



## **New Employee Orientation**

**Human Resources Office  
Technician Benefits Team**

**\*Press the speaker icon on any slide to replay the audio**



# NEO/eOPF Checklist



- This form is for HRO use – Complete only the top portion
- Print Full Name, SSN and Date of Birth
- Appointment Date will be the Sunday before the scheduled NEO date

### NEO/eOPF CHECKLIST

Permanent   
  Conversion   
  Temp Tech   
  Indefinite  
 Army   
  Air   
 Transfer

NAME: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 APPT DATE: \_\_\_\_\_

Prior service and/or Federal time dates for SCD

New Appointment Preparation					
Checklist Items	Yes	No	Not Required	Date	Comments
Ensure all NEO documents are signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter into Ohio New Hire website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter into e-Verify (I-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check GF 144 for prior time w/other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checked Pay500 for prior time w/ this agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check eOPF and reconcile with Pay500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check eOPF/IPERMS for DD214s/Orders (T10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Request Previous Files from eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Request Previous Files from NPRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Update GRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Complete SCD Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Update leave balance with GF 1150 (if prior service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upload NEO documents to eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upload documents received from NPRC or other agencies to eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Page 1 of 1



# Statement of Understanding for Temporary Appointments



- Read and understand your rights
- Fill in the Left 3 lines:
  - Sign
  - Print Name
  - Today's Date

## MEMORANDUM OF UNDERSTANDING

### Terms of Temporary Employment

“Temporary employees serve under appointments limited to 1 year or less and are subject to termination at any time without use of adverse action or reduction-in-force procedures. A temporary appointment does not confer eligibility to be promoted or reassigned to other positions, or the ability to be noncompetitively converted to a career-conditional appointment.”

\_\_\_\_\_  
(Temporary Employee Signature)

\_\_\_\_\_  
(Temporary Employee Name)

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(HRO Representative Signature)

\_\_\_\_\_  
(HRO Representative Name)

\_\_\_\_\_  
(Today's Date)

**The HRO will complete this portion**



# SF-61 Appointment Affidavit



- Fill out the position title based on the position you were selected for
- Appointment date is the Sunday prior to this scheduled NEO date
- Department will be TAG, OH
- The Bureau will be NGB
- Place of employment is where you will be working
- Swear in to your federal civilian position
- Read and understand your responsibilities
- Sign on the “Signature of Appointee” line
- The date is the date the oath is actually taken
- City and State is where you will be working

## APPOINTMENT AFFIDAVITS

**Position Title** \_\_\_\_\_ **DD/MM/YYYY** \_\_\_\_\_  
(Position to which Appointed) (Date Appointed)

**TAG, OH** \_\_\_\_\_ **NGB** \_\_\_\_\_ **City, OH** \_\_\_\_\_  
(Department or Agency) (Bureau or Division) (Place of Employment)

*Appointment date is the Sunday prior to the scheduled NEO day*

I, **First MI Last** \_\_\_\_\_, do solemnly swear (or affirm) that--

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

### B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

### C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

**Signature** \_\_\_\_\_  
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this **DD** day of **Month**, **YYY**  
at **Columbus** \_\_\_\_\_ **Ohio** \_\_\_\_\_  
(City) (State)

*HRO will complete the Signature of Officer and Title*

(SEAL)

\_\_\_\_\_  
(Signature of Officer)

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of his/her Commission should be shown)

\_\_\_\_\_  
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.





## Oath of Office

I, John A Doe, do solemnly swear (or affirm) that - - I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.



