

STATEMENT OF OUTSIDE EMPLOYMENT

Ref: MCOP12000.11A

Employees are prohibited from engaging in any outside or self-employment activity or interest, which can be construed, as interfering with, or hampering to any degree, the full and proper discharge of their regular duties for which employed. It is incumbent upon each employee who engages in an outside activity, or intends to do so, to report such activity to the MCCS Director who will make final determination to assure compliance with this policy.

I am not engaged in other employment, self-employment, or other activities which might be construed to conflict with my employment with Marine Corps Community Services.

In reference to 5 USC 5533, regarding dual compensation for federal employees, I understand that I am currently not employed by any other federal employer when accepting this position with MCCS. I also understand that if I do gain employment with another federal agency, I will let my MCCS NAF Human Resources Office know as soon as an offer of employment has been made.

If you are employed elsewhere, self-employed, or have other activities as defined as above, please complete the following:

Person or firm other than MCCS: _____

Type of Work: _____

Average Number of Hours Worked Each Month: _____

Employee Name (PRINT)

Work Location

Employee Signature

Date

EMPLOYEE STANDARDS OF CONDUCT STATEMENT

1. Persons who represent the Government in business dealing with representatives of industry have positions of trust and grave responsibility which require them to observe the highest ethical responsibility which require them to observe the highest ethical standards. Practices which may be accepted in the private business world are not necessarily acceptable for naval personnel. Acceptance of favors, gratuities, or entertainment (no matter how innocently tendered or received) from those who have or seek business dealings with the Department of the Navy may be a source of embarrassment to the Department and to the naval personnel involved, may affect the object of the recipient, and may impair public confidence in the integrity of business relations between the Department and industry.
2. No person shall allow himself to be placed in a position in which a conflict of interest might arise or might justifiably be suspected. Such a conflict of interest may arise or appear to arise by reason of acceptance of favors, gratuities, or entertainment of any kind, or by another action that could influence or be reasonably interpreted as influencing the strict impartiality that must prevail in all business relationships in which the public interest is involved. Favors, gratuities, or entertainment bestowed upon members or the immediate household of naval personnel shall be considered in the same light as those bestowed upon naval personnel.
3. When there is a reasonable doubt as to the propriety of accepting favors, gratuities, or entertainment is also accorded to other individuals or firms justifiably entitled thereto.
4. Special treatment shall not be accorded to particular individuals or firms unless equivalent treatment is also accorded to other individuals or firms justifiably entitled thereto.

I HAVE READ THE ABOVE STANDARDS OF CONDUCT STATEMENT AND I UNDERSTAND THAT FAILURE TO ABIDE BY THESE STANDARDS COULD BE REASON FOR DISMISSAL.

Employee Name (PRINT)

Work Location

Employee Signature

Date

INTERNAL REVENUE SERVICE STATEMENT

A statement issued by the Internal Revenue Service, with the request that it be brought to the attention of employers and employees, is quoted as follows:

“Tips have been subject to Federal income tax for many years. Since January 1, 1966 an employee who receives cash tips amount to \$20 or more a month while working for one employer must report the amount of tips to the employer by the tenth of the following month so the employer can with hold income tax and social security on such income.”

“If an employee fails to report tips to this employer, he may be liable, in addition to the employee social security tax, for an amount equal to 50 percent of the tax.”

“If an individual fails to report his proper income, including tip income, on an income tax return, his tax can be increased by certain disregard of rules and regulations but without intent to defraud, the penalty is five percent of underpayment.”

“Thus, an individual should report tip income properly, not only to obtain the additional social security coverage on his income, but also to avoid being penalized for underpaying his income tax.”

I certify that I have read and understand the above.

Employee Name (PRINT)

Work Location

Employee Signature

Date

OUTSTANDING DEBTS

Ref: (a) MCO P12000.11A

In accordance with the reference above, I understand that any and all debts to my employer that may be incurred must be satisfied in full prior to my termination. Such debts may include but are not limited to:

- I.D. Cards (Common Access Card (CAC), Privilege, Spouse / Dependent Card(s))
- Telephone Charges
- Dishonored Check Fees
- Deferred Payment Plan Balances
- Library Fees
- Uniform Charges
- Travel Advances
- Child Care Fees
- Video Rental Fees
- Replacement Costs of Lost or Damaged Items

If such debts are not satisfied to the terms of specified policy or according to a reasonable schedule, I agree that the debts may be satisfied through withholding my paycheck(s).

Employee Name (PRINT)

Work Location

Employee Signature

Date

RECORD OF DISCLOSURE

THE ATTACHED RECORD CONTAINS PERSONAL INFORMATION CONCERNING AN INDIVIDUAL. USE AND DISCLOSURE THEREOF IS GOVERNED BY SECNAVINST 5211.5. UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS RECORD COULD SUBJECT THE DISCLOSURE TO CRIMINAL PENALTIES.

INSTRUCTIONS: This sheet is to remain affixed as a permanent part of the record described below. An appropriate entry must be made below each time the records or any information from the record is viewed by, or furnished to, any person or agency, including the subject of the record, except: (1) Disclosures to DoD Personnel having a need to know the performance of their official duties and (2) disclosure of items listed in subparagraph 7a (3) of SECNAVINST 5211.5.

TITLE AND DESCRIPTION OF RECORD

DATE OF DISCLOSURE	METHOD	PURPOSE OR AUTHORITY	NAME AND ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSED AND SIGNATURE IF MADE IN PERSON
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IMPORTANT – READ AND COMPLY WITH THIS PAGE

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"/>	<input type="checkbox"/>			Date Released FP to OPM	
REL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			HRO / PMO	
306	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Date Mailed FPC to OPM	
RES	<input type="checkbox"/>	<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*****

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).

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 MCCA.

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*

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

Form Approved:
OMB No. 3206-0182

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*

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

Form Approved:
OMB No. 3206-0182

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

MCCS PAYROLL CALENDAR 2023

 MCCS Pay Date

 MCCS Pay Run

 Federal Holidays

 Pay Period End Date

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

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

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

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

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

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

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

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

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

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

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

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

