

Touchstone Documents

Office of Human Resources

Thursday, July 20, 2017



Committed to Excellence in Defense of the Nation



Signed Final Offer Letter

- You should have a copy of your *signed* Final Offer Letter
 - Please identify yourself if you do not have a copy of the letter with you!
 - Please **Sign** Final Offer Letter and place it into your Red Folder at this time!



Filling out your Touchstone Documents

- The Red Folder contains all on boarding documents:
 - ✓ Verify the top portion of the SF-52:
 - Name, Social Security Number and Date of Birth
 - If you have a note or question regarding a specific form to send to HR, please use the SF52 on the front of your folder.
 - ✓ Verify that your **grade, step, salary** and **duty location** match your final offer letter.
 - ✓ Your Office Code will be requested on several forms, you can find this information in block 22 after the zip code for Washington DC.
 - ✓ There will be an HR Representative to verify all forms after the presentation. Please try to hold questions until the end.



I-9, Page 1, Employment Eligibility Verification



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Last Name		First Name (Given Name) First Name		Middle Initial MI	Other Last Names Used (if any) If Applicable	
Address (Street Number and Name) Your Address			Apt. Number	City or Town		State State
Date of Birth (mm/dd/yyyy) Your date of birth		U.S. Social Security Number		Employee's E-mail Address Your Personal Email		ZIP Code Zip Code Employee's Telephone Number Personal Telephone #

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 boxes):

1. A citizen of the United States

2. A noncitizen national of the United States *(See instructions)*

3. A lawful permanent resident *(Alien Registration Number/USCIS Number):* _____

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
OR

2. Form I-94 Admission Number: _____
OR

3. Foreign Passport Number: _____
Country of Issuance: _____

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1 of this form. *(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1 of this form.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that the information is true and correct.

Signature of Preparer or Translator _____ Today's Date (mm/dd/yyyy) _____

Last Name (Family Name) _____ First Name (Given Name) _____

Address (Street Number and Name) _____ City or Town _____ State _____ ZIP Code _____

Transferring Employees should use Sunday's date!



Employer Completes Next Page





DIAR 60-4

I certify that I have received for my reading and understanding a copy of DIAR 60-4, "Policy", and Procedures Governing DIA Intelligence Activities that affect U.S. Persons, dated 03 December 1997.

Printed Name: Print Your Name

Grade/Rank: GG-XX Step XX


Date: Today's Date

Signature: _____





DIA Civilian Employee / Assigned Military Personnel Responsibilities Acknowledgement



Defense Intelligence Agency Civilian Employee/Assigned Military Personnel

Responsibilities

As a Defense Intelligence Agency civilian employee/assigned military personnel, I understand that I am to:

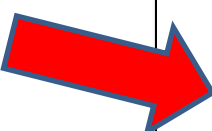
- Discharge my assigned duties conscientiously.
- Conduct myself in a manner both on and off the job that reflects creditably upon the DIA.
- Respect the authority of those directing my professional efforts.
- Observe the spirit, as well as the letter, of the rules of conduct, laws, and regulations governing my work and behavior, to include the Conditions of Employment, have previously signed.
- Adhere to all pertinent DoD and DIA regulations and policies when using DIA information systems. I understand that internet systems are routinely monitored. Although limited personal use is permitted, I understand that misuse of Agency resources in any way, to include accessing the Internet to view sexually explicit documents, images or messages are inappropriate.
- Maintain positive time keeping records as a civilian employee by accurately entering my actual time worked on my time sheet.
- Request leave for all absences as specified by DIA procedures.
- Pay financial obligations in a proper and timely manner especially those imposed by law, such as federal, state or local taxes or court judgments, as well as Government Travel Credit Card bills.
- Attend regular ethics training conducted by General Counsel and familiarize myself with the Standards of Conduct.
- Safeguard security information as required by security regulations.
- Report all outside employment to my immediate supervisor for review. For possible conflict of interest and notify my supervisor when outside employment is terminated.

Acknowledgement

I understand that should I fail to adhere to these responsibilities, I can expect to be subject to disciplinary or adverse action up to and including removal from employment, action under the Uniform Code of Military Justice, as applicable, removal from the workplace and from DIA computer access, loss of security clearance and/or referral to the Department of Justice for criminal prosecution, as appropriate. I further understand that copy of this document will be maintained in my official personnel file.

