EMPLOYEE ORIENTATION FORMS

During your first days as an NRC employee, you will be required to complete a number of forms, actions and plans designed to ensure your successful entry into the NRC workforce. This forms matrix is provided as a quick reference tool. Adobe Acrobat PDF Image A I anster From Other Agency FillableScreen Fillable Adobe Acrobat (Use only with Adobe Reader 5.0 and above; the Adobe Reader is available free Presidential Appointees Re. EINDIGSES AINDIRANS from Adobe.com) If there is a problem opening an Adobe file through the internet browser, please try this: Using the RIGHT button on the mouse, click on the PDF/F icon and select "Save target as" from the resulting menu. Save the Permanent form file to a hard drive or a local network drive. Then open the file using Adobe Reader 5.0 or above. Using this method, avoids opening the file through the internet browser. Your Pay FMS - 2231 Direct Deposit Sign-Up 1 1 Unpaid Compensation - Designation of 7 <u>SF-1152</u> 1 / Beneficiary Your Benefits This form is used to waive pre-tax Premium Conversion Waiver/Election Form treatment of employee premium contributions to the FEHB program. 1 1 1 Complete this form only if you do not want the pre-tax health benefit. Pre-tax treatment is automatic. 7 <u>SF28</u>09 Health Benefits Election form 1 1 1 1 1 Federal Employees' Retirement System <mark>河 <u>SF-</u>3102</mark> 1 1 1 (FERS) Designation of Beneficiary **Rollover Qualified Retirement Savings** 7 <u>TSP-60</u> 1 1 1 (e.g. 401K) Federal Employee's Group Life Insurance <mark>7 <u>SF-2817</u></mark> 1 1 1 (FEGLI) Enrollment Form 7 <u>SF-2823</u> 1 1 **FEGLI Beneficiary Form** 1 TSP-1 1 **TSP Enrollment Form** 1 1 TSP-3 TSP Change of Beneficiary Form / 1 1 **Employment Forms** 7 <u>SF-256</u> 1 1 Self Identification of Handicap 1 DF-306 1 1 / 1 1 1 **Declaration of Federal Employment** Distant Section 181 / 1 1 1 1 1 Race and National Origin Identification <mark>] <u>SF-144</u></mark> 1 1 Statement of Prior Federal Service 1 1 1 1 <mark>||-9</mark> Employment Eligibility Verification 1 1 1 1 1 1 1 1 🗾 <u>W-</u>4 1 / **Employee Withholding Allowance** 1

| Maryland Withholding Exemption Certificate | Maryland Withholding Exemption Certificate | √t | √t | √t | √t | √t | |
|--------------------------------------------------------------|-----------------------------------------------------------|----|----|----|----|----|------------|
| Virginia Withholding Exemption Certificate | Virginia Withholding Exemption Certificate | | | | | | |
| West Virginia Withholding Exemption Certificate | West Virginia Withholding Exemption Certificate | | | | | | √ † |
| District of Columbia Withholding Exemption Certificate | District of Columbia Withholding Exemption Certificate | | | | | | |
| TA State Tax Forms | State Tax Forms | | | | | | |

- Footnotes: * Requirements for Re-employed annuitants are determined on a case-by-case basis.
- 1 State taxes withheld are based on official duty station location.