

EMPLOYEE PORTABILITY BENEFITS WORKSHEET

INSTRUCTION: It is suggested that a copy of this form be completed by the servicing human resource office for each "converting" NAF employee and provided to such employee within a reasonable time before or after conversion date.

Employee's Name: _____

Title: _____

Series: _____ Grade: _____ SSN: _____

1. Your service computation date (SCD) for Reduction in Force (RIF): _____

2. Your service computation date (SCD) for severance pay: _____

3. Type of Appointment: Career Career Conditional Status Quo

4. If tenure other than "career," when will employee be eligible for career tenure? _____

5. Probationary period required? Yes No

6. If answer to "5" above, is "Yes", place date when probationary period to be completed. _____

7. Annual Leave accrual rate: (check one)

8 hours per pay period 6 hours per pay period 4 hours per pay period

8. Number of annual leave hours transferred: _____

9. Number of sick leave hours transferred: _____

10. Base pay as NAF employee immediately prior to APF appointment: _____

11. Base pay upon appointment from NAF to APF: _____

12. Grade: _____ Step: _____

13. When did last "equivalent increase" as NAF employee take place? _____

14. Next within grade increase due: _____

15. Time in grade - when will employee meet time in grade requirements? _____

(CONTINUED ON REVERSE)

16. Employee is/was (check one)
 Was not eligible to make option between NAF and federal retirement system
 Was eligible to do so
17. As to retirement plans - the employee"
 Joined FERS/CSRS
 Opted to stay in NAF plan
18. Employee will be eligible for Thrift Savings Plan enrollment on _____
19. Other benefits or related matters: _____

FOR OVERSEAS EMPLOYEES ONLY

20. Number of hours of home leave transferred from NAF to APF (if appropriate) _____
21. Does employee fall under 5 year overseas limitation?
 Yes No
22. If "Yes" checked on question 21, when will employee complete 5 year overseas employment?

23. How much NAF time served on Transportation Agreement? (if appropriate) _____
24. Time remaining on Transportation Agreement after appointment to APF billet (if appropriate)

 HRO Activity

 Signature of Personnelist and Date

(Please provide copy to employee on or before orientation)