Technician Employment Briefing Checklist

Name _____

Date of Appointment _____

STAFFING SECTION

- ☐ SF 61 APPOINTMENT AFFIDAVITS
- ☐ FORM I-9 IMMIGRATION & NATURALIZATION VERIFICATION
- ☐ SELECTIVE SERVICE REGISTRATION
- ☐ OF 306 DECLARATION OF FEDERAL EMPLOYMENT
- ☐ SF 255 SELF IDENTIFICATION OF HANDICAP
- ☐ SF 181 RACE & NATIONAL ORIGIN
- ☐ HATCH ACT (INFO PAPER)
- ☐ STANDARDS OF ETHICAL CONDUCT (INFO PAPER)
- ☐ THE "WEINGARTEN" RIGHT (INFO PAPER)
- ☐ NEW HIRE STATEMENT OF UNDERSTANDING
- ☐ SEPARATION NOTICE (TEMPORARY INDEFINITE EMPLOYEES ONLY)
- ☐ SF 144 STATEMENT OF PRIOR FEDERAL SERVICE-ATTTACH DD 214's
- ☐ NGAUS OPEN ENROLLMENT DISABILITY/LIFE INSURANCE MUST **RETURN W/I 30 DAYS**
- ☐ Equal Employment Opportunity Briefing

☐ BONUS PAYMENTS MAYBE FORFEITED UPON ACCEPTANCE OF TECHNICIAN POSITION

EMPLOYEE RELATIONS SECTION

The following forms need to be completed with supervisor and/or timekeeper

- ☐ W4 (Employee's Withholding Allowance Certificate) **COMPLETE WITH TIMEKEEPER**
- ☐ SF 1199A DIRECT DEPOSIT – MANDATORY **COMPLETE WITH TIMEKEEPER**
- ☐ SF 2809 HEALTH BENEFITS REGISTRATION FORM **MUST RETURN W/I 60 DAYS**
- ☐ SF 2817 FED EMP GROUP LIFE INSURANCE FORM **MUST RETURN W/I 60 DAYS**
- ☐ MILITARY DEPOSIT (RI 20-97) ***Please contact ERS for further information***
- ☐ THRIFT SAVINGS PLAN PARTICIPATION (TSP 1)
- ☐ MI-W4 MICHIGAN STATE EXEMPTION CERTIFICATE
- ☐ DESIGNATION OF HOME MAILING ADDRESS
- ☐ JOB DESCRIPTION; PD # _____

EQUAL EMPLOYMENT OPPORTUNITY OFFICER / EMPLOYEE DEVELOPMENT

- ☐ EEO POLICY; POSH POLICY
- ☐ EEO STATEMENT
- ☐ NO FEAR VIDEO

DEFENSE TRAVEL SYSTEM (DTS)

- ☐ ESTABLISHED A DTS ACCOUNT

EVALUATION

- ☐ END OF COURSE SURVEY

_____ _____

DATE EMPLOYEE'S SIGNATURE

APPOINTMENT AFFIDAVITS

_____ (Position to which Appointed)

_____ (Date Appointed)

_____ (Department or Agency)

Michigan National Guard (Bureau or Division)

Lansing, MI (Place of Employment)

I, _____ do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

_____ (Signature of Appointee)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 2011

at Lansing (City) Michigan (State)

_____ (Signature of Officer)

(SEAL)

Commission expires _____ (If by a Notary Public, the date of his/her Commission should be shown)

_____ (Title)

Note – If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact you agency's legal counsel for advise.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1- Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1)** document title; **2)** issuing authority; **3)** document number, **4)** expiration date, if any; and **5)** the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
  - record the document title, document number and expiration date (if any) in Block C, and
  - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a). This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices. Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate; can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, 5 minutes; **2)** completing the form, 5 minutes; and **3)** assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachuetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS

U.S. Citizenship and Immigration Services

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State MI	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
A citizen or national of the United States
A Lawful Permanent Resident (Alien #) A _____
An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date *(month/day/year)*

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date *(if any)*: _____		_____		_____
Document #: _____				
Expiration Date *(if any)*:				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* __/__/2011 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name *(if applicable)*	B. Date of rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship *(Form N-560 or N-561)*
3. Certificate of Naturalization *(Form N-550 or N-570)*
4. Unexpired foreign passport, with *I-551 stamp or* attached *Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph *(Form I-151 or I-551)*
6. Unexpired Temporary Resident Card *(Form I-688)*
7. Unexpired Employment Authorization Card *(Form I-688A)*
8. Unexpired Reentry Permit *(Form I-327)*
9. Unexpired Refugee Travel Document *(Form I-571)*
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph *(Form I-688B)*

OR

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school Record

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card *(Form I-197)*
6. ID Card for use of Resident Citizen in the United States *(Form I-179)*
7. Unexpired employment authorization document issued by DHS *(other than those listed under List A)*

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

PRE-APPOINTMENT CERIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION

Important Notice

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

Privacy Act

We need information on your registration with the Selective Service System to see whether you are effected by the laws we must follow in deciding who may be employed by the Federal Government.