# Form I-9 Employment Eligibility Verification



- Fill out **Section 1**
- Please write legibly
- Check the appropriate box
- Sign and Date
- Continue to the 2<sup>nd</sup> page of this form

**Employment Eligibility Verification**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP **Employer Completes Next Page** STOP

Form I-9 03/08/13 N Page 7 of 9



# Form I-9 Employment Eligibility Verification

- Fill out **Section 2**
- Print your full name and citizenship status
- If using a passport as ID, fill out **ONLY** List A (doc title, issuing authority, Document # and Exp. Date)
- If not using a passport, two forms of ID are needed. They must be entered into List B (picture ID) and List C (non-picture ID)
- List B documents can be:
  - Driver's License
  - Military ID
  - Government issued photo ID
- List C documents can be:
  - Social Security Card
  - Birth Certificate
- All forms of ID must be verified.

**HRO will complete these blocks**


Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services
USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 06/31/2019

---

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents.)*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A
OR
List B
AND
List C

<b>Identify and Employment Authorization</b>	<b>Identity</b>	<b>Employment Authorization</b>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Document Title</td></tr> <tr><td>Issuing Authority</td></tr> <tr><td>Document Number</td></tr> <tr><td>Expiration Date (if any) (mm/dd/yyyy)</td></tr> <tr><td>Document Title</td></tr> <tr><td>Issuing Authority</td></tr> <tr><td>Document Number</td></tr> <tr><td>Expiration Date (if any) (mm/dd/yyyy)</td></tr> <tr><td>Document Title</td></tr> <tr><td>Issuing Authority</td></tr> <tr><td>Document Number</td></tr> <tr><td>Expiration Date (if any) (mm/dd/yyyy)</td></tr> </table>	Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Document Title</td></tr> <tr><td><b>Driver's License</b></td></tr> <tr><td><b>BMV - State</b></td></tr> <tr><td><b>DL# SM470000</b></td></tr> <tr><td><b>ExpDate 12/31/2021</b></td></tr> </table>	Document Title	<b>Driver's License</b>	<b>BMV - State</b>	<b>DL# SM470000</b>	<b>ExpDate 12/31/2021</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Document Title</td></tr> <tr><td><b>SOC Security Card</b></td></tr> <tr><td><b>SSA</b></td></tr> <tr><td><b>123-45-6789</b></td></tr> <tr><td>Expiration Date (if any) (mm/dd/yyyy)</td></tr> </table>	Document Title	<b>SOC Security Card</b>	<b>SSA</b>	<b>123-45-6789</b>	Expiration Date (if any) (mm/dd/yyyy)
Document Title																								
Issuing Authority																								
Document Number																								
Expiration Date (if any) (mm/dd/yyyy)																								
Document Title																								
Issuing Authority																								
Document Number																								
Expiration Date (if any) (mm/dd/yyyy)																								
Document Title																								
Issuing Authority																								
Document Number																								
Expiration Date (if any) (mm/dd/yyyy)																								
Document Title																								
<b>Driver's License</b>																								
<b>BMV - State</b>																								
<b>DL# SM470000</b>																								
<b>ExpDate 12/31/2021</b>																								
Document Title																								
<b>SOC Security Card</b>																								
<b>SSA</b>																								
<b>123-45-6789</b>																								
Expiration Date (if any) (mm/dd/yyyy)																								
Additional Information		OR Code - Sections 2 & 3 Do Not Write in This Space																						

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

**A. New Hires (if applicable)**

Last Name (Family Name)			First Name (Given Name)	Middle Initial	<b>B. Date of Rehire (if applicable)</b>	
					Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



# OF-306 Declaration for Federal Employment



- Fill out **General Information** and **Selective Service Registration** sections
- Fill out **Military Service** section – check “no” if you have only been a member of the NG and have not deployed. If checking “yes,” enter active duty/deployment info and dates
- Answer all **Background Information** questions and **Additional Questions**
- Read **section 17** and Sign and date in **both 17a and 17b**
- **Section 18** must be completed IF you have ever been a federal employee in the past (whether it was with this agency or any others, temp or perm all count) – *Estimate the termination dates if not known*

**Declaration for Federal Employment** Form Approved OMB No. 3208-002

**GENERAL INFORMATION**

1. FULL NAME (First, middle, last) * 3. PLACE OF BIRTH (Include city and state or country) * 5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) * * *	2. SOCIAL SECURITY NUMBER * 4. DATE OF BIRTH (MM/DD/YYYY) * 6. PHONE NUMBERS (Include area codes) Day * * Night *
--	--

**Selective Service Registration**  
If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3326) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?  YES  NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*  
 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go to 7c.*  
 7c. If "NO," describe your reason(s) in item #16.

