

DTS Self Registration Worksheet

General Information	
First Name	
Middle Initial	
Last Name	
SSN	
Gender	
Email Address	
Mailing Address (Home)	
Mailing Address, City, State and Zip/Postal Code	
Home Telephone Number	
Required Work Information	
Civilian/Military Status	
Title/Rank	
Tech Status	
Organization Name	
Office Address, City, State and Zip/Postal Code	
Time Zone	
Work Hours	
Emergency Contact Name and Phone Number	
Electronic Funds Transfer Data	
Account Type - Checking or Savings	
Account Routing Number	
Account Number (Checking)	
Account Number (Savings)	
Government Charge Card (GOVCC)	
Charge Card Status	
Account Number	
GOVCC Exp. Date	
Additional Work Information	
Printed Organization	
Present Duty Station	

Warrior Transition Unit Non-Medical Attendants Policy

Miles from Office to Airport	
Office Phone	
Office Fax	
Office Mail Stop	