NAF APPLICANTS: PLEASE HAVE YOUR PERSONNEL OFFICE COMPLETE THIS FORM

Return Form To: **COMMANDER NAVY REGION HAWAII**
HUMAN RESOURCES OFFICE, CODE N131
850 TICONDEROGA STREET, SUITE 110
PEARL HARBOR, HI 96860-5101
FAX: 808-474-7363

Subj: NAF EMPLOYMENT INFORMATION

To confirm eligibility under the terms of the DOD/OPM Interchange Agreement, please complete the following:

(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).

☐ Yes ☐ No

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

☐ Yes ☐ No

8) Is employee participating in the NAF entitlement?

☐ Yes ☐ No

9) Did employee previously have an opportunity to elect to retain coverage in a NAF retirement plan?

☐ Yes ☐ No

_____
Signature Date

_____
Name of Personnel Official and Title

_____
Phone Number/Email Address