

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 INFORMATION

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

DATE _____

SIGNATURE _____

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