/20) Program (ASP) or the Undergraduate Scholarship/Graduate Fellowship Program, please provide the semester start date and semester end date.

X

Semester Start Date: 8/24/2015 Semester End Date: 12/11/2015 Semester: FALL 20 15

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]	(b)(6)	3	SEMESTER	$1362.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?

As a software engineer, a thorough understanding of operating systems is required to perform software development in high performance computing. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO" REASON ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

NSA APPLICATION FOR TUITION ASSISTANCE

X

Semester Start Date: 8/24/2015 Semester End Date: 12/11/2015 Semester: FALL 20 15

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
		3	SEMESTER	$1362.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?

As a software engineer, a thorough understanding of database systems is required to perform software development in high performance computing as a method of managing data flows. The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

(b) (6)

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

X

Semester Start Date: 1/19/2016 Semester End Date: 5/6/2016 Semester: SPRING 20 16

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
		4	SEMESTER	$1816.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?

My official job duty requires [redacted] The breadth and depth of subjects covered in this 3-month class far exceeds anything currently offered through ADET courses internally.

(b) (3)-P.L. 86-36

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

(b) (3)-P.L. 86-36
(b) (6)

NSA APPLICATION FOR TUITION ASSISTANCE

X

Semester Start Date: 1/19/2016 Semester End Date: 5/6/2016 Semester: SPRING 2016

COURSE #	COURSE TITLE	COURSE CREDITS	TYPE OF CREDIT HOURS PER COURSE	TOTAL TUITION & LABORATORY FEES PER COURSE
[redacted]	(b) (6)	3	SEMESTER	$1362.00

COURSE JUSTIFICATION : How will this course assist in the performance of your current official job duties?
As a software engineer, a thorough understanding of computer security is required to perform software development in high performance computing as software correctness is critical to proper development. The breadth and depth of subjects covered in this 3-month class far exceeds anything currerilty offered through ADET courses internally.

ADET USE ONLY: APPROVED ☐ Y ☐ N IF "NO", REASON: ☐ DUP NCS COURSE ☐ NOT JOB RELATED ☐ EXCEED PROGRAM LIMITS ☐

Add Another Course | Move Course Up | Move Course Down

[redacted]
(b) (3)-P.L. 86-36
(b) (6)

Form E5003 Rev 1.1 JUN 2014

[redacted]

NSA APPLICATION FOR TUITION ASSISTANCE

Submit to Supervisor

20. EMPLOYEE AND SUPERVISOR CERTIFICATION

By signing below, I certify that I have answered the above questions accurately. I hereby acknowledge that tuition benefits will be provided to me contingent upon successful completion of the course and continuation of my eligibility for tuition benefits based upon my employment status with the NSA/CSS. I understand that I will be responsible for payment of the course and any related fees if I do not satisfy the terms of the NSA Continued Service Agreement.

Employee Signature: [redacted] Date: 04/14/2015

By signing below, I certify that the employee is requesting tuition assistance for courses that have a direct bearing on the employee's current official job duties and do not duplicate NCS courses. I do not anticipate a change in my employee's official job duties within sixty days after the course start date. I certify that the employee is a permanent civilian employee and eligible to participate in this program. I certify that the total tuition assistance requested is for tuition and laboratory fees (if applicable) ONLY. The cost does NOT include registration fees, technology fees, resource fees, and miscellaneous student fees, books, for funds for any travel costs, such as class trips, site visits, and foreign or local travel.

Time-Off Statement (for Advanced Studies Program applicants only): Undergraduate students must take a twelve credit hours per semester and graduate students nine credit hours to be eligible for up to 20 hours off per week. Undergraduates who carry less than twelve credits and graduates less than nine credits are only eligible for 19 hours off per week.

I approve my employee for 14 number of duty hours for class time, commute, and study per week.

(b)(3)-P.L. 86-36
(b)(6)

(b)(3)-P.L. 86-36

Supervisor name / SID: [redacted] Org: [redacted]

Supervisor Signature: [redacted] Date: 04/30/2015

ADET USE ONLY

Team Member: [redacted]

RECOMMEND FOR COLLEGE TUITION ASSISTANCE ☐ Yes ☐ No

IF YES: ☐ AH ☐ ASP(20/20) ☐ S/F

IF NO: ☐ EXCEEDS MAXIMUM CREDIT LIMIT PER SEMESTER ☐ EXCEEDS MAXIMUM CREDIT LIMIT PER YEAR (AH ONLY)

☐ BELOW MINIMUM CREDIT LIMIT PER SEM (ASP ONLY) ☐ DIRECTORATE'S CRITICAL SKILLS CATEGORY (ASP ONLY)

Other:

[redacted]

(b)(3)-P.L. 86-36
(b)(6)

ADVANCED STUDIES PROGRAM (20/20)
PROPOSED SCHEDULE OF CLASSES

Course Number	Course Title	Credits
Fall 2015		
[redacted]		3 credits
		3 credits
Spring 2016		
[redacted]	(b)(6)	4 credits
		3 credits

Courses must be 200 level and above.

Undergraduates must take a minimum of 9 credits per semester - maximum of 12 credits per semester.

Graduates must take a minimum of 6 credits per semester - maximum of 9 credits per semester.

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COLLEGE PROGRAMS NOMINATION FORM

(b) (3)-P.L. 86-36
(b) (6)

PROGRAM NAME: Advanced Studies Program (20/20)

NAME

GRADE: 09 **SID**:

CURRENT ORGANIZATON: **POSITION TITLE**: Software Engineer

OFFICE PHONE (SECURE): 267-7602 **OFFICE PHONE (NON-SECURE)**:

IN UNCLASSIFIED TERMS, BRIEFLY DESCRIBE THE NOMINEE'S JOB RESPONSIBILITIES AND JUSTIFY THE REQUESTED TRAINING BY ADRESSING THE FOLLOWING QUESTIONS:

(b) (3)-P.L. 86-36

1. Describe your organization's core mission/business.
2. What are the skills identified as essential to your core mission/business?
3. What mission/business needs (either in your organization or in the larger Agency enterprise) will be satisfied as a result of the education derived by this employee?
4. What is the value and relevance of this education to the employee's current job duties?

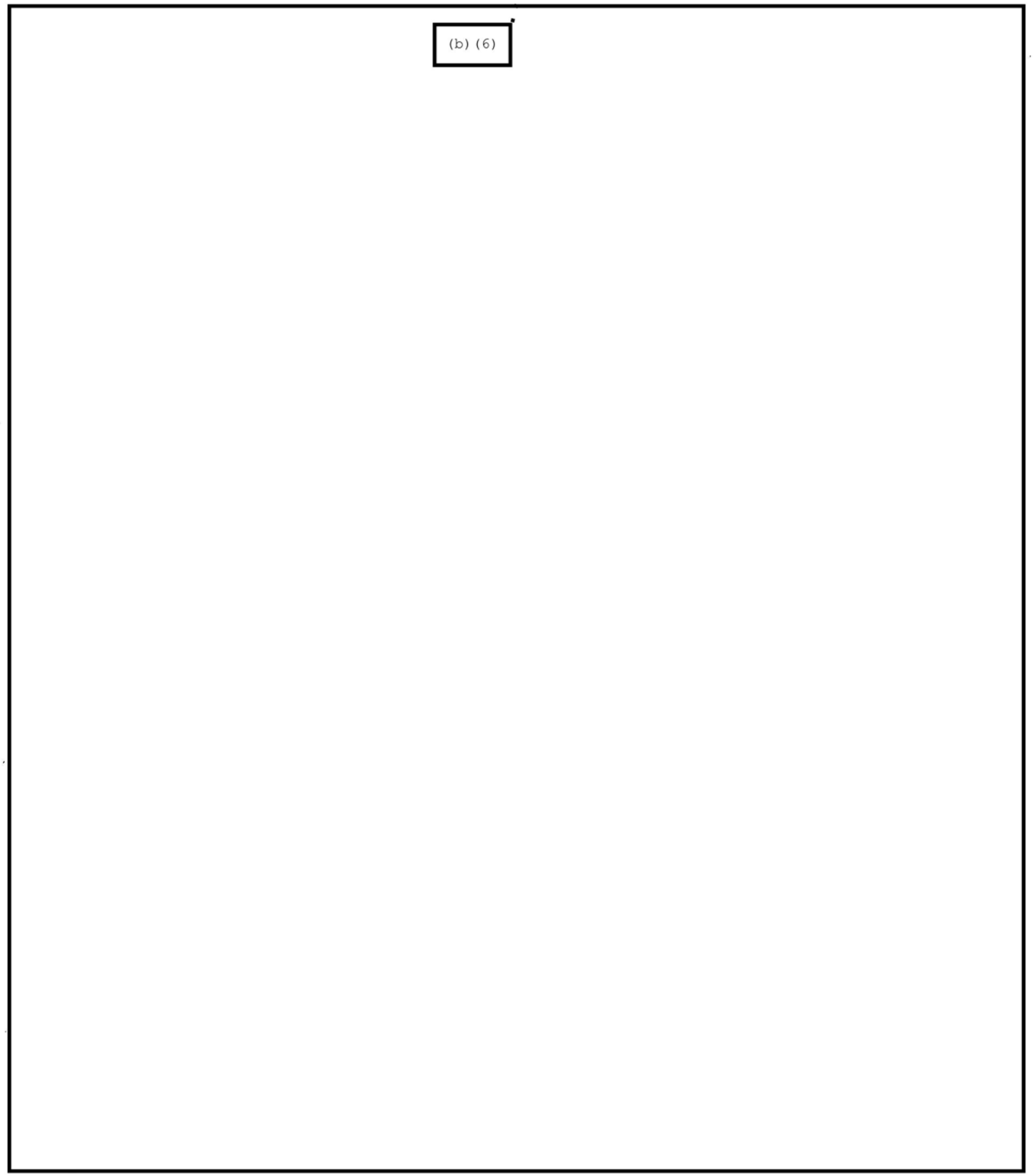
The primary mission is to develop outstanding software in support of effort to build world-class high performance computers. In order to fulfill that mission, software engineers must have in-depth knowledge of most every aspect of software development, such that software can be written which will provide the most optimal performance possible on the various hardware/vendor platforms. The development of these HPCs is critical to the Agency's numerous compute-intensive goals, and the education and training of personnel in the appropriate technologies is a vital part of that effort.

