

Appendix A - APPOINTMENT INFORMATION WITH SAMPLE FORMS/LETTERS

17APR 03

1. Pre-Appointment Processing

Table 1. Pre-Appointment Forms

	Form No	Form Name	See Note	C A O*	Transfer **	Perm/ Term Appt	Temp Appt	Recipient
1.		Resume	1		X	X	X	PARIS
2.	AF 3598	Civilian Employee Military Reserve/Guard/Retiree Category			X	X	X	NA
3.	AFRC 121	Mobility and Status Quo Placement	,3	X	X	X		AFPC/ Staffing Team
4.	DD214	Certificate of Release or Discharge from Active Duty	1			X	X	PARIS
5.	OF 306	Declaration for Federal Employment	1		X	X	X	PARIS
6.	SF 15	Application for 10-point Veteran Preference and supporting documentation (i.e., letter from VA)	1			X	X	PARIS
7.	SF 78	Certification of Medical Examination	2	X	X	X	X	NA
8.	SF 144	Statement of Prior Federal Service		X	X	X	X	PARIS
9.	SF 181	Race & National Origin Identification (OPM 1468 for Hawaii)	1		X	X	X	NA
10.	SF 256	Self-Identification of Handicap	1		X	X	X	NA
11.	SAMPLE 3 (Optional)	State Criminal History Repository Check (SCHRC) Letter		X	X	X	X	NA
12.	SAMPLE 4	SCHRC Acknowledgment		X	X	X	X	NA
13.	SAMPLE 5 (Optional)	SCHRC Release/Consent Statement		X	X	X	X	NA
14.	SAMPLE 6 (Optional)	SCHRC Residence Information		X	X	X	X	NA
15.	SAMPLE 7 (Optional)	Fingerprint Chart Information	2	X	X	X	X	NA
16.	SAMPLE 8 (Optional)	SCHRC Supplemental Questionnaire		X	X	X	X	NA

- Notes:
1. If selectee applied through RESUMIX, form may be on file
 2. CPF collects, if applicable

3. For Air Reserve Technician (ART) positions

*CAO - Employee moving from an Air Force position serviced by one CPF to an Air Force position serviced by another CPF.

**Transfer - Movement from an appointment in another agency without a break in service

2. Appointment Processing

In addition to the pre-appointment forms needed to complete the RPA and input the personnel action, a number of other forms are required for appointment (Table 2).

Table 2. Appointment Forms (Forms collected/completed during in-processing)

	Form No	Form Name	See Note	C A O*	Transfer **	Perm/ Term Appt	Temp Appt	Recipient
1.	AF 354	Civilian Identification Card			X	X	X	Pass & ID
2.	AF 1745	Address Change Form		X	X	X	X	Payroll
3.	DD2365	DoD Civilian Employee Overseas Emergency - Essential Position Agreement		X	X	X		AFPC/Staffing Team
4.	INS I-9	Employment Eligibility Verification			X	X	X	AFPC/Staffing Team
5.	OPM 1482	Agency Certification of Status of Re-employed Annuitant				X		OPM
6.	RI 38-110	Election of Retirement Coverage as a Result of a Move From a NAF Position			X	X		AFPC/Staffing Team
7.	RI 70-1	FEHB Guide (Plan Comparison)	2	X	X	X		Employee
8.	RI 76-21	Federal Employees' Group Life Insurance	5			X		Employee
9.	SBD 2104	Authorization for Purchase and Request for Change: US Series EE Savings Bond		X	X	X	X	Payroll
10.	SF 61	Appointment Affidavit			X	X	X	AFPC/Staffing Team
11.	SF 85	Data for Nonsensitive Positions				X	X	NACI Center
12.	SF 85P	Data for Public Trust Positions				X	X	NACI Center
13.	SF 86	Data for Noncritical Sensitive Positions				X	X	NACI Center
14.	SF 87	Fingerprint Chart				X	X	NACI Center
15.	SF 144	Statement of Prior Federal Service		X	X	X	X	AFPC/Staffing Team

	Form No	Form Name	See Note	C A O*	Transfer **	Perm/ Term Appt	Temp Appt	Recipient
16.	SF 312	Classified Information Nondisclosure Agreement, If Applicable		X	X	X	X	AFPC/Staffing Team
17.	SF 813	Verification of Military Retirees Service in Non-wartime Campaigns or Expeditions				X	X	Submit to address listed on form; list AFPC/Staffing Team as
18.	SF 1152 (optional)	Designation of Beneficiary (Unpaid Compensation of Deceased Civilian)	4	X	X	X	X	AFPC/DPCMB
19.	SF 1187	Request for Payroll Deductions for Labor Dues (Issued in accordance with local bargaining agreement)		X	X	X		Payroll
20.	SF 1199A	Direct Deposit Sign-up Form		X	X	X	X	Payroll
21.	SF 2808 (optional)	Beneficiary Form CSRS		X	X	X		Employee forward to address on form
22.	SF 2809	FEHB Registration through IVRS	2	X	X	X		N/A (IVRS)
23.	SF 2809A	FEHB Program Booklet	2			X		Employee
24.	SF 2810	Notice of Change in Health Benefits Enrollment	2	X	X			Appropriate Carrier; AFPC/DPCMB
25.	SF 2817	FEGLI Election through IVRS				X		N/A (IVRS)
26.	SF 2823 (optional)	Designation of Beneficiary (FEGLI)	4	X	X	X		AFPC/DPCMB
27.	SF 3102 (optional)	Designation of Beneficiary (FERS)	4	X	X	X		AFPC/DPCMB
28.	SF 3109	Election of Coverage (FERS)				X		AFPC/DPCMB
29.	TSP-3 (optional)	Designation of Beneficiary for TSP		X	X	X		Employee forwards to address on form
30.	TSP-19	Transfer of Information Between Agencies	3	X	X			Payroll
31.	TSPBK08	Summary of the TSP for Federal Employees	5			X		Employee

	Form No	Form Name	See Note	C A O*	Transfer **	Perm/ Term Appt	Temp Appt	Recipient
32.	W-4	Employee Withholding		X	X	X	X	Payroll
33.		Local Tax Withholding Form		X	X	X	X	Payroll
34.	SAMPLE 9	Benefits Summary for Civilian Employees		X	X	X	X	Employee
35.	SAMPLE 10	Retirement Fact Sheets		X	X	X		Employee
36.	SAMPLE 11	Drug Testing Designated Position	1	X	X	X	X	AFPC/Staffing Team
37.	SAMPLE 12	Obligated Position Notice	1	X	X	X		AFPC/Staffing Team
38.	SAMPLE 13	Key Position Letter	1	X	X	X	X	AFPC/Staffing Team
39.	SAMPLE 14	Emergency-Essential Statement of Understanding	1	X	X	X	X	AFPC/Staffing Team
40.	SAMPLE 15	Statement for Selective Service Registration	1			X	X	AFPC/Staffing Team
41.	SAMPLE 16	Supervisory Probationary Ltr	1	X	X	X		AFPC/Staffing Team
42.	Sample 17 (Optional)	Conditions of Temporary Limited Employment	1				X	AFPC/Staffing Team
43.	Sample 18 (Optional)	Conditions of Term Employment	1			X (Term Only)		AFPC/Staffing Team
44.	SAMPLE 19 (Optional)	Permanent/Intermittent Work Schedule Fact Sheet		X	X	X		Employee
45.	SAMPLE 20	Mobility Agreement	6	X	X	X		AFPC/Staffing Team
46.	SAMPLE 21	Request for Waiver - Noncritical Sensitive Position		X	X	X		AFPC/Staffing Team
47.	SAMPLE 22	Physical Exam Appointment Ltr	2	X	X	X	X	NA
48.	SAMPLE 23	DoD Fire & Emergency Services Firefighter Qualification Standards (GS-3 and 4 Entry Level Firefighters)	1			X	X	AFPC/Staffing Team

NOTES:

1. Include with faxed package
2. Use "Federal Employee Health Benefits Handbook" to determine employee's eligibility
3. CPF will prepare for employees with a current TSP Loan when changing payroll offices.
4. If employee elects to complete, mail original form to AFPC/DPCMB
5. These forms are available on OPM's web site
6. For career program positions requiring mobility

*CAO - Employee moving from an Air Force position serviced by one CPF to an Air Force position serviced by another CPF.

**Transfer - Movement from an appointment in another agency without a break in service

3. In-Processing Responsibilities

IN-PROCESSING Once the Preappointment requirements are met (refer to FILLING POSITIONS process within the main procedures guide)		AFPC	CPF
1.	Confirms selection and appointability	X	X
2.	Utilizing cVIP, notifies selectee to complete pre-appointment paperwork	X	
3.	Ensures completion of medical, security, drug testing and administrative letters and agreements, (e.g., drug test letter, temp appointment letter, transportation agreement, return rights agreement, etc.). See Request for Waiver-Noncritical Sensitive Position Letter, DPCT Sample 21, and Notification of Physical Exam, DPCT Sample 22		X
4.	Updates the Date Transportation Agreement expires in m-DCPDS		X
5.	Updates position record as appropriate (e.g., position occupied, CLC, obligated position)	X	X
6.	Ensures selectee obtains passports and visas		X
7.	Prepares PCS orders, as appropriate	X	
8.	Requests 75 information from losing agenc.	X (Transfers)	X (PPP)
9.	Requests OPF from losing agency, as appropriate	X	
10.	Coordinates effective date with AFPC		X
11.	Utilizing cVIP in-processes new employee. See Chapter 14 for B&E in-processing requirements, specifically new employee handouts, SF 2810 and TSP 19		X
12.	--Provides employee with Benefits and Entitlements information. Benefits Summary Sheet, (DPCT Sample 9) and other pertinent pamphlets and forms		X
13.	Advise employee to make benefits elections by using the B&E automated system, 1 800-997-2378, or the web		X
14.	Verifies completeness of forms. Sign as designated agency official		X
15.	Mails original SF2823 and SF3102 to AFPC/DPCMB		X
16.	Completes RPA and updates HR	X	
17.	Ensures appointment paperwork is completed within 5 workdays after EOD.	X	
18.	Establishes and maintains files and records, if applicable	X	X

4. SAMPLE FORMS AND LETTERS

DPCT SAMPLE 1

IN-PROCESSING LETTER

MEMORANDUM FOR Employee

FROM: Your Address

SUBJECT: Selection Information

1. We are pleased to inform you that you have been tentatively selected for the position of Position Title, Series & Grade located at _____ pending satisfactory completion of pre-employment requirements. Your projected salary will be \$_____. In the near future you will receive information on when and where to report for in-processing as well as any other necessary appointment documentation. Please ensure you bring verification of citizenship with you at the time of in-processing. Verification documents needed are: (1) a passport, (2) naturalization papers or (3) original or certified copy of a birth certificate (issued by a state, county, or municipal authority) bearing an official seal **and** picture identification. Your in-processing could be delayed for failure to have these documents with you.

2. Please complete and return the following forms to (Local Civilian Personnel Office Address). If you need assistance in completing any of the enclosed forms, please call 000-0000:

- (a) AF 3598, Civilian Employee Military Reserve/Guard/Retiree Category
- (b) OF 306, Declaration of Appointee
- (c) SF 15, Application for 10-Point Veteran's Preference
- (d) OPM Form 1635, Welfare to Work Program
- (e) SF 181, Race & National Origin
- (f) SF 256, Self-Identification of Handicap

3. In addition, the following forms must be completed upon in-processing:

- (a) SF 87, Fingerprint Card
- (b) AF 1745, Address Change Form
- (c) SF 85, Questionnaire for Nonsensitive Positions
- (d) W 4, Employee's Withholding Allowance Certificate
- (e) SF 1199A, Direct Deposit Sign Up Form
- (f) INS I 9, Employment Eligibility Verification
- (g) DD 1172, Application for Identification Card
- (h) SF 1152, Designation of Beneficiary (Unpaid Comp)

4. If you have applied for or have been receiving Unemployment Insurance benefit payments, you must discontinue the issuance of Unemployment Insurance checks. Failure to notify the state agency can result in a penalty, such as, a fine, imprisonment, or both.

NAME
Title

Attachment
Pre-employment Package

STATE CRIMINAL HISTORY REPOSITORY CHECK LETTER

MEMORANDUM FOR Applicant

FROM: CPF Office Symbol

SUBJECT: State Criminal History Repository Check (SCHRC)

1. The Crime Control Act of 1990 requires the Department of Defense to conduct a review of personnel and security records on all employees who have regular contact with children under the age of 18; to include a Federal Bureau of Investigation (FBI) fingerprint check and a State Criminal History Repository Check (SCHRC). In order to meet this requirement, please fill out the requested information on the attachments and return to CPF Office Symbol.

2. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (US Code, Title 18, Section 1001).

NAME
Title
Civilian Personnel Flight

Attachments

1. State Criminal History Repository Check Information
2. Release/Consent Statement
3. Residence Information
4. Fingerprint Chart Information
5. Supplemental Questionnaire
6. AF Form 2583 (IRC)

STATE CRIMINAL HISTORY REPOSITORY CHECK

Full Name: _____
 Maiden Name: _____
 Alias: _____
 Date Of Birth: _____
 Place Of Birth: _____
 Citizenship: _____

Have you ever been arrested for or charged with a crime involving a child? YES or NO

(If yes, please provide a description of the disposition of the arrest or charge):

ACKNOWLEDGMENT

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 of the Federal government.

I understand that the employer is obligated to require a records check as a condition of employment in accordance with the Crime Control Act and that I have a right to obtain a copy of the report provided to the employer and a right to challenge the accuracy and completeness of any information in the report.

I understand that any information I give may be investigated as allowed by law or Presidential order.

I understand a false statement on any part of my application may be grounds for not hiring me or for firing me after I begin work. Also, that I may be punished by fine or imprisonment (US Code, Title 18, Section 1001).

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH.

Signature

SSAN

Date

RELEASE/CONSENT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, Crime Control Act of 1990; and DODI 1402.5, Criminal History Background Checks on Individuals in Child Care Services Positions (19 Jan 93).

DISCLOSURE: Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment.

EMPLOYEE STATEMENT:

1. I have been advised that my being hired/retained will be based upon successful completion of background checks. I understand these checks may include the following:

A. Installation Records Check (IRC) which is completed on individuals with a DoD affiliation such as living or working on an installation or an active duty member or family member. The record check shall include police local files check, drug and alcohol program, family housing, medical treatment facility for family advocacy program to include Service Central Registry records and mental health records, and any other record checks as appropriate, to the extent permitted by law.

B. State Criminal History Repository Check (SCHRC) in the states where I have resided.

C. National Agency Check with Inquires (NACI) (includes a FBI fingerprint check).

2. I hereby authorize CPF Office Symbol, Air Force Base to conduct these checks.

SIGNATURE: _____

TYPED OR PRINTED NAME: _____

SSAN: _____

DATE: _____

ROUTINE USE: INFORMATION COLLECTED WILL BE USED STRICTLY FOR THE PURPOSE OF PROCESSING BACKGROUND CHECKS.

