

## Statement of Prior Federal Service

(PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM)

### Privacy Act Statement

Section 6303 of 5 U.S.C., "Annual Leave Accrual" authorizes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes.

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other

Federal agencies or Congressional or Judicial Offices in order to verify it or in connection with your application for a job, license, grant, or other benefit. It may also be disclosed to a national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

### 1. What Is Needed To Verify Prior Service

In order for your employing agency to credit your prior Federal service for benefits, such as leave accrual and reduction-in force retention, the dates of your active uniformed service and the type(s) of appointment(s) and dates of civilian service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. Dates and types of appointments to civilian positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC- or OMP- approved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System - Standard Form 2806, or the Federal Employees Retirement System - Standard Form 3100). The information on the application you submitted for the appointment you are receiving, along with the information on page 3 of this form, will be used by your agency to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

When Notification of Personnel Action or payroll records cannot be located to verify a period of service, and the service was covered by Social Security, a detailed statement of earnings information (showing periods of employment and the name of the employer) from the Social Security Administration will be accepted as proof of service.

If no personnel, payroll, or Social Security records can be located, then your agency can accept secondary evidence of civilian employment, as explained below. When the secondary evidence you submit includes your affidavit regarding one or more periods of service, that affidavit should be made on page 2 of this form.

### II. Use Of Secondary Evidence To Verify Federal Service

Secondary evidence may be considered as proof of Federal civilian service **only** when official Government records are lost, destroyed, or incomplete. Necessarily, the **burden of proof is on the person claiming service** that is not supported by official records in the custody of the U.S. Government. If you decide to claim credit for a period of service by submitting secondary evidence, it is important that you **submit all documents in your possession** that tend to prove you performed the service claimed, and that the service, if performed, was creditable for leave accrual and reduction-in-force purposes. **No credit** can be allowed for any service that is **not substantiated** by valid and conclusive secondary evidence. The following is applicable only if you are providing secondary evidence.

**A. Documentary Evidence:** Submit as many as possible of the documents listed in item 1 below. If your agency finds that these documents are insufficient to determine creditability, the documents listed in items 2 and 3 may be considered, but less weight will be given to such evidence.

1. Copies of official documents or letters about the service. These may be notices of appointment/separation; notices of changes in position/salary, organization, or headquarters; travel orders; payroll cards; ID's, etc.
2. Private records such as a diary, correspondence, copies of income tax returns, employment applications, credit applications, etc., that mention the Federal employer and the claimed service. Private records must have been made during or shortly after the period of service.
3. Any other documentary evidence tending to prove the service was actually performed and the starting and ending dates of the service.

**B. Affidavit Evidence:** If you are not able to supply copies of official documents (as described in item 1 above) that are sufficient for your agency to make a determination of creditability, you must submit affidavits from yourself and at least two other persons (preferably your supervisors) who know the facts. If you can obtain no documentary evidence (items 1, 2, and 3, above) to support your claim, you may submit these affidavits only; **however**, your claim is more likely to be rejected without supporting documents. The required affidavits are from:

- The employee, stating as many of the details on the affidavit form on page 2 as can accurately be remembered.
- At least two persons knowing the facts. Each person should show that he or she is in a position to know the facts sworn to, and give his or her age and mailing address.

**Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.**

**C. Warning:** Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment. (18 U.S.C. 1001).

**EMPLOYEE AFFIDAVIT**  
**SUBMITTED TO SUPPORT CLAIM FOR CREDIT FOR PRIOR FEDERAL CIVILIAN SERVICE**

1. Name of Employee (Last, First, Middle)		2. Birthdate (Month, Day, Year)	
3. Title of Position Held		4. Dates of Service (Month, Day, Year) Beginning _____ Ending _____	
5. Name of Employing Agency		6. Location of Employment (City and State)	
7. Pay Plan and Grade at Which Employed (e.g., GS-5, WG-8)		8. Reason for Leaving	
9. Salary Rates			
10. Funds From Which Salary Was Paid, if Known (Appropriated, Non-Appropriated, Trust Fund, etc.)			

