

NAVPERSCOM SPECIAL PLACEMENT PROGRAM (SPP) - APPLICATION FORM

ACTIVITY:	PLACEMENT AREA CODE:	REGISTRATION (circle one)	
		Initial:	Update:

SECTION A: (To be completed by management in conjunction with employee)

1. _____
 Employee's Name (Last) (First) (MI) SSN Work Phone

2. _____
 Employee's Current Position (Title) Series Grade/Payband

3. Do you desire placement assistance through the SPP? Yes No . 3.a. If you checked the "NO" block, merely sign and date: _____

Signature (Signifies non-interest in SPP registration at this date) Date

If the answer to question 3 is YES, please complete questions 4 through 11.

4. _____ (_____) _____
 Home Address (Street) (City) (St) (Zip Code) Home Phone

5. Employment Category: RFT RPT FLEX 6. Earned Perf. Category (Check one) GOLD
 SILVER BRONZE 7. Projected date of position abolishment _____
 Month/Year

8. Lowest grade/payband employee is willing to accept in current title, series (see block 2) _____.

8a. If not interested in being considered for such, please check box.

9. Are you willing to accept employment in a temp position or lower category (check appropriate box)
 a. Temporary position? YES NO b. RPT position? YES NO c. FLEX position? YES NO
 NOTE: Employees accepting temporary positions or lower employment category positions will remain in the SPP for further placement assistance.

10. List one other position, of equal or lower grade (title, series, grade/payband) than the position you currently hold, for which you are well qualified and for which you would like placement assistance:

11. In order to assist in obtaining continued employment with Navy MWR, I authorize release of the information contained in this application. (Failure to sign such authorization makes you ineligible for SPP registration.) I further acknