

APPOINTMENT / CONVERSION DOCUMENT CHECKLIST

	TEMP	PERM / INDEF	CONV to Perm / Indef	DOCUMENT #	TITLE
SUBMIT ALL OF THE FOLLOWING FORMS DIRECTLY TO PERSONNEL STAFFING SECTION					
1				CNG 690 - 2	Nomination for Technician Employment (REQUIRED - for new employees)
2				SF-52	Request for Personnel Action (REQUIRED - for current employees)
3				COE	Certificate of Eligibles (return via USA Staffing) (Don't include in Hire Packet) REQUIRED for any Vacancy Announcement selection
4				Resume	Resume (OF 612 is obsolete, ONLY send a resume) REQUIRED
5			N/A	CNG 690-3	Conditions of Temporary Employment
7			N/A	OF 306	Declaration of Federal Employment REQUIRED
8			N/A	I-9	Employment Eligibility Verification (must use latest version, Mar 2013) (You MUST include copies of ID forms) REQUIRED
9			N/A	SF 181	Race / National Origin Identification REQUIRED
10			N/A	SF 256	Identification of Handicap REQUIRED
11			N/A	SF 61	Appointment Affidavit (send on 1st duty day to HRO) REQUIRED
12				DD 214(S)	Attach a copy of the Member - 4 copy for each period of military service REQUIRED for initial SCD calculation
13			N/A	SF 144	Statement of Prior Federal Service REQUIRED
14			N/A	SF 1152	Designation of Beneficiary for Unpaid Compensation REQUIRED
15			N/A	48830-NGOE	NGAUS Disability Insurance Application (Use this form for new hires) (Must be submitted within the first 31 days of hire) REQUIRED members may acknowledge receipt by making a slash through the document and are not required to make selection.
16	N/A	N/A		NGAUS-APPMN 125435	NGAUS Disability Insurance Application (For current employees)
17	N/A	N/A	N/A	RI 20-97	Military Deposit Form (optional and initiated through ABC-C)
18	N/A			CNG 690-52	Acknowledgement Receipt of Employee Benefit Information (FEHB, FEDVIP, and FEGLI) REQUIRED
19	N/A			SF 2817	FEGLI Life Insurance Election Form (Only submit with hire packet if employee declines otherwise Basic coverage will automatically be given) Please use EBIS https://www.ebis.army.mil/ or call ABC-C at (877) 276-9287 to update after start date)
20	N/A			SF 2823	FEGLI Designation of Beneficiary REQUIRED (unless declining)
21	N/A			SF 3102	FERS Designation of Beneficiary REQUIRED
22			N/A	CNG 690-58	Eligibility for FEHB or TRICARE Reserve Select Insurance REQUIRED
23	N/A	N/A	N/A	TSP-1	Thrift Savings Plan Election Form (Do not submit with hire packet. Please use EBIS https://www.ebis.army.mil/ or call ABC-C at (877) 276-9287 to update after start date.)
24	N/A	N/A	N/A	SF 2809	Employee Health Benefits Elections Form (Do not submit with hire packet . Please use EBIS https://www.ebis.army.mil/ or call ABC-C at (877) 276-9287 to enroll after start date)

Send these forms DIRECTLY to your payroll office (once you have an HRO approval start date email)					
25			N/A	SF 1199	Direct Deposit Form (send to your payroll office, not HRO)
26			N/A	W-4	Employee's Withholding Allowance Certificate (to payroll)
27			N/A	DE-4	California Employee's Withholding Allowance Certificate (to payroll)

FAX this form DIRECTLY to TSP (FAX: 1-866-817-5023)					
28			N/A	TSP-3	TSP Designation of Beneficiary (send to TSP, not HRO)

I certify that the required documents are included in the packet submitted to HRO. I understand that failure provide the required documents will result in delay in the personnel action, pay, and benefit entitlements for the member.

Name _____ Signature _____ Date Completed _____