RESIDENCE INFORMATION

Please place an "X" by the name of each state you have resided in during the last 10 years or since your 18th birthday, whichever is less. This information will be used to conduct State Criminal History Repository Checks as required by Public Law 101-647.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> ALABAMA | <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> OKLAHOMA |
| <input type="checkbox"/> ALASKA | <input type="checkbox"/> MAINE | <input type="checkbox"/> OREGON |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> PENNSYLVANIA |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> RHODE ISLAND |
| <input type="checkbox"/> CALIFORNIA | <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> SOUTH CAROLINA |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> SOUTH DAKOTA |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> MISSOURI | <input type="checkbox"/> TENNESSEE |
| <input type="checkbox"/> DELAWARE | <input type="checkbox"/> MONTANA | <input type="checkbox"/> TEXAS |
| <input type="checkbox"/> FLORIDA | <input type="checkbox"/> NEBRASKA | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> GEORGIA | <input type="checkbox"/> NEVADA | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> HAWAII | <input type="checkbox"/> NEW HAMPSHIRE | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> IDAHO | <input type="checkbox"/> NEW JERSEY | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> NEW MEXICO | <input type="checkbox"/> WASHINGTON DC |
| <input type="checkbox"/> INDIANA | <input type="checkbox"/> NEW YORK | <input type="checkbox"/> WEST VIRGINIA |
| <input type="checkbox"/> IOWA | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> KANSAS | <input type="checkbox"/> NORTH DAKOTA | <input type="checkbox"/> WYOMING |
| <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> OHIO | |

I understand the responses above are annotated under penalty of perjury. Any false statement may result in adverse action, up to and including removal from Federal service.

SIGNATURE: _____

TYPED OR PRINTED NAME: _____

SSAN: _____

DATE: _____

FINGERPRINT CHART INFORMATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

RESIDENCE: _____

DATE OF BIRTH: _____

ALIASES: _____

SEX: _____

RACE: _____

HEIGHT: _____

WEIGHT: _____

COLOR EYES: _____

COLOR HAIR: _____

PLACE OF BIRTH: _____

SCARS, MARKS, AND TATOOS: _____

POSITION TO WHICH APPOINTED: _____

SOCIAL SECURITY NUMBER: _____

SUPPLEMENTAL QUESTIONNAIRE

(For positions covered by Crime Control Act of 1990)

1. Have you ever been arrested for, or charged with, a crime involving a child?

Yes _____ No _____

If yes, describe the disposition of the arrest or charge: _____

2. Have you ever been arrested for, or charged with, a crime involving substance abuse?

Yes _____ No _____

If yes, describe the disposition of the arrest or charge: _____

3. Have you ever been arrested for, or charged with, a crime involving a sex crime or violent crime?

Yes _____ No _____

If yes, describe the disposition of the arrest or charge: _____

Your signature certifies that the above statements are true, correct, complete, and made in good faith.

Signature

Date

BENEFITS SUMMARY FOR NEW EMPLOYEES

The current benefits summary may be viewed/downloaded at:

<http://www.afpc.randolph.af.mil/dpc/BEST/bestbrochures.htm>

BEST published newsletters may be viewed/downloaded at:

<http://www.afpc.randolph.af.mil/dpc/BEST/newsletters.htm>

You may subscribe to these newsletters at:

http://www.afpc.randolph.af.mil/dpc/Subscription/DPC_Sub.htm

RETIREMENT FACT SHEETS

Did You Know That There Are a Number of Retirement Fact Sheets and Publications Available for Your Review? In order to assist and educate you on your retirement system, your options and benefits, the Office of Personnel Management (OPM) has developed various fact sheets for your review. These fact sheets can be obtained from your organization's customer account representative (CAR) or possibly from the Civilian Personnel Flight. Additionally, the Office of Personnel Management (OPM) maintains a library of various publications on its web. The following is a list of fact sheets that you may print or view by **clicking here** www.opm.gov/retire/html/library/csrs.html for CSRS or for FERS <http://www.opm.gov/retire/html/library/fers.html> .

Civil Service Retirement System:

Thinking About Retirement, December 1997, (RI 83-11)

Retirement Facts 1 -- The Civil Service Retirement System, November 1997

Retirement Facts 2 -- Military Service Credit Under the Civil Service Retirement System, December 1997

Retirement Facts 3 -- Deposits and Redeposits Under the Civil Service Retirement System, March 1995

Retirement Facts 4 -- Disability Retirement Under the Civil Service Retirement System, November 1997

Retirement Facts 5 -- Survivor Benefits Under the Civil Service Retirement System, March 1995

Retirement Facts 6 -- Early Retirement Under the Civil Service Retirement System, November 1997

Retirement Facts 7 -- Computing Retirement Benefits Under the Civil Service Retirement System, March 1995

Retirement Facts 8 -- Credit for Unused Sick Leave Under the Civil Service Retirement System, November 1997

Retirement Facts 9 -- Refunds Under the Civil Service Retirement System, March 1995

Retirement Facts 10 -- Voluntary Contributions Under the Civil Service Retirement System, March 1995

Retirement Facts 11 -- Information for Separating CSRS Employees Who Are Not Eligible for an Immediate Annuity, November 1997

Retirement Facts 12 -- Information About Reemployment in the Civil Service Retirement System, November 1997