I, Print Name have read and acknowledge receipt of this document.
(Please print)

Signature Today's Date





Reserve Status Information (page 1)

ALL EMPLOYEES MUST COMPLETE PART A & B

Name: _____
 SSN: _____
 Office: _____
 Pay Band: _____
 Position Title: _____

Part A: RESERVE STATUS INFORMATION

1. I am a member of the Reserves: Yes No

*If YES, please complete 1A, 1B, 1C.
*If NO, go to Part B

1A. What branch of service: Army Navy USAF USMC USCG

1B. What is your current military grade (i.e O05/E07) _____

1C. What is your current military unit _____

Part B: RETIRED MILITARY INFORMATION

2. I am retired military: Yes No

*If YES, please complete 2A, 2B, 2C, 2D
*If NO, please sign and date this form

2A. I retired from: Active Duty Reserve Component

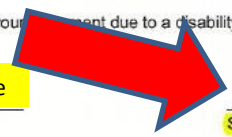
2B. What branch of service: Army Navy USAF USMC USCG

2C. What was your military grade at retirement (i.e. 005/007): _____

2D. Was your retirement due to a disability: Yes No

Today's Date _____

DATE



SIGNATURE

All employees must complete this form

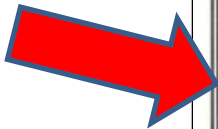
THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-579) applies.
PURPOSE: To collect mobilization data in case of a national emergency



Reserve Status Information (page 2)

ARMED FORCES RESERVE OR NATIONAL GUARD STATUS		
Name:	SSN:	
Organization:		
Position Title:		
Pay Plan:	Series:	Grade:
Check the block below that applies. Select <u>ONE</u> designation.		
<input type="checkbox"/>	1	Retired Reserve. Retired on points, under age 60, nonpaid.
<input type="checkbox"/>	2	AD Regular Retired. Under age 60, not for disability.
<input type="checkbox"/>	3	AD Reserve Retired. 20 years plus AD/fleet reserve under age 60, not for disability
<input type="checkbox"/>	4	Category III. Res/Reg/Ret, either over age 60 and/or 30% disabled
<input type="checkbox"/>	5	Draft Eligible
<input type="checkbox"/>	6	Reserve Technician/Selected Reserve. Dual status (Army only)
<input type="checkbox"/>	7	Reserve Technician/Individual Ready Reserve (IRR). Dual status (Army only)
<input type="checkbox"/>	8	Reserve Technician/Standby Reserve. Dual status (Army only)
<input type="checkbox"/>	9	Reserve Technician/Non-Dual Status (Army only)
<input type="checkbox"/>	A	Individual Mobilization Augmentee (IMA). Air Force
<input type="checkbox"/>	B	Individual Mobilization Augmentee (IMA). Army
<input type="checkbox"/>	C	Individual Mobilization Augmentee (IMA). Coast Guard
<input type="checkbox"/>	D	Individual Mobilization Augmentee (IMA). Marine Corps
<input type="checkbox"/>	E	Individual Mobilization Augmentee (IMA). Navy
<input type="checkbox"/>	F	Selected Reserve. Air Force
<input type="checkbox"/>	G	Selected Reserve. Army
<input type="checkbox"/>	H	Selected Reserve. Coast Guard
<input type="checkbox"/>	I	Selected Reserve. Marine Corps
<input type="checkbox"/>	J	Selected Reserve. Navy
<input type="checkbox"/>	K	Air National Guard
<input type="checkbox"/>	L	Army National Guard (Active)
<input type="checkbox"/>	M	Individual Ready Reserve (IRR). Air Force
<input type="checkbox"/>	N	Individual Ready Reserve (IRR). Army
<input type="checkbox"/>	O	Individual Ready Reserve (IRR). Coast Guard
<input type="checkbox"/>	P	Individual Ready Reserve (IRR). Marine Corps
<input type="checkbox"/>	Q	Individual Ready Reserve (IRR). Navy
<input type="checkbox"/>	R	Army National Guard. (Inactive)
<input type="checkbox"/>	S	Standby Reserve. Air Force
<input type="checkbox"/>	T	Standby Reserve. Army
<input type="checkbox"/>	U	Standby Reserve. Coast Guard
<input type="checkbox"/>	V	Standby Reserve. Marine Corps
<input type="checkbox"/>	W	Standby Reserve. Navy
<input type="checkbox"/>	X	Navy Reserve. Merchant Marine.
<input type="checkbox"/>	Y	Not Applicable
Signature:	Date:	Today's Date
PRIVACY ACT		
5 United States Code, Section 6323, authorizes collection of the above information for use by management officials in mobilization planning and statistical reporting. Failure to provide the information may result in		

