

**COMMANDER, NAVY INSTALLATIONS COMMAND  
NEW EMPLOYEE SLDCADA/DCPS INPUT FORM**

1. FULL NAME	2. EMPLOYING ACTIVITY UIC:
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3. EFFECTIVE DATE OF CHANGE	4. PERMANENT  TEMPORARY	5. RESUME NORMAL SCHEDULE DATE
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6. WEEK 1		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SHIFT	IN							
	OUT							
MEAL	FROM							
	TO							
HOURS SCHEDULED								

GS	WG	
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ENTER NIGHT DIFFERENTIAL HOURS								
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7. WEEK 2		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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SHIFT	IN							
	OUT							
MEAL	FROM							
	TO							
HOURS SCHEDULED								

GS	WG	
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ENTER NIGHT DIFFERENTIAL HOURS								
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8. SHOP CODE (COST CENTER)	9. PREDETERMINED JON	10. SUPERVISORY ASSIGNMENT CODE
11. EMAIL ADDRESS	12. SUPERVISOR NAME	13. TELEPHONE NUMBER

PLEASE ATTACH THE FOLLOWING:  
 LAST LES (IF COMING FROM ANOTHER ACTIVITY)  
 COMPLETED FEDERAL (W-4) AND STATE INCOME TAX FORMS  
 DIRECT DEPOSIT FORM 1199A

I CERTIFY THE ABOVE INFORMATION TO BE TRUE FOR THE EMPLOYEE NAMED AND IS EFFECTIVE ON DATE SHOWN ABOVE.

14. PRINT NAME	15. SIGNATURE
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