Retirement Facts 13 -- CSRS Offset Retirement, September 1996

Retirement Facts 14 -- Law Enforcement and Firefighter CSRS Retirement, September 1996

Information About Disability Retirement (CSRS) (Standard Form 3112-1)

Information for Survivor Annuitants, April 1999, (RI 25-26)

Survivor Benefits for Children, April 1997, (RI 25-27)

Information for Annuitants, April 1999, (RI 20-59)

Federal Employees Retirement System:

Thinking About Retirement, December 1997 (RI 83-11)

FERS Facts 1 -- Information for Separating FERS Employees Who are Not Eligible for an Immediate Annuity, September 1996

FERS -- Federal Employees Retirement System (An Overview of Your Benefits), April 1998 (RI 90-1)

FERS -- Federal Employees Retirement System Transfer Handbook -- A Guide to Making Your Decision (RI 90-3)

Information for FERS Annuitants — Information for People Who Have Retired Under FERS (RI 90-8)

Information About Disability Retirement (FERS) (Standard Form 3112-2)

Applying for Immediate Retirement Under the Federal Employees Retirement System, May 2001 (Standard Form 3113)

Applying for Death Benefits Under the Federal Employees Retirement System, January 1997 (Standard Form 3114)

NOTE: Until AFI 44-XXX, Air Force Drug Testing and Substance Abuse Program, is finalized, care must be taken to modify the letter below for the following situations: current AF employee tentatively selected for a TDP, non-AF employee tentatively selected for a TDP, and current AF employee assigned to a position that becomes designated a TDP.

NOTICE TO EMPLOYEE ENTERING A DRUG TESTING DESIGNATED POSITION

You have been tentatively selected for the position of **Position Title**, which is designated by the Air Force as a testing designated position (TDP) under the Air Force Civilian Drug Testing Program. For the purpose of this program, TDPs are those positions sufficiently critical to the Air Force mission or to the protection of public safety that screening to detect the presence of drugs is warranted as a job-related requirement. Illegal drug use by employees in sensitive positions presents a clear threat to the mission of the Air Force, national security, and public safety.

As a mandatory requirement for your continued employment in this TDP, it is required that you (a) refrain from the use of illegal drugs and (b) if requested, submit to urinalysis testing.

Thirty days after receipt of this notice you will be subject to unannounced periodic urinalysis testing. Selection for such testing will be determined on a random basis. In addition, you are currently subject to urinalysis testing when there is a reasonable suspicion that you use illegal drugs, as part of a safety/accident investigation, or as a follow-up to counseling or rehabilitation for illegal drug use.

You will receive specific instructions concerning when and where the test will be conducted immediately prior to the test. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be altered. The collection, handling, and testing of the urine sample will be conducted under chain of custody procedures established by the Health and Human Services Technical Guidelines to ensure accuracy of the test result. The quality of testing procedures is tightly controlled to ensure the test results will be handled with maximum respect for individual confidentiality.

If you refuse to furnish a urine specimen, as directed, or if illegal drug use is detected through a verified positive test result, you will have failed to meet a mandatory employment requirement for this sensitive position. If you refuse to furnish a specimen, you will be subject to the full range of disciplinary or adverse actions, including removal. If you are found to use illegal drugs, you will be removed from the TDP. Additionally, you will be removed from Federal service if you fail to agree to participate in a counseling or rehabilitation program. However, even if you agree to participate in and subsequently complete a counseling or rehabilitation program, you will still be subject to appropriate disciplinary or adverse action, including removal from the Federal service. Your agreement to participate in a counseling or rehabilitation program would be one of the factors considered in determining the level of discipline or adverse action to be imposed. Prescription drugs authorized by a physician and verified by appropriate evidence are

excluded from such determinations. You will be given an opportunity to submit medical documentation to the medical review officer to verify the legitimate use of specific drugs before any action will be taken. Without valid medical documentation, you may be removed from Federal service.

If you believe you may have a drug problem, you're encouraged to voluntarily seek counseling or referral services by contacting Name, Org/Off Sym, Address, and Phone#. If you do self-identify and agree to the "safe harbor" provisions described in the civilian drug testing program during this 30-day notice period, you will not be subject to disciplinary action for past use.

If you believe your position has been wrongly identified as a TDP, you may submit your appeal within 15 days of receipt of this letter to Name, Org/Offsym, Address, and Phone No. His/Her decision is final and is not subject to further review.

ACKNOWLEDGMENT

I acknowledge receipt of the Notice to Employee Entering a Drug Testing Designated Position and have read its contents and questions have been satisfactorily answered. I understand that I may be selected for random drug testing. I understand that I will be subject to drug testing when there is reasonable suspicion to believe that I am under the influence of drugs or as result of a safety mishap or accident. I also understand that refusal to submit to testing will result in initiation of disciplinary or adverse action, up to and including removal from Federal service.

Employee Name (Print)

SSAN

Date

Signature

OBLIGATED POSITION NOTICE

- 1. You have been selected for the position of Position Title located at (Air Force Base). This position is obligated to the former incumbent who has moved to a civilian overseas assignment and has return rights to this position under 10 U.S.C. 1586.
- 2. Upon the employee’s return you are subject to being displaced from this obligated position. Every effort will be made to find an equivalent position for you at the same grade for which you qualify within the commuting area without loss of seniority, status or tenure. If this is not possible, you will be entitled to an assignment under reduction-in-force procedures. The returning employee does not compete in this reduction-in-force.
- 3. If you cannot be placed, you will be provided re-employment assistance through the Priority Placement Program, Re-employment Priority List and/or the Interagency Career Transition Assistance Program.
- 4. Please sign below and return to CPF Address.

