

# VERIFICATION OF CIVILIAN EMPLOYMENT

## PRIVACY ACT STATEMENT

**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 <http://www.defenselink.mil/privacy/notice/osd>, 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  Yes  No

Full-Time  Yes  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 that sixteen (16) and thirty two (32) hours per week.)

Date Eligible to Return from Overseas (DEROS/PRD) \_\_\_\_\_

### DEPENDENTS:

\_\_\_\_\_  
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/CPAC/DoDEA HRO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
\*Date Signed (YYYYMMDD)

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