


# Career-Transfer Appointment

New EPA employees need to complete the following forms to set up their personnel record, establish benefits and generate payroll information. *(Bookmark this page in your browser, so that you can easily return to it after completing and printing out each form.)*

Form/Title	Remarks
<b>Employment Forms</b>	<b>Complete the forms and return them as instructed in your offer letter. Forms are in PDF fillable format online.  About PDF</b>
<input type="checkbox"/> <a href="#">Employment Eligibility Verification – I-9</a>	<p>This form is used to verify your citizenship and eligibility to work in the United States. Complete Section 1 and sign and date the form. Refer to the List of Acceptable Documents on the back of the form before completing Section 2.</p> <ul style="list-style-type: none"> <li>• If you have any document listed in List A, you need only complete the information for List A. Name the document, provide its document number, and the expiration date, if any. (A frequently-cited document is a current U.S. Passport.)</li> <li>• If you do not have any document from List A, select one from List B and List C, and provide the same information.</li> </ul> <p>Be sure to bring the documents you have listed on this form for verification during the Orientation Briefing.</p>
<input type="checkbox"/> <a href="#">Appointment Affidavits SF-61</a>	<p>Print your full name (no initials) on the third line, after the word "I". This is the document with which you will take your Oath of Office. If you have this information for Section C, you may also type that in.</p>
<input type="checkbox"/> <a href="#">Declaration of Federal Employment – OF-306</a>	<p>This form will be used to determine your acceptability for Federal employment. Under Item 6, day phone number, enter the phone number of your Supervisor as listed in our Confirmation of Employment Letter. Sign Item 17A but do not sign Item 17B. Item 17B will be signed after you have taken the Oath of Office at Orientation. Bring the original signed form to Orientation.</p>
<input type="checkbox"/> <a href="#">Statement of Prior Federal Service – SF-144</a>	<p>Complete this form only if you have prior Federal civilian or military service. Your length of service affects your leave and retirement benefits.</p>
<input type="checkbox"/> <a href="#">Race and National Origin Identification – SF-181</a>	<p>Fill in the information requested at the top of the form. Read the introductory information, and check off the category which most closely describes your heritage.</p>
<input type="checkbox"/> <a href="#">Self-Identification of Handicap – SF-256</a>	<p>Read the sections in the form entitled "Definition of a Handicap" and "To the Employee," and select the code which most closely describes you, entering the code at the top of the page.</p>
<input type="checkbox"/> <a href="#">Direct Deposit Form – SF-1199A</a>	<p>EPA requires that employees receive payroll payments by direct deposit. Complete this form to allow for the electronic transfer of your paycheck, travel reimbursements, etc., into your checking or savings account at your financial institution.</p>
<input type="checkbox"/> <a href="#">Federal Withholding – W-4</a>	<p>The "Employee's Withholding Allowance Certificate" is the Federal tax withholding form, W-4. It is used to determine the correct amount of</p>

	Federal income tax to be withheld from your biweekly earnings based on the number of exemptions that you claim. Use the Worksheet to determine the number of withholding allowances that you are entitled to claim. You need to complete, sign and date this form.
<input type="checkbox"/> <a href="#">Designation of Unpaid Compensation – SF-1152.</a>	This form is Required -- please read the instructions carefully. This form appears in duplicate on the website, but you need only complete one copy. Complete Part A and Part B down to the spaces provided for your signature and date. Sign and date the document in the presence of two witnesses, neither of whom can be listed as your beneficiary. At Part C, have each witness sign and provide a home or work address. Be sure to fill in your name and address in the box provided at the bottom of the form so that your file copy can be returned.
<input type="checkbox"/> <a href="#">State Tax Forms</a>	Click on the attached link to find your applicable state withholding form.
<input type="checkbox"/> <a href="#">D-4 Withholding for District of Columbia</a>	Every new employee who resides in DC and is required to have DC income taxes withheld, must fill out Form D-4 and file it with his/her employer. If you are not liable for DC income taxes because you are a nonresident or military spouse, you must file Form D-4A, Certificate of Nonresidence in the District of Columbia, with your employer.
<input type="checkbox"/> <a href="#">Certificate of Nonresidence in DC</a>	If you are not a resident of DC you must file a Form D-4A with your employer to establish that you are not subject to DC income tax withholding. You qualify as a nonresident if: -- Your permanent residence is outside DC during all of the tax year and you do not reside in DC for 183 days or more in the tax year. -- You are a service member's spouse.
<input type="checkbox"/> <a href="#">IRS State Map</a>	IRS Taxpayer Assistance Centers are your source for personal tax help when you believe your tax issue cannot be handled online or by <a href="#">phone</a> , and you want face-to-face assistance.

**STOP: REFER TO YOUR OFFER LETTER BEFORE PROCEEDING TO THIS SECTION.**  
**THIS SECTION IS FOR BENEFITS ONLY.**

<input type="checkbox"/> <a href="#">Health Benefits Election Form – SF-2809</a>	Please read the instructions carefully. This is the Employee Health Benefits Election Form (FEHBP). This form appears in triplicate on the website, but you will need to complete only the Official copy. Sign and date the form in Part G. You have 60 days from the date of your current appointment to enroll in a plan. You must complete the form even if you decline enrollment.
<input type="checkbox"/> <a href="#">Life Insurance Election Form – SF-2817</a>	Please read the instructions carefully. This is the Federal Employees' Group Life Insurance Program (FEGLI), Standard Form 2817. This form appears in triplicate on the website, but you will need to complete only THE Official copy. You have 60 days from your enter-on-duty date to enroll in the Program.
<input type="checkbox"/> <a href="#">Thrift Savings Plan Election Form – TSP-1</a>	The Thrift Savings Plan (TSP) is a retirement savings and investment plan for Federal employees and members of the uniformed services, including the Ready Reserve. You have been automatically enrolled in the TSP, and 3% of your basic pay is deducted from your paycheck each pay period and deposited in your TSP account, unless you make a contribution election to stop or change your contributions.

## DESIGNATION OF BENEFICIARY FORMS

[Designation of Life Insurance Form – SF-2823](#)

Please read the instructions carefully. This form appears in duplicate on the website, but you will need to complete only the Official copy. Complete Parts A and B down to the spaces provided for your signature and the date. Sign and date the document in the presence of two witnesses, neither of whom can be listed as your beneficiary. At Part D, have each witness sign and provide a home or work address.

[Designation of FERS Retirement – SF-3102](#)

Please read the instructions carefully. This form appears in duplicate on the website, but you need to complete only the Official copy. Complete Parts A and B down to the spaces provided for your signature and the date. Sign and date the document in the presence of two witnesses, neither of whom can be listed as your beneficiary. Have the witnesses complete and sign Part C and provide a home or work address. Be sure to fill in your name and address in the box provided at the bottom of the form so that your file copy can be returned.

[Thrift Savings Plan Election Form – TSP-3](#)

Please read the instructions carefully. This is the TSP Designation of Beneficiary Form. Complete, sign and date in the presence of two witnesses who are age 21 or older and are not listed as your TSP account beneficiaries. Have the witnesses print and sign their names. Keep a copy for your records and MAIL THE ORIGINAL COPY DIRECTLY TO THE Thrift Savings Plan, P.O. Box 385021, Birmingham, AL 35238, AFTER YOU RECEIVE YOUR WELCOME LETTER FROM THE TSP.