CONDITIONS OF EMPLOYMENT FOR EXPERTS AND CONSULTANTS	
1. An individual may elect to receive compensation and/or reimbursement for actual expenses under any one of the following arrangements (X only one).	
a. Transportation only.	
b. Transportation and subsistence	
salary compensation of authorized in Joint Travel Regulations Volume pay for each hour worked, unless such emp profession for most of the day. Individuals set	. Individuals will be compensated at the established rate
d. An individual holding another part-time office or position with the United States Government, and receiving compensation, will receive no additional salary compensation for the service performed on the days worked in the part-time capacity. Individuals under this arrangement will receive salary compensation of for days in which they perform services for the OSD/Joint Staff and receive no compensation from another Government agency. If applicable, identify agency where concurrently employed	
e. An individual holding another full-time office or position with the United States Government, and receiving compensation, will receive no additional salary compensation for this service. Actual transportation expenses and non-taxable per diem in lieu of subsistence will be paid while serving the Office of the Secretary of Defense away from designated official headquarters.	
f. No compensation or reimbursement of any kind. Individuals under this arrangement will not receive any compensation from the Government in the form of salary, nor will receive transportation expenses or per diem in lieu of subsistence. By selecting this option and signing this document, the Government of the U.S. is released from any claims, suits or demands for compensation for services by the individual, his or her heirs or assigns.	
ATTENTION FEDERAL CIVILIAN ANNUITANTS	
At the time of your appointment, you must furnish a copy of the notice you receive from the Office of Personnel Management indicating the amount of your gross monthly annuity and your Civilian Service Account number. In addition, copies of your annuity statement indicating adjustments to your monthly annuity from cost-of- living increases or other reasons must also be provided.	
2. SIGNATURE OF EXPERT OR CONSULTANT	3. DATE SIGNED (YYYYMMDD)
4. PRINT NAME (Last, First, Middle Initial)	5. ORGANIZATION