



# ONBOARDING NEW EMPLOYEES' PAYROLL & BENEFITS DOCUMENTS GUIDE

**Welcome to the FBI!**

You are required to complete multiple Payroll/Personnel forms prior to your arrival, and Benefits forms during your first week on site.

Please take some time to thoroughly read through this document. Following these instructions will eliminate having to redo forms. We are focused on ensuring that all employees are paid timely and accurately and that you are covered with important health and life insurance benefits.

Thank you,

Human Resources Division



## Payroll and Benefits Forms

- **Payroll Forms** must be completed **prior to attending the Onboarding New Employees (ONE) Program**.
- **Benefits Forms** must be completed **within 60 days of your entry on duty (EOD) date**, but we strongly recommend submitting these documents as soon as possible.
- To access your Payroll and benefits forms, login to your **FBIJobs account** and select the **My Hiring Documents** tab, Be on the lookout for follow-up emails after forms have been reviewed, designating that updates are required.

## Additional Information

- **Prior/Transferee Federal Employees** – Complete all Payroll & Benefits Forms. Please also send the following: last SF-50 from your prior agency, last Leave & Earnings Statement.
- **Current FBI Onboard Employees** – Only submit the following forms: Payroll Checklist, FD-1190, State Tax Form, any other forms required due to changes in status or address.

**Important Note: If you do not complete all required forms, this may delay your onboarding/payroll processing.**

## New Hire Forms: FD-1191, Direct Deposit Form

Please fill out all fields highlighted in yellow.

**Important Note: A Voided Check or Bank Issued Authorization Letter must be attached in the Additional Attachments section.**

The image shows a screenshot of the FD-1191 Direct Deposit Form. The form is titled "Direct Deposit" and contains several sections for personal and account information. The following fields are highlighted in yellow:

- Primary Account:
  - Account Type
  - Routing Number
  - Account Number
  - Institution Name
  - Institution City, State
- Secondary Account:
  - Account Type
  - Routing Number
  - Account Number
  - Institution Name
  - Institution City, State
  - Amount of Net Pay
- Third Account:
  - Account Type
  - Routing Number
  - Account Number
  - Institution Name
  - Institution City, State
  - Amount of Net Pay
- Signature

The form also includes a "Personal Information" section with fields for Name (Last, First, Middle), SSN, and Phone Number. A note states: "Funds can be deposited into one account or split between accounts as a whole dollar amount." A small image of a voided check is shown on the right side of the form. At the bottom, there is a "Submit" button.

## New Hire Forms: FD-1190, Address Form

Please fill out all fields highlighted in yellow.

**Important Note:** Please use your permanent address.

### Employee Address

[Back to Onboarding Forms](#)

**Employee Address**

This address is used to mail out employee PAY and TSP statements, W-2 forms and other personal documents. Please use your permanent address. It must match the state in which you plan to claim income taxes.

**Personal Information** ?

First Name	Joseph	Middle Name	Thomas	Last Name	Leni
SSN	XXX-XX-5028				

**Address**

Street Address (PO Boxes Not Permitted)	[Yellow Highlighted]				
City	[Yellow Highlighted]	State	[Yellow Highlighted]	Zip Code	[Yellow Highlighted]

**General**

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form FD-1190.

**Authority**

5 USC 301.

**Purpose and Uses**

This form is used to obtain an employees home address and check mailing address.

Signature [Yellow Highlighted]

# Onboarding New Employees' Payroll & Benefits Documents Guide

## New Hire Forms: Federal Tax Form W-4

Please fill out all fields highlighted in yellow.

**W-4** Employee's Withholding Certificate  
OMB No. 1545-0047

Step 1: Enter Personal Information  
First name and middle initial: [Yellow] Last name: [Yellow] Social security number: [Yellow]  
Address: [Yellow]  
City or town, state, and ZIP code: [Yellow]  
Marital status:  Single or Married filing separately  Married filing jointly or Qualifying widow(er)  Head of household

Step 2: Multiple Jobs or Spouse Works  
Do only one of the following:  
(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4), or  
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 3(c) below for roughly accurate withholding, or  
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

Step 3: Claim Dependents  
If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  
Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ [Yellow]  
Multiply the number of other dependents by \$500 ▶ \$ [Yellow]  
Add the amounts above and enter the total here ▶ \$ [Yellow]

Step 4 (optional): Other Adjustments  
(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income. ▶ 4(a) \$ [Yellow]  
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here. ▶ 4(b) \$ [Yellow]  
(c) Extra withholding. Enter any additional tax you want withheld each pay period. ▶ 4(c) \$ [Yellow]

Step 5: Sign Here  
Under penalty of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  
Employee's signature (This form is not valid unless you sign it.) [Yellow] Date [Yellow]

Employers Only  
Employer's name and Address: [Yellow] First date of employment: [Yellow] Employer identification number (EIN): [Yellow]

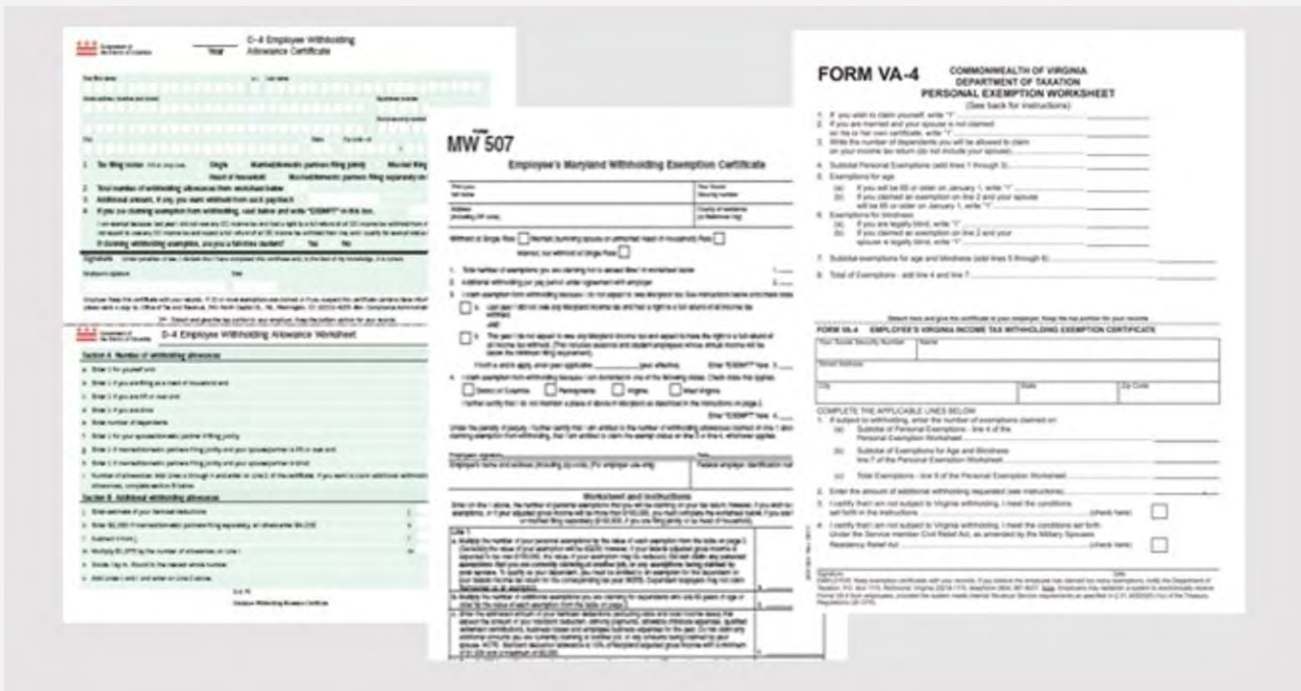
In Step 1, select the applicable tax filing status.

Complete Steps 2-4 based on your personal tax situation.

## New Hire Forms: State Tax Forms

The state tax form must be uploaded as an attachment in the Additional Attachments section.

**Important Note:** AK, FL, NH, TN, SD, WA, NV, TX, WY are exempt from state tax. Please visit your state's taxation website to find your appropriate state tax form(s).





