

**NAF APPLICANTS: PLEASE HAVE YOUR PERSONNEL OFFICE
COMPLETE THIS FORM. AND RETURN IT WITH YOUR APPLICATION.**

To: Human Resources Service Center, Pacific Region, 178 Main Street, Bldg. 499, Honolulu, HI
96818-4048

Subj: NAF EMPLOYMENT INFORMATION

The following DOD NAF employee is applying for a position in your organization under the terms of the *DOD/OPM* Interchange Agreement, and his/her information is provided to confirm eligibility under this agreement:

(1) Employee Name and SSN: _____

(2) Current *NAF* Organization: _____

(3) Employee employment status:

Currently employed: _____ Yes _____ No (If no, proceed to item (4))

Date of Hire: _____

Position Title: _____

Salary: _____

Status: Regular Full-time: _____

Regular Part-time: _____

Flexible: _____

(if Flexible) Dates of flexible status: _____

(if Flexible) Hours worked under flexible status: _____

(4) If not currently employed, he/she was separated without personal cause within the last 12 months.

_____ Yes _____ No

(5) The employee completed one year of continuous service under NAF appointment without time limits.

_____ Yes _____ No

(6) The employee has successfully completed a NAF probationary period (for regular full-time and regular part-time employees).

(7) The employee has successfully held a NAP supervisory position on a continuous basis for at least 12 months.

_____ Yes _____ No

Signature

Date

Name of Personnel Official and Title

Phone Number