First Name	Name Middle Name		Last Name	
			□Male	\Box Female
SSN	DOB		Gender	
EOD (Effective Date)	Cost Coo	le		
Does any of these service/employee types apply to you? (Please check all that apply.)				
\square Military Service \square Prior Federal Service \square Intern \square Attorney				
Payroll/Personnel Forms:				
☐ TSP-1 Enrollment Form (Not Applicable to Interns)				
□ Direct Deposit (SF-1199)□ Address (AD-349)				
☐ Employment Agreement (FD-291)				
□ Self-Identification of Handicap (SF-256)				
□ Ethnicity and Race Identification (SF-181)				
□ Statement of Military Reserve (FD-942)				
 □ Prior Federal Service (SF-144) □ Last Federal Employment (FD-173) – (Employees transferring without a break in service only) 				
Supplemental Forms:				
□ Oath of Office/Appointment Affidavit (SF-61)				
 □ Copy of Voided Check for Direct Deposit □ Form W-4 (Federal W-4) 				
□ State Tax Form (Please visit your state's website to find your appropriate state tax form(s))				
□ Exempt from State Tax – (AK, FL, NH, TN, SD, WA, NV, TX, WY)				
\square Form 1-9 (Please bring copies of your photo ID and/or citizenship documentation)				
Prior Federal Service	:	Military Service:		
☐ Leave and Earning		☐ Form DD-214 (Membe		
☐ Personnel Actions	SF-50	☐ Letter for Disability from	m Military	(if
☐ Previous Agency II	nformation (FD-1203)	applicable) □ SF-813 completed if re	etired from	n Military (if
	,,	applicable)		-
□ Other:		☐ Letter for school training	ng (not do	cumented
		on D-214) (if applicable)		