

MCCS PERSONNEL SECURITY INVESTIGATION INFORMATION

APPLICANT/EMPLOYEE DATA

SSN:	Date of Birth - Month/Day/Year:
Last Name:	Place of Birth - City:
First Name:	Place of Birth - State or Country:
Middle Name:	Grade:
Email:	Job Title:
Phone:	Department:

INSTALLATION RECORDS CHECK (IRC)

Type	Date Submitted	Clearance Date	Record Information
PMO			No Record / Record "See File"
DCII			No Record / Record "See File"
Family Advocacy			No Record / Record "See File"

e-QIP (SF-85 or SF-86) NATIONAL AGENCY CHECK WITH INQUIRES (NACI)

Date Initiated:			Date Notified:		
Signature Forms			e-QIP Checklist		Date Released to OPM
Signed	Saved	e-QIP	. Fingerprint Submission . AUB Template . Validate <input type="checkbox"/> Release to OPM <input type="checkbox"/> Release to Work		
CER	<input type="checkbox"/>	<input type="checkbox"/>			Date Released FP to OPM
REL	<input type="checkbox"/>	<input type="checkbox"/>			HRO / PMO
306	<input type="checkbox"/>	<input type="checkbox"/>			Date Mailed FPC to OPM
RES	<input type="checkbox"/>	<input type="checkbox"/>			

COMMENTS:

OPM INVESTIGATIONS SERVICE / ADJUDICATION DETERMINATION

<input type="checkbox"/> Email Adjudication letter and file in OPF
<input type="checkbox"/> Upload Adjudicated letter, C.O.I, and 79A to employee's folder; Save as "Case Closed"
<input type="checkbox"/> File C.O.I in OPF
<input type="checkbox"/> Mail 79A Form to FIPC - OPM

NACI SPREADSHEET

<input type="checkbox"/> Initial Input	<input type="checkbox"/> Adjudicated
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PEOPLESOFT

<input type="checkbox"/> Case Closed	<input type="checkbox"/> Adjudicated
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CHILDCARE CHECKLIST

<input type="checkbox"/> Initial Input	<input type="checkbox"/> Adjudicated
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JPAS

<input type="checkbox"/> Initial Input	<input type="checkbox"/> Out Processed
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PRIVACY ACT STATEMENT

This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. If an applicant fails to furnish information requested on this form sufficient to conduct a background investigation and make a determination as to your suitability for employment. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes; information provided on the form may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. If a background investigation reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination.

AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE MCCS NAF PERSONNEL OFFICER

PRIVACY ACT STATEMENT

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012). The Social Security numbers of the Volunteer applicant and their military sponsor are requested. This information will be used by the MCCS NAF Personnel Office in accomplishing background checks to determine if the applicant meets the qualifications required by MCO 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the request to provide services at the Child Development Center, Armed Services Y.M.C.A, and Recreation (Youth Activities, Base Pool and Marina).

1. I authorize the following organization to release personal information to background clearance check through the following agencies located on MCBH:
 - A. Military Police Department
 - B. Substance Abuse Counseling Office
 - C. Family Advocacy
 - D. Family service center
 - E. Kaneohe Area Family Housing Office

2. I understand the documentation and information obtained for this background clearance check will exempt me from various provisions of the Freedom of Information Act (4 USC522) and the Privacy Act (USC 522a). The information will not be divulged to the applicant/sponsor in violation of these statutes.

Full Name of Applicant

Date of Birth

Home Address

City Of Birth

City, State, Zipcode

State Of Birth

E-mail Address

Phone Number

Full Maiden Name and / or Other Names Used

Full Name of Sponsor / Spouse

Sponsor / Spouse Phone Number

Sponsor / Spouse Date of Birth

Branch Of Service

Rank

Unit

To aid in the investigation, please fill out this additional information:

Height: _____ ft _____ in Weight: _____ lbs. Eyes: _____ Hair: _____ Race: _____

Signature

Date

From: MCCS NAF Personnel Office
To: Provost Marshall Office
Subj: FOUO; INSTALLATION RECORD CHECK (Security Ltr)
Date:
Ref: (a) DoD Instructions 1402.5 dtd 19 January 1993

1. As required by reference (a), please check your records to determine if the individual identified below has ever been a suspect in a criminal matter handled by your department. Please complete the bottom portion of this letter and forward the results to the Marine Corps Community Services.

NAME: _____ DOB: _____
ADDRESS: _____ SSN: _____
_____ MILITARY AFFILIATION (CHECK ONE):
Active Duty
Active Duty Dependent
Civilian
Retired Military
Retired Military Dependent

2. Your prompt attention to this matter is appreciated. If any further information is necessary, Please contact me at (808) 254-7619.

