

NOTIFICATION OF PERSONNEL ACTION - NONAPPROPRIATED FUNDS EMPLOYEE

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

1. NAME (CAPS)(Last, first, MI, (Mr. or Ms.))		2. CITIZENSHIP (1 - U.S.; 2 - Non-U.S. Citizen; 3 - Local National)		3. DATE OF BIRTH (Yr, Mo, Day)		4. SSN	
5. MILITARY STATUS (1 - ODM; 2 - Retired; 3 - None)		6. DEPENDENT STATUS (1 - Military; 2 - Civilian; 3 - None)		7a. SCD - LEAVE		7b. SCD - LS	
8. VETERAN'S PREFERENCE? Y - YES N - NO		9. SPOUSE EMPLOYMENT PREFERENCE? Y - YES N - NO		10. FAIR LABOR STANDARD ACT (FLSA) (1 - Exempt; 2 - Nonexempt)			
11a. CODE		11b. NATURE OF ACTION (Including Employment Category)			12. EFFECTIVE DATE (Yr, Mo, Day)		
13. FROM (Position Title, Number, and Authorization)		14. PAY PLAN AND OCC. CODE	15a. GRADE OR PAY LEVEL	15b. STEP OR RATE (NA; NL; NS only)	16. ANNUAL SALARY OR HOURLY RATE		
17a. CODE/NAME AND LOCATION OF EMPLOYING NAFI				17b. STANDARD NAFI NUMBER			
18. TO (Position Title, Number, and Authorization)		19. PAY PLAN AND OCC. CODE	20a. GRADE OR PAY LEVEL	20b. STEP OR RATE (NA; NL; NS only)	21. ANNUAL SALARY OR HOURLY RATE		
22a. CODE/NAME AND LOCATION OF EMPLOYING NAFI				22b. STANDARD NAFI NUMBER			
23. DUTY STATION				24. LOCATION CODE			
25. REMARKS							
26. SERVICING CPO (Complete Address)				27. SIGNATURE (Or other authorization) AND TITLE			
				Designated Appointing Official			
				28. DATE			

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