## VERIFICATION OF CIVILIAN EMPLOYMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 2164 and 20 U.S.C. 921-932.

**PRINCIPAL PURPOSE:** The information may be used within the Department of Defense (DoD) to determine dependent eligibility to enroll in schools operated by the Department of Defense Education Activity.

**ROUTINES USE(S):** The Department of Defense Education Activity (DoDEA) may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b)(1). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at <a href="http://www.defenselink.mil/privacy/notice/osd">http://www.defenselink.mil/privacy/notice/osd</a>, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

**DISCLOSURE:** Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

Employee's Name (Last, First,	Middle initial)		
Sponsor's Official Phone Number		Official E-mail Address	
TO BE COMPLETED BY	THE EMPLOYEE'S CIV	ILIAN PERSONNEL OFFIC	E ONLY
Employee's DoD Agency (see	reverse)		
Is the employee listed above a	US Citizen/National?	Yes No	
Permanent full-time? Yes	No		
Is the employee a CONUS him	e or receiving CONUS hir	e entitlements? (LQA w/depen	dents + Civilian
Transportation Agreement for	the current position)	Yes No	
DoDDS: Date Eligible to Ret	urn from Overseas (DERC	OS)	
Printed Name (Last, First, Middle Initial) of CPO/HRO/CPA		PAC/DoDDS District HRO	Signature
Telephone Number	E-mai	l Address *I	Date Signed (YYYYMMDD)
IS VALID.  NOTE: *The certification d		CERTIFYING THAT THE IN  It's mandatory in order to valid	
employment.			
	ks after the first day of att	This form must be signed and tendance; a completed new form up to 3 years.	
Student Name (Last, First, MI)	Birth Date (YYYYMMDD)	Student Name (Last, First, MI)	Birth Date (YYYYMMDD)
Student Name (Last, First, MI)	Birth Date (YYYYMMDD)	Student Name (Last, First, MI)	Birth Date (YYYYMMDD)
Student Name (Last, First, MI)	Birth Date (YYYYMMDD)	Student Name (Last, First, MI)	Birth Date (YYYYMMDD)
DoDEA Worksheet 602, Febru	ary 2012		

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## Department of Defense Agencies

Department of the Army Civilian Department of the Navy Civilian

US Marines Civilian

Department of the Air Force Civilian

U.S. Coast Guard Civilian Defense Commissary Agency

AAFES NEX

Stars and Stripes Defense Audit Agency Defense Contracting Agency Defense Finance and Accounting Service Defense Systems Information Agency

DoD Intelligence Agencies

DoDEA/DoDDS

Defense Security Cooperation Agency
Defense Threat Reduction Agency
OSD Missile Defense Agency
Defense POW/MIA Activity
Security Assistance Program
Foreign Military Sales
Defense Logistics Agency

DoDEA From 602, (BACK), February 2011

DoDEA Form 602