REQUEST FOR LETTER OF EMPLOYMENT/ID CARD APPLICATION

Please read Privacy Act Statement and Principal Purpose prior to completing this form.

DODEA PACIFIC
HUMAN RESOURCES DIVISION
VERSION 1.0, June 12, 2013

PRIVACY ACT STATEMENT

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PRINCIPAL PURPOSE: To request a letter of employment and ID card application, DD-Form 1172-2 which is required to enroll in the Defense Enrollment Eligibility Reporting System (DEERS) for DoD benefits and privileges.

SECTION I - SPONSOR/EMPLOYEE DATA

1. NAME *(Last, First, Middle*	2. GENDER	3. SSN	4. EMPLOYMENT STATUS *(OCONUS/CONUS/LOCAL/DEP)*

5. DATE OF BIRTH *(YYYMMDD)*	6. PLACE OF BIRTH (City/State)	7. CITIZENSHIP

8. JOB TITLE	9. GRADE	10. SCHOOL/OFFICE NAME	11. DUTY LOCATION(Base)	12. Country of Duty Location

13. CURRENT ADDRESS	14. CITY	15. STATE	16. ZIP	17. COUNTRY

18. PRIMARY E-MAIL ADDRESS	19. SECONDARY E-MAIL ADDRESS	20. DUTY PHONE NUMBER

SECTION II - ENTITLEMENTS CHECK THE APPROPRIATE RESPONSE FOR EACH ENTITLEMENT

21. Living Quarters Allowance (LQA)	22. Transportation Agreement (TA)	23. Official Travel Orders
___ I am entitled to or currently receive LQA	___ I signed or am required to sign a TA	___I am a sponsor who traveled on official orders issued by DoDEA or another Federal Agency
___I am not entitled to LQA	___I am not required to sign a TA	___I am a family member who traveled as a dependent on official travel orders
		___I am a self-sponsored local hire who did not travel on official travel orders

SECTION III – DEPENDENT DATA (USE ADDITIONAL PAGES FOR MORE DEPENDENTS)

24. DEPENDENT NAME *(Last, First, Middle)*	25. GENDER	26. DATE OF BIRTH*(YYYYMMDD)*	27. RELATIONSHIP	28. SSN

29. CURRENT ADDRESS	30. CITY	31. STATE	32. ZIP	33. COUNTRY	34. ELIGIBILITY DATE	35. ELIGIBILITY EXPIRATION DATE

36. DEPENDENT NAME *(Last, First, Middle)*	37. GENDER	38. DATE OF BIRTH*(YYYYMMDD)*	39. RELATIONSHIP	40. SSN

41. CURRENT ADDRESS	42. CITY	43. STATE	44. ZIP	45. COUNTRY	46. ELIGIBILITY DATE	47. ELIGIBILITY EXPIRATION DATE

48. DEPENDENT NAME *(Last, First, Middle)*	49. GENDER	50. DATE OF BIRTH*(YYYYMMDD)*	51. RELATIONSHIP	52. SSN

53. CURRENT ADDRESS	54. CITY	55. STATE	56. ZIP	57. COUNTRY	58. ELIGIBILITY DATE	59. ELIGIBILITY EXPIRATION DATE

60. DEPENDENT NAME *(Last, First, Middle)*	61. GENDER	62. DATE OF BIRTH*(YYYYMMDD)*	63. RELATIONSHIP	65. SSN

66. CURRENT ADDRESS	67. CITY	68. STATE	69. ZIP	70. COUNTRY	71. ELIGIBILITY DATE	72. ELIGIBILITY EXPIRATION DATE

SECTION IV – SPONSOR/EMPLOYEE DECLARATION

I certify the information provided on this form is true and accurate to the best of my knowledge

73. SPONSOR/EMPLOYEE SIGNATURE	74. DATE SIGNED (YYYYMMDD)

SECTION V– VERIFICATION (HR SECTION ONLY)

75. LOE STATUS:	76. LQA	77. TRANSPORTATION AGREEMENT
____ SOFA	____ENTITLED/RECEIVE	____ELIGIBLE/SIGNED
____NON-SOFA	____NO. OF ELIGIBLE DEPENDENTS	____INELIGIBLE

78. DATE EMPLOYEE OVERSEAS ASSIGNMENT BEGIN	79. DATE EMPLOYEE OVERSEAS ASSIGNMENT ENDS	80. DATE RECEIVED	81. DATE ENTERED IN DPI

I certify the individual identified in Section I is eligible for and requires a letter of employment and ID card application.

82. VERIFYING OFFICIAL NAME	83. TITLE/GRADE	84. SIGNATURE	85. DATE