I have read and understand the conditions of accepting an obligated position and have decided to (accept/decline) this position.

Employee Name (Print)	SSAN	Date	Signature

cc: AFPC/DPCT (Servicing Team)

Statement of Understanding
KEY POSITION LETTER

1. I understand I have been tentatively selected for the position of Position Title located at Air Force Base. This position has been designated as a key position and, as such, requires continued performance of duties and responsibilities during periods of national emergencies and/or mobilization (AFI 36-507, Mobilization of the Civilian Work Force). As a key employee, I understand I may be required to take part in readiness exercises. Failure to perform the duties of the key position may result in disciplinary action.

2. To ensure continued staffing of key positions during mobilization, I understand I may be removed from military recall status. This includes members of the Ready Reserve, retired military, standby or retired reserve status, etc..

3. I understand that acceptance of this position may mean removal from military recall if no other qualified employee exists who could assume my key position during a mobilization or if management cannot locate an eligible replacement who is not subject to recall. Furthermore, during the time I occupy the key position, I may not join a reserve unit without supervisory approval/certification that alternative staffing will be available during your mobilization.

The following applies (check one):

- a. I currently do not have a military recall status (Ready Reserve, retired military, standby reservist, retired reservist, etc.) and will not join a reserve unit while occupying this key position without prior approval/certification from my supervisor that alternative staffing is available.
- b. I currently have a military recall status and understand that I may be removed from such status if alternative staffing is not available. I agree not to rejoin a reserve unit while occupying this key position without prior approval/certification from my supervisor that alternative staffing is available.
- c. I decline the position offer. I understand this declination will not eliminate me from future consideration for other key positions.

 Signature

 SSAN

 Date

**STATEMENT OF UNDERSTANDING
EMERGENCY ESSENTIAL POSITION**

1. I understand that employees occupying designated Emergency-Essential (E-E) positions be removed from military recall status (Ready Reservists, retired military, standby reservist, retired reservist, etc.) as a condition of employment (AFI 36-507). The rationale for this policy is that in an emergency/mobilization, employees with military recall status may not be available to perform both their reserve duties and the duties of their E-E position should recall occur. Furthermore, I understand that as an Emergency-Essential employee, I may be required to participate in readiness exercises, and failure to perform these duties for reasons within my control may result in disciplinary action.

2. I have been selected for the position of Position Title at Position Location, which is an E-E position. I understand that I will be required to sign the DoD Civilian Employee Overseas Emergency-Essential Position Agreement (DD Form 2365). The following applies (check one):

_____ a. I currently do not have a military recall status (Ready Reserve member, retired military, standby reservist, retired reservist, etc.) and will not join a reserve unit while occupying this Emergency-Essential position.

_____ b. I currently have a military recall status and understand that I will be removed from such status upon placement into this position. I agree not to rejoin a reserve unit while occupying this Emergency-Essential position.

_____ c. I decline this position offer. I understand this declination will not eliminate me from future consideration for other Emergency-Essential positions.

Signature

SSAN

Date

**PRE-APPOINTMENT CERTIFICATION STATEMENT FOR
SELECTIVE SERVICE REGISTRATION**

Important Notice If you are a male born after December 31, 1959, and you want to be employed by the Federal government, you must (subject to certain exemptions) be registered with the Selective Service System.

Privacy Act Statement We need information on your registration with the Selective Service System to see whether you are affected by the laws we must follow in deciding whom the Federal may employ government.

Criminal Penalty Statement A false statement by you may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (US Code, Title 18, Section 1001).

Review If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing nor willful, you may write to:

US Office of Personnel Management
NACI Center
IOD-SAB
Boyers PA 16018

[] I certify that I am registered with the Selective Service System.

[] I certify that I am not required to be registered with the Selective Service System.

MEMORANDUM FOR Employee's Name

FROM: Your Address

SUBJECT: Probationary Period for New Supervisors/Managers -

1. The Civil Service Reform Act of 1978 requires a new supervisor or manager to satisfactorily complete a probationary period as a prerequisite to continuation in the position.
2. Based on your selection for the position of Position Title, you will be placed in a probationary status for a period not to exceed one year beginning on date. You will be evaluated against the written supervisory or managerial performance standards established for this position.
3. If you feel you have prior Federal civilian supervisory or managerial experience that would exempt you from serving this probationary period, you must submit the supporting official records or other convincing evidence to our office. In the absence of records that clearly support your claim, you will be required to serve this probationary period.
4. Upon satisfactory completion of the probationary period, your supervisor, with the concurrence of the next higher official, will certify in writing that you are performing at an acceptable level of performance and fax the certification to the Air Force Personnel Center (AFPC) for electronic profiling into your Official Personnel Folder maintained at AFPC Randolph AFB, TX. Your personnel computer records will also be updated by AFPC to show completion of the probationary period.
5. If a determination is made that you are unable to satisfactorily perform the full scope of your supervisory or managerial responsibilities, your probationary period will be terminated. In that event, you will be returned to a non-supervisory or non-managerial position at a grade and step no lower than the grade and step previously held. You will not be entitled to retain either the grade or the pay of the supervisory/managerial position. This probationary period does not prohibit removal action for reasons unrelated to supervisory or managerial performance.
6. A management-initiated action to return you to a non-supervisory/non-managerial position cannot be contested under the grievance procedure in AFI 36-1203, Administrative Grievance System, nor can it be appealed to the Merit Systems Protection Board unless you allege discrimination because of partisan political affirmation or marital status. In cases alleging other forms of discrimination, AFI 36-1201, Discrimination Complaints, procedures apply.