Criminal Penalty Statement

A false statement by you may be grounds for not hiring, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. 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:

U.S. Office of Personnel Management
NACI Center
IOD-SAB
Boyers, Pennsylvania 16018

CERTIFICATION OF REGISTRATION STATUS

☐ I certified that I am registered with the Selective Service System.

☐ I certified that I am not required to be registered with the Selective Service System.

_____ _____

Legal Signature (Please use ink) Date Signed (Please use ink)

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

General Information

1. **FULL NAME** (First, middle, last) ♦	2. **SOCIAL SECURITY NUMBER** ♦
3. **PLACE OF BIRTH** (Include city and state or country) ♦	4. **DATE OF BIRTH** *(MM/DD/YYYY)* ♦ / /
5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc) ♦ ♦	6. **PHONE NUMBERS** *(Include area codes)* Day ♦ Night ♦

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO *If "NO" go to 7c.*
7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? ☐ YES *Provide information below* ☐ NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

		YES	NO
9.	During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*	☐	☐
10.	Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*	☐	☐
11.	Are you now under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*	☐	☐
12.	During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*	☐	☐
13.	Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.	☐	☐

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* YES ☐ NO ☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES ☐ NO ☐

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **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 or representatives of the Federal Government.
I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in Ink)

17b. Appointee's Signature: _____ Date _____
(Sign in Ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? **YES** ☐ **NO** ☐ **Do Not Know** ☐

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. **YES** ☐ **NO** ☐ **Do Not Know** ☐

SELF-IDENTIFICATION OF HANDICAP
(See Instructions and Privacy Act Information On reverse)

Last Name, First Name, Middle Initial	Birth Date *(Mo./Yr.)* /	Social Security Number	ENTER CODE HERE →	

DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this fan,, before using this code,) (Note; Yaw personnel officer may use this code ii, in his or her judgment, you used an incorrect code.)

05 I do not have a handicap

06 I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 Severe speech malfunction or inability to speak; hearing is normal (Examples: detects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngeclorny [removal of the "voice box"'l)

HEARING IMPAIRMENTS

15 Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)
16 Total deafness in both ears, with understandable speech
17 Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")

23 Inability to read ordinary size print, not correctable by glasses (Can reed oversized print or use assisting devices such as glass or projector modifier)

24 Blind in one eye

25 Blind in both eyes (No usable vision, but may have some light perception)

MISSING EXTREMITIES

27 One hand
28 One arm
29 One foot
32 One leg
33 Both hands or arms
34 Both feet or legs
35 One hand or arm *and* one foot or leg
36 One hand or arm *and* both feet or legs
37 Both hands or arms *and* one foot or leg
38 Both hands or arms *and* both feet or legs

NONPANAIYTIC ORTHOPEDIC IMPAIRMENTS
(Because of chronic pain, stiffness, Or weakness in bones or joints, there is some less of ability to move or use a part or parts of the body.)

44 One or both hands
45 One or both feet
46 One or both arms
47 One or both legs
48 Hip or pelvis
49 Back
57 Any combination of two or more parts of the body

PARTIAL PARALYSIS
(Because of a brain, nerve, or muscle problem. including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including lags, arms, and/or trunk.)

61 One hand
62 One arm, any part
63 One leg, any part
64 Both hands
65 Both legs, any part
66 Both arms, any part
67 One side of body, including one arm and one leg
68 Three or more major parts of the body *(arms and legs)*

COMPLETE PARALYSIS
(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, them is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

70 One hand
71 Both hands
72 One arm
73 Both arms
74 One leg
75 Both legs
76 Lower half of body, including legs
One side of body, including one arm and one leg
77 Three or more major parts of the
78 body (arms and legs)

OTHER IMPAIRMENTS

80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

81 Heart disease with restriction or limitation of activity

82 Convulsive disorder (e.g.. epilepsy)

83 Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

84 Diabetes

86 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema. asthma)

87 Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

88 Cancer—a history of cancer with complete recovery

89 Cancer—undergoing surgical and/or medical treatment

90 Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained far useful productive employ- merit as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)

