

**Verification of Civilian Employment**  
**Effective School Year: 2008/2009**

EMPLOYEE'S NAME: \_\_\_\_\_ LAST 4 SSN: \_\_\_\_\_  
 Please print Last, First, MI

DSN Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

REQUESTING EMPLOYEE OR SPOUSE SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYEES CIVILIAN PERSONNEL OFFICE ONLY:**

The employee listed above is a **US Citizen/Green Card bearer**? Yes  No

**Employees Department name** \_\_\_\_\_ (see reverse for explanation)

DoD civilian paid with **Appropriated fund**? Yes  No  Employed full time? Yes  No

DoD civilian paid with **Nonappropriated fund**? Yes  No  Employed full time? Y  N

Employee CONUS hire or receiving CONUS hire entitlements (LQA w/dependent + Civilian Transportation Agreement for the current position) Yes  No

Employees who are locally hired effective date of employment: \_\_\_\_\_

Overseas Tour Expiration Date: \_\_\_\_\_

**Note: *If the overseas tour of duty is indefinite or if the sponsor is a local hire a new form is required to support enrollment on or NLT 48 hours after the first day of attendance.***

***CONUS hires without indefinite DEROS can turn the form into the school during enrollment with a copy of the PCS order originally sending the sponsor overseas or last RAT orders.***

\_\_\_\_\_  
 (Printed Name (Last, First Mi) of CPO/HRO/CPAC/DoDDS District HRO representative) and Signature

\_\_\_\_\_  
 Contact DSN phone number and email address

\_\_\_\_\_  
 Date Form certified

Note: By signing and dating this form you are certifying that the listed information is valid. The form cannot be post dated or certification date purposely left blank. Violation of this policy will directly result in the suspension of educational services being provided to the listed student(s).

**TO BE COMPLETED BY** \_\_\_\_\_ **SCHOOL PERSONNEL ONLY**  
 School name

\_\_\_\_\_  
 Student Name: Last, First, Mi Student Name: Last, First Mi.

\_\_\_\_\_  
 Student Name: Last, First, Mi. Student Name: Last, First Mi

\_\_\_\_\_  
 Student Name: Last, First Mi. Student Name: Last, First Mi.

## **Department of Defense agency**

<b>Dept of Army Civilian</b>	<b>Defense Information Systems A</b>
<b>Dept of Navy Civilian</b>	<b>DoD Intelligence Agencies</b>
<b>US Marine Civilian</b>	<b>DoDEA/DoDDS</b>
<b>US Air Force Civilian</b>	<b>Defense Security Cooperation A</b>
<b>US Coast Guard Civilian</b>	<b>Defense Threat Reduction Ager</b>
<b>Defense Commissary Agency</b>	<b>OSD Missile Defense Agency</b>
<b>AAFES/NEX</b>	<b>Defense POW/MIA Activity</b>
<b>Stars and Stripes</b>	<b>Security Assistance Program</b>
<b>Defense Audit Agency</b>	<b>Foreign Military Sales</b>
<b>Defense Contracting Agency</b>	<b>Defense Logistics Agency</b>
<b>Defense Finance and Accounting</b>	

If there is a DoD Agency not listed please contact the Eligibility and Enrollment office DoDDS-Europe via DSN 338-7613 Germany civilian +49(0)611-380-7613 or via email: [DoDDS-E.Eligibility@eu.dodea.edu](mailto:DoDDS-E.Eligibility@eu.dodea.edu)