Department of Veterans Affairs

MONTHLY REPORT OF INTERMITTENT EMPLOYEES IN NON-PAY STATUS

REPORTS CONTROL SYMBOL
05-0521

REPORTING PERIOD *(Month and year)*	STATION NO. (2-4)	DAY NO. (17-19)	TRANS. TYPE (21-21)	CARD COLUMN (78)
			C1	1

LINE NO.	A SOCIAL SECURITY NO. (5-13)	B NAME CODE (14-16)	LINE NO.	A SOCIAL SECURITY NO. (5-13)	B NAME CODE (14-16)
1			24		
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