91 Mental or emotional illness (A history of treatment for mental or emotional problems)

92 Severe distortion of limbs and/or spine (e.g.. dwarfism, kyphosis [severe distortion of back])

93 Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by bums, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])

94 Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

U.S. Office of Personnel Management Guide to Personnel Data Standards	**ETHNICITY AND RACE IDENTIFICATION** (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
Agency Use Only		

Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
☐ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ Black or African American	A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

GUIDELINES FOR FEDERAL EMPLOYEES COVERED UNDER NEW HATCH ACT AMENDMENTS

These examples of permissive and prohibited activities for covered employees were prepared by the Office of Special Counsel. The OSC telephone 1-800-85-HATCH (854-2824) is responsible for investigating reports or complaints concerning Hatch Act violations. The new amendments took effect February 3, 1994.

- May be candidates for public office in nonpartisan elections
- May register and vote as they choose
- May assist in voter registration drives
- May express opinions about candidates and issues
- May contribute money to political organizations
- May attend political fund-raising activities
- May attend and be active at political rallies and meetings
- May join and be an active member of a political party or club
- May sign nominating petitions
- May campaign for or against referendum questions, constitutional amendments, municipal ordinances
- May campaign for or against candidates in partisan elections
- May make campaign speeches for candidates in partisan elections
- May distribute campaign literature in partisan elections
- May hold office in political clubs or parties and be delegates to party conventions

- May not use their official authority or influence to interfere with an election
- May not solicit, accept or receive political contributions unless both individuals are members of the same federal labor organization or employee organization and the one solicited is not a subordinate employee
- May not knowingly solicit or discourage the political activity of any person who has business before the agency
- May not engage in political activity while on duty
- May not engage in political activity in any government office
- May not engage in political activity while wearing an official uniform
- May not engage in political activity while using a government vehicle
- May not be candidates for public office in partisan elections
- May not wear political buttons on duty

Employees of the following agencies or agency divisions continue to be covered under the old law: Federal Election Commission, Federal Bureau of Investigation, Secret Service, Central Intelligence Agency, National Security Council, National Security Agency, Defense Intelligence Agency, Merit Systems Protection Board, Office of Special Counsel, Office of Criminal Investigations of the Internal Revenue Service, Office of Investigative Programs of the Bureau of Alcohol, Tobacco and Firearms, Criminal Division of Department of Justice, career members of the Senior Executive Service, administrative law judges and contract appeals board members. Contact the OSC for further clarification, or visit website at www.osc.govwww.osc.gov .

Standards of Ethical Conduct for Federal Employees

On April 2, 1989, President Bush signed Executive Order 1276, which contained principles of ethical conduct for Federal Employees. The Order is fairly brief and seems quite straight forward. The part that applies to all federal employees says:

"To ensure that every citizen can have complete confidence in the integrity of the Federal Government, each federal employee shall respect and adhere to the fundamental principles of ethical service...

a. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws, and ethical principals above private gain.

b. Employees shall not hold financial interests that conflict with the conscientious performance of duty.

c. Employees shall not engage in financial transactions using non-public government information or allow the improper use such information to further any private interests.

d. An employee shall not, except pursuant to such reasonable exceptions as are provided by regulations, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or non-performance of the employee duties.

e. Employees shall put forth honest effort in the performance of their duties.

f. Employees shall make no unauthorized commitments or promises of any kinds purporting to bind the Government.

g. Employees shall not use public office for private gain.

h. Employees shall act impartially and not give preferential treatment to any private organization or individual.

i. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

j. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

k. Employees shall disclose waste, fraud and corruption to appropriate authorities

l. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those such as Federal, State, or local taxes that are imposed by law.

m. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age or handicap.

n. Employees shall endeavor to avoid any actions creating the appearance that they're violating the law or the ethical standards promulgated pursuant to this order.

The "Weingarten" Right

Title 5 United States Code (USC) section 7114(a), Representation Rights and Duties, provides an exclusive representative of an appropriate unit in an agency shall be given the opportunity to be represented at any examination of an employee in the unit by a representative of the agency in connection with an investigation if the employee reasonably believes that the examination may result in disciplinary action against the employee and the employee requests representation.

This right is commonly referred to as the "Weingarten" right, based on the U.S. Supreme Court's private sector labor decision in, NLRB v. J. Weingarten, Inc., 420 U.S. 251 (1975). Briefly, when any agency representative questions a bargaining unit employee, and the employee reasonably believes the questioning may result in disciplinary action against him/her, and the employee requests union representation, she/he is generally entitled to representation if the investigation continues.

