**CHECKLIST FOR EMPLOYEES CALLED TO ACTIVE DUTY**

**Privacy Act Statement is located at end of form.**

|  |  |  |
| --- | --- | --- |
| The employee completes this form and then submits it along with the military orders to his or her assigned Staffing Specialist in Human Capital and Talent Management, Human Capital Services Center, Civil Service Staffing (HCTM/HCSC/CSS) or Human Capital and Talent Management, Foreign Service Center, Foreign Service Staffing (HCTM/FSC/FSS), as appropriate. (See “Employment Rights and Benefits of Federal Civilian Employees Who Perform Active Military Duty, an Internal Mandatory Reference for ADS Chapter 476.”) | | |
| 1. Employee’s Name: | 2. Social Security Number (Last 4 digits): | 3. Organization: |
| 4. **Contact Information While on Active Duty**  Email address:  Phone number:  Mailing address: | | |
| 5. **Nonpay Status** (checkmark one and provide effective date)  a) I choose to be placed on a nonpay status (Absent – Uniformed Service)  The effective date to begin nonpay status should be        mm/dd/yyyy  b) I choose to separate from civilian service (Separation- Uniformed Service)  The effective date for my separation from civilian service should be  mm/dd/yyyy | | |
| 6. **Annual Leave** (checkmark one)  a) I choose to have my annual leave remain to my credit until I return to my civilian position  b) I choose to receive a lump-sum payment for all my accrued and accumulated annual leave | | |
| 7. **Health Benefits** (checkmark one)   1. I choose to continue my coverage for up to 24 months   Number of months (up to 24) that I want to continue the coverage  **Important:** If you are in support of a contingency operation (for the definition of contingency operation, see ADS 476 Internal Mandatory Reference: “Employment Rights and Benefits of Federal Civilian Employees Who Perform Active Military Duty”, Section 3, Military Leave), the Agency will pay your premiums. If you are **not** in support of a contingency operation, you are responsible for the enrollee share of the premium during the first 12 months. Beyond the first 12 months, for the continued Federal Employees Health Benefits (FEHB) coverage of up to an additional 12 months, you are responsible for paying both the employee and agency shares of the premium, plus an additional 2% administrative fee (for further information, see the Office of Personnel Management’s “Health: Frequently Asked Questions about FEHB Coverage for Federal Civilian Employees Called to Active Duty” sheet at [www.opm.gov/insure/health/faq/reservists.asp](http://www.opm.gov/insure/health/faq/reservists.asp)).  b) I elect to have my health benefits terminate. (If you terminate your enrollment, you are entitled to a 31-day extension of coverage and, if needed, have the right to convert to an individual policy offered by the carrier of your plan.)   1. I am entering the uniformed services for 30 days or less, so my FEHB enrollment will continue without change 2. I am not covered under the Federal Employees Health Benefits Program | | |

|  |  |
| --- | --- |
| 8. **TSP Loan** (check box if applicable)  I have a TSP loan and request Human Capital and Talent Management, Human Capital Services Center, Civil Service Staffing (HCTM/HCSC/CSS) or Human Capital and Talent Management, Foreign Service Center, Foreign Service Staffing (HCTM/FSC/FSS) to complete a Form TSP-41, Notification to TSP of Nonpay Status, on my behalf. | |
| **Employee Signature:** | **Date:** |

Distribution of copies AID Form 476-1:

Original – Employee

Copy – HCTM/HCSC/CSS or HCTM/FSC/FSS Records

**PRIVACY ACT STATEMENT**

Authority: The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA 38 U.S.C. 4301-4335); 5 U.S.C. 6303 and 6304; 5 U.S.C. 8905a; 5 U.S.C. 8906(e)(3); and E.O. 9397 for the social security number.

Principal Purpose: USAID collects this information to administer personnel operations associated with employees being called to active duty in the Unformed Services.

Routine Uses: The information is used to process personnel actions to place employees in nonpay status and to administer annual leave payments, Federal Employee Health Benefits continuations and terminations, and notifications to the Thrift Savings Plan record keeper.

Disclosure: Disclosure is voluntary for both personal information and the last four digits of your social security number, but failure to provide the information could lead to mistaken identity entailing administrative complications with possible inconvenient or adverse consequences for the employee.