

MILITARY AND FAMILY MEMBER PREFERENCE CLAIM FORM

NAME/SSN	LOCAL ADDRESS
HOME PHONE	DUTY PHONE

- Current federal employee on LWOP which expires on _____ .
 A copy of LWOP SF-50 is attached. Yes No
- Reinstatement eligible with competitive status.
 A copy of SF-50 is attached. Yes No
- Military Spouse Preference (MSP) Family Member Preference (FMP)

High Grade Held _____ Low Grade Acceptable _____

A copy of SF-50 must be provided for verification of HG held.

POSITION(S) FOR WHICH PREFERENCE IS REQUESTED: I understand I must be determined Best Qualified for consideration as a Military Spouse or Family Member Preference Eligible.

<u>POSITION TITLE</u>	<u>SERIES AND GRADE(S)</u>

Date you arrived on Okinawa: _____

Date spouse arrived: _____

Date sponsor's orders issued: _____

Date married to sponsor: _____

Spouse was authorized (check one) Concurrent Travel Non-concurrent Travel

Copy of PCS Travel Orders attached Yes No

I understand it is my responsibility to keep my contact information current and accurate; failure to do so may result in my removal from the Priority Consideration ASF. If I am hired for a permanent continuing DoD position in Any category of employment that does not have a not to exceed date (NTE), in either the appropriated, nonappropriated, or AAFES workforce, whether or not spouse preference was applied, I must notify the CHRO of such and I am no longer entitled to spouse preference for the remainder of my tour in Okinawa. Further, I understand that if I decline a valid job offer, I will lose my spouse preference. I CERTIFY THAT ALL OF THE STATEMENTS MADE ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I further understand that if I decline consideration for a position listed above I will lose my spouse preference _____ (Initials).

SIGNATURE

DATE

MSP/FMP PREFERENCE VERIFIED BY _____ DATE _____