Upon a valid request for union representation from the employee, management has three options:

1. Grant the request and notify the union that a meeting to examine a bargaining unit employee is going to take place and that the employee has requested union representation

2. Stop questioning the employee and continue the investigation without interviewing that employee

3. Offer the employee a clear choice to either continue the interview without representation, or have no interview

The Weingarten right applies only to bargaining unit employees. In the Michigan Air and Army National Guard, Weingarten right procedures are defined by collective bargaining agreements. Please refer to your contract for specific requirements within your bargaining unit. Additional information regarding "Weingarten" rights can be obtained in PERMISS at <http://cpol.army.mil/library/permiss/4122.html>.

NEW HIRE STATEMENT OF UNDERSTANDING (DUAL STATUS)

1. I, _____, have been advised on _____ that TPR 303 mandates military technician compatibility which consists of the following four tenets:

Military Membership (All Technicians): As a dual status military technician, you are required to be an active member of the Michigan National Guard.

Military Unit of Assignment (Career & Career-Conditional Technicians): Dual status military technicians are assigned to a military position in the same unit in which they are employed or, in a unit that is supported by the employing activity when authorized by this regulation. This unit of assignment requirement is necessary to ensure there is a highly skilled and trained support cadre available when units are deployed and to provide continuity of operations before, during, and after deployments.

Military MOS/AFSC (Career & Career-Conditional Technicians): The occupational classification concept (MOS/AFSC) for all full-time support members requires compatible military skills in the fulltime assignments. When considering military assignment changes, the member's military chain of command must consider the effect on the member's full-time employment. The full-time support member is the primary occupant of the military position and is not coded as excess.

Military Grade Inversion (All Technicians): The military structure is preeminent over the full-time structure and ***military grade inversion within the full-time work force is not permitted***. Military grade inversion is inconsistent with the nature and culture of the military. All full-time support members must follow military protocol of the traditional military rank structure. The military grade of the supervisor must equal or exceed the military grade of personnel supervised. Unit of assignment or service component of the individual does not change this requirement.

2. I fully understand the information given to me today by _____ and accept it as a condition of my employment with the Michigan National Guard.

WITNESS:	EMPLOYEE:
_____	_____
(Signature)	(Signature)
_____	_____
(Date)	(Date)

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
Joint Forces Headquarter, Michigan National Guard
3423 North Martin Luther King Blvd
Lansing, MI 48906

MIAR-HRO

_____
Today's Date

MEMORANDUM FOR

SUBJECT: Separation Notice

1. As an indefinite military technician, you have been appointed to fill a specific agency need for a limited period of time. You are hereby informed that you may be terminated at any time after your initial thirty (30) days at the discretion of management. Hence, this memorandum serves as your official 30 day notice.

2. This memorandum is to be signed and returned to the Human Resource Office without delay. The point of contact regarding this action is SMSgt Keith Bigelow, HR Specialist, (517) 481-7701.

FOR THE ADJUTANT GENERAL:

MISTY A. HITCHCOCK
Maj, MI ANG
HR Staffing Branch

I acknowledge receipt of the above Separation notification letter.

_____ _____
Employee Signature Date

Statement of Prior Federal Service

(PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM)

Privacy Act Statement

Section 6303 of 5 U.S.C., "Annual Leave Accrual," authorizes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes.

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other Federal agencies or Congressional or Judicial Offices in order to verify it or in connection with your application for a job, license, grant, or other benefit. It may also be disclosed to a national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

I. What Is Needed to Verify Prior Service

In order for your employing agency to credit your prior Federal service for benefits, such as leave accrual and reduction-in-force retention, the dates of your active uniformed service and the type(s) of appointment(s) and dates of civilian service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. Dates and types of appointments to civilian positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC- or OPM-approved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System—Standard Form 2806, or the Federal Employees Retirement System—Standard Form 3100). The information on the application or resume you submitted for the appointment you are receiving, along with the information on page 2 of this form, will be used by your agency to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

When Notification of Personnel Action or payroll records cannot be located to verify a period of service, and the service was covered by Social Security, a detailed statement of earnings information (showing periods of employment and the name of the employer) from the Social Security Administration will be accepted as proof of service.

If no personnel, payroll, or Social Security records can be located, then your agency can accept secondary evidence of civilian employment, as explained below.