All employees must complete this form





Record of Emergency Data

RECORD OF EMERGENCY DATA			
PRIVACY ACT STATEMENT AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN). PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable. ROUTINE USES: None. DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.			
INSTRUCTIONS TO SERVICE MEMBER This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.		INSTRUCTIONS TO CIVILIANS This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.	
IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		b. REPORTING UNIT CODE/DUTY STATION DIA	
4a. SPOUSE NAME (If Applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN		c. DATE OF BIRTH (YYYYMMDD)	
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		

Your SSN

NEED at least 1 POC & Daytime phone number



Record of Emergency Data (page 2)

SECTION 2 - BENEFITS RELATED INFORMATION			
11a. BENEFICIARY(ES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
Do Not Complete	Do Not Complete	Do Not Complete	Do Not Complete
12a. BENEFICIARY(ES) FOR UNPAID PAY ALLOWANCES (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		c. PERCENTAGE
Do Not Complete	Do Not Complete		
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
Do Not Complete	Do Not Complete		
14. CONTINUATION/REMARKS			
Do Not Complete			
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (include rank, rate, or grade if applicable)	16. SIGNATURE OF WITNESS (include rank, rate, or grade as appropriate)	17. DATE SIGNED (YYYYMMDD)	
		YYYY/MM/DD	

You will need a witness for this form





Statement of Prior Federal Service

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) **Your Name, Last, First MI**

2. Social Security Number **XXX-XX-XXXX**

3. Date of Birth (Month, Day, Year) **Date of Birth MM/DD/YYYY**

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 Interim)
	Year	Month	Day	Year	Month	Day	

6. During the 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? — If "Yes", list the following information. No — If "No", go to item 7.

TYPE OF ABSENCE, IF KNOWN (WOP, 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 record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature _____ Date **Today's Date**

NSN 7540-00-634-4101 Previous Edition Usable 144-114 U.S. Government Printing Office: 1996 - 466/9132801

Name and location(s) of previous agency(s) or 'NA' in the block

Civilian Service Dates

Absence Dates

Military Service Dates



All employees must complete this form!



Declaration for Federal Employment, Page 1

Form Approved
OMB No. 3208-0102

Declaration for Federal Employment

GENERAL INFORMATION

<p>1. FULL NAME (First, middle, last) ◆ Your Name First, Middle Last</p> <p>3. PLACE OF BIRTH (Include city and state or country) ◆ Place of Birth City, State or Country</p> <p>5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.) ◆ If applicable</p>	<p>2. SOCIAL SECURITY NUMBER ◆ XXX-XX-XXXX</p> <p>4. DATE OF BIRTH (MM/DD/YYYY) ◆ MM/DD/YYYY</p> <p>6. PHONE NUMBERS (Include area codes) Day ◆ XXX-XXX-XXXX Night ◆</p>
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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 MM/DD/YYYY	To MM/DD/YYYY	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? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) 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

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 debarred 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 or default, and steps that you are taking to correct the error or repay the debt. YES NO

U.S. Office of Personnel Management NSN 7540-01-360-7775 Update Form 336
2 U.S.C. 1362, 2001, 2004, 2020 & 6705 Revised January 2001
Previous editions obsolete and unusable

Military Service Dates & Check Box!



Declaration for Federal Employment , Page 2

Declaration for Federal Employment

Form Approved
GSA No. 3026-0182

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 18c in the space below or on attached sheets. Be sure to identify all attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any question on this form is not applicable to you, 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, initialing 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. Applicant's Signature: _____ Date _____

(Sign in ink)

17b. Appointee's Signature: **Your Signature on This Line** _____ Date **MM/DD/YYYY**

(Sign in ink)

Appointing Officer:
Initial Date of Appointment or Conversion
MM / DD / YYYY

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.

DEC 1 09 12007

Explanation for any questions answered 'YES'





Appointment Affidavits

APPOINTMENT AFFIDAVITS

Your Position

(Position to which Appointed)

Today's Date

(Date Appointed)

Transferring Employees use Sunday's date!

DOD

(Department or Agency)

DIA

(Bureau or Division)

Your Duty Station

(Place of Employment)

Your Name

I, _____, 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.



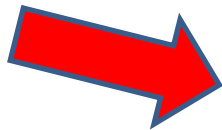
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this _____ of _____, 20____



Designation of Beneficiary

If you are satisfied with the 'Order of Precedence' you do not need to complete!



