



# Current Federal Employment Form



The Dual Compensation Act prohibits an individual from receiving pay from more than one position for more than an aggregate of 40 hours of work in one calendar week. This prohibition applies to employees paid from either appropriated funds (e.g., GS positions such as DeCa or DoDEA) or non-appropriated funds, or a combination thereof, and includes temporary, part-time and intermittent appointments. Non-appropriated fund activities include Morale, Welfare, and Recreation activities; AAFES, Army NAF, Class VI, and Billeting. If in doubt, ask your employer.

## Certification:

I have read and understand the provisions of the Dual Compensation Act cited above and certify that:

	I am not currently employed in a position paid from either appropriated or non-appropriated funds, OR;			
	I am currently employed in either an appropriated or non-appropriated funded the following position:			
	Position Title:			
	Pay Plan-Series-Grade:			
	Organization:			
	Address:			
Name of Supervisor:				
Contact Information:	Email:		DSN:	
Upon placement into my new position, I will terminate the above employment effective on:				
				MM/DD/YYYY
I would like to discuss my options regarding my existing position:				

I understand that violation of the Dual Compensation Act will result in my being indebted to the United States Government and may require repayment of wages erroneously earned.

I certify that my statement is true, complete, and correct to the best of my knowledge and belief.

Signature		Date	
	Applicant's Signature		MM/DD/YYYY