## 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.

Sponsor's Official Phone Num	ıber	Official E-mail Address	
TO BE COMPLETED BY T	THE EMPLOYEE'S CIVI	LIAN 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 Nu	mber of hours/week	
Is the employee a CONUS hir	e or receiving CONUS hire	entitlements? (LQA w/dependentitlements)	dents + Civilian
Transportation Agreement for	the current position)	Yes No	
DoDDS: Date Eligible to Ret	urn from Overseas (DEROS	S)	
Printed Name (Last, First, Midd	dle Initial) of CPO/HRO/CP	AC/DoDDS District HRO	Signature
Telephone Number	E-mail	Address *I	Date Signed (YYYYMMDD)
	G THIS FORM YOU ARE	CERTIFYING THAT THE IN	FORMATION PROVIDE
IS VALID.  NOTE: *The certification de		CERTIFYING THAT THE IN	
IS VALID.  NOTE: *The certification do employment.  For local hire and sponsors wattendance or within 48 hour. year.	ate cannot be left blank. It with "indefinite" DEROS: " is after the first day of atten	's mandatory in order to valid This form must be signed and dance; a completed new form	ate the employee's curren turned in on the first day
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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

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DoDEA Form 602