**CHECKLIST FOR EMPLOYEES CALLED TO ACTIVE DUTY**

**Privacy Act Statement is located at end of form.**

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| The employee, when going on nonpay status due to uniformed service or separating from USAID, completes this form and submits it to his or her assigned Human Resources Specialist in Human Capital and Talent Management, Human Capital Services Center, Civil Service Staffing (HCTM/HCSC/CSS), Human Capital and Talent Management, Foreign Service Center, Foreign Service Staffing (HCTM/FSC/FSS), or Human Capital and Talent Management, Center for Performance Excellence, Executive Resources (HCTM/CPE/ER), as appropriate. (See ADS Chapter 411) | |
| 1. Employee’s Name: | 2. Organization: |
| 3. **Contact Information While on Active Duty**  Email address:  Phone number:  Mailing address: | |
| 4. **Nonpay Status** (checkmark one and provide effective date)  a) I choose to be placed on a nonpay status (Absent – Uniformed Service)  The effective date to begin nonpay status should be        mm/dd/yyyy  b) I choose to separate from civilian service (Separation- Uniformed Service)  The effective date for my separation from civilian service should be  mm/dd/yyyy  (Note: If you choose to separate you will not be entitled to many of the benefits described in ADS Chapter  411. However, you will be eligible for reemployment if you meet the requirements described in Section  411.3.11) | |
| 5. **Annual Leave** (checkmark one if going on nonpay status)  a) I choose to have my annual leave remain to my credit until I return to my civilian position  b) I choose to receive a lump-sum payment for all my accrued and accumulated annual leave | |
| 6. **Health Benefits** (checkmark one if going on nonpay status)   1. I choose to continue my coverage for up to 24 months   Number of months (up to 24) that I want to continue the coverage  **Important:** If you submit military orders showing you are in support of a contingency operation (for the definition of contingency operation, see ADS Chapter 411), the Agency will pay your premiums. If you are **not** in support of a contingency operation, you are responsible for the enrollee share of the premium during the first 12 months. Beyond the first 12 months, for the continued Federal Employees Health Benefits (FEHB) coverage of up to an additional 12 months, you are responsible for paying both the employee and agency shares of the premium, plus an additional 2% administrative fee (for further information, see [ADS](http://ADS) Chapter 411, Section 411.3.7).  b) I elect to have my health benefits terminate. (If you terminate your enrollment, you are entitled to a 31-day extension of coverage and, if needed, have the right to convert to an individual policy offered by the carrier of your plan.)   1. I am entering the uniformed services for 30 days or less, so my FEHB enrollment will continue without change 2. I am not covered under the Federal Employees Health Benefits Program | |

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| 7. **TSP Loan** (check box if applicable and if going on nonpay status)  I have a TSP loan and request that a Form TSP-41, Notification to TSP of Nonpay Status, be completed on my behalf. | |
| **Employee Signature:** | **Date:** |

Distribution of copies AID Form 411-1:

Original – Employee

Copy – HCTM/HCSC/CSS, HCTM/FSC/FSS, or HCTM/CPE/ER Records

Copy – M/CFO/P

**PRIVACY ACT STATEMENT**

Authority: The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA 38 U.S.C. 4301-4335); 5 U.S.C. 6303 and 6304; 5 U.S.C. 8905a; 5 U.S.C. 8906(e)(3); 22 U.S.C. Ch. 32, Foreign Assistance, Subchapter I, International Development; 22 U.S.C. Ch. 52, Foreign Service.

Principal Purpose: USAID collects this information to administer personnel operations associated with employees being called to active duty in the Unformed Services.

Routine Uses: The information is used to process personnel actions to place employees in nonpay status and to administer annual leave payments, Federal Employee Health Benefits continuations and terminations, and notifications to the Thrift Savings Plan record keeper. Information in your records may be disclosed outside of USAID in accordance with any current and future blanket routine uses established for the systems of records applicable to this collection. Use and disclosure of your information outside of USAID may also occur in accordance 5 U.S.C. 552a(b) of the Privacy Act of 1974.

Disclosure: Disclosure is voluntary for your personal information, but failure to provide the information could lead to mistaken identity entailing administrative complications with possible inconvenient or adverse consequences for the employee.

System of Record Notice: USAID-1 Foreign Service Personnel Records, 80 FR 11387, April 2, 2015.