## New Hire Forms: FD-291 FBI Employment Agreement

Please fill out all fields highlighted in yellow.

### Employment Agreement

#### FBI EMPLOYMENT AGREEMENT

As consideration for my employment, or my continued employment, with the Federal Bureau of Investigation (FBI), United States Department of Justice, I hereby agree to be governed by and to comply with the following provisions:

1. Unauthorized disclosure, misuse, or negligent handling of information contained in the files, electronic or paper, of the FBI or which I may acquire as an employee of the FBI could impair national security, place human life in jeopardy, result in the denial of due process, prevent the FBI from effectively discharging its responsibilities, or violate federal law. I understand that by being granted access to such information, I am accepting a position of special trust and am obligated to protect such information from unauthorized disclosure.
2. All information acquired by me in connection with my official duties with the FBI and all official material to which I have access remain the property of the United States of America. I will surrender upon demand by the FBI, or upon my separation from the FBI, all materials containing FBI information in my possession.
3. I will not reveal, by any means, any information or material from or related to FBI files or any other information acquired by virtue of my official employment to any unauthorized recipient without prior official written authorization by the FBI.
4. Prior to making any disclosure, I will seek a determination of whether the information may be disclosed. I agree to be bound by the guidelines governing prepublication review found in the FBI's Prepublication Review Policy Guide (0792FG) as those procedures may from time to time be amended. I understand that, in this context, "publication" includes disclosure of information to anyone by any means. I will submit for review the full text of any proposed disclosure addressed by the FBI's Prepublication Review Policy or this employment agreement as required by the policy at least thirty (30) working days prior to the proposed publication.
5. I understand and agree that for two years after separating from the FBI, I must report back to the FBI, at least annually, if I work directly for, represent, or provide national security related advice to the government of a foreign country, or any person whose activities are directly or indirectly supervised, directed, controlled, financed or subsidized (in whole or major part) by any government of a foreign country.
6. I understand that these provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. I further understand, however, that any such information that is disclosed pursuant to applicable federal law continues to be subject to this agreement for all other purposes, and disclosure to the appropriate entities provided by federal law does not constitute public disclosure or declassification, if applicable, of such information.
7. Violations of this employment agreement may constitute cause for revocation of my security clearance, subject me to criminal sanction, disciplinary action by the FBI, including dismissal, and subject me to personal liability in a civil action at law, including but not limited to injunctive relief, the imposition of a constructive trust, and the disgorging of any profits arising from any unauthorized publication or disclosure. In that regard, I hereby irrevocably assign all rights, title, and interests in any such profits to the United States.
8. I have read this agreement carefully. Each of the numbered paragraphs of this agreement is severable and if a court should find any of these paragraphs to be unenforceable, I agree that the remaining provisions will continue in full force.
9. I have read and understand the guidelines on prohibited disclosures that are attached.
10. I accept the above provisions as conditions of my employment or continued employment by the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

Signature

Submit

## New Hire Forms: SF-256, Self-Identification of Disability

Please fill out all fields highlighted in yellow.

### Self-Identification Disability

[Back to Onboarding Forms](#)

#### Self-Identification Disability

##### Personal Information

Name (Last, First, Middle) Brown, Cash, E      Date Of Birth 08/21/2001      SSN XXX-XX-1229

##### Self-Identification of Disability

- I do not wish to identify a disability
- I wish to identify a disability
- I do not have a disability or serious health condition

Signature



## New Hire Forms: SF-181, Ethnicity and Race Identification

Please fill out all fields highlighted in yellow.

### Ethnicity and Race Identity

[Back to Onboarding Forms](#)

#### Ethnicity and Race Identity

##### Personal Information

Name (Last, First, Middle) Young, Jaycob, R      SSN XXX-XX-0117      Birthdate 01/10/1994

##### Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

##### Special Instructions

The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

##### Question 1

**Are You Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- Yes  
 No

##### Question 2

Please select the racial category or categories with which you most closely identify. Check as many as apply.

[Explain](#)

American Indian/Alaska Native  No

Asian  No

Black or African American  No

Native Hawaiian/Pacific Island  No

White  No

Signature

## New Hire Forms: SF-144, Statement of Prior Federal Service

Please fill out all fields highlighted in yellow.