**Military Service**

8. Have you ever served in the United States military?  YES *Provide information below*  NO  
 If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
 If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (Month/Year)	To (Month/Year)	Type of Discharge

**Background Information**

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? YES NO

10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debriefed from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency. YES NO

U.S. Office of Personnel Management      FORM 1546-01-368-7776      OMB No. 3208-002  
 510 S.C. 1002, 3071, 3074, 3204, 3205 & 6710      Printed January 2001      Previous editions obsolete and voidable

Front

**Declaration for Federal Employment** Form Approved OMB No. 3208-002

**Additional Questions**

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (include father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

**Continuation Space / Agency Optional Questions**

16. Provide details requested in items 7 through 15 and 16c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

**Certifications / Additional Questions**

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, indicating and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Appointing Officer:  
Name: Date of Appointment or Creation  
MM / DD / YYYY  
 (Sign in ink)

17b. Appointer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Sign in ink)

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18b is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO Do Not Know

U.S. Office of Personnel Management      FORM 1546-01-368-7776      OMB No. 3208-002  
 510 S.C. 1002, 3071, 3074, 3204, 3205 & 6710      Printed January 2001      Previous editions obsolete and voidable

Back

# Service Computation Date (SCD) for Annual Leave



- Your prior Title 10 service may count towards your technician annual leave accrual. Submit all Title 10 DD 214s (basic/AIT, deployments, active duty military service) with your NEO packet. It may get you into a higher annual leave accrual bracket faster.
- A DD214 is required in order to validate the service. Member-1 copies cannot be accepted. All other copies are acceptable.
- Additional DD-214s may be submitted within 30 days of hire if you don't have them with you when completing the packet (email to HRO if not sent with packet). DD-214s received after 30 days will still be added to your SCD, the leave however, will not be retroactive.
- Title 32: (AGR, ADOS, Schools) is **NOT ELIGIBLE**.
- State Active Duty is **NOT ELIGIBLE**.
- A leave SCD change will be reflected in your MyBiz Account once updated
- *Note:* This date is not correlated to your retirement date

Years of Federal Service	Hours of Annual Leave Per Pay Period
1 – 3	4 hours
3 – 15	6 hours
15 +	8 hours



# DD-214's - What is Acceptable?



- A separate DD-214 is needed for each period of Active Duty – we cannot use the total prior active service box in order to count time towards leave accrual
- Remarks should state the type of service. If it doesn't, orders must be provided (unless the time is for basic training/IADT)
- DD 214 must reflect Honorable Character of Service (block 24) and dates of time lost (block 29)
- Member-4, Service-2, Service-7, etc are acceptable copies. Member-1s do not have character of service and can't be used

