MILITARY AND FAMILY MEMBER PREFERENCE CLAIM FORM

NAME/SSN:	LOCAL ADDRESS:
HOME PHONE:	DUTY PHONE:

☐ Current Federal Employee on LWOP which expires on _____.
A copy of LWOP SF-50 is attached. Yes ☐ No ☐

☐ Reinstatement eligible with competitive status.
A copy of SF-50 is attached. Yes ☐ No ☐

☐ Military Spouse Preference (MSP) ☐ Family Member Preference (FMP)

High Grade Held _____ Low Grade Acceptable _____.

A copy of SF-50 must be provided for verification of HG held.

POSITION(S) FOR WHICH PREFERENCE IS REQUESTED: I understand I must be determined Best Qualified for consideration as a Military Spouse or Family Member Preference Eligible.

POSITION TITLE	**SERIES AND GRADE(S)**
_____.	_____.
_____.	_____.
_____.	_____.
_____.	_____.
_____.	_____.

Date you arrived on Yokosuka: _____.

Date spouse arrived: _____.

Date sponsor's orders issued: _____.

Date married to sponsor: _____.

Spouse was authorized (check one) ☐ Concurrent Travel ☐ Non-concurrent Travel

Copy of PCS Travel Orders attached ☐ Yes ☐ No

I understand it is my responsibility to keep my contact information current and accurate; failure to do so may result in my removal from the Priority Consideration ASF. If I am hired for a permanent continuing DoD position in any category of employment that does not have a Not to Exceed Date (NTE), in either the appropriated, non-appropriated, or AAFES workforce, whether or not spouse preference was applied, I must notify the HRO of such and I am no longer entitled to spouse preference for the remainder of my tour. Further, I understand that if I decline a valid job offer, I will lose my spouse preference. I CERTIFY THAT ALL OF THE STATEMENTS MADE ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I further understand that if I decline consideration for a position listed above I will lose my spouse preference (Initials).

_____ _____.
SIGNATURE DATE

MSP/FMP PREFERENCE VERIFIED BY _____ DATE _____.