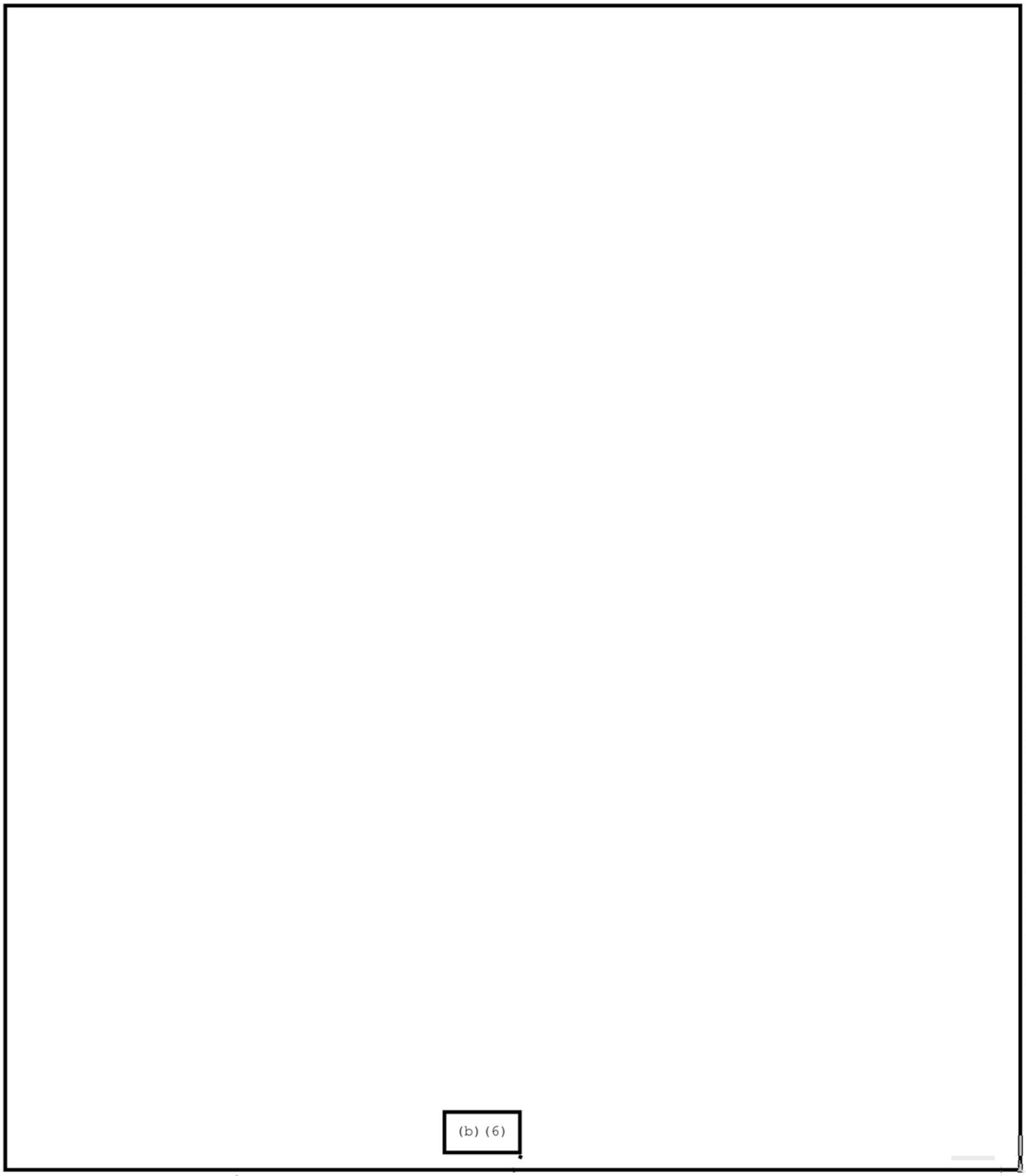
Chief

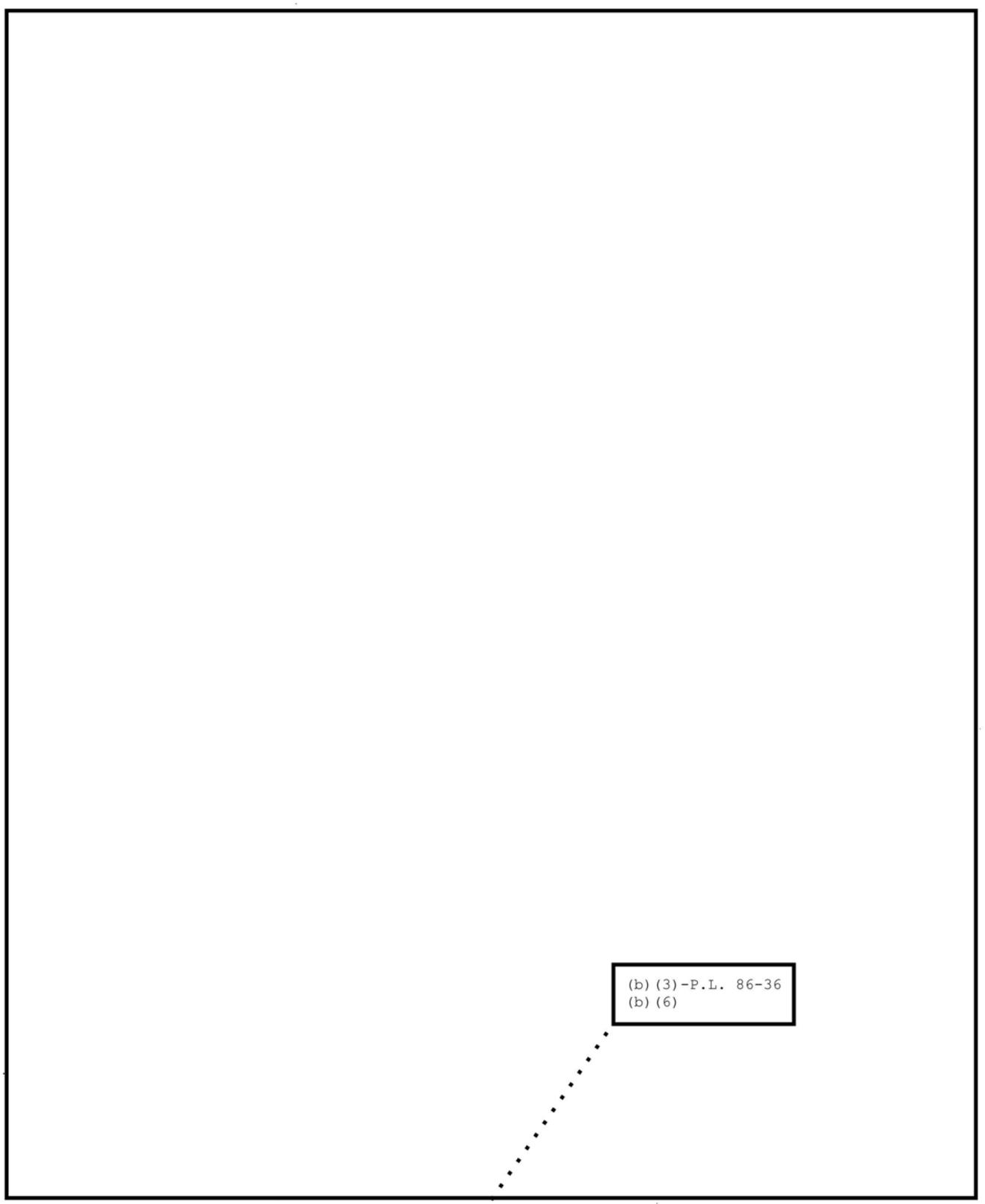
14 APR 2015

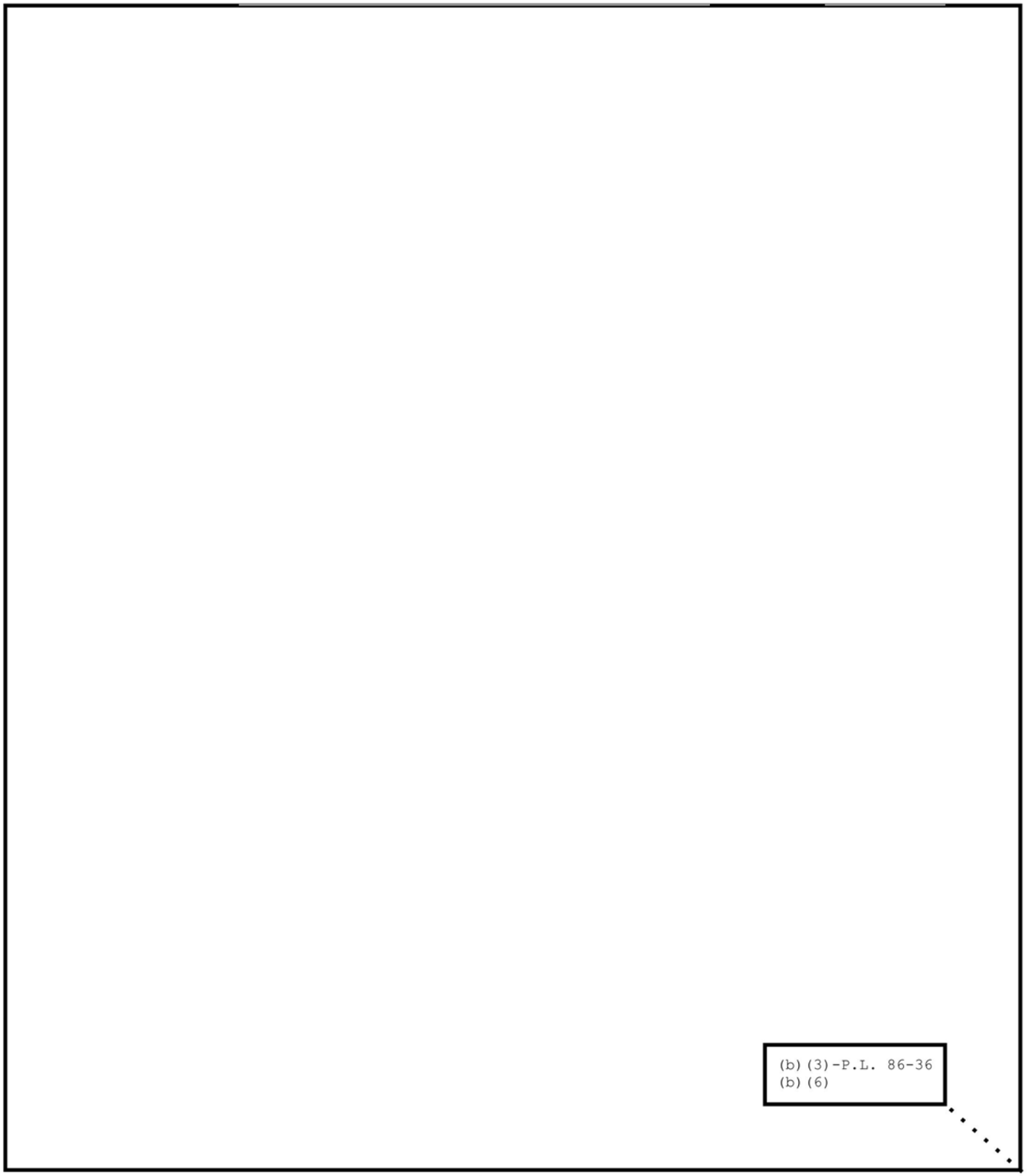
Supervisor's Signature, SID, Date (Signature required)

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(b) (6)


(b) (6)


(b)(3)-P.L. 86-36
(b)(6)


(b)(3)-P.L. 86-36
(b)(6)

Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

647783 ASP

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency code agency subelement and submitting office number

B. Request Status *(Mark (X) one)*: ☐ Resubmission ☐ Initial ☐ Correction ☐ Cancellation

Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name *(Last, First, Middle Initial)*: [redacted]

2. Social Security Number/Federal Employee Number: [redacted]

3. Date of Birth *(yyyy-mm-dd)*:

4. Home Address *(Number, Street, City, State, ZIP Code)* (Optional): [redacted]

5. Home Telephone (Optional) *(Include Area Code)*: [redacted]

6. Position Level *(Mark (X) one)*: [X] a. Non-supervisory ☐ b. Manager ☐ c. Supervisory ☐ d. Executive

7. Organization Mailing Address *(Branch-Division/Office/Bureau/Agency)*:
National Security Agency
9800 Savage Rd
Fort Meade, MD 20755
Suite [redacted]

8. OfficeTelephone *(Include Area Code and Extension)*: [redacted]

9. Work Email Address: [redacted]

(b) (6)

10. Position Title: Cryptanalytic Computer Scientist

11. Does applicant need special accomodation? ☐ Yes [X] No

If yes, please describe below

12. Type of Appointment	13. Education Level	14. Pay Plan	15. Series	16. Grade	17. Step
Career	13	GG	200	9	3

Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor *(No., Street, City, State, ZIP Code)*: [redacted]

1b. Location of Training Site *(if same, mark box)*: [X]

