<u>SEC</u>	SECTION A:					
1.	Name (Last, First, Middle):,,					
	Previously Used Name(s):					
2.	Social Security Number: 3. Date of Birth:					
4.	Requesting Agency Name and Address:					
5.	Name of Person Requesting Information: Phone Number:					
SEC	SECTION B:					
1.	Currently employed Separated (Specify Date)					
2.	Agency Name and Location of Official Personnel Folder (complete address):					
3.	Grade/Level Step/Rate Salary Pay Basis					
4.	If Salary Includes Coast of Living Adjustment (COLA), Indicate Base Salary and COLA					
	Base: COLA:					
5.	Service Computation Date (SCD)					
6.	Retirement Plan					
	If retirement code is C, E, 1, or 6: Date First Covered					
	If retirement code is K or M: Elected FERS Automatically covered Date First Covered					
SEC	TION C-RETIREMENT DATA					
<u>sec</u> 1.						
1.	A. Branch of Service B. Retired Rank					
	C. Check One and <i>Specify Date</i> : Retired Transferred to Fleet Reserve (Date)					
2.	FEDERAL CIVILIAN:					
2.	A. Civilian Retirement Date B. Retirement System Paying Annuity					
	A. Civinan Kethement Date B. Kethement System Paying Annuity					
<u>SEC</u>	TION D—GRADE AND PAY DATA					
1.	Date Entered Current Grade and Step/Rate					
2A.	Date of Last Within-Grade Increase (WGI) 2B. If WGI Was Denied, Date of Denial					
3A.	Highest Previous Grade/Step Held 3B. Dates Held: From:To:Salary:					
4.	Was Salary Based on Special Rate or Locality?YesNo					
5A.	Is Applicant on Grade Retention? Yes No					
5B.	Retained Grade/Step: 5C. Date Grade Retention Began					
6.	Is Applicant on Pay Retention? Yes No					
7.	If Not Listed Above, Highest Salary Held on a Federal Appointment					
	Dates Held: From: To:					
_	TION E—APPOINTMENT DATA					
1.	Is there an INS Form I-9 on file? Yes No (Date Certified)					
2.	Is the applicant a U.S. citizen? Yes No If No, list country citizen of					
	(SEE REVERSE)					

SECTION F—UNFAVORABLE DATA					
1.	Does OPF Contain Removal, Suspension, Within-Grade Denial, Discharge or Change to Lower Grade Actions? Yes No (Type of Action)				
2.	Is There Unfavorable Information in Other Files, e.g. Letters of Warning, Admonishment, Reprimand, Suitability or Letter of Decision on an Adverse Action? Yes No Don't Know				
3.	If "Yes" to Question 1 or 2, Name and Phone Number of Person to Contact for More Information:				
SEC	CTION G—BENEFITS DATA (HEALTH INSURANCE, LIFE INSURA	NCF)			
<u>511</u>		v Date:			
	Ineligible Enrolled—Show Code:				
2.		/aived—effective date			
SEC	SECTION H—SERVICE OBLIGATION				
1.	Does OPF Show Employee Has an Obligation to Remain in Government Service for a Specific Period Because of Training Received?				
	No Yes—Date Obligation Expires:				
2.	Does Employee Have an Obligation Because of a Government-Paid Move? No Yes—Date Obligation Expires:				
SEC	SECTION I—PAYROLL & THRIFT SAVINGS PLAN DATA				
<u>510</u>	A. Employees Payroll Office Address:				
	B. Leave Balances: Annual Sick				
	Is Employee Currently on LWOP? No Yes—Beginning Date: NTE Date:				
		(Name)	(Phone Number)		
2.	Year-To-Date FICA Deductions \$ As Of:(Date)				
3.	Does Employee Have Severance Pay Entitlement? No	Yes—Beginning Date:			
4.	Thrift Savings Plan A. TSP SCD	B. TSP Vesting Code			
	C. TSP Status Code	D. TSP Status Date			
5.	TSP Allocation A. Percent of Base Pay—	.00%			
	B. Whole \$ Amount—	.00			
	C. G Fund Government Securities Investment—	.00%			
	D. F Fund Fixed Income Index Investment-	.00%			
	E. C Fund Common Stock Index Investment—	.00%			
		Total— 100 .00%			
6.	Year-To-Date TSP Contributions				
7.	TSP Loan Account Number: Payroll Deduction Account:				
8.	Name and Title of Official Certifying TSP Information		(Title)		
SECTION J—LOSING AGENCY RELEASE DATE					
1.	A. Requested Release Date:				
	B. Name and Phone Number of Person to Call For Release Date				
2.	Name, Title, and Phone Number of Person Giving Information	(Name)	(Phone Number)		
	(Name) (Titl	e)	(Phone Number)		