

Verification of Civilian Employment
School Year: _____

RETURN TO: _____ . Attn: Office of the Registrar
Name of school

The Certification date of this form must be within the current school year

EMPLOYEE'S NAME: _____ SSN: _____
Please print Last, First, MI

DSN Telephone number _____ Home Tel# _____

REQUESTING EMPLOYEE OR SPOUSE SIGNATURE: _____

STUDENT NAME/GRADE: _____

STUDENT NAME/GRADE: _____

STUDENT NAME/GRADE: _____

STUDENT NAME/GRADE: _____

TO BE COMPLETED BY THE CIVILIAN PERSONNEL OFFICER:

The employee listed above is a full-time DoD civilian paid with appropriated funds.

Yes No

Employee is entitled to a Living Quarters Allowance at the with dependent rat: Yes No

Employee is serving on a civilian transportation agreement for the current job: Yes No

Command sponsorship has been awarded effective: _____

Overseas Tour Expiration Date: _____

CERTIFICATION SECTION

To be completed by the Civilian Personnel Office:

I have reviewed this employee's status and certify to the correctness of the above statement.

Typed Civilian Personnel Officer, Grade and Title Signature Date

Contact Phone Number: _____