1c. Vendor Telephone Number: [redacted]

1d. Vendor Email Address:

2a. Course Title	2b. Course Number Code	3. Training Start Date *(Enter Date as yyyy-mm-dd)*	4. Training End Date *(Enter Date as yyyy-mm-dd)*
See attached ASP data sheet	[redacted]	2015-01-20	2015-05-08

(b) (3)-P.L. 86-36

5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type	8. Training Type Code

9. Training Sub Type Code	10. Training Delivery Type Code	11. Training Designation Type Code	12. Training Credit	13. Training Credit Type Code
			6	

14. Training Accreditation Indicator *(Check below)*	15. Continued Service Agreement Required Indicator *(Check below)*	16. Continued Service Agreement Expiration Date *(Enter date as yyyy-mm-dd)*	17. Training Source Type Code
☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A		

18. Training Objective

19. AGENCY USE ONLY: P.D. 3/10/15

Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Tuition and Fees	$ 2,724.00	
b. Books & Material Costs	$	
c. TOTAL	$ 2,724.00	

2. Indirect Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Travel	$	
b. Per Diem	$	
c. TOTAL	$	

3. Total Training Non-Government Contribution Cost

4. Document / Purchasing Order / Requisition Number: [redacted]

5. 8 - Digit Station Symbol *(Example - 12-34-5678)*

6. BILLING INSTRUCTIONS *(Furnish invoice to)*:
DEPARTMENT OF DEFENSE
9800 SAVAGE ROAD
ATTN: E85, [redacted]
SUITE 6801
FT. MEADE, MD 20755-6801

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NSA 10630

Section D - APPROVALS

1a. Immediate Supervisor - *Name and title*

[redacted] Division Chief

1b. Area Code / Telephone Number	1c. Email Address
[redacted]	[redacted]
1d. Signature	1e. Date
[redacted]	2014-11-25

