



<b>C O N T R O L  D A T A</b>	1. EFFECTIVE DATE OF ACTION (MM/DD/YR)		2. TYPE OF ACTION				3. NAF ID NUMBER	
			<input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RE-EMPLOYMENT <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TERMINATION					
	4. NAME				5. SOCIAL SECURITY NUMBER			
				5A. CHANGE OF SSN				
6. ACTIVITY NAME AND ADDRESS			7. DEPARTMENT			7A. RAMCAS ACTIVITY ACCOUNT CODE (TWO DIGIT)		
<b>P E R S O N N E L  D A T A</b>	8. DATE OF BIRTH (MM/DD/YR)		9. SEX		10. CITIZENSHIP		12. RETIRED MILITARY	
			M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LOCAL NATIONAL <input type="checkbox"/> U.S. BONA FIDE RESIDENT <input type="checkbox"/> THIRD COUNTRY NATIONAL		<input type="checkbox"/> YES (IF YES COMPLETE ITEMS 13-16) <input type="checkbox"/> NO (IF NO GO TO ITEM 17)	
	13. TYPE OF MILITARY RETIRED		14. BRANCH OF SERVICE RETIRED FROM		15. RETIRED PAY GRADE		16. DATE RETIRED (MM/DD/YR)	
	OFFICER <input type="checkbox"/> ENL <input type="checkbox"/>		<input type="checkbox"/> AR <input type="checkbox"/> AF <input type="checkbox"/> MC <input type="checkbox"/> NV <input type="checkbox"/> CG					
17A. COLLEGE DEGREE		18. MAJOR FIELD OF STUDY						
<input type="checkbox"/> ASSOCIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> BACHELOR <input type="checkbox"/> NO DEGREE		<input type="checkbox"/> HOTEL/RESTAURANT MANAGEMENT <input type="checkbox"/> BUSINESS ADMIN./MANAGEMENT SCIENCE <input type="checkbox"/> RECREATIONAL/PHYSICAL EDUCATION <input type="checkbox"/> OTHER						
<b>E M P L O Y M E N T  D A T A</b>	19. EMPLOYMENT CATEGORY				19A. EXPO		19B. OFF DUTY ENLISTED	
	<input type="checkbox"/> REGULAR FULL-TIME <input type="checkbox"/> REGULAR PART-TIME <input type="checkbox"/> FLEXIBLE				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	20A. MILITARY DEPENDENT		21. RELATIVE(S) WORK AT SAME NAFI		22. FLSA		23. SUPERVISORY POSITION	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT		<input type="checkbox"/> YES <input type="checkbox"/> NO	
20B. SPOUSE PREFERENCE						24. JOB SERIES CODE (CAT./SERIES/BAND GRADE/STEP)		
<input type="checkbox"/> YES <input type="checkbox"/> NO								
25. SERVICE COMP DATE (MM/DD/YR)		26A. OFFICIAL JOB TITLE				26B. COMPETITIVE LEVEL		
<b>W A G E S</b>	27. EFFECTIVE DATE OF WAGE DATA (MM/DD/YR)		27B. RANGE OF HOURS WORKED PER WEEK		27C. BASIC HOURLY RATE		27D. SHIFT DIFFERENTIAL      SUNDAY PREMIUM PAY      IS TIP CREDIT TAKEN	
	27A. ANNUAL SALARY						<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO	
<b>B E N E F I T S</b>	28. BENEFITS PARTICIPATION							
	PROGRAM	ENROLLED	EFFECTIVE DATE (MM/DD/YR)	PLAN (MARK ONLY HIGHEST OPTION)			OPEN ENROLLMENT	EVIDENCE OF INSURABILITY APPROVED
	GROUP LIFE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> BASIC	<input type="checkbox"/> OPTION A	<input type="checkbox"/> OPTION B	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	GROUP MEDICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	<input type="checkbox"/> CLASS III	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	RETIREMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO		29. ONE YEAR PROBATION COMMENCING (MM/DD/YR)				
	401K SIP	<input type="checkbox"/> YES <input type="checkbox"/> NO		30A. FOR TERMINATED EMPLOYEES				
DISABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO		SL BALANCE					
			AL BALANCE					
30. REMARKS (USE ADDITIONAL SHEET, IF NECESSARY)								
PREPARED BY (PRINT NAME, AUTOVON NO)				DATE		NAFI MANAGER EXAMINED AND FOUND CORRECT		