

<b>DOE F 243.11</b> (05-2021) DOE F 1322.4 CANCELED	<b>U.S. DEPARTMENT OF ENERGY</b> <b>FORMS PROCESSING ACTION REQUEST</b>	<b>DATE OF REQUEST</b> (MM/DD/YYYY)
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**SECTION 1: FORM SUBMISSION**

<b>1. ACTION TYPE</b> <i>(Select one)</i> <input type="checkbox"/> New <input type="checkbox"/> Cancellation <input type="checkbox"/> Revision	<b>2. FORM NUMBER</b> <i>(Enter only if canceling a form)</i>	<b>3. EDITION DATE</b> <i>(Complete only if canceling a form)</i>																							
<b>4. FORM(S) DISPOSITION</b> <i>(List all forms to be replaced by proposed form)</i> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">a. FORM NUMBER <i>(Enter "N/A" if none)</i></th> <th style="width:25%;">b. EDITION DATE</th> <th style="width:50%;">c. DISPOSITION</th> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Use</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Obsolete</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Use</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Obsolete</td> </tr> </table>		a. FORM NUMBER <i>(Enter "N/A" if none)</i>	b. EDITION DATE	c. DISPOSITION			<input type="checkbox"/> Use			<input type="checkbox"/> Obsolete			<input type="checkbox"/> Use			<input type="checkbox"/> Obsolete	<b>5. FORM AUTHORITY</b> Specify: <i>(check all that apply)</i> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Manual</td> <td><input type="checkbox"/> Congressional Request</td> </tr> <tr> <td><input type="checkbox"/> Directive</td> <td><input type="checkbox"/> Federal or State Agency</td> </tr> <tr> <td><input type="checkbox"/> CFR</td> <td><input type="checkbox"/> Other, Specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Public Law</td> <td> </td> </tr> </table>	<input type="checkbox"/> Manual	<input type="checkbox"/> Congressional Request	<input type="checkbox"/> Directive	<input type="checkbox"/> Federal or State Agency	<input type="checkbox"/> CFR	<input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Public Law	
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<b>6. LIST OF FORM AUTHORITIES</b> <i>(DOE Order, Policy, Guide, Manual, Statute, Etc.)</i>		<b>7. FORM APPLICABILITY</b> Specify: <i>(check all that apply)</i> <table style="width:100%;"> <tr> <td><input type="checkbox"/> DOE-wide</td> <td><input type="checkbox"/> Contractors</td> </tr> <tr> <td><input type="checkbox"/> HQ only</td> <td><input type="checkbox"/> Financial Assistance Recipients</td> </tr> <tr> <td><input type="checkbox"/> One element</td> <td><input type="checkbox"/> Other, Specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Field only</td> <td> </td> </tr> </table>	<input type="checkbox"/> DOE-wide	<input type="checkbox"/> Contractors	<input type="checkbox"/> HQ only	<input type="checkbox"/> Financial Assistance Recipients	<input type="checkbox"/> One element	<input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Field only																
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<b>8. PURPOSE AND DESCRIPTION OF USE</b> <i>(Attach continuation page if necessary)</i>																									
<b>9. PURPOSE AND CONTENT HAVE BEEN REVIEWED, AND ARE REASONABLE AND IN KEEPING WITH THE FUNCTION OF THE ORIGINATING ORGANIZATION.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>10. FORMS ORIGINATOR AND/OR PROGRAM FORMS MANAGER</b> <i>(Digital Signature)</i>																							

**SECTION 2: INTERNAL COORDINATION, CONTROL, and CONCURRENCE**

	(1) APPLICABLE	(2) REMARKS <i>(Enter applicable remarks related to coordination, and attach appropriate documentation.)</i>	(3) COORDINATOR	
			NAME	TELEPHONE NUMBER
a. VERIFY FORM NO.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
b. PRIVACY ACT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
c. 508 COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
d. RECORDS MGMT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
e. PRA OFFICE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
f. REPORTS				
RCS	<input type="checkbox"/> YES <input type="checkbox"/> NO			
OMB	<input type="checkbox"/> YES <input type="checkbox"/> NO			

**(4) DOE Forms Management Team Member** *(Digital Signature)*  
 I certify that the above coordination has been completed as indicated.

**SECTION 3: PUBLICATION and APPROVAL**

<b>11. FORM PUBLISHING</b>	<b>(1) APPLICABLE</b>	<b>12. APPROVING FORMS MANAGEMENT OFFICER</b> <i>(Digital Signature)</i>
a. Powerpedia DOE Forms Management Page	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. DOE Energy.gov	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. Returned to Originating Office for Internal Use	<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION 4: NOTES / COMMENTS**