VERIFICATION OF CIVILIAN EMPLOYMENT

PRIVACY ACT STATEMENT

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AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932. PRINCIPAL PURPOSE: The information may be used within the Department of Defense (DoD) to determine dependent eligibility to enroll in schools operated by the Department of Defense Education Activity. ROUTINES USE(S): The Department of Defense Education Activity (DoDEA) may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b)(1). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at <u>http://www.defenselink.mil/privacy/notice/osd</u> , for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD. DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.					
Employee's Name (Last, First, Middle initial)					
Official Phone # (Work)	Official Government E-mail				
TO BE COMPLETED BY THE EMPLOYEE'S CIVILIAN PERSONNEL OFFICE ONLY					
Employee's DoD Agency (see	reverse)				
Organization					
	Job Title Pay Plan and Grade Level				
US Citizen/National					
Full-Time Ves No (In accordance with Part 340, Title 5, Code of Federal Regulations and Volume 340 of DoD Instruction 1400.25, part-time employment is no fewer than sixteen (16) and no more than thirty two (32) hours per week.)					
Date Eligible to Return from (Overseas (DEROS/PRD)				
Student Name (Last, First, MI)	Birth Date (YYYYMMDD)	Student Name (Last, First, MI)	Birth Date (YYYYMMDD)		
Student Name (Last, First, MI)	Birth Date (YYYYMMDD)	Student Name (Last, First, MI)	Birth Date (YYYYMMDD)		
Student Name (Last, First, MI)	Birth Date (YYYYMMDD)	Student Name (Last, First, MI)	Birth Date (YYYYMMDD)		
BY SIGNING AND DATING THIS FORM, YOU ARE CERTIFYING THAT THE INFORMATION PROVIDED IS VALID. THIS FORM IS FOR DETERMINING THE ELIGIBILITY OF THE STUDENT(S)' EDUCATION BY DEPARTMENT OF DEFENSE EDUCATION ACTIVITY. MISLEADING AND ERRONEOUS INFORMATION MAY OBLIGATE THE SPONSOR FOR THE PAYMENT OF TUITION FEES.					
Printed Name of CPO/HRO/C	CPAC/DoDEA HRO	Signature			
Telephone Number	E-mail	E-mail Address *Da			
NOTE: *The certification date cannot be left blank. It's mandatory in order to validate the employee's current employment. For local hire and sponsors with "indefinite" DEROS: This form must be signed and turned in on the first day of attendance or within 2 weeks after the first day of attendance: a completed new form is required every school year.					

For DoDEA Teaching Staff: DoDEA HR can approve up to 3 years.

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Department of Defense Agencies

Department of the Army Civilian Department of the Navy Civilian US Marines Civilian Department of the Air Force Civilian U.S. Coast Guard Civilian Defense Commissary Agency AAFES NEX Stars and Stripes Defense Audit Agency Defense Contracting Agency Defense Finance and Accounting Service Defense Systems Information Agency DoD Intelligence Agencies DoDEA Defense Security Cooperation Agency Defense Threat Reduction Agency OSD Missile Defense Agency Defense POW/MIA Activity Security Assistance Program Foreign Military Sales Defense Logistics Agency

Note: The listing of organizations is not all inclusive. DoDEA may add other organizations as determined by the DoDEA Director.

Important Notice:

This worksheet must be accompanied by PCS orders, or for locally-hired employee, a Notification of Personnel Action Form (SF 50, AF 2545, DA 3434, etc.).