

NATIONAL URBAN SEARCH AND RESCUE RESPONSE SYSTEM  
DATA TRANSMITTAL SHEET

HQ REGION Washington DC DUTY STATION APPROPRIATION CODE  
\*\*\*\*\*  
IS THIS EMPLOYEE A CITIZEN OF THE UNITED STATES? \_\_\_ YES \_\_\_ NO  
IF NO, OF WHAT COUNTRY IS HE/SHE A CITIZEN? \_\_\_\_\_  
\*\*\*\*\*

NAME: \_\_\_\_\_ MALE FEMALE  
BIRTHDATE: \_\_\_\_\_

SSN: \_\_\_\_\_ PAY PLAN: \_\_\_\_\_  
RETIREMENT STATUS: \_\_\_ NONE \_\_\_ CS \_\_\_ RETO \_\_\_ CS&RETO \_\_\_ CS&RE  
ENTRANCE ON DUTY DATE:

POSITION TITLE: National Urban Search and Rescue Response System Member  
(Excepted Temporary Federal Volunteer)

NATURE OF ACTION: SF 171 OF 612 APPT. NOT TO EXCEED: \_\_\_/\_\_\_/\_\_\_  
HANDICAP CODE: \_\_\_\_\_ (SF-258) MINORITY DESIGNATION: \_\_\_\_\_ (SF-181)  
DATE OATH OF OFFICE ADMINISTERED: \_\_\_\_\_

EDUCATION: HIGH SCHOOL DIPLOMA \_\_\_ YES \_\_\_ NO  
COLLEGE DEGREE \_\_\_ YES \_\_\_ NO  
MAJOR FIELD OF STUDY: \_\_\_\_\_  
DEGREE TYPE: \_\_\_ BA \_\_\_ BS \_\_\_ MA \_\_\_ MS \_\_\_ Ph.D. Year: \_\_\_\_\_  
(DEGREE = CERTIFICATION FROM COLLEGE/UNIV. FOR 120 CREDITS OR 4 YEARS)

EMPLOYEE'S PERMANENT MAILING ADDRESS: APPROVED BY:  
\_\_\_\_\_  
Bruce P. Baughman  
Division Director, Operations Division  
Response and Recovery Directorate

RETIREMENT INFORMATION: CS RETIREES: MONTHLY ANNUITY \$ \_\_\_\_\_  
MILITARY: BRANCH OF SERVICE: \_\_\_\_\_  
RANK: \_\_\_\_\_  
DATE OF RETIREMENT: \_\_\_/\_\_\_/\_\_\_

TAX INFORMATION:  
STATE: \_\_\_ MARRIED: \_\_\_ SINGLE: \_\_\_ # OF EXEMPTIONS : \_\_\_  
FEDERAL: (FORM W-4) MARRIED: \_\_\_ SINGLE: \_\_\_ # OF EXEMPTIONS: \_\_\_