2a. Second-line Supervisor - *Name and title*

2b. Area Code / Telephone Number	2c. Email Address
2d. Signature	2e. Date
[redacted]	12/19/14

(b)(3)-P.L. 86-36

3a. Training Officer - *Name and title*

3b. Area Code / Telephone Number	3c. Email Address
[redacted]	3e. Date 12/19/14

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title*

[redacted]

1b. Area Code / Telephone Number	1c. Email Address
[redacted]	
1d. Signat[redacted] ☒ Approved ☐ Disapproved	1e. Date 12-23-14

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date

TRAINING FACILITY - Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

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(b)(3)-P.L. 86-36
(b)(6)

ADVANCED STUDIES PROGRAM (20/20)
DATA SHEET

NAME: [redacted] **SID:** [redacted]

SCHOOL: [redacted] **ORG:** [redacted]

(b)(3)-P.L. 86-36

SEMESTER DATES: 2015-01-20 to 2015-05-08

(b)(6)

COURSE TITLE	COURSE CATALOG #	COURSE CREDITS	TUITION
[redacted]		3	$1362
		3	$1362
TOTAL COST OF TUITION			$2724

42939
42940

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CONTINUED SERVICE AGREEMENT (CSA)

Note: This agreement must be signed by the nominee for NSA-sponsored external training that exceeds 80 hours or college tuition assistance program as prescribed in Title 5 USC 4108 and 5 CFR 410.309.

Employee Agreement to Continue in Service

Name of Course/Program: See attached ASP data sheet Course Date: 20 Jan 2015

Name of Vendor/School: [redacted] Course Length: 16 weeks

Location: [redacted]

(b) (6)

1. I AGREE that, upon completion of the NSA-sponsored:
   a. External training and training as part of a full-time college tuition assistance program, I will serve in the Agency three (3) times the length of the training period; or
   b. Training as part of a part-time college tuition assistance program, I will serve in the Agency six (6) months.
2. I understand I will be required to repay the Government in full for any educational expenses for part-time college tuition assistance programs or a proportional amount of any educational expenses for full-time college tuition assistance programs (EXCLUDING SALARY, PAY, OR COMPENSATION) remaining under the agreement if it is determined that I:
   a. Voluntarily separate from the Government, and am not transferring to another U.S. Government entity;
   b. Withdraw from the training;
   c. Receive a non-passing grade or an incomplete in the training; or
   d. Did not meet the grade requirements for the specific training program for which I am sponsored.
3. I understand that any amount of money which may be due to the Agency as a result of my failure to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
4. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
5. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreement will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: Start Date: 08 May 2015 End Date: 08 Nov 2015

(b) (3)-P.L. 86-36
(b) (6)

Employee Name: [redacted]

Employee's Signature: [redacted] Date Signed: 25 Nov 2014

Employee's Supervisor Name: [redacted]

Employee's Supervisor Signature: [redacted] Date Signed: 25 Nov 2014

(b) (3)-P.L. 86-36

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[redacted]

CERTIFIED CORRECT.
APPROVAL FOR PAYMENT

[redacted]
SIGNATURE

#2724.00 - final
AMOUNT

3/10/15
DATE

REQUEST FOR PAYMENT

(b) (3)-P.L. 86-36

DATE: 03/10/15

Invoice # [redacted]

BILL TO: Department of Defense
9800 Savage Road
Attn: E811, [redacted]
Suite 6801
Ft. Meade, MD 201755-6801

REMIT TO [redacted]

(b) (6)

(b) (3)-P.L. 86-36
(b) (6)

		CHARGE	BALANCE
[redacted]	Spring 2015		
[redacted]	Tuition	$1,362.00	
[redacted]	Tuition	$1,362.00	

Control # [redacted]

Routing No.
Account No
Cage Code
DUNs Code
TIN

Payment by Check or Bank Transfer Only

Contact for payment: [redacted]

TOTAL BILLING: $2,724.00

[redacted]
Bursar

Doc ID: 6747925

(b) (3)-P.L. 86-36
(b) (6)

724591 ASA

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number

B. Request Status *(Mark (X) one)*
☐ Resubmission ☐ Initial
☐ Correction ☐ Cancellation

Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name *(Last, First, Middle Initial)*

2. Social Security Number/Federal Employee Number

3. Date of Birth *(yyyy-mm-dd)*

4. Home Address *(Number, Street, City, State, ZIP Code)* (Optional)

5. Home Telephone (Optional) *(Include Area Code)*

6. Position Level *(Mark (X) one)*
☒ a. Non-supervisory ☐ b. Manager
☐ c. Supervisory ☐ d. Executive

7. Organization Mailing Address *(Branch-Division/Office/Bureau/Agency)*
National Security Agency
9800 Savage Rd
Fort Meade, MD 20755
Suite

8. Office Telephone *(Include Area Code and Extension)*

9. Work Email Address

(b) (6)

10. Position Title
Software Engineer

11. Does applicant need special accomodation?
☐ Yes ☒ No

If yes, please describe below

12. Type of Appointment	13. Education Level	14. Pay Plan	15. Series	16. Grade	17. Step
Career	13	GG	0200	11	1

Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor *(No., Street, City, State, ZIP Code)*

1b. Location of Training Site *(if same, mark box)* ☐

1c. Vendor Telephone Number

1d. Vendor Email Address

2a. Course Title	2b. Course Number Code	3. Training Start Date *(Enter Date as yyyy-mm-dd)*	4. Training End Date *(Enter Date as yyyy-mm-dd)*
See attached ASP data sheet		2016-01-19	2016-05-06

(b) (3)-P.L. 86-36

5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type	8. Training Type Code

9. Training Sub Type Code	10. Training Delivery Type Code	11. Training Designation Type Code	12. Training Credit	13. Training Credit Type Code
			7	

14. Training Accreditation Indicator *(Check below)*	15. Continued Service Agreement Required Indicator *(Check below)*	16. Continued Service Agreement Expiration Date *(Enter date as yyyy-mm-dd)*	17. Training Source Type Code
☐ Yes ☐ No	☒ Yes ☐ No ☐ N/A	2016-11-06	

18. Training Objective

19. AGENCY USE ONLY
Pdl 1/20/16

Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Tuition and Fees	$ 3,290.00	
b. Books & Material Costs	$	
c. TOTAL	$ 3,290.00	

2. Indirect Costs and Appropriation / Fund Chargeable

Item	Amount	Appropriation Fund
a. Travel	$	
b. Per Diem	$	
c. TOTAL	$	

3. Total Training Non-Government Contribution Cost

4. Document / Purchasing Order / Requisition Number

5. 8 - Digit Station Symbol *(Example - 12-34-5678)*

6. BILLING INSTRUCTIONS *(Furnish invoice to)*
DEPARTMENT OF DEFENSE
9800 SAVAGE ROAD
ATTN: E12,
SUITE 6801
FT. MEADE, MD 20755-6801

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Section D - APPROVALS

1a. Immediate Supervisor - *Name and title*

[redacted] Chief [redacted]

1b. Area Code / Telephone Number	1c. Email Address
[redacted]	[redacted]

1d. Signature [redacted]

1e. Date 2015-12-09

2a. Second-line Supervisor - *Name and title*

2b. Area Code / Telephone Number	2c. Email Address

2d. Signature [redacted]

2e. Date 12/28/15

3a Training Officer - *Name and title* (b) (3)-P.L. 86-36

3b. Area Code / Telephone Number	3c. Email Address
[redacted]	

3e. Date 12/28/15

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title* [redacted] Funds Certifying Officer

1b. Area Code / Telephone Number	1c. Email Address
[redacted]	

1d. Signature [redacted] ☒ Approved ☐ Disapproved

1e. Date 12/30/2015

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number	1c. Email Address

1d. Signature	1e. Date

TRAINING FACILITY – Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

[redacted]

ADVANCED STUDIES PROGRAM (20/20)
DATA SHEET

[redacted] (b)(3)-P.L. 86-36 (b)(6)

NAME: [redacted] **SID:** [redacted]

SCHOOL: [redacted] **ORG:** [redacted] (b)(3)-P.L. 86-36

SEMESTER DATES: 19 Jan 2016 – 6 May 2016

(b)(6)

COURSE TITLE	COURSE CATALOG #	COURSE CREDITS	TUITION
[redacted]		4	$1880
		3	$1410
TOTAL COST OF TUITION			$3290

45078
45079

Release 2022-1
NSA 18637

CONTINUED SERVICE AGREEMENT (CSA)

Note: This agreement must be signed by the nominee for NSA-sponsored external training that exceeds 80 hours or college tuition assistance program as prescribed in Title 5 USC 4108 and 5 CFR 410.309.