II. Use of Secondary Evidence to Verify Federal Service

Secondary evidence may be considered as proof of Federal civilian service only when official Government records are lost, destroyed, or incomplete. Necessarily, the **burden of proof is on the person claiming service** that is not supported by official records in the custody of the U.S. Government. If you decide to claim credit for a period of service by submitting secondary evidence, it is important that you **submit all documents in your possession** that tend to prove you performed the service claimed, and that the service, if performed, was creditable for leave accrual and reduction-in-force purposes. **No credit** can be allowed for any service that is **not substantiated** by valid and conclusive secondary evidence. The following is applicable only if you are providing secondary evidence.

A. Documentary Evidence: Submit as many as possible of the documents listed in item 1 below. If your agency finds that these documents are insufficient to determine creditability, the documents listed in items 2 and 3 may be considered, but less weight will be given to such evidence.

1. Copies of official documents or letters about the service. These may be notices on appointment/separation; notices of changes in position/salary, organization, or headquarters; travel orders; payroll cards; ID's, etc.
2. Private records such as a diary, correspondence, copies of income tax returns, employment applications, credit applications, etc., that mention the Federal employer and the claimed service. Private records must have been made during or shortly after period of service.
3. Any other documentary evidence tending to prove the service was actually performed and the starting and ending dates of the service.

B. Affidavit Evidence: If you are not able to supply copies of official documents (as described in item 1 above) that are sufficient for your agency to make a determination of creditability, you must submit affidavits from yourself and at least two other persons (preferably your supervisors) who know the facts. If you can obtain no documentary evidence (items 1, 2, and 3, above) to support your claim, you may submit these affidavits only; **however**, your claim is more likely to be rejected without supporting documents. The required affidavits are from:

—The employee, stating as many of the details on the affidavit as can accurately be remembered.

—At least two persons knowing the facts. Each person should show that he or she is in a position to know the facts sworn to, and give his or her age and mailing address.

Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.

C. Warning: Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment (18 U.S.C. 1001).

STATEMENT OF PRIOR FEDERAL SERVICE

To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
☐ Yes — If "Yes", check this block and skip to Item 8. ☐ No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
☐ Yes — If "Yes", list the following information. ☐ No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?
☐ No ☐ Yes — Check one of the statements, if it applies to you. I claim preference as the:
☐ Spouse of a disabled veteran ☐ Mother of a deceased or disabled veteran ☐ Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date

*U.S. Government Printing Office: 1996 - 404-781/32401

NATIONAL GUARD ASSOCIATION OF THE UNITED STATES
OPEN ENROLLMENT FORM

Name (First, MI, Last)			Sex ☐ M ☐ F	Tech ☐ AGR ☐ State EE ☐
Address	City	ST	ZIP	Age	Date of Birth Mo. / Day / Yr.
Phone Number (WK)	Phone Number (HM)	SS# - -	Date of Employment Mo. / Day / Yr.	
Location of Paying Office/Number	Employing Office	Annual Salary	Job Duty	Enroller Code

LONG TERM DISABILITY INSURANCE

☑ **Check the box** for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. **Rates are based on bi-weekly deductions.**

SALARY UNDER $18,000

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $500	$ 2.00	$ 5.40	$14.95
Supplemental - $400	$ .80	$ 1.80	$ 4.60
☐ Basic + Supplemental - $900	$ 2.80	$ 7.20	$19.55

SALARY $18,000 - $19,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $400	$ .80	$ 1.80	$ 4.60
☐ Basic + Supplemental - $1,000	$ 3.30	$ 8.55	$22.90

SALARY $20,000 - $23,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $500	$ 1.20	$ 2.70	$ 6.90
☐ Basic + Supplemental - $1,100	$ 3.70	$ 9.45	$25.20

SALARY $24,000 - $25,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $600	$ 1.60	$ 3.60	$ 9.20
☐ Basic + Supplemental - $1,200	$ 4.10	$10.35	$27.50

SALARY $26,000 - $27,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $700	$ 2.00	$ 4.50	$ 9.90
☐ Basic + Supplemental - $1,300	$ 4.50	$11.25	$28.20

SALARY $28,000 - $31,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $700	$ 3.00	$ 8.10	$21.65
Supplemental - $700	$ 2.00	$ 4.50	$ 9.90
☐ Basic + Supplemental - $1,400	$ 5.00	$12.60	$31.55

SALARY $32,000 - $39,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $800	$ 3.20	$ 9.20	$24.80
Supplemental - $800	$ 2.40	$ 5.40	$13.80
☐ Basic + Supplemental - $1,600	$ 5.60	$14.60	$38.60

SALARY $40,000 - $49,999

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $1,000	$ 4.40	$11.70	$31.20
Supplemental - $1,000	$ 3.00	$ 7.00	$17.50
☐ Basic + Supplemental - $2,000	$ 7.40	$18.70	$48.70

