Work Experience Supplement	INSTRUCTION: Type or print carefully-Answer questions completely or check appropriate box. If question is NOT APPLICABLE, write "NA." If you have insufficient space, continue on an attached sheet and refer to SECTION and ITEM number for each item continued.
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As of 3 April 2006, the Agency has adopted some aspects of the Work Force Flexibility Act. Therefore you may be entitled to a different annual leave accrual rate upon your Entrance on Duty vice the standard 4 hours per pay period. To qualify, you must have at least three years or more of Non-Federal experience that is directly related to the position for which you are hired at the Agency. Please fill out this form to allow a complete and fair review of your past work experiences so that you may be evaluated for this benefit. (List all work experience – volunteer or paid – that you feel would qualify you for this benefit.)

Please check the appropriate box below as it applies to you. If you have checked one of these three, you are not eligible for this benefit and you need not continue to fill out the form. If none apply, please leave blank.

\_\_Current Federal Employee (direct transfer)

\_\_Transitioning Military (Not retired)

\_\_Current Undergraduate student/Recent undergraduate

SECTION A

GENERAL

1. NAME (Lass-First-Middle) Mr. | Ms. | Mrs. | 2. SSN #

3. MAILING ADDRESS (Number, Street, City, State, Zip code)

HOME:

OFFICE:

NON-U.S. Citizen

CELLPHONE:

SECTION B EMPLOYMENT INFORMATION						
LIST PRESENT POSITION FIRST, When completing "Brief Description of Duties, consider your experience carefully and provide meaningful, objective statements.						
DATE EMPLOYED (From-to-)	NAME OF FIRM (Incl. location)	POSITION TITLE	BRIEF DESCRIPTION (	OF DUTIES		
	*Any additional information can be	attached to this	form on a separate piece of paper.			
I certify the aforementioned information is truthful to the best of my knowledge.						
Signature				Date		
		R	C Signatory	Hours approved		