**Prior Federal Service**

[Back to Onboarding Forms](#)

**Prior Federal Service**

Section 6303 of 5 U.S.C., "Annual Leave Accrual," authorizes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes. Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other Federal agencies or Congressional or Judicial Offices in order to verify it or in connection with your application for a job, license, grant, or other benefit. It may also be disclosed to a national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit. Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

If you have prior federal service, attach SF-50 and last E/In the Additional Attachments section.

**Personal Information**

Name (Last, First, Middle Initial)	Young, Jaycob, R	SSN	XXX-XX-0117	Date of Birth	01/10/1994
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Do you have prior Federal government civilian or uniformed service?  
 No

Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian, and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?  
 No

Do you claim any type of veterans' preference which has not been verified?  
 No

**Warning:** Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment (18 U.S.C. 1001).

**CERTIFICATION** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature

## New Hire Forms: FD-173, Information Concerning Last Federal Employment

Please fill out all fields highlighted in yellow if "Yes" is selected for the first question.

**Last Federal Employment**

[Back to Onboarding Forms](#)

**Information Concerning Last Federal Employment (Other Than Naval or Military)**

Yes  No Do you have prior service in the Federal Government or the Government of the District of Columbia?

**Personal Information**

Your Official Bureau Name Hayes, Leyla, I

**Agency by which last Employed & Complete Mailing Address**

Agency Name [Redacted]

Agency Mailing Address

Street Address [Redacted]

City [Redacted]

State [Redacted]

Zip Code [Redacted]

Date Appointed [Redacted]

Date Separated [Redacted]

**Were deductions taken from your salary for (Check one):**

Retirement

Social Security

**Statement Concerning Enrollment Under the Federal Employees' Health Benefits Program**

If you entered on duty in the Bureau from your previous employment, without a break in service of more than 3 calendar days your enrollment (whether you enrolled in a plan or elected not to enroll) under the Federal Employees Health Benefits Program must continue without change.

I hereby certify that I was enrolled in the [Redacted] Health Benefit Plan [Redacted].

Option, Enrollment Code is [Redacted] at the other government agency. My copy of SF-2810, "Notice of Change in Health Enrollment" executed by the other government agency.

is attached

is not attached

I elected not to enroll in a health benefit plan at the other government agency.

I was not eligible to enroll in a health benefit plan at the other government agency as I had a temporary appointment limited to a year or less.

**Statement of Eligibility for Federal Employees' Group Life Insurance**

1. If your last period of Federal employment ended AFTER April 1, 1981, your Official Personnel Folder, which Bureau will secure from the other agency, should contain a "Life Insurance Election Form" (SF-2817). Your insurance status in your FBI employment will be in accordance with this previous election or declaration of coverage. Therefore, check the following block(s) applicable to you only if your previous employment ended after April 1, 1981.

I hereby certify that I have the following coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment:

Basic Only

Basic Life Plan, Following Option(s)

Option A - Standard

Option B - Additonal

Number of Multiples [Redacted]

Option C - Family

I hereby certify that I waived coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment.

I hereby certify that one year has elapsed since the date of waiver and I now desire life insurance coverage. I am under 50 years of age and understand a physical examination must be taken at my personal expense. (If this block is executed you will be furnished an SF 2822, "Request for Insurance" upon receipt of your Official Personnel Folder from your last employing agency and verification of your eligibility to have insurance coverage.)

2. If your last period of Federal Employment ended PRIOR to April 1, 1981, you will not have a Life Insurance Election Form (SF 2817) on file and you are not required to execute one.

3. If you are insured and now desire to change or cancel any of your insurance coverages, you are required to complete an SF 2817 and sign under the appropriate block for the coverage(s) you wish to retain.

4. If you are presently enrolled under the Basic Life Insurance and 60 days have not elapsed since your marriage or acquisition of a child, you are eligible to apply for the Option C - Family coverage.

