



AIR FORCE NON-APPROPRIATED FUND EMPLOYEE TRANSFER ASSISTANCE PROGRAM APPLICATION

EMPLOYEE INFORMATION

Name: (Last Name, First Name)		Date Requested
Employment Category:	Position Title: (Title, Pay Plan, Series, Grade)	
Phone Number :	Personal Email: (Must be Valid During Transfer Period)	

TRANSFER REQUEST

Current Duty Station		Desired Duty Station	
Installation:		Installation:	
CYS Program Area:		CYS Program Area:	
Age Group:		Desired Age Group:	
Current Schedule:		Desired Schedule:	
Last Day of Work (Losing):	Report No Later Than Date (Gaining):	Anticipated Start Date (if different than NLT date):	

I understand program eligibility must be met at the time of the application and if I fail to maintain eligibility at any time during the process, I will be removed from the program.

I agree to take uninterrupted leave not to exceed 150 consecutive days (e.g., paid, unpaid, combination) during the transfer period to out-process from my current Air Force Duty Station and report to my new assigned Duty Station.

If additional leave is needed, I understand a separate Leave Request, justifying the need for the extension must be submitted for approval to the local HR prior to my departure.

I understand my salary will not decrease, however I may be offered a position within a different employment category, which I can accept or decline. Declination of a lesser employment category will not result in removal from this program.

Information regarding pay, leave, and eligibility should be directed to your current HR office.

My signature and submission of this application affirms my intent of voluntarily participation in the Air Force NAF Employee Transfer Assistance Program. I agree to all above terms and further understand this process does not guarantee continued employment.

Employee Signature

Date

(For Internal Use Only)

ELIGIBILITY VERIFICATION: CYP MANAGEMENT

- Request for Leave or Approved Absence (Attached)
- Satisfactory or Higher Performance Rating within preceding 12 months
- No adverse action preceding 12 months
- Background Check Record (BCR) Request Form (Attached)

Supervisor Signature

Date

Email address

Phone number

ELIGIBILITY CERTIFICATION: LOSING HUMAN RESOURCES OFFICE

Performance Rating Verification:	Disciplinary Action Verification:	Documents attached:
Rating Date:	Action Processed	OPM 71
Rating of Record:	Yes P[LWOP
BCR form received:	Action Pending	LWOP NTE
	Yes P[DATE:

Human Resources Signature

Date