NAME

Title
Civilian Personnel Flight

I have read the above letter advising me of the required probationary period and my rights pertaining thereto. I understand the conditions of this assignment and my rights in connection with this action.

Signature

Date

SSAN

cc: Supervisor

Conditions of Temporary Limited Appointment
(NOT-TO-EXCEED 1 YEAR)
STATEMENT OF UNDERSTANDING

1. It is essential for employees to understand that the rights and benefits of temporary employees are different than those of permanent or indefinite employees. Therefore, you are required to sign this statement acknowledging that you understand these conditions. They are as follows:

a. You will not acquire competitive status, nor will you be considered under the merit promotion program based on this temporary appointment. If this position can later be filled on a permanent basis, you will not be given preferential treatment or consideration. A permanent position must be filled in accordance with in-service placement regulations and external recruitment priorities.

b. You do not serve a probationary or trial period.

c. You are not eligible for promotion or reassignment, but you may be detailed to another position that meets the criteria for temporary employment. If you are interested in being considered for other temporary jobs, you need to submit another resume which includes your current temporary position.

d. You are not eligible for coverage under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS), or the Federal Employees Group Life Insurance (FEGLI) program. You are covered under the Federal Insurance Contribution Act (FICA) and deductions commonly referred to as social security taxes will be made from your pay. Employees appointed or converted from a covered position without a break in service in excess of 3 days, may continue CSRS, FERS, and FEGLI coverage.

e. You are not eligible for coverage under the Federal Employees Health Benefits (FEHB) program until you complete one year of current continuous service.

f. You are not covered by the adverse action procedures under 5 US Code 4303 and 5 US Code 7511 because each temporary appointment is always limited to 1 year or less. This is true even if you convert to a new temporary appointment with total service extending beyond 1 year.

g. You are not a competing employee under reduction-in-force procedures. Your appointment may be terminated with little or no notice any time your services are no longer needed or for any reason that management may deem appropriate. A copy of the SF-50, Notification of Personnel Action, is sufficient for this purpose.

h. You are not eligible for within-grade increases if you are serving in a General Schedule (GS) position, even if extended beyond 1 year. If serving under a temporary, limited appointment in a Federal Wage System (WG, WL, WS) position, you are eligible for within-grade increases.

i. If your position has a regularly scheduled tour of duty (part-time or full-time), you earn sick leave at the rate of 5% of the total hours worked. If your appointment is for more than 90 days you also earn annual leave at a rate based on your total years federal service.

<u>Years of Service</u>	<u>Annual Leave Earned</u>	<u>Full-time Employees</u>
0-3	5% of hours worked in pay status	4 hours per pay period
3-15	7.5% of hours worked in pay status	*6 hours per pay period
15+	10% of hours worked in pay status	8 hours per pay period

*Between 3-15 years of service, annual leave earned during the last pay period of the year is earned at the rate of 12.5% (10 hours).

Temporary employees do not earn military leave. Temporary employees with an intermittent work schedule do not earn annual or sick leave or holiday pay.

j. You will need to resubmit your resume to receive consideration for other temporary jobs.

k. You are subject to the rules applicable to reemployed annuitants if you are currently receiving a civil service annuity.

2. I understand and accept the conditions of this temporary limited appointment.

(Signature of Employee)

SSAN

(Date)

cc: Employee
Selecting Official

CONDITIONS OF TERM EMPLOYMENT LETTER

MEMORANDUM FOR Employee's Name

FROM: Your Address

SUBJECT: Conditions of Term Employment

1. The job you are accepting is a term position, one that will be needed for a specified period exceeding 1 year and lasting not more than 4 years. Upon expiration of this term appointment you will be separated from employment at Your Base.

2. During your employment you will be eligible for annual and sick leave, within-grade increases, coverage under the Federal Employees' Retirement System, coverage under the Federal Employees Health Benefits Program, and coverage under the Federal Employees' Group Life Insurance Program.

3. As a term employee, you will be covered by reduction-in-force (RIF) procedures and will be placed in tenure group 3 in the event a RIF occurs during your employment.

4. If you have any questions, please call the Civilian Personnel Flight at 000-0000.

NAME
Title
Civilian Personnel Flight

Receipt acknowledged.

