URBAN SEARCH AND RESCUE TASK FORCE
EMPLOYEE TRANSMITTAL SHEET

HQ **Washington, DC**
REGION DUTY STATION APPROPRIATION CODE:

****

IS THIS EMPLOYEE A CITIZEN OF THE UNITED STATES? _____YES _____NO

IF NO, OF WHAT COUNTRY IS HE/SHE A CITIZEN?_____

****

NAME:_____ _____MALE_____ FEMALE

BIRTH DATE: ___/___/___

SSN:_____ PAY PLAN:

RETIREMENT STATUS: _____None_____CS_____RETRO_____CS&RETRO_____CS&RE_____

ENTRANCE ON DUTY DATE:_____

POSITION TITLE: **Incident Support Team Member (Excepted Temporary Federal Volunteer)**

NATURE OF ACTION: SF 171 OF 612 APPT. NOT TO EXCEED:___/___/___

HANDICAP CODE:_____(SF-258) MINORITY DESIGNATION:_____(SF-181)

DATE OATH OF OFFICE ADMINISTERED:

EDUCATION: HIGH SCHOOL DIPLOMA_____YES_____NO

COLLEGE DEGRE _____YES_____NO

MAJOR FIELD OF STUDY:_____

DEGREE TYPE: __BA__BS __MA__MS __ Ph.D. Year:_____
(DEGREE = CERTIFICATION FROM COLLEGE/UNIV. FOR 120 CREDITS OR 4 YEARS)

EMPLOYEE'S PERMANENT MAILING ADDRESS: APPROVED BY:

_____ _____

Michael Lowder
Branch Chief, Operations
_____ **Response Division**

RETIREMENT INFORMATION: CS RETIREES: MONTHLY ANNUITY $_____
MILITARY: BRANCH OF SERVICE:_____
RANK:_____
DATE OF RETIREMENT:____/____/____

TAX INFORMATION:

STATE:_____MARRIED_____SINGLE_____#OF EXEMPTIONS_____

FEDERAL: (FORM W -4) MARRIED_____SINGLE_____# OF EXEMPTIONS_____