Designation of Beneficiary
Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle) **Your Name: Last, Middle, First** Date of birth (mm, dd, yyyy) **MM/DD/YYYY** Social Security Number **XXX-XX-XXXX**

Department or agency in which presently employed (or former department or agency):

Department or agency **DOD** Bureau **DIA** Division _____ Location (City, state and ZIP code) **Your Duty Station**

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
First Middle Initial Last	Address including ZIP	Relationship	XX%
Date of designation (mm, dd, yyyy) MM/DD/YYYY	Your signature YOUR SIGNATURE	Total - XX%	

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

Your Name & Address

U.S. Office of Personnel Management Part 1 - Original November 1991 edition usable until September 2002. All previous editions are not usable. Standard Form 1152 (Revised June 2002)

There can be no 'crossed out' information on this form!

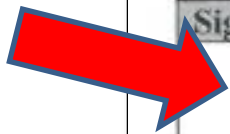
If you make a mistake, please ask for a new form.

Two witnesses are required for this form



Mailing Address Record

MAILING ADDRESS RECORD		
Employee's Name (type or print)		Social Security Number
Your Name		XXX-XX-XXXX
Duty Telephone	Office Symbol	Home Telephone
If available	Section 22 from SF52	XXX-XX-XXXX
Street Address		
Your Home Street Address		
City and State		Zip Code
City, State		Zip
Signature		Date
		Today's Date





Payroll Documents

- Direct Deposit Form – please attach a VOIDED check if possible to ensure that all routing and account numbers are accurate!
- W-4 Form
- State Withholding Forms
 - If you are in a state other than VA, MD or DC, please let us know
 - For state tax withholding forms: www.statew4.com

We are here to help!
However, we cannot offer advice on your tax elections or choices.



FASTSTART DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input type="text"/> EMPLOYEE NAME (as on payroll records) <input type="text"/> (Last, First, Initial) TELEPHONE NUMBER (WORK) <input type="text"/> (HOME) <input type="text"/>	
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT NUMBER <input type="text"/> <input type="text"/> Check Digit <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT TITLE <input type="text"/> (Account Holder's Name) FINANCIAL INSTITUTION NAME <input type="text"/>
TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	

Employee SSN

Employee Name in order listed on form

Select the type of account

Banking Institution Routing Number, First 9 digit number found at the bottom left of a check

Account Number

Employee Name

Name of Bank

For type of payment select "NET PAY"



Select Checking or Savings

Select "START"

4. ALLOTMENT INFORMATION
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	New Total \$ _____

ALLOTTEE NAME
(person/company who will receive allotment) _____

ALLOTTEE'S ROUTING NUMBER _____ Check Digit

ALLOTTEE'S ACCOUNT NUMBER _____

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name) _____

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION

* _____ DATE _____
EMPLOYEE'S SIGNATURE

6. AGENCY USE:

Select Savings

Name of person to whom money is being sent

Account Number

Sign & Date

Enter a **whole number** for the amount of the allotment.

Banking Institution Routing Number, First 9 digit number found at the bottom left of a check

Account Holder's name

Name of Bank



**** WE ARE NOT AUTHORIZED TO PROVIDE TAX ADVICE ****

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2017

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Name

SSN

1 Your first name and middle initial	Last name	2 Your social security number
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Address

Marital Status

Exemptions - A number starting with 0 - 99

Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5
6 Additional amount, if any, you want withheld from each paycheck	6 \$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7	

Withhold an additional dollar amount

Sign & Date

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)	



Acknowledgement of Benefits Enrollment

ACKNOWLEDGEMENT OF ENROLLMENT OPPORTUNITIES UNDER FEDERAL EMPLOYEES HEALTH BENEFITS AND FEDERAL EMPLOYEES GROUP LIFE INSURANCE

I understand that from Today's Date
(Entrance on Duty date) I have only 60 calendar days in which to enroll in Federal Employees Health Benefits and Federal Employees Group Life Insurance. I further understand that if I fail to enroll in health insurance that my next opportunity may be open season and that if I elect not to enroll in life insurance that I will not be eligible to reapply for 1 year and will then be required to obtain a physical at my own expense. Enrollment for Federal Health Insurance takes effect on the first day of the pay period that begins after you enroll via eZHR self service.

Today's Date
Date



Signature
Signature

Not required for transferring employees or employees on an internship



TSP Acknowledgement

TSP ACKNOWLEDGEMENT NEW HIRES/REHIRES APPOINTED AFTER 31 JULY 2010

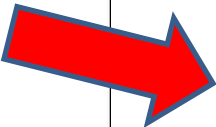
I have read and understand the fact sheet regarding TSP.