Eileen Cascasan
MCCS HR Technician

PMO RECORDS CHECK

DATE/TIME: _____

CLERK'S NAME: _____

RECORDS FOUND (CIRCLE YES/NO):

YES

NO

FILE ATTACHED: _____

*****PRIVACY ACT STATEMENT*****

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From: MCCS NAF Personnel Office
To: Provost Marshall Office
Subj: FOUO; FBI FINGERPRINTS (Security Ltr)
Date:
Ref: (a) DoD Instructions 1402.5 dtd 19 January 1993

1. As required by reference (a), please check your records to determine if the individual identified below has ever been a suspect in a criminal matter handled by your department. Please complete the bottom portion of this letter and forward the results to the Marine Corps Community Services.

NAME: _____

DOB: _____

ADDRESS: _____

SSN: _____

MILITARY AFFILIATION (Check One):
Active Duty
Active Duty Dependent
Civilian
Retired Military
Retired Military Dependent
Houseguest
Guest # _____

2. Your prompt attention to this matter is appreciated. If any further information is necessary, Please contact me at (808) 254-7619.

Eileen Cascasan
MCCS HR Technician

DATE: (DD/MM/YYYY)

TIME: (HH:MM:SS)

UPLOADED BY:

City: _____	State: _____
City: _____	State: _____
City: _____	State: _____
City: _____	State: _____
City: _____	State: _____
City: _____	State: _____

PRIVACY ACT STATEMENT

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012). The Social Security numbers of the Volunteer applicant and their military sponsor are requested. This information will be used by the MCCS NAF Personnel Office in accomplishing background checks to determine if the applicant meets the qualifications required by MCO 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the request to provide services at the Child Development Center, Armed Services Y.M.C.A, and Recreation (Youth Activities, Base Pool and Marina).

Marine Online Request Account Activation

In reference to MARADMIN 475/14 and DODI 3001.02, these policies establish Marine Online (MOL) as the enterprise system to support personnel accountability in conjunction with a natural or manmade disaster. Personnel accountability is a command responsibility, and commands must be prepared to report personnel statuses when directed by HQMC. All specified DOD-affiliated personnel who work or reside within a declared disaster area are required to physically, telephonically, or electronically check-in with the appropriate authority at the first available opportunity after a disaster is declared. This MARADMIN applies to non-bargaining and bargaining unit employees.

Civilian Marines both appropriated fund and non-appropriated fund, must be accounted for via MOL planned location. To be accounted for via MOL, all civilian employees must be joined into Marine Corps Total Force System (MCTFS) database via MOL (create joined account). Once completed the civilian can obtain an MOL account. MOL is the preferred method for accessing civilian Marines and contractors into MCTFS. Civilians without access to MOL will be accounted via the "on behalf of" function in MOL.

Information requested below is a Marine Corps requirement and as such, is mandated for continued employment by MCCS.

SSN: _____	Phone Number: _____
First Name: _____	Marital Status: _____
Middle Name: _____	Date of Birth: _____
Last Name: _____	Work Number: _____
Military Affiliation: _____	Job Location: _____
DoD ID Number: _____	Job Title: _____
Gender: _____	
Address: _____	
City, State and ZIP: _____	

Privacy Act Statement

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application.

Signature

Date

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. SOCIAL SECURITY NUMBER



3a. PLACE OF BIRTH (Include city and state or country)



3b. ARE YOU A U.S. CITIZEN?

YES NO (If "NO", provide country of citizenship) ◆

4. DATE OF BIRTH (MM / DD / YYYY)



5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6. PHONE NUMBERS (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* YES NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.* YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* YES NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relativeworks. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(MM / DD / YYYY)

17b. Appointee's Signature: _____ Date: _____
(MM / DD / YYYY)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ Date: _____
(MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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PRIOR MILITARY SERVICE / FEDERAL EMPLOYMENT ACKNOWLEDGEMENT

Please complete the following:

What is your current Military Affiliation?

Spouse (Active/Retiree) Dependent (Active/Retiree) Active Duty Civilian Other _____

Are you prior military? Active Duty Reservist Retired None

Separation Date: _____

Type of Discharge: _____

Currently on Terminal Leave? Yes No

Dates of Terminal Leave: _____

Receiving Disabled Veteran Pay from VA? Yes No

Percentage of Disability Rating: _____

Do you have prior federal employment? (Examples: NAF, APF/GS, etc.) Yes No

Agency (Examples: NEXCOM, AAFES, MWR, Civil Service, etc.) _____

Location: _____

Dates of Employment: _____

Regular Full-Time

Regular Part-Time

Flexible

Currently on Leave Without Pay? Yes No

Prior HR Point of Contact: _____

Phone Number/E-mail: _____

Are you currently collecting or receiving a retirement annuity? Yes No

Date of Retirement: _____ Type of Retirement (FERS, CSRS, NAF, etc.) _____

Name

Work Location / Status

Signature

Date

Phone Number

E-Mail Address

For Office Use Only:

