



EMPLOYEE ORIENTATION FORMS



During your first days as an NRC employee you will be required to complete a number of forms, actions and plans designed to ensure your successful entry into the NRC workforce. This forms matrix is provided as a quick reference tool.

 Adobe Acrobat PDF Image









 **Fillable** Screen Fillable Adobe Acrobat (Use only with Adobe Reader 5.0 and above; the Adobe Reader is available free from Adobe.com) If there is a problem opening an Adobe file through the internet browser, please try this: Using the RIGHT button on the mouse, click on the PDF/F icon and select "Save target as" from the resulting menu. Save the form file to a hard drive or a local network drive. Then open the file using Adobe Reader 5.0 or above. Using this method, avoids opening the file through the internet browser.

Permanent
Term
Temporary
Transfer From Other Agency
Presidential Appointees
*Re-Employed Annuitant**







Your Pay






| | | | | | | | |
|--|--|---|---|---|---|---|---|
|  FMS - 2231 | Direct Deposit Sign-Up | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|  SF-1152 | Unpaid Compensation - Designation of Beneficiary | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Your Benefits

| | | | | | | | |
|---|--|---|---|---|---|---|---|
|  Premium Conversion Waiver/Election Form | This form is used to waive pre-tax treatment of employee premium contributions to the FEHB program. Complete this form only if you do not want the pre-tax health benefit. Pre-tax treatment is automatic. | ✓ | ✓ | | | | ✓ |
|  SF2809 | Health Benefits Election form | ✓ | ✓ | ✓ | ✓ | ✓ | |
|  SF-3102 | Federal Employees' Retirement System (FERS) Designation of Beneficiary. | ✓ | ✓ | | | | ✓ |
|  TSP-60 | Rollover Qualified Retirement Savings (e.g. 401K) | ✓ | ✓ | | | | ✓ |
|  SF-2817 | Federal Employee's Group Life Insurance (FEGLI) Enrollment Form | ✓ | ✓ | | | | ✓ |
|  SF-2823 | FEGLI Beneficiary Form | ✓ | ✓ | | | | ✓ |
|  TSP-1 | TSP Enrollment Form | ✓ | ✓ | | | | ✓ |
|  TSP-3 | TSP Change of Beneficiary Form | ✓ | ✓ | | | | ✓ |

Employment Forms

| | | | | | | | |
|--|---|---|---|---|---|---|---|
|  SF-256 | Self Identification of Handicap | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|  OF-306 | Declaration of Federal Employment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|  SF-181 | Race and National Origin Identification | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|  SF-144 | Statement of Prior Federal Service | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|  I-9 | Employment Eligibility Verification | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|  W-4 | Employee Withholding Allowance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| | | | | | | | |
|--|--|----|----|----|----|----|----|
|  Maryland Withholding Exemption Certificate | Maryland Withholding Exemption Certificate | | | | | | |
|  Virginia Withholding Exemption Certificate | Virginia Withholding Exemption Certificate | | | | | | |
|  West Virginia Withholding Exemption Certificate | West Virginia Withholding Exemption Certificate | ✓† | ✓† | ✓† | ✓† | ✓† | ✓† |
|  District of Columbia Withholding Exemption Certificate | District of Columbia Withholding Exemption Certificate | | | | | | |
|  FTA State Tax Forms | State Tax Forms | | | | | | |

Footnotes:

* - Requirements for Re-employed annuitants are determined on a case-by-case basis.

† - State taxes withheld are based on official duty station location.