Employee Agreement to Continue in Service

Name of Course/Program: See attached ASP data sheet Course Date: 19 Jan 2016

Name of Vendor/School: [redacted] Course Length: 16 Weeks

Location: [redacted]

(b) (6)

1. I AGREE that, upon completion of the NSA-sponsored:
   a. External training and training as part of a full-time college tuition assistance program, I will serve in the Agency three (3) times the length of the training period; or
   b. Training as part of a part-time college tuition assistance program, I will serve in the Agency six (6) months.
2. I understand I will be required to repay the Government in full for any educational expenses for part-time college tuition assistance programs or a proportional amount of any educational expenses for full-time college tuition assistance programs (EXCLUDING SALARY, PAY, OR COMPENSATION) remaining under the agreement if it is determined that I:
   a. Voluntarily separate from the Government, and am not transferring to another U.S. Government entity;
   b. Withdraw from the training;
   c. Receive a non-passing grade or an incomplete in the training; or
   d. Did not meet the grade requirements for the specific training program for which I am sponsored.
3. I understand that any amount of money which may be due to the Agency as a result of my failure to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
4. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
5. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreement will remain in effect until I have completed my obligated service with that other agency or organization.

(b) (3)-P.L. 86-36
(b) (6)

Period of obligated Service: Start Date: 06 May 2016 End Date: 06 Nov 2016

Employee Name: [redacted]

Employee's Signature: [redacted] Date Signed: 09 Dec 2015

(b) (3)-P.L. 86-36

Employee's Supervisor Name: [redacted]

Employee's Supervisor Signature: [redacted] Date Signed: 09 Dec 2015

Release 2022-1
NSA 18638

(b)(3)-P.L. 86-36

CERTIFIED CORRECT.
APPROVAL FOR PAYMENT.

SIGNATURE

#3290.00 - final
AMOUNT

1/20/16
DATE

REQUEST FOR PAYMENT

DATE: 01/07/16

BILL TO: Department of Defense
9800 Savage Road
Attn: E811
Suite 6801
Ft. Meade, MD 201755-6801

Invoice #

REMIT TO

(b) (6)

(b)(3)-P.L. 86-36
(b) (6)

		CHARGE	BALANCE
	654641512		
3 credits	Tuition	$1,410.00	
4 credits	Tuition	$1,880.00	

Control #

Routing No.
Account No
Cage Code
DUNs Code
TIN

Payment by Check or Bank Transfer Only

Contact for payment:

TOTAL BILLING: $3,290.00

Bursar

1st day of classes Tue 19 Jan 2016
Last day of classes Fri 06 May 2016

Here is the tentative schedule for spring 2016:

M: 0515-1515 (RG)
T: 0730-1500 (20/20)
W: 0515-1515 (RG)
R: 0730-1500 (20/20)
F: 0515-1515 (RG)

Its pretty much the same as last semester. I have a Tue/Thu 10:00am class that decided the days off.

My classes are [redacted] (b) (6)

Graduation will be on Fri May 6th, time and place TBD.

[02 May 2016]
My final schedule is different than my regular schedule. I have finals on Tues and Thurs mornings. I am leaving early today to meet with my group-mates to [redacted] since the deadline was moved to tomorrow. Weds I'm not sure if I'll be here or not since I need to study for Thursday's more difficult final. Friday is graduation, so likely I will be out.

Things are looking normal for next week.

Doc ID: 6747925

APPENDIX F

(U) Mitigation Provided by [redacted]

(b)(3)-P.L. 86-36
(b)(6)

Release 2022-1
NSA 18641

(b)(3)-P.L. 86-36
(b)(6)

Subject: (U) Briefing
Location:

Start: Tue 5/19/2015 12:00 AM
End: Wed 5/20/2015 12:00 AM
Show Time As: Free

Recurrence: (none)

Meeting Status: Not yet responded

Organizer:

(b)(3)-P.L. 86-36

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

All,
Please consider attending briefings scheduled for 5/19/2015, an all-day event.

We are happy to have I have also heard speak and she is a very good speaker.

(b)(6)

Subject: Agenda - Briefing on
Date: May 19, 2015
Location:

9:00 am - 12:00
Roadmap
Networking/Memory Outlook

1:00 - 3:00 pm
Outlook

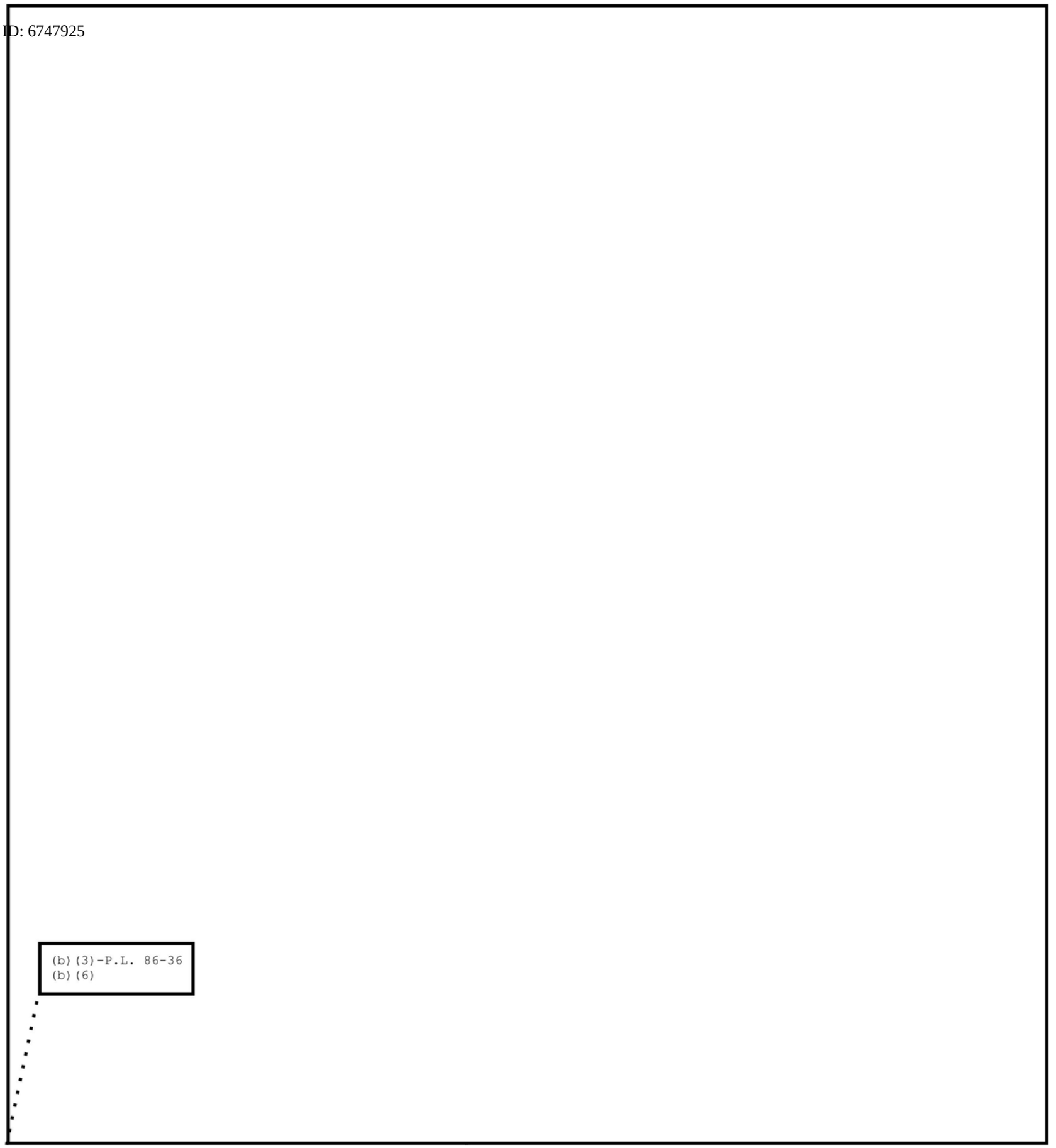
4:00 – 5:00
Discussion and Follow-ups

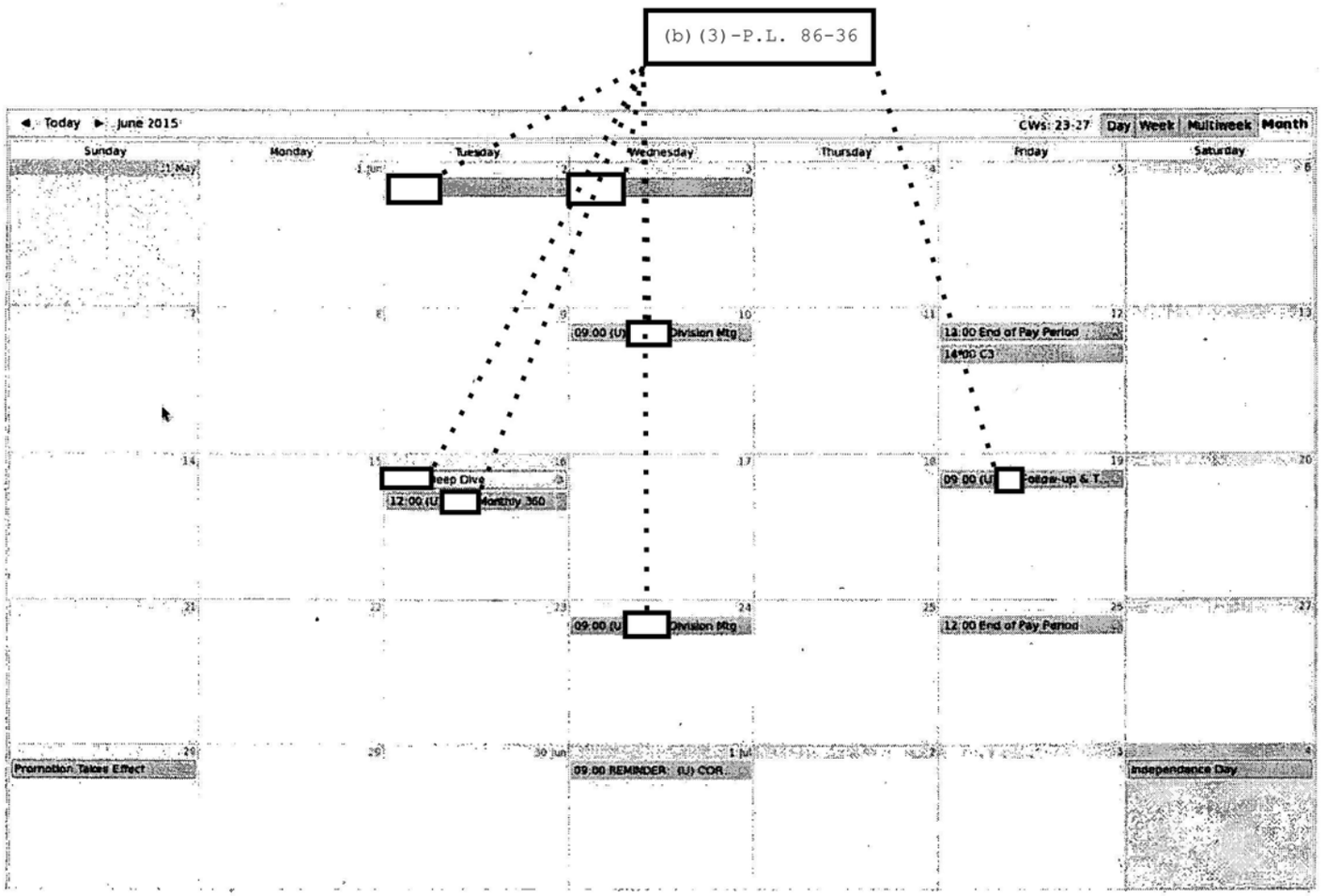
Lunch brought in for those who want it between 12:00 and 1:00

NDA required; Please accept invitation or let me know if you will be attending.

Thanks,

Release 2022-1
NSA 18642


(b)(3)-P.L. 86-36
(b)(6)


(b)(3)-P.L. 86-36
Today
June 2015
CWs: 23-27
Day
Week
Multiweek
Month
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
09:00 (U) Division Mtg
12:00 End of Pay Period
14:00 C3
09:00 (U) Division Mtg
12:00 End of Pay Period
Promotion Takes Effect
09:00 REMINDER (U) COR
Independence Day

(b)(3)-P.L. 86-36

Subject: (U) [redacted] Follow-up & [redacted] Discussion
From: [redacted]
Date: 06/11/15 14:43
To: [redacted]

[redacted]

(b)(3)-P.L. 86-36
(b)(6)

Event Invitation

Title: (U) [redacted] Follow-up & [redacted] Discussion
Location: [redacted]
When: Fri 19 Jun 2015 09:00 – 15:00
Organizer: [redacted]
Description: Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

All,

An [redacted] briefing day has been scheduled for 6/19/2015 0900-1500.

Agenda:

0900-0910 (Very) quick overview of [redacted] and any questions

0910-1030 [redacted] Upgrade Options – [redacted]

(b) (6)

Features
Performance
Processor types
Software

1030-1100 [redacted] Discussion

Q&A
mediating

1100-1130 [redacted] data (incl. [redacted]

1130-1200 [redacted] Features Comparison

(b) (3)-P.L. 86-36

1200-1230 Lunch

1230-1345 Overview of [redacted] Upgrade

Flexible Upgrade Options: [redacted]

1345-1400 Summary & Discussion

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

Attendees:

(b) (3)-P.L. 86-36

Subject: (U) Program Review 1 July

From:

Date: 07/23/15 10:33

To:

(b) (3)-P.L. 86-36
(b) (6)

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY//PROPIN~~

All,

Below is summary from meeting with

Summary

Attendance from included those in-person:

as well as those on the phone:

(b) (6)

Attendance from the Government included

The review meeting topics included updates on research progress results in the major technical areas of the program, including:

Doc ID: 6747925

(b)(3)-P.L. 86-36

CC:

Event Invitation

Title: (U) Quarterly Program Review (QPR) & Network Discussion

Location: Catonsville, MD 21228, First Floor Conference Room

When: Wed 1 Jul 2015 09:00 – 15:00

Organizer:

Description: Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

A QPR with for is scheduled for 1 July 2015.
Starting at 1300 the sessions will be network focused.

Date: 1 July 2015
Time: 0900-1500PM EST
Location:
Catonsville, MD 21228, First Floor Conference Room

Directions from Fort: Take MD32 West; exit on to I95 North; exit on to I195 West towards Catonsville; take

Drive or take MD295 (BWI Parkway) North; exit on to I195 West towards Catonsville; take

AGENDA

Topic	Speaker	Time
Welcome/Overview		0900-0910
Architecture Overview		0910-0925
Architecture: CPU/GPU Coherence		

(b) (6)

Release 2022-1
NSA 18648

Doc ID: 6747925

(b) (6)

0925-1005
Programming Systems Overview [redacted]
1005-1020
Break All 1020-1035
Programming Systems: Memory Management [redacted]
[redacted] 1035-1115
Applications Support [redacted] 1115-1200
Lunch All 1200-1300
Network Landscape and Vision [redacted] 1300-1320
[redacted] Update [redacted] 1320-1400
Interposer Technologies [redacted] 1400-1430
Networking Q&A All 1430-1445
Sponsor Feedback All 1445-1500
Conclude All 1500

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Attendees:

[redacted]

(b)(3)-P.L. 86-36

Release 2022-1
NSA 18649

Subject: (U) face-2-face Quarterly meeting
From:
Date: 07/09/15 09:43
To:

(b)(3)-P.L. 86-36
(b)(6)

CC:

Event Invitation

Title: (U) face-2-face Quarterly meeting
Location: Columbia
When: Thu 9 Jul 2015 10:00 - 14:00
Organizer:
Description: Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

All,

This is a reminder for tomorrow's meeting at . No Agenda has been shared but the usual updates from both and regarding are expected. I will be attaching the final slides to this calendar invite tomorrow morning.

(b)(3)-P.L. 86-36

****

Teleconference information:

****

Directions to the (Columbia) office:

(b)(6)

(b)(3)-P.L. 86-36

) Waiting List: [redacted] Class 7/29-30

Subject: (U) Waiting List: [redacted] Class 7/29-30
From: [redacted]
Date: 06/16/15 07:26
To: [redacted]

CC: [redacted]

(b)(3)-P.L. 86-36
(b)(6)

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

All,

If you receive this email, you are on the waiting list for the2-Day [redacted] Class offered on 7/29-30 at the NSA Museum. If a slot opens up, I will work through the list and contact you to see if you are still available. My plan is to replace like-for-like right now....so if an [redacted] person drops, I'll replace with an [redacted] person.