5. After your marriage or acquisition of a child, if you are enrolled in Basic Life and Option B - Additional for less than 5 multiples, are under age 50 and 60 days have not elapsed since your marriage, or acquisition of a child, you may increase the multiple by one for each added family member. 6. After your marriage or acquisition of a child, if you are enrolled for Basic Life, are under age 35 and 60 days have not elapsed since your marriage or acquisition of a child, you may enroll under Option - Additional.

Signature [Redacted]

**GENERAL**

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records forms.

AUTHORITY U. S. Code, Title 5, Section 301, and Chapters 83, 87, and 89.

**PURPOSES AND USES**

This information will be used by the FBI to determine your eligibility for continued participation in the Federal Employees Health Benefits Program and/or Federal Employees' Group Life Insurance without re-enrolling and to assist the information in obtaining information from your previous Federal employer in order to calculate your service computation date and leave accrual rate.

**EFFECTS OF NONDISCLOSURE**

Disclosure of this information is voluntary, however, failure to provide it may result in a lapse in your Federal employee's health and life insurance as well as the possibility of you not receiving credit for your previous Federal civilian service in leave and retirement matters.

## New Hire Forms: I-9, Employment Eligibility Verification

### I-9 Acceptable forms of Identification:

- All documents must be unexpired.
- Upload a copy of each supporting document in the additional Attachments section.
  - **List A:** If you choose List A – you only need the one document
    - Valid U.S. Passport (cannot be expired)
  - **List B:** If you choose List B you must also have an item from List C
    - Driver's License
    - Military ID Card
    - School ID Card
  - **List C**
    - Social Security Card
    - Birth Certificate

**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

**USCIS Form I-9**  
 OMB No. 1615-0047  
 Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (if any) First Name (Given Name) Middle Initial (if any) Other Last Names Used (if any)  
 Address (Street Number and Name) Apt. Number (if any) City or Town State ZIP Code  
 Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employer's Email Address Employer's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions.)
3. A lawful permanent resident (Enter USCIS or A-Number)
4. A noncitizen (other than Item Numbers 2, and 3, above) authorized to work until (exp. date, if any)

If you check Item Number 4, enter one of these:  
 USCIS A-Number Form I-94 Admission Number Foreign Passport Number and Country of Issuance

Signature of Employee Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

Document Title	List A	List B	AND	List C
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

Additional Information

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Form I-9 Edition 08/01/23 Page 1 of 4

← Check the applicable box(es)

## New Hire Forms: TSP-1 Election Form (not required for Intern Applicants)

Please fill out all fields highlighted in yellow.

### Thrift Saving Plan

[Back to Onboarding Forms](#)

#### Thrift Saving Plan

Use this form to start, stop, or change the amount of contributions to the Thrift Savings Plan (TSP).

#### Personal Information

First Name	Cash	Middle Name	E	Last Name	Brown
SSN	XXX-XX-1235	Phone Number	8005551212	Address	1200119 FIRST ST ALBANY, LA 01238
Office	DOJ - Federal Bureau of Investigation				

#### II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel all previous elections.  
To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter either a whole percentage of your basic pay per pay period or a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.)

**Remember:** A blank line next to a type of contribution equals 0% or \$0 contributed. To stop your contributions, you must complete Section III. **For those turning 50 or older who want to make catch-up contributions:** If you meet the elective deferral limit, your contributions will automatically start counting toward the catch-up limit. Separate catch-up elections are no longer required.

Traditional (Pre-Tax) Contributions	<input type="text" value="0%"/>	OR \$	<input type="text" value="00"/>
ROTH (After-Tax) Contributions	<input type="text" value="0%"/>	OR \$	<input type="text" value="00"/>

#### III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or just one type of your contributions to the TSP, check the box that applies. Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. (If you are a Federal Employees Retirement System (FERS) employee and you stop your contributions, your Agency Matching Contributions will stop, but Agency Automatic (1%) Contributions will continue.)

I choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.

No

Stop only my traditional (pre-tax) payroll contributions to my TSP account.

No

Stop only my Roth (after-tax) payroll contributions to my TSP account.

No

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period.

Signature

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.



## New Hire Forms: FD-1203 Previous Agency Information

Please fill out all fields highlighted in yellow if "Yes" is selected for the first question.