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**  
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNGUS		3. SOCIAL SECURITY NUMBER			
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)			
7a. PLACE OF ENTRY INTO ACTIVE DUTY COLUMBUS, OHIO			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 16 ENGR BDE (THEATER ARMY) FC			b. STATION WHERE SEPARATED CAMP ATTERBURY, IN 46124				
9. COMMAND TO WHICH TRANSFERRED ARNG OF OHIO			10. SGLI COVERAGE AMOUNT: \$ 400,000.00		NONE		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 42A10 HUMAN RESOURCES SPEC - 3 YRS 8 MOS// NOTHING FOLLOWS			12. RECORD OF SERVICE				
			a. DATE ENTERED AD THIS PERIOD 2009 08 31				
			b. SEPARATION DATE THIS PERIOD 2010 07 10				
			c. NET ACTIVE SERVICE THIS PERIOD 0000 10 10				
			d. TOTAL PRIOR ACTIVE SERVICE 0000 04 13				
			e. TOTAL PRIOR INACTIVE SERVICE 0002 09 29				
f. FOREIGN SERVICE 0000 08 08							
g. SEA SERVICE 0000 00 00							
h. INITIAL ENTRY TRAINING 0000 00 00							
i. EFFECTIVE DATE OF PAY GRADE 2007 10 12							
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (3RD AWARD)//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//NOTHING FOLLOWS			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS				
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO		
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO		
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)			YES	X	NO		
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES	NO	X		
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KUWAIT/IRAQ 20091016-20100623//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS							
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19a. MAILING ADDRESS AFTER SEPARATION (include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)				
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OH OFFICE OF VETERANS AFFAIRS X YES NO							
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) X YES NO							
21a. MEMBER SIGNATURE		b. DATE (YYYYMMDD) 20100625	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: EDMONDS, VALERIE, ANN. 1083510079 VALERIE A EDMONDS		b. DATE (YYYYMMDD) 20100625		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE				
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK		27. REENTRY CODE NA			
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE							
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) ALB				
DD FORM 214, AUG 2009		PREVIOUS EDITION IS OBSOLETE.		SERVICE - 2			

Cannot use prior active service section for creditable time



# SF-144 Statement of Prior Federal Service



- **Complete boxes 1 – 4**
- Mark ‘yes’ or ‘no’ accordingly
- Even if you mark “yes” in section 4, **you still must complete sections 5-9 as applicable** – this is to ensure we capture all of your prior service
- **Section 5** – enter any prior federal civilian service. Previous service as a technician or Title 5 (temp, perm, indef, any) with this agency or any another agency (DLA, DFAS, Post Office, etc) all must be listed. If unsure of the exact dates of service, estimate the dates
- **Section 6** – this is uncommon but if it applies, enter time. If unsure of exact dates, estimate
- **Section 7** – List all Title 10 periods (basic/IADT, deployments, active military service) separately. **DO NOT ENTER “See DD 214s,”** you must list each period. DD 214s and/or orders must also be provided
- **Section 8** – veterans preference
- **Section 9** – read, then sign and date

Standard Form 144 (Rev. 10/95) Page 2  
Office of Personnel Management  
The Guide to Processing Personnel Actions

**STATEMENT OF PRIOR FEDERAL SERVICE**  
To be Completed by Employee

1. Name (Last, First, Middle Initial) \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_ 3. Date of Birth (Month, Day, Year) \_\_\_\_\_

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?  
 Yes — if “Yes”, check this block and skip to item 8.  No — if “No”, check this block and complete items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)		
	Year	Month	Day	Year	Month	Day	Y	M	D

6. During periods of employment shown in item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?  
 Yes — if “Yes”, list the following information.  No — if “No”, go to item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?  
 No  Yes — Check one of the statements, if it applies to you. I claim preference as the:  
 Spouse of a disabled veteran.  Mother of a deceased or disabled veteran.  Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire

Signature \_\_\_\_\_ Date \_\_\_\_\_

NSN 7540-00-004-8101 Previous Edition Obsolete 544-114





## **\*\* IF YOU HAVE TRICARE RESERVE SELECT\*\***

- You are no longer eligible for Tricare Reserve Select now that you are eligible for FEHB
  - You must contact Tricare and cancel as soon as possible
  - You must cancel Tricare Reserve Select even if you do not enroll in an FEHB program
  - If you are married to a military spouse that has Tricare Reserve Select, you are no longer eligible to be covered under their plan
- Temporary Technicians are not eligible for FEDVIP Dental or vision coverage
  - May be an additional consideration when selecting an FEHB plan to ensure adequate coverage
- You may enroll for dental coverage through the Tricare Reserve Dental Program
  - Enrollment is through MilConnect at : <https://milconnect.dmdc.osd.mil>





- Read and understand this acknowledgement
- Complete bottom portion:
  - Print Name
  - Sign
  - Date

## FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB) ELIGIBILITY AND TRICARE ACKNOWLEDGEMENT

You must read this form to acknowledge that you fully understand your FEHB eligibility. You will then sign this form at the bottom. This signed form must be submitted with your resume to your supervisor for inclusion in the request for your temporary appointment.