PRIOR ACTIVE DUTY SERVICE

Copy of DD214 Member Copy 4 Received (_____) Military Verification – Retirees (Mailed _____)

Military Buy-Back (Sent to HQ _____) Service Computation Date (Entered in PS _____)

180 Retired Military Waiver (Sent to HQ _____) Disability Rating from VA Received (Leave Hrs _____)

PRIOR FEDERAL EMPLOYMENT

NAF to NAF (Notified HQ _____) APF to NAF (Notified HQ _____)

Service Computation Date (Entered in PS _____) OPF Requested (Date Requested _____)

Time Credible Y N (Reasoning _____) LES Received (Forwarded to Payroll _____)

SF50 Received (Forwarded to HQ _____) True Transfer (Updated Leave Plans _____)


Annuitant Waiver Request (Sent to HQ _____) MCCS NAF Retirement Buyback (Eligible? Y / N)

Completed (Initial/Date): _____ Employee ID #: _____ Date Hired: _____

MCCS PAYROLL CALENDAR 2024

 MCCS Pay Date

 MCCS Pay Run

 Federal Holidays

 Pay Period End Date

JANUARY							
PP	S	M	T	W	TH	F	S
2		<u>1</u>	*2	3	4	\$5	6
	7	8	9	10	11	12	<u>13</u>
3	14	<u>15</u>	*16	17	18	\$19	20
	21	22	23	24	25	26	<u>27</u>
4	28	29	*30	31			

FEBRUARY							
PP	S	M	T	W	TH	F	S
4					1	\$2	3
	4	5	6	7	8	9	<u>10</u>
5	11	12	*13	14	15	\$16	17
	18	<u>19</u>	20	21	22	23	<u>24</u>
6	25	26	*27	28	29		

MARCH							
PP	S	M	T	W	TH	F	S
6						\$1	2
	3	4	5	6	7	8	<u>9</u>
7	10	11	*12	13	14	\$15	16
	17	18	19	20	21	22	<u>23</u>
8	24	25	*26	27	28	\$29	<u>30</u>
	31						

APRIL							
PP	S	M	T	W	TH	F	S
8		1	2	3	4	5	<u>6</u>
	7	8	*9	10	11	\$12	13
9	14	15	16	17	18	19	<u>20</u>
	21	22	*23	24	25	\$26	27
10	28	29	30				

MAY							
PP	S	M	T	W	TH	F	S
10				1	2	3	<u>4</u>
	5	6	*7	8	9	\$10	11
11	12	13	14	15	16	17	<u>18</u>
	19	20	*21	22	23	\$24	25
12	26	<u>27</u>	28	29	30	31	

JUNE							
PP	S	M	T	W	TH	F	S
12							<u>1</u>
	2	3	*4	5	6	\$7	8
13	9	10	11	12	13	14	<u>15</u>
	16	*17	18	<u>19</u>	20	\$21	22
14	23	24	25	26	27	28	<u>29</u>
	30						

JULY							
PP	S	M	T	W	TH	F	S
15		1	*2	3	<u>4</u>	\$5	6
	7	8	9	10	11	12	<u>13</u>
16	14	15	*16	17	18	\$19	20
	21	22	23	24	25	26	<u>27</u>
17	28	29	*30	31			

AUGUST							
PP	S	M	T	W	TH	F	S
17					1	\$2	3
	4	5	6	7	8	9	<u>10</u>
18	11	12	*13	14	15	\$16	17
	18	19	20	21	22	23	<u>24</u>
19	25	26	*27	28	29	\$30	31

SEPTEMBER							
PP	S	M	T	W	TH	F	S
19	1	<u>2</u>	3	4	5	6	<u>7</u>
	8	9	*10	11	12	\$13	14
20	15	16	17	18	19	20	<u>21</u>
	22	23	*24	25	26	\$27	28
21	29	30					

OCTOBER							
PP	S	M	T	W	TH	F	S
21			1	2	3	4	<u>5</u>
	6	7	*8	9	10	\$11	12
22	13	<u>14</u>	15	16	17	18	<u>19</u>
	20	21	*22	23	24	\$25	26
23	27	28	29	30	31		

NOVEMBER							
PP	S	M	T	W	TH	F	S
23						1	<u>2</u>
	3	4	*5	6	7	\$8	9
24	10	<u>11</u>	12	13	14	15	<u>16</u>
	17	18	*19	20	21	\$22	23
25	24	25	26	27	<u>28</u>	29	<u>30</u>

DECEMBER							
PP	S	M	T	W	TH	F	S
26	1	2	*3	4	5	\$6	7
	8	9	10	11	12	13	<u>14</u>
1	15	16	*17	18	19	\$20	21
	22	23	24	<u>25</u>	26	27	<u>28</u>
2	29	*30	31				

