

# VERIFICATION OF CIVILIAN EMPLOYMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 2164, 20 U.S.C. 921-932, and DoDEA Regulation 1342.13.

**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*) \_\_\_\_\_

Sponsor's Official Phone Number \_\_\_\_\_ Official E-mail Address \_\_\_\_\_

### TO BE COMPLETED BY THE EMPLOYEE'S CIVILIAN PERSONNEL OFFICE ONLY

Employee's DoD Agency (see reverse) \_\_\_\_\_

Is the employee listed above a US Citizen/National?                      Yes              No

Permanent full time?              Yes              No              Number of hours/week \_\_\_\_\_

Is the employee a CONUS hire or receiving CONUS hire entitlements? (LQA w/dependents + Civilian

Transportation Agreement for the current position)                      Yes              No

DoDDS: Date Eligible to Return from Overseas (DEROS) \_\_\_\_\_

\_\_\_\_\_  
Printed Name (*Last, First, Middle Initial*) of CPO/HRO/CPAC/DoDDS District HRO                      Signature

\_\_\_\_\_  
Telephone Number                      E-mail Address                      Date Signed (YYYYMMDD)

*By signing and dating this form you are certifying that the listed information is valid.*

**NOTE:** *The certification date cannot be left blank. If the DEROS is indefinite, or the sponsor is a local hire, a new form is required each school year to support enrollment. Violation of this policy will directly result in the suspension of educational services being provided to the listed student(s).*

### TO BE COMPLETED BY \_\_\_\_\_ SCHOOL PERSONNEL ONLY (School Name)

\_\_\_\_\_  
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)

# VERIFICATION OF CIVILIAN EMPLOYMENT

## 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