### Previous Agency Information

[Back to Onboarding Forms](#)

#### Previous Agency Information

The information provided below will be used to contact your previous government agency.

By providing this contact information, it will expedite the process of transferring leave balances and verifying all previous government service.

#### Personal Information [?](#)

Name (Last, First, Middle) Hayes, Leyla, I

SSN XXX-XX-9517

Do you have prior government agency information?  Yes

Previous Agency Name

Agency Address

#### Human Resources Information

Human Resources (HR) Contact

Phone Number

Fax Number

#### Non-HR Information

Non-HR Contact

Phone Number

Signature

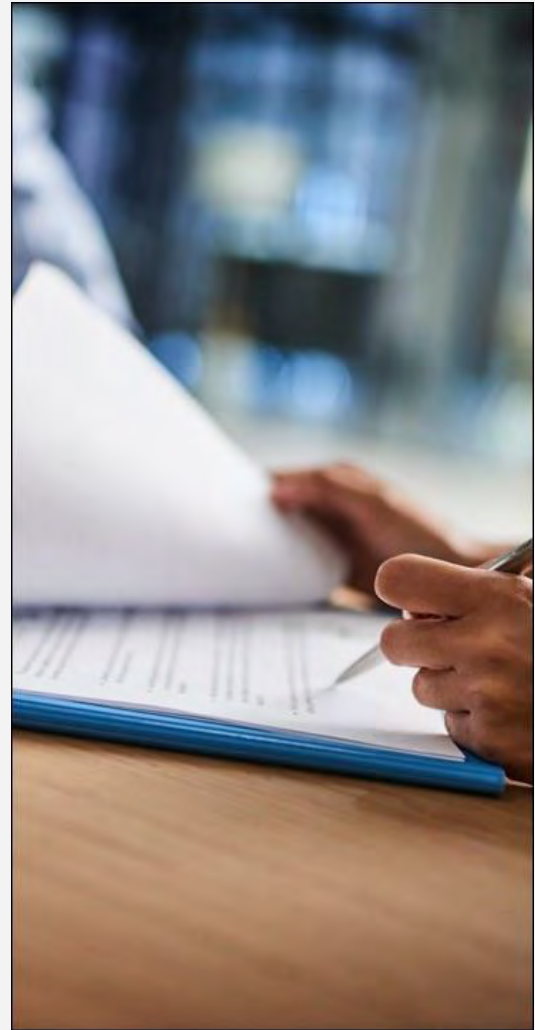


## New Hire Forms: Benefits Forms

### What you will need:

#### **ALL FORMS ARE REQUIRED UNLESS NOTED "IF APPLICABLE"**

- Benefits Forms
  - SF-2809, Health Benefits Election Form
  - SF-2817, FEGLI Life Insurance Election Form
  - SF-1152, Unpaid Compensation Designation of Beneficiary
  - SF-942, Statement of Military Reserve Obligations (if applicable)
  - SF-3102, FERS Designation of Beneficiary
  - SF-2823, FEGLI Designation of Beneficiary
    - SAMBA Benevolent Fund (Online Enrollment)
- Please use the link below to the OPM's website to review important health care plan information
- <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/guides/#urlGuides-Overview>



# Onboarding New Employees' Payroll & Benefits Documents Guide

## New Hire Forms: SF-2809 FEHB – Health Insurance Form

Please fill out all fields highlighted in yellow and any other pertinent information.

The image shows a 'Health Benefits Election Form' (SF-2809) from the FEHB (Federal Employees Health Benefits) program. The form is titled 'Part A - Enrollee and Family Member Information (for additional family members use a separate sheet and attach)'. It contains several sections for providing personal and family member details. Fields for names, addresses, Social Security Numbers, dates of birth, sex, and Medicare Beneficiary Identifiers are highlighted in yellow. The form also includes checkboxes for insurance types (TRICARE, FEHB) and questions about existing insurance coverage. At the bottom, it includes the FEHB logo, the title 'Health Benefits Election Form', and the text 'Standard Form 2809 Revised November 2015'.