For those interested, [redacted] Cloud framework. You do not need to install [redacted] It works through a web-based interface for writing and compiling code. It can be a bit difficult to debug at times...but does provide some introduction to the material. You can register and take the free version....just go straight to the class material. [redacted]

If you have any questions, or the dates become unavailable for you to attend the class, please let me know. I will certainly keep this list available should we plan another class.

Thanks,

(U//~~FOUO~~)

[redacted]

(U//~~FOUO~~)

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Subject: Updated Event Invitation: Last Reminder : [redacted] ([redacted]
and [redacted] will present information on [redacted] product plans and
[redacted]
From: [redacted] <[redacted]>
Date: 08/03/15 16:08
To: [redacted]

(b) (3)-P.L. 86-36
(b) (6)

Event Invitation

Title: Last Reminder : [redacted] ([redacted]
and [redacted]) will present information on [redacted]

(b) (3)-P.L. 86-36

Location: Cryptologic Museum Magic Room
When: Wed 12 Aug 2015 12:30 - 16:00
Organizer: [redacted]

(b) (6)

Description: To Government civilians and [redacted] only :

(U//~~FOUO~~) [redacted] will be visiting the Magic Room to give a Series of PROPIN Near Term and Long Term product plans and technical deep dives on future [redacted] Please no contractors(except for [redacted] without an [redacted] NDA.

(U//~~FOUO~~) [redacted] will be visiting on Aug 12.

He will be joined by his colleagues :

[redacted]

The plan is to meet with [redacted] at 12:30 pm in the

Subject: Event Invitation: Aug 18 10AM - 3 pm discussion
From:
Date: 07/13/15 15:05
To:

(b)(3)-P.L. 86-36
(b)(6)

Event Invitation

Title: Aug 18 10AM - 3 pm discussion

Location:

When: Tue 18 Aug 2015 10:00 – 15:00

Organizer:

Description: Everyone,

(U//~~FOUO~~) You are invited to attend the discussion, on Tuesday, Aug 18 at Columbia office, 10AM start time. will be presenting details on their next generation

(U//~~FOUO~~) I have already asked about the possiblity of providing us with an will review the terms of the 2013 three way NDA between NSA to see if it covers releasing the to NSA. will follow up with as necessary.

(U//~~FOUO~~) An agenda will be forthcoming.
Thanks,

(b)(3)-P.L. 86-36

(b)(6)

Attendees:

[redacted]

CC: [redacted]

[redacted]

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY//PROPIN~~

Final reminder - The first [redacted] for FY15 will be held on **September 1, 2015 at** [redacted] **Catonsville, MD 21228, First Floor Conference Room.** The final agenda and slides have been posted on the [redacted] page. See link below. An Executive overview briefing will be given from 0840 to 0940.

[redacted]

Thanks,

(b)(3)-P.L. 86-36

[redacted]

(U//~~FOUO~~) [redacted]
(U) Project Director, [redacted]
(U//~~FOUO~~) [redacted]
(U//~~FOUO~~) 267-7587(s) [redacted]

From: [redacted]
Sent: Thursday, August 27, 2015 1:19 PM
To: [redacted]

[redacted]

(b) (3)-P.L. 86-36
(b) (6)

Subject: [redacted] Quarterly meeting [redacted]
From: [redacted]
Date: 08/27/15 16:42
To: [redacted]

[redacted]

Event Invitation

Title: [redacted] Quarterly meeting [redacted]
Location: [redacted] Columbia MD
When: Thu 24 Sep 2015 10:00 – 14:00
Organizer: [redacted]
Description: Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

All,

Please mark your calendars for the next [redacted] quarterly meeting to be held in Columbia MD.

****

Teleconference information:

[redacted]

Online meeting

[redacted]

****

Directions to the [redacted] (Columbia) office:

[redacted]

(b) (6)

From Meade:
1. Take Route 32 West to US-95 NORTH
2. On US-95 NORTH, take the exit for MD-175 WEST 3. On MD-175 WEST, go through

Subject: (U) [redacted] Environment
From: [redacted]
Date: 11/24/15 11:41
To: [redacted]
CC: [redacted]

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

All,

(b) (6)

(U//~~FOUO~~) [redacted] will be here on 16 December 2015 to speak on [redacted]

Event Details:
Date: 16 December 2015
Time: 1000-1200
Location: [redacted] Catonsville MD 21228 – ***Fourth*** Floor Conference room

(b) (3)-P.L. 86-36

(U) We will have three subtopics:

[redacted]

(U) I hope to see you there.

Thanks,

[redacted]

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

CC:

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY/PROPIN~~

– March 15, 2016 - at Conference Center at the , Linthicum MD 21090, conference room on the first floor from 0800 to 1600. An Executive overview will be presented by of from 0810 to 0850. An agenda for the has been posted at the link below:

(b) (6)

(b) (3)-P.L. 86-36

– March 16, 2016 - at Conference Center at the Linthicum MD 21090, conference room on the first floor from 0800 to 1700. An Executive overview will be presented by of from 0815 to 0915. An agenda for the has been posted at the link below:

Directions from Fort: Take MD295 (BWI Parkway) North to the West Nursery Road Exit, bear right at the end of the ramp onto West Nursery Road.

(See Attachment page 1).

Doc ID: 6747925

APPENDIX G

(U) Additional Documentation Obtained by the Investigator

Release 2022-1
NSA 18658

From: [redacted]
To:
Subject: (U) [redacted] Briefings 19Jun16
Date: Friday, August 19, 2016 4:11:58 PM

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

[redacted] originally requested the follow on June 19th meeting (see below). I subsequently picked it up and invited more people. By the way, I recall [redacted] making a special request to include details on some contracted work that was done in the old [redacted] organization (org is no more). Sorry I don't have attendee list for this one but I believe many of the people from the May 19th meeting were in attendance.

Thanks,
[redacted]

(b) (3)-P.L. 86-36

On 06/05/15 14:40, [redacted] wrote:

Event Invitation

Title: Reserve for [redacted] Follow-up
Location: [redacted]
When: Fri 19 Jun 2015 10:00 – 16:00
Organizer: [redacted]

(b) (6)

Description: Classification: UNCLASSIFIED//~~FOUO~~
Tentatively hold for a follow up meeting w[redacted] regarding possibilities for next generation capabilities that would maximally utilize our existing [redacted] infrastructure, to include: Processor upgrade Memory b/w improvement Memory density improvement S/W stack enhancements Agenda to come soon…….meeting likely to take less time than shown here….just wanted to reserve the time.

[redacted]

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

From:
To:
Subject: (U) Briefings 19May15
Date: Friday, August 19, 2016 3:50:16 PM

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

May 19th announcement below.

For May 19th, a few of us traveled to in January 2015. At that meeting in it was suggested we have the follow-up meeting (19 May). There were a lot of people there and I have an email where I sent out actions from the meeting (if you are interested).

Attendees:

(b) (3)-P.L. 86-36
(b) (6)

(b) (3)-P.L. 86-36

All,
Please consider attending briefings scheduled for 5/19/2015, an all-day event.

We are happy to have I have also heard speak and she is a very good speaker.

Subject: Agenda – Briefing on
Date: May 19, 2015
Location:

9:00 am - 12:00
Roadmap
Networking/Memory Outlook

(b) (6)

1:00 - 3:00 pm
Outlook

4:00 – 5:00

Discussion and Follow-ups

Lunch brought in for those who want it between 12:00 and 1:00

NDA required; Please accept invitation or let me know if you will be attending.

[redacted] (b)(3)-P.L. 86-36

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Doc ID: 6747925

(b) (3)-P.L. 86-36

VISITOR'S LOG

All persons who enter or exit this facility shall be subject to an inspection of their personal effects.

Date	Name	Company/Agency	Citizenship	Purpose of Visit	Arrival Time	Depart. Time
7/09/15		GOVT	US	MTG	0855	1000
7-9-15		GOVT	US	MTG	0900	1000
7-9-15		Govt	US	MTG	0900	1200
7/9/15			US	mtg	0950	1300
7/9/15		Govt	US	Mtg	955	130
7/9/15			US	Mtg	955	1300
7.9.15			US	MTG	9:55	1300
7. 9. 15		Gov	US	Mtg	10:00	12:15
7/9/15			US	Mtg	10:00	1300
7/9/15			US	Mtg	10	1300
7/9/15			US	Mtg	10:00	"
7/9/15		Govt	US	Mtg	10:01	"
7/9/15		Govt	US	mtg	10:03	"
7/9/15		Govt	US	Mtg	10:03	13:05
7/9/15		Govt	US	Mtg	10:50	13:00
7/9/15		"	"	"	"	
7/10/15			US	mtg	9:20	
7/10/15			US	mtg	930	

(b) (3)-P.L. 86-36
(b) (6)

Release 2022-1
NSA 18662

Doc ID: 6747925

[redacted]

VISITOR'S LOG

(b) (3)-P.L. 86-36

All persons who enter or exit this facility shall be subject to an inspection of their personal effects.