Employee's Name _____

Today's Date _____

Date _____

Employee's Signature _____



Not
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internship



Life Insurance Election Form

Form Approved
OMB No. 3206-0030

FEGLI
Federal Employees' Group Life Insurance

Life Insurance Election

Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (last, first, middle) Your Name Last, First, Middle		Date of birth (mm/dd/yyyy) MM/DD/YYYY	Social Security Number XXX-XX-XXXX
Employing department or agency DOD / DIA	OWCP claim number, if applicable	Location of department or agency where you work (city, state, ZIP code) City, State	Daytime telephone number (including area code) Daytime Telephone

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.) SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) → Your Signature Here	Date (mm/dd/yyyy) MM/DD/YYYY
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4 Optional

If you signed for Basic in Item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI Program Booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited.

You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.
<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 3 times my pay <input type="checkbox"/> 4 times my pay <input type="checkbox"/> 5 times my pay	<input type="checkbox"/> 1 multiple <input type="checkbox"/> 2 multiples <input type="checkbox"/> 3 multiples <input type="checkbox"/> 4 multiples <input type="checkbox"/> 5 multiples
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

5 If you want NO life insurance coverage, sign and date below.

Waiver of all life insurance coverage	I want NO life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree. SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →	Date (mm/dd/yyyy)
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6 Agency Remarks: Use

	If non-fully eligible employee, enter "N" for event. Number of event permitting coverage
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Not required for transferring employees or employees on an internship



Military Veterans Seeking Leave SCD

- **Former Military & Military Retirees**

- ✓ Please submit a DD214 as soon as possible!
- ✓ SF-813 – Verification of Military Retiree’s Service in Non-Wartime Campaigns or Expeditions for Leave SCD
- ✓ You can find this form online to complete at:
https://www.opm.gov/forms/pdf_fill/SF813.pdf
- ✓ You must submit a copy of your DD214 with the SF813
- ✓ National Guard members need to submit *all* DD214’s to verify time creditable towards Leave SCD:
 - Title 10 Service time is creditable
 - Title 32 Service time is **not** creditable



Military Veterans Applying for Veteran Preference

- **Disabled Veterans Claiming Veteran Preference**

- ✓ First page of the VA Letter with the combined disability rating

- ✓ SF-15 - Application for 10-Point Veteran Preference can be found online at:

- https://www.opm.gov/forms/pdf_fill/sf15.pdf



Transfers from Another Federal Agency

Transferring employees must submit the documents listed below as soon as possible:

- ✓ Copy of your last LES, as soon as you receive it
- ✓ TSP Loan information, if applicable



HR Resources

▪ Human Resources Operations Center (HROC) to submit an HR Ticket:

- Walk Up: DIA HQ, E2-141
- Unclass Phone: 202-231-4762 (HROC)
- Secure Phone: 982-5245
- HR Request Tool: <http://wfa.dodiis.ic.gov/ohr/crs/default.aspx>
- Email:
 - JWICS: ~HROCrequest@dodiis.ic.gov
 - SIPR: ~HROCrequest@dia.smil.mil
 - NIPR: ~HROCrequest@dodiis.mil

Please
keep this
page for
your
reference

▪ SF 813 - Verification of Military Retiree's Service in Non-Wartime Campaigns or Expeditions for Leave SCD will be sent by OHR with a copy of your DD214.

The SF 813 can be found online at:

https://www.opm.gov/forms/pdf_fill/SF813.pdf

▪ SF 15 - Disabled Veterans Claiming Veterans' Preference

The SF 15 Application for 10 Points must be completed and submitted to OHR along with the first page of the VA Letter with the combined disability rating.

The SF 15 can be found online at:

https://www.opm.gov/forms/pdf_fill/SF15.pdf



Frequently asked Questions:

How can I choose multiple allotments?

- Complete multiple forms starting with section 4 – 5, we have extra forms available.

What if I do not have a checking account?

- Your check will be mailed to the address you provided on address form.

What if I do not have a voided check?

- If you have the routing and account number for where you would like your NET PAY to be deposited, complete the direct deposit form with that information.



Human Resources Operations Center

How to Contact **HROC**:

If you have questions or completed forms to submit:

- HROC can assist at their Walk-Up desk
 - Location: DIA HQs, E2-141
 - Hours of Operation: 0800-1600 EST
- OR you can call: **202-231-HROC (4762)**



Committed to Excellence in Defense of the Nation