All new employees should complete the mandatory highlighted areas, and any other pertinent information as it relates to your health insurance.

# Onboarding New Employees' Payroll & Benefits Documents Guide

## New Hire Forms: SF-2809 FEHB – Health Insurance Form (Part 2)

Please fill out all fields highlighted in yellow and any other pertinent information.

The image shows a sample of the SF-2809 FEHB Health Insurance Form (Part 2). Several fields are highlighted in yellow to indicate where new employees should provide information. These include:

- Family name and Date of birth at the top.
- Part B (Current Plan) and Part C (New Plan) fields for Plan name and Enrollment code.
- Part D (Event) and Part E (Election NOT to Enroll) fields for Event code and Date of event.
- Part F (Cancellation) and Part G (Suspension) checkboxes and signature lines.
- Part H (Signature) field for the employee's signature and date.
- Part I (Remarks) section.
- Bottom section fields for Date received, Effective date, Personal telephone number, Agency name and address, Authorizing official, Signature of authorized agency official, Payroll office number, Payroll office contact, and Payroll telephone number.

**All new employees should complete the mandatory highlighted areas, and any other pertinent information.**

**If you choose not to enroll, please complete Part E.**

# Onboarding New Employees' Payroll & Benefits Documents Guide

## New Hire Forms: SF-2817 FEGLI – Life Insurance Form

Please fill out all fields highlighted in yellow and any other pertinent information.

The image shows the SF-2817 FEGLI Life Insurance Form with several sections highlighted in yellow. Arrows point to these highlighted areas, indicating where information should be provided. The highlighted areas include:

- Section 2: Employee identification information (Name, Date of birth, Social Security Number, etc.).
- Section 3: Signature line for Basic coverage.
- Section 4: Signature lines for Optional coverage (Option A, B, and C).
- Section 5: Signature line for Waiver of all life insurance coverage.
- Section 6: Agency use section (Name and address of employing office, Date received, Effective date of coverage, etc.).

All new employees should complete the mandatory highlighted areas where applicable (depending on the coverage option selected.)

If you choose to WAIVE life insurance, please complete section 5.

## New Hire Forms: SF-1152 Unpaid Compensation Beneficiary Form

Please fill out all fields highlighted in yellow and any other pertinent information.

**Designation of Beneficiary**  
Unpaid Compensation of Deceased Civilian Employee

Important:  
Read all instructions before filling in the form.

**A. Identification**

Name (Last, first, middle)  Date of birth (mm, dd, yyyy)  Social Security Number

Department or agency in which presently employed (or former department or agency):

Department or agency  Bureau  Division  Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

**B. Information Concerning The Beneficiaries (See Examples of Designations):**

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of designation (mm, dd, yyyy)  Your signature  Total = 100 %

**C. Witnesses (A witness is not eligible to receive payment as a beneficiary):**

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness  Number and street  City, state and ZIP code

Signature of witness  Number and street  City, state and ZIP code

**Receiving agency certification**

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received  Signature  Date

Type or print your return address to insure return

**All new employees should complete the mandatory highlighted areas where applicable.**

**A witness IS NOT ELIGIBLE to receive payment as a beneficiary.**

**Percentages must total 100%.**

**Amounts must be in whole numbers (thirds, fourths, etc. are not permitted)**



# Onboarding New Employees' Payroll & Benefits Documents Guide

## New Hire Forms: FD-942, Statement of Military Reserve Obligations, If Applicable

Please fill out all fields highlighted in yellow and any other pertinent information.

942-942 (Rev. 3-19-2019)

**STATEMENT OF MILITARY RESERVE OBLIGATIONS**

Please provide the requested information below. If your Uniform Status changes, an updated form should be submitted. Submit the completed form to the Human Resources Division, Employee Services Section, Benefits Unit, Attn: Military Program Manager.