SALARY $50,000 and Over

MONTHLY BENEFITS	Your Age: Under 40	40-49	50-59
☐ Basic - $1,100	$ 4.95	$13.20	$34.85
Supplemental - $1,400	$ 4.90	$10.50	$25.20
☐ Basic + Supplemental - $2,500	$ 9.85	$23.70	$59.85

TERM LIFE INSURANCE

☑ **Check the box** for the coverage you want based on your age. **Rates are based on bi-weekly deductions.**

Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here
Under 30	$25,000	$1.50	☐	$50,000	$3.00	☐	45 - 49	$25,000	$5.25	☐	$50,000	$10.50	☐
30 - 34	$25,000	$2.00	☐	$50,000	$4.00	☐	50 - 54	$25,000	$8.00	☐	$50,000	$16.00	☐
35 - 39	$25,000	$2.50	☐	$50,000	$5.00	☐	55 - 59	$25,000	$12.00	☐	$50,000	$24.00	☐
40 - 44	$25,000	$3.25	☐	$50,000	$6.50	☐							

☐ Children's coverage - $5,000 per child ($.70) ☐ Children's coverage - $10,000 per child ($1.40)

Beneficiary Designation for Term Life Insurance

Name: _____ SS# _____

Address: _____ Relationship to the applicant _____

_____ Beneficiary of the children's coverage will be the insured parent.

I request participation in the insurance plan offered by ReliaStar Life Insurance Company. I understand that, upon issuance of such insurance, I will become a Member of the NGAUS Insurance Trust. I understand that my employer, as a service performed for me, will make regular payroll deductions for the premiums. I direct that all experience credits declared as a result of my participation in the NGAUS Insurance Trust, after payment of Trust expenses, shall be paid to the National Guard Association of the United States or The National Guard Education Foundation, as determined by the NGAUS Insurance Trust. No obligation shall be incurred because of information furnished unless and until coverage is approved by ReliaStar Life Insurance Company and the first premium is paid in full.

You must be actively at work for the National Guard at the time you enroll, not already insured in the Plan you are enrolling for (you can add Supplemental Disability Coverage if you are currently enrolled in Basic Disability), and you must not have previously been denied coverage by ReliaStar Life. Payroll deduction for your selected coverage must begin by the 2nd pay period after the open enrollment period ends. For all details of this Insurance Program, see the Technician booklet at your HRO.

Signature of Applicant ✗ _____ Date ___ Mo. / Day / Yr.

OPTIONAL BENEFITS

Are you interested in additional Group Term Life coverage for yourself? ..... ☐ Yes ☐ No

Are you interested in Group Term Life coverage for your spouse? ..... ☐ Yes ☐ No

FOR OFFICE USE ONLY Deduction amount for above coverages: ☐ New Coverage ☐ Additional

Basic LTD	Supplemental LTD			
Deduction Amount	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number

This application is not to be used in SC, SD, OH, OR, TX or NY.

DEPARTMENT OF MILITARY AFFAIRS

EQUAL EMPLOYMENT OPPORTUNITY BRIEFING

1. The Director of the Department of Military Affairs (The Adjutant General) wants to ensure that you as a technician, competitive or excepted, are provided with the necessary information, which might directly affect you while employed by the Department of Military Affairs.

2. All technicians, competitive or excepted, will enjoy equal employment opportunities without regard to race, color, sex, religion, national origin or age. All managers and supervisors are charged with the responsibility to examine all of the Department of Military Affairs Equal Employment Opportunity policies to insure that those policies do not operate to the detriment of any person. The utmost effort will be made to eliminate all existing discriminatory conditions whether intentional or unintentional. Every employee is to be afforded protection against any form of discrimination based on race, color, sex, religion, national origin or age.

3. The following is a simplified version of the Processing Complaint of Discrimination:

a. All complaints of discrimination must be filed within 45 days of the incident.

b. Discuss the complaint with an Equal Employment Opportunity counselor.

c. Prepare a formal complaint by filling out an NGB Form 713-5.

d. The Adjutant General or his designee will review and informally resolve the complaint or a National Guard Bureau investigator will be assigned to the case.

e. The Adjutant General will announce his proposed disposition of the complaint.

f. If the complainant is dissatisfied with the Adjutant General's proposed disposition, the complainant may request a hearing by the National Guard Bureau accomplished through the Equal Employment Opportunity Commission (EEOC).

g. An EEOC complaint examiner hears the case and makes his recommendation to the Chief, National Guard Bureau. The Chief, National Guard Bureau, announces his decision. If the complainant is dissatisfied, he may appeal to the EEOC.

h. The EEOC hears the case and makes their decision. If the complaint is not resolved, the complainant may go to the Federal Court.

i. The Federal Court hears the case and their decision is final.

