ALL EMPLOYEES MUST COMPLETE PART A & B

Name:
SSN:
Office:
Pay Band:
Position Title:
Part A: RESERVE STATUS INFORMATION 1. I am a member of the Reserves: Yes No *If YES, please complete 1A, 1B, 1C, 1D. *If NO, go to Part B 1A. I am a member of the: Ready Standby Retired IRR 1B. What branch of service: Army Navy USAF USMC USCG 1C. What is your current military grade (i.e O05/E07) 1D. What is your current military unit
Part B: RETIRED MILITARY INFORMAION 2. I am retired military: Yes No *If YES, please complete 2A, 2B, 2C, 2D *If NO, please sign and date this form 2A. I retired from: Active Duty Reserve Component
2B. What branch of service: Army Navy USAF USMC USCG 2C. What was your military grade at retirement (i.e. 005/007): 2D. Was your retirement due to a disability: Yes No

THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-579) applies. PURPOSE: To collect mobilization data in case of a national emergency