Name (First, Middle, Last) \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Office of Assignment \_\_\_\_\_

CHECK appropriate box below for Uniform Status:

- 0 None
- 1 Ready Reserve
- 2 Standby Reserves
- 3 National Guard
- 4 Retired Military - Regular\*\* Retirement Date \_\_\_\_\_
- 5 Retired Military - Non-Regular\*\* Retirement Date \_\_\_\_\_
- 6 Retired Military - Regular and Reserve National Guard
- 7 Retired Military - Non-Regular and Reserve National Guard
- 8 Retired Military and D.C. National Guard
- 9 D.C. National Guard

\*\* A retirement date must be entered when Uniform Status is code 4 or 5.

I am not presently a member of the Reserves (in any status) or National Guard.

I am presently serving on Active Duty in the Armed Forces and will have a Reserve obligation upon my release from Active Duty. Rank/Pay Grade/Uniformed Service Military Department in which presently serving: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

I am presently serving on Active Duty in the Armed Forces and will NOT have a Reserve obligation upon my release from Active Duty. Rank/Pay Grade/Uniformed Service Military Department in which presently serving: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

I am presently in the Ready Reserve (includes Selected Reserve) and affiliated with the following Military Reserve or National Guard unit. Rank/Pay Grade/Full Unit Designation: \_\_\_\_\_ (e.g., "Virginia Air National Guard, 190th Mission Support Group")

Commanding Officer: \_\_\_\_\_

Unit Contact Telephone Number: \_\_\_\_\_

I am presently a member of the Individual Ready Reserve (IRR) and am NOT affiliated with a Reserve or National Guard Unit. Rank/Pay Grade/Uniformed Service, Military Department: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Inactive National Guard, Public Health Service)

I am presently assigned to the Standby Reserve (includes Active and Inactive Status). Rank/Pay Grade/Uniformed Service, Military Department of your Reserve Unit: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

I am presently assigned to the Retired Reserve. Rank/Pay Grade/Uniformed Service, Military Department of your Reserve Unit: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

← Office of Assignment: Office you are working in.

Check the applicable box(es).



## New Hire Forms: SF-3102 FERS Designation of Beneficiary Form

Please fill out all fields highlighted in yellow and any other pertinent information.

The image shows the SF-3102 FERS Designation of Beneficiary Form. Key features include:

- Section A: Identification** - Fields for Name (Last, first, middle), Date of birth (mm/dd/yyyy), and Social Security Number are highlighted in yellow. A red box highlights the "An employee" checkbox, which is checked.
- Section B: Information Concerning The Beneficiaries** - A table with four columns: "First name, middle initial, and last name of each beneficiary", "Address (including ZIP code) of each beneficiary", "Relationship to you", and "Share to be paid to each beneficiary". The first row is highlighted in yellow. A yellow circle highlights the "Total = 100%" label at the bottom right of the table.
- Section C: Witnesses** - Fields for "Signature of witness" and "Address (including ZIP code)" are highlighted in yellow.

All new employees should complete the mandatory highlighted areas where applicable.

A witness IS NOT ELIGIBLE to receive payment as a beneficiary.

Percentages must total 100%.

Amounts must be in whole numbers (thirds, fourths, etc are not permitted).

# Onboarding New Employees' Payroll & Benefits Documents Guide

## New Hire Forms: SF-2823 FEGLI Designation of Beneficiary Form

Please fill out all fields highlighted in yellow and any other pertinent information. **If you are WAIVING FEGLI, you do not need to complete this form.**

The image shows the SF-2823 FEGLI Designation of Beneficiary Form. Key features include:

- Section A:** Information About the Insured. Fields for Name, Date of Birth, Social Security Number, and Department are highlighted in yellow. A red checkmark is in the 'I am an employee' box.
- Section B:** Information About the Beneficiary or Beneficiaries. A table with columns for Name, Social Security Number, Address, Relationship, and Percent or Fraction Designated. The '100%' in the total row is circled in yellow.
- Section C:** Statement of Insured or Assignee. Checkboxes for 'I am the insured' and 'I have not assigned the insurance' are checked with red marks.
- Section D:** Witnesses To Signature. Fields for Signature and Address are highlighted in yellow.

All new employees should complete the mandatory highlighted areas where applicable.

A witness IS NOT ELIGIBLE to receive payment as a beneficiary.

Percentages must total 100%.

Amounts must be in whole numbers (thirds, fourths, etc. are not permitted).