

Conflict of Interest Statement: I have read FSIS Directive 4735.3, Employee Responsibilities and Conduct, particularly those sections dealing with conflict of interest. My signature below certifies that my assignment to any of the locations indicated in item 8 above does not pose any conflict of interest or the appearance of any conflict of interest situations. I understand that I must complete and submit FSIS 4735-2, Conflict of Interest Statement, before being considered for assignment to any establishment that poses a conflict of interest or the appearance of conflict of interest. I also understand that failure to do so constitutes misconduct for which disciplinary action may be taken.

**PRIVACY ACT STATEMENT:** Section 6311 of Title 5, United States Code, authorizes collection of this information. The following information is being provided in compliance with the Privacy Act of 1974 (Public Law 93-579). The primary use of the requested information is to process a request for reassignment. This information may also be shared with appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions. When the employee identification number is your Social Security Number (SSN), collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your SSN, is voluntary, but failure to do so may result in delay or suspension of processing this request.

## INSTRUCTIONS FOR COMPLETING FSIS 4335-3

Complete items 1 through 16 only. Please print or type all requested information, except for signature.

1. **Employee Name:** (Last, First, MI) - Enter your full name: Last, First, Middle Initial.
2. **Social Security Number:** Enter last 4 digits only of Social Security Number.
3. **Present Duty Station:** (City, State) - Enter the city and state of present duty station.
4. **Present Grade/Standard Job Number:** Enter your present grade and standard job (SJ) number.
5. **Highest Grade Held:** Indicate the highest grade you have held as a Federal employee.
6. **Mailing Address:** Indicate the complete mailing address where you want to receive mail concerning this request.
7. **Daytime Phone:** (1234567890) - Please provide a telephone number (including area code) where you can be contacted during the day.
8. **Reassignment Requested:** Enter city and state, county and state, or state(s) where reassignment is requested (limit of 10 locations).
9. **Type of Request:** (New or Renewal) - Please check the box to indicate if this is a new request or a renewal.
10. **Specify Grade(s) for each Location in Number 8:** Show the grade you are requesting for each location listed.
11. **I 'Have' or 'Do Not Have' Relative(s) working at an establishment at this location:** If applicable, indicate employment of relatives for each of the locations requested in Number 8, and the position they hold at the establishment.
12. **Request is for Return Rights:** (Check below) - Check this box if requesting return rights based on a localized work reduction.
13. **Effective Date of Work Reduction:** (mm/dd/yyyy) - Enter the date of the work reduction.
14. **Location:** (City and State) - Enter the location of the work reduction.
15. **Signature of Employee:** (I claim no known conflict of interest concerning requested reassignment other than as specified in blocks 11) Click to Sign.
16. **Date:** (mm/dd/yyyy) - Enter date signed, print and send to:  
USDA, FSIS, Human Resources Office  
250 Marquette Ave.  
Suite 410  
Minneapolis, MN 55401
17. **Remarks:** (For Human Resources Office (HRO) use only - Leave Blank, for HRO use only. HRO will acknowledge receipt of the request for reassignment by memorandum showing the locations requested, the control dates, and the expiration dates.