Date	Name	Company/Agency	Citizenship	Purpose of Visit	Arrival Time	Depart. Time
9/24/15	[redacted]	[redacted]	US	Test.	830	1650
9/24		DOD	"	Test [redacted]	8:50	
9/24		"	"	"	8:50	
9/24		[redacted]	US	Test	0905	1730
9/24			US	meeting	9:41	
9/24			US	MTG	9:45	
9/24			US	MTG	9:45	
9/24			US	meeting	9:55	
9/24		DOD	US	MTG	9:55	1:00pm
9/24		DOD	US	MTG	9:55	
9/24		DOD	US	MTG	9:56	
9/24		[redacted]	US	MTG	9:57	
9/24			US	MTG	9:52	
9/24			US	MTG	9:52	
9/24		DoD	US	MTG	9:55	
9/24		DoD	US	MTG	1000	
9/24		DoD	US	MTG	1012	1146
9/24		[redacted]	US	MTG	1010	1305
9.24			US	MTG	10:45	
9-24		DOD	US	MTG	10:15	

[redacted]

(b) (3)-P.L. 86-36
(b) (6)

Release 2022-1
NSA 18663

From:
To:
Subject: RE: (U) Briefing 16Dec15
Date: Monday, August 22, 2016 12:19:16 PM

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

I have recently taken over program from a person who retired . I believe he started scheduling both there at for convenience and saving money. Yes 1st floor is open access – well you have to have a key to open up the room but after that anyone can enter without signing in. Lots of people are invited and attend these. Until I took over these programs from I did not attend but I did attend the most recent ones, which were 12-13 July 2016.

1 Sept 2015 USG Attendees:

Thanks,

(b)(3)-P.L. 86-36

From:
Sent: Monday, August 22, 2016 11:55 AM
To
Subject: RE: (U) Briefing 16Dec15

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Thank you for your help. The information you have provided has been very helpful.

One additional question: Is the 1st floor of open access or is it controlled? I'm looking at one additional meeting that you may have attended on 1 September 2015 at the same location on the 1st floor. It was the I assume you wouldn't happen to have a list of attendee's for that meeting would you?

Thank you again for your assistance. I appreciate it.

From:

Sent: Monday, August 22, 2016 9:52 AM
To:
Subject: RE: (U) Briefing 16Dec15

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

By the way, you asked about open access. briefing was held in ***Fourth*** Floor Conference room, which is not open access.

Thanks,

From:
Sent: Friday, August 19, 2016 2:59 PM
To
Subject: (U) Briefing 16Dec15

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

(b) (3)-P.L. 86-36

Below is the announcement for the briefing on 16 December 2015. The folks giving the briefing were late because they got confused on the venue and a few people left. Two that left were

Attendees:

Thanks,

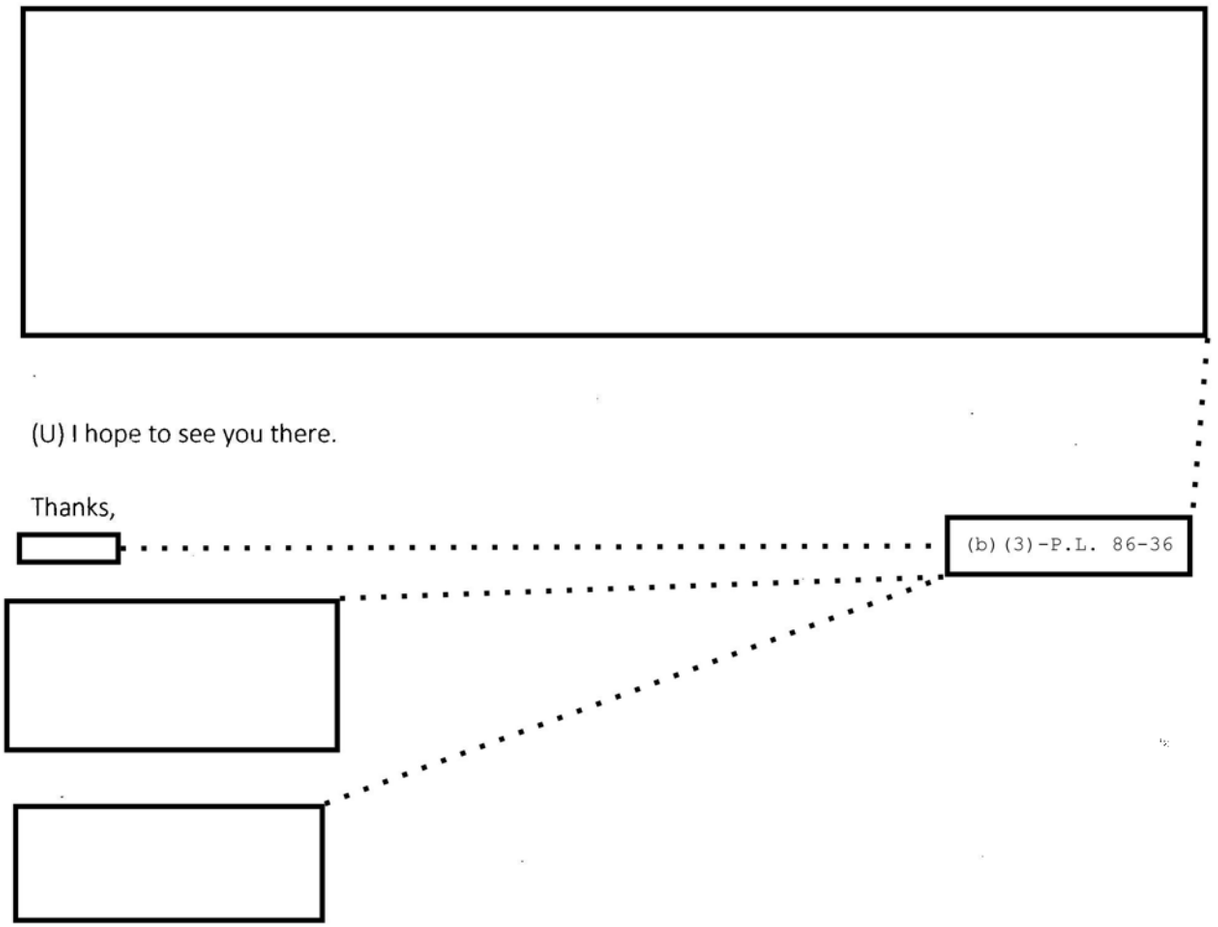
All,

(b) (6)

(U//~~FOUO~~) will be here on 16 December 2015 to speak on Environment".

Event Details:
Date: 16 December 2015
Time: 1000-1200
Location: Catonsville MD 21228 – ***Fourth*** Floor Conference room

(U) We will have three subtopics:



(U) I hope to see you there.

Thanks,

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

From: [redacted]
To:
Subject: RE: (U) OIG request for assistance
Date: Friday, August 19, 2016 4:03:32 PM
Attachments: [redacted] Class_Plan.pdf

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

[redacted]

The original [redacted] class was scheduled for 7/29-7/30/15. That fell-through due to venue problems, so it was eventually held 10/29-10/30/2015.

Attached is the last version of the roster. Unfortunately, that last page was a check-in so that attendance could be checked, but the paper-copy with who attended what days is lost. I've left the [redacted] organization, and suspect it got cleaned out. I do not recall anyone who signed up not making it. I recall, but could not name, there was someone who may have left early one day. But that was the only anomaly.

The list also has a section for who was on the wait list, and who sent me an email to drop out and why.

Hopefully this helps.

(b)(3)-P.L. 86-36

[redacted]

From: [redacted]
Sent: Friday, August 19, 2016 3:15 PM
To: [redacted]
Cc:
Subject: (U) OIG request for assistance

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

I appreciate your assistance in advance. If you have any questions, please feel free to contact me.

[redacted]
(b)(3)-P.L. 86-36
[redacted]
Senior Investigator, Office of Investigations
Office of the Inspector General
[redacted] Suite 6247
963-0924 [redacted]

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