4. Your supervisor will provide you with the name of your local Equal Employment Opportunity counselor. Any Equal Opportunity counselor will provide you a means of responsive and accessible source for informal resolution of any complaint of discrimination based on race, color, sex, religion, national origin or age.

5. I have read the above and I am aware of the Department of Military Affairs, Equal Employment Opportunity program and if I have any questions regarding this program I will

contact my supervisor or the State Equal Employment Opportunity Office at (517) 481-7725, Michigan National Guard, 3423 N. Martin Luther King Jr. Blvd., Lansing, MI 48906-2934.

PRINTED NAME_____
(Employee)

SIGNED_____

DATE_____

WITNESS: SIGNED_____

DATE_____

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children . . . . . **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2011

1 Type or print your first name and middle initial.	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2011, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ **7**

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q Form **W-4** (2011)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: $11,600 if married filing jointly or qualifying widow(er) $8,500 if head of household $5,800 if single or married filing separately	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet* in Pub. 919.)	5	$
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,700 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000 -	0	$0 - $8,000 -	0
5,001 - 12,000 -	1	8,001 - 15,000 -	1
12,001 - 22,000 -	2	15,001 - 25,000 -	2
22,001 - 25,000 -	3	25,001 - 30,000 -	3
25,001 - 30,000 -	4	30,001 - 40,000 -	4
30,001 - 40,000 -	5	40,001 - 50,000 -	5
40,001 - 48,000 -	6	50,001 - 65,000 -	6
48,001 - 55,000 -	7	65,001 - 80,000 -	7
55,001 - 65,000 -	8	80,001 - 95,000 -	8
65,001 - 72,000 -	9	95,001 -120,000 -	9
72,001 - 85,000 -	10	120,001 and over	10
85,001 - 97,000 -	11		
97,001 -110,000 -	12		
110,001 -120,000 -	13		
120,001 -135,000 -	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $65,000	$560	$0 - $35,000	$560
65,001 - 125,000	930	35,001 - 90,000	930
125,001 - 185,000	1,040	90,001 - 165,000	1,040
185,001 - 335,000	1,220	165,001 - 370,000	1,220
335,001 and over	1,300	370,001 and over	1,300

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire. _____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE	AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER

CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

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A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

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- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire. _____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

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I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

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GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

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ROUTING NUMBER — CHECK DIGIT

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Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

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- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
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ADDRESS *(street, route, P.O. Box, APO/FPO)*

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TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

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E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

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- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire. _____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

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SIGNATURE	DATE
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JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER — CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

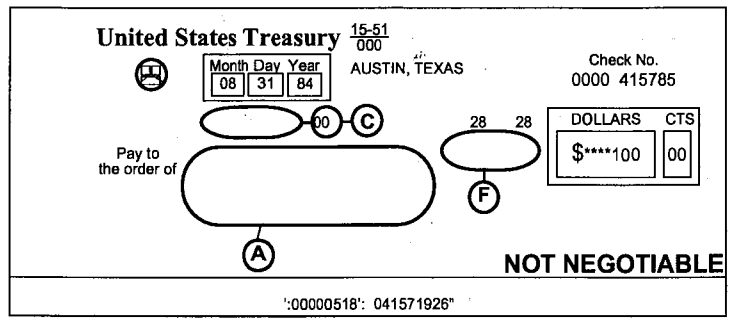
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than $10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

United States
Office of Personnel Management
Retirement Operations Center
Boyers, Pennsylvania 16017

Estimated Earnings During Military Service

Instructions: Use a separate RI 20-97 for each branch of service. Attach DD 214 or the equivalent and any available records of pay or promotions. The pay center cannot provide estimated earnings without verification of service. The requester must complete blocks 1 through 10 and block 19. Pay center addresses are on the reverse.

1. Name *(Last, first, middle)*	
2. Other names used	
3. Social Security Number	4. Date of birth *(mm/dd/yyyy)*
5. All military service numbers	
6. Branch of service	

The uniformed services must provide Federal employees' estimated basic pay for military service they performed after December 31, 1956. This is needed to make a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the person named above.