I understand that if I am initially appointed to work for at least 30 hours weekly for at least 90 days I only have 60 days from my appointment's effective date to enroll in FEHB. If I do not enroll during this period I will have waived coverage and will not be eligible to enroll in FEHB until the next open season unless I experience a Qualifying Life Event (QLE) allowing for an enrollment change.

If I am not immediately eligible under the above paragraph due to an initial appointment for less than 90 days, then I understand I will become eligible for FEHB if I am extended to work for at least 30 hours weekly for at least 90 days. I will then have 60 days from the effective date of the extension but no later than the 91<sup>st</sup> day from my effective date of hire to enroll in an FEHB plan. If I do not enroll during that period, I will have waived coverage and will not be eligible to enroll in FEHB until the next open season, unless I experience a Qualifying Life Event (QLE) which allows for an enrollment change.

I understand my premium will be deducted from my pay before taxes are deducted. This is known as Premium Conversion (PC). Participation in PC limits the opportunity to change or cancel FEHB coverage. Changes are only allowed during open season or due to a QLE allowing the change. I have up to 60 days, but not later than the 91<sup>st</sup> day from my initial eligibility date, to waive participation in PC by submitting the attached PC waiver form.

I understand that it is my responsibility to research FEHB plans to decide which plan is appropriate for my medical and financial circumstances. Once my FEHB election is effective, I may only change or cancel coverage during an annual open enrollment period or due to a QLE, unless I waived PC.

I understand that my FEHB election will be effective on the first day of the pay period after my electronic election; and that the election follows a pay period when I am in pay and duty status. I understand that while coverage begins on the effective date, it may take up to several weeks for the FEHB carrier to process my enrollment and issue my FEHB cards. In the interim, I may have to pay out of pocket for health care costs and submit the claim for reimbursement once I am active in the carrier's system.

I understand I am ineligible to continue coverage under Tricare Reserve Select upon becoming eligible for FEHB and that only I must coordinate with Tricare to cancel my benefits whether I decide to enroll in FEHB or not.

Name (please print):

Signature:

Date:

(Revision: 20170901)



# SF 1152 Designation of Beneficiary



- This form is optional, however it must be completed if you want to designate a beneficiary outside of the automatic order of precedence. If it is not completed, any unpaid compensation would follow the automatic order of precedence:
  - Spouse
  - Children
  - Parents
  - Estate
  - Next of Kin
- Your designation will override everything except a court order
- Form must have your signature as well as the signatures of two witnesses (witnesses must not be beneficiaries)
- HRO will complete the Receiving Agency Certification section

**Designation of Beneficiary**  
*Unpaid Compensation of Deceased Civilian Employee*

Important:  
Read all instructions before  
filling in this form

**A. Identification**

Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

**B. Information Concerning The Beneficiaries (See Examples of Designations):**

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature	Total = %	

**C. Witnesses (A witness is not eligible to receive payment as a beneficiary):**

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

**Receiving agency certification**  
I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
---------------	-----------	------

Type or print your return address to insure return

U.S. Office of Personnel Management  
5 CFR 178

NSN 7540-00-834-4340

Part 1 - Original

November 1991 edition usable until September 2002. All one/four. Revised June 2002.





This concludes the documentation portion of your  
New Employee Orientation

Please ensure that all completed documentation is returned to the  
Human Resources Benefits section either directly or  
electronically

They may also be emailed to the following address:  
[ng.oh.oharng.list.j1-hro-benefits@mail.mil](mailto:ng.oh.oharng.list.j1-hro-benefits@mail.mil)

