

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 <http://www.defenselink.mil/privacy/notice/osd>, 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 CIVILIAN PERSONNEL OFFICE 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 hire or receiving CONUS hire entitlements? (LQA w/dependents + Civilian

Transportation Agreement for the current position) Yes ___ No ___

DoDDS: Date Eligible to Return from Overseas (DEROS) _____

Printed Name (*Last, First, Middle Initial*) of CPO/HRO/CPAC/DoDDS District HRO _____ Signature _____

Telephone Number _____

E-mail Address _____

*Date Signed (YYYYMMDD) _____

BY SIGNING AND DATING THIS FORM YOU ARE CERTIFYING THAT THE INFORMATION PROVIDED IS VALID.

NOTE: **The certification date cannot be left blank. It's mandatory in order to validate the employee's current employment.*

For local hire and sponsors with "indefinite" DEROS: This form must be signed and turned in on the first day of attendance or within 48 hours after the first day of attendance; a completed new form is required every school year.

For DoDEA Teaching Staff: DoDEA HR can approve 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) _____

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Department of Defense Agencies

Department of the Army Civilian	Defense Finance and Accounting Service
Department of the Navy Civilian	Defense Systems Information Agency
US Marines Civilian	DoD Intelligence Agencies
Department of the Air Force Civilian	DoDEA/DoDDS
U.S. Coast Guard Civilian	Defense Security Cooperation Agency
Defense Commissary Agency	Defense Threat Reduction Agency
AAFES	OSD Missile Defense Agency
NEX	Defense POW/MIA Activity
Stars and Stripes	Security Assistance Program
Defense Audit Agency	Foreign Military Sales
Defense Contracting Agency	Defense Logistics Agency

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