7. Signature of requester	8. Relationship to person named ☐ Person named is requester ☐ Survivor ☐ Other *(specify)*:	9. Date

10. Active military service after December 31, 1956 *(Dates indicated below must be based on DD 214 or equivalent certification.)*

11. Authorized Official of Retired Pay Center completes blocks 11 through 18.

Estimated Earnings (Base Pay)
Do not provide estimated earnings for any period of service prior to January 1, 1957.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Rate or Base Pay	Earnings	Type of Deductions

12. If period of service began before and ended after December 31, 1956, enter date service actually began. *(mm/dd/yyyy)*

13. Lost time
☐ None ☐ Number of days _____
☐ Inclusive dates

14. Signature of authorized official furnishing estimate	15. Date	16. Telephone number *(including area code)* ( )
17. Typed name of authorized official	18. Title of authorized official	

RI 20-97
Revised November 2007
Previous editions are not usable

PDF processed with CutePDF evaluation edition www.CutePDF.com

Send the request for Estimated Earnings During Military Service to the appropriate address shown below.

For more information and to verify the current addresses and telephone numbers, visit the Defense Finance and Accounting Service website at http://www.dod.mil/dfas/money/milpay/est_earn.htm.

Army	DFAS-Indianapolis Center Army Military Pay Operations Attn: Verifications Section (Estimated Earnings) 8899 East 56th Street Indianapolis, IN 46249-0875 Phone (317) 510-2813 Fax (317) 275-0123
Navy	DFAS-Cleveland Center ATTN: DFAS-CL/PMMCCB 1240 East 9th Street Cleveland, OH 44199 Phone (216) 522-6545 Fax (216) 522-6924
Air Force	DFAS-DE/PMJO 6760 East Irvington Place Denver, CO 80279-3000 Phone (303) 676-7408 DSN: 926-7408
Marine Corps	DFAS-Kansas City Center ATTN: DFAS-KC/PMMCA 1500 East 95th Street Kansas City, MO 64197-0001 Phone (816) 926-7652
Coast Guard	Coast Guard Pay and Personnel Center 444 Southeast Quincy Street Topeka, KS 66683-3591 Phone (785) 357-3570 Fax (785) 295-2544
Public Health Service	Public Health Service Division of Commissioned Personnel Compensation Branch Parklawn Building, Room 4-50 5600 Fisher's Lane Rockville, MD 20857 Phone (301) 594-2963 Fax (301) 443-0064
National Oceanic and Atmospheric Administration	National Oceanic and Atmospheric Administration Commissioned Personnel Center 1315 East West Highway, Room 12100 Silver Spring, MD 20910-3282 Phone (301) 713-3444 Fax (301) 713-4140

MI-W4

(Rev. 8-08)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number

▶ 2. Date of Birth

▶ 3. Type or Print Your First Name, Middle Initial and Last Name

4. Driver License Number

Home Address (No., Street, P.O. Box or Rural Route)

City or Town | State | ZIP Code

▶ 5. Are you a new employee?

☐ Yes If Yes, enter date of hire . . . .

☐ No

6. Enter the number of personal and dependent exemptions you are claiming ..... ▶ 6. ☐

7. Additional amount you want deducted from each pay (if employer agrees) ..... 7. $ .00

8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):

a. ☐ A Michigan income tax liability is not expected this year.

b. ☐ Wages are exempt from withholding. Explain: _____

c. ☐ Permanent home (domicile) is located in the following Renaissance Zone: _____

EMPLOYEE:
If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.

INSTRUCTIONS TO EMPLOYER:
Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010, Lansing, MI 48908-5010.

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

9. Employee's Signature

▶ Date

Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.

10. Employer's Name, Address, Phone No. and Name of Contact Person

▶ 11. Federal Employer Identification Number

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site
Visit the Treasury Web site at:
www.michigan.gov/businesstax

DESIGNATION OF HOME MAILING ADDRESS

TECHNICIAN PAYROLL

SSN:				-			-				

Name: _____

Last, First, Middle

New Address: _____

Number and Street

_____

City, State, Zip Code

Old Address: _____

Number and Street

_____

City, State, Zip Code

Agency: **USPFO For Michigan**
Attn: PFO-C-TP
3111 West St Joseph Street
Lansing, MI 48913-5102

The Department of Defense (DOD) and the National Guard Bureau (NGB) have approved Electronic Fund Transfer/ Direct Deposit of pay for all personnel as a reasonable condition of employment. All new technicians and those accepting reassignments or promotions are required to initiate direct deposit paperwork within 60 days. They must complete an SF 1199A and submit it to the Technician Pay Customer Service Office

Signature of Employee:	**Date:**

Instructions: Complete and sign this form, forward to Technician Pay Customer Service Office (PFO-C-TP), USPFO for Michigan, 3111 West St Joseph Street.

MIARNG Form 37-1-R-E **(Previous Editions are Obsolete)**
January 1996