(Employee Signature)

SSAN

(Date)

**PERMANENT INTERMITTENT WORK SCHEDULE
Fact Sheet**

The job for which you have been selected is a permanent appointment with an intermittent work schedule. Intermittent employment means occasional or irregular employment. As such:

- You will be employed on a less than full-time basis with no pre-scheduled regular tour of duty
- There is no guarantee as to the number of hours you will be required to work.
- Employment will be on an on-call basis.
- You will not be earning sick leave or annual leave
- You will not be covered by the Federal Employees' Health Benefits or Federal Employees' Group Life Insurance.
- You WILL be covered by the Federal Retirement systems if your appointment type is career or career-conditional.

You will be eligible for consideration for promotion or change to a different line of work through merit promotion procedures.

MOBILITY AGREEMENT

I (name) understand:

- a. The position I have been tentatively selected for has a requirement for mobility and is a time-limited assignment.
- b. A condition of employment and assignment to this position is the agreement to be mobile and to sign and abide by the provisions of this Mobility Agreement.
- c. My future assignment will be to a position at the same or higher permanent grade at my current or different geographic location.
- d. This agreement will remain in effect for the duration of my assignment to this position or successor positions.
- e. I will not be required to move more than once every 3 years.
- f. The policy, conditions, and requirements for mobility are specified in AFMAN 36-606, and AFIs 36-202 and 36-601 and 36-602.
- g. In accepting future follow-on assignments, consideration will be given to my geographic and assignment preferences and compelling personal needs whenever possible; however, assignment to my preferences is not guaranteed.
- h. This agreement applies to position number (CPCN) located at (name of installation) and titled/graded as (position title/pay plan and grade). Should a change be made to the above information, this paragraph will be updated accordingly.
- i. The failure to accept assignment as required by this agreement may result in my separation from the Air Force.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF CIVILIAN PERSONNEL
FLIGHT REPRESENTATIVE

DATE

SIGNATURE OF POLICY COUNCIL CHAIR

DATE

MEMORANDUM FOR Security Police Office Symbol

FROM: Organization Office Symbol

SUBJECT: Request for Waiver - Noncritical Sensitive Position

1. Request the following individual be appointed prior to completion of the required National Agency Check-Written Inquires (NACI) per AFI 31-501.

<u>NAME</u>	<u>SSAN</u>	<u>TITLE/SERIES/GRADE OF POSITION</u>
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2. JUSTIFICATION: Failure to allow the above named individual to enter on duty prior to completion of investigative requirements is considered to be harmful to national security for the following reason(s):

3. The above named individual will not have access to classified information or unescorted entry into restricted areas until the appropriate clearance is completed. I will brief the individual and all co-workers on this requirement.

First Level Supervisor

1st Ind, Security Police Office Symbol

MEMORANDUM FOR Organization Office Symbol/CC

A local files check has been completed favorably/unfavorably. This office concurs/does not concur with the waiver request.

Security Police Representative

2nd Ind, Organization Office Symbol/CC

TO: CPF Office Symbol

The above request for waiver is approved/disapproved.

Commander's Signature

MEMORANDUM FOR Applicant

FROM: Servicing Civilian Personnel Flight Address

SUBJECT: Notification of Physical Examination

1. You were recently notified you were tentatively selected for the position of Position Title. This position has specific physical requirements, so you must pass a physical examination prior to entering on duty.
2. You have been scheduled for a pre-employment physical examination on day at time hours and physical examination at time hours at the base medical facility, bdg/room/number. In addition to taking this examination, you may submit medical documentation from your personal physician or practitioner.
3. If you do not pass this physical examination or refuse to report for it, your offer of employment will be rescinded. Please do not resign from your current position or give notice to your current supervisor until you have been notified of the results of your exam.
4. Please report to the Civilian Personnel Flight to pick up the Standard Form 78, Certificate of Medical Examination. This form must be taken to the appointment and signed by the physician. If you have any questions, please call 000-0000.

NAME
TITLE
CIVILIAN PERSONNEL FLIGHT



DoD Fire & Emergency Services
 Firefighter Qualification Standards
 (GS - 3 and 4 Entry Level Firefighters)



 Employee's Name

 SSN

I fully understand that I am being hired contingent upon satisfying the DoD firefighter certification requirements listed below. I also understand that if I fail to satisfy these DoD certification requirements that I will lose my job for failing to satisfy this mandatory condition of employment.

As an (GS - 3 or GS - 4) entry-level firefighter, I must become DoD certified at the following certification levels within a maximum of 12 months: (Airport Fire Fighter is not required for locations without a flying mission.)

- DoD Hazardous Materials (HazMat) Awareness.
 (Note: This is a prerequisite for Fire Fighter I and HazMat Operations)
- DoD Fire Fighter I. (Note: This is a prerequisite for Fire Fighter II)
- DoD Hazardous Materials Operations.
 (Note: This is a prerequisite for Fire Fighter II and Airport Fire Fighter)
- DoD Fire Fighter II.
 (Note: HazMat Awareness and Operations and Fire Fighter I are prerequisites)
- DoD Airport Fire Fighter
 (Note: HazMat Awareness and Operations and Fire Fighter I / II are prerequisites)

I acknowledge, understand, and agree to satisfy the certification requirements explained herein. I also understand that if I fail to satisfy this condition of employment that I may lose my job as a DoD firefighter.

 Employee's Signature

 Date