11. Names And Current Mailing Addresses Of Persons Who Have Knowledge Of Your Employment During This Period

<b>A</b> Name (First, Middle, Last)	Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)
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Address (Street Number, City, State, ZIP Code)

<b>B</b> Name (First, Middle, Last)	Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)
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Address (Street Number, City, State, ZIP Code)

<b>C</b> Name (First, Middle, Last)	Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)
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Address (Street Number, City, State, ZIP Code)

<b>D</b> Name (First, Middle, Last)	Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)
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Address (Street Number, City, State, ZIP Code)

TO BE EXECUTED BEFORE A NOTARY PUBLIC OR ANY OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.	Signature of Employee	Date (Month, Day, Year)
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SEAL	Subscribed and sworn (or affirmed) before me this _____ day of _____ 19____ at _____ (City and State)	
	Signature	Expiration date of Commission if the oath is taken by a Notary Public.

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**PART I - TO BE COMPLETED BY EMPLOYEE**

1. Name (Last, First, Middle Initial)	2. Birthdate (Month, Day, Year)
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3. Does the application that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?	<input type="checkbox"/> YES (If "YES", check this block and then skip to item 8.) <input type="checkbox"/> NO (If "NO", check this block and complete items 4-8.)
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4. List below your prior civilian service (Include service with the D.C. Government on appointments made before October 1, 1987).

Name and Location of Agency	FROM			TO			Type of Appointment and Work Schedule (Full-Time, Part-Time or Intermittent)
	Year	Month	Day	Year	Month	Day	

5. During periods of employment shown in Item 4, did you have a total of more than 6 months' absence without pay during any one calendar year?	<input type="checkbox"/> YES (If "YES", list the following information.) <input type="checkbox"/> NO (If "NO", go to Item 6.)
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Type If Known (L.W.O.P., Furlough, Suspension, A.W.O.L., or Placement in Nonpay Status From Seasonal or On-Call Employment.)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	Years	Months	Days

6. List all uniformed service below. (List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration. Also list Merchant Marine service if it interrupted Federal civilian service.)

Branch	FROM			TO			Discharge (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

7. Do you claim any type of veteran preference with has not been verified?	I claim preference as the:
<input type="checkbox"/> No	<input type="checkbox"/> Spouse of a disabled veteran.
<input type="checkbox"/> Yes - (Check one of the statements, if it applies to you.)	<input type="checkbox"/> Mother of a deceased or disabled veteran.
	<input type="checkbox"/> Unmarried widow/widower of a veteran.

8. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date (Month, Day, Year)
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TO BE COMPLETED BY THE PERSONNEL OFFICE

PART II - DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES (See FPM Chapter 630 and Supplement 296-33, S6.) NOTE: For year below, show only last two numbers; for months show numerical equivalent.

CREDITABLE SERVICE (List only periods that are creditable for leave purposes.)	(A) APPOINTMENT DATE			(B) SEPARATION DATE			NONCREDITABLE SERVICE (Explain noncreditable time listed in Column (A), such as "lost time" during military service.)
	Year	Month	Day	Year	Month	Day	
Entrance on duty date							
Total noncreditable service							
Total of appointment dates	(A)						
Total of separation dates	(B)						
SCD - Leave (A) - (B)							

PART III - DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION-IN-FORCE PURPOSES

Complete only in cases where the amount of creditable service for reduction-in-force purposes differs from the amount creditable for leave purposes. (See FPM Supplements 296-33 and 351-1.)

CREDITABLE SERVICE	(A) APPOINTMENT* DATE			(B) SEPARATION DATE			NONCREDITABLE SERVICE (Explain noncreditable time listed in Column (A), such as "lost time" during military service.)
	Year	Month	Day	Year	Month	Day	
SCD - Leave (from Part II) Additional service creditable for RIF only							
Total noncreditable service							
Total of appointment dates	(A)						
Total of separation dates	(B)						
SCD - RIF (A) - (B)*							

\*Also known as "Service Date"

REMARKS

Name of Person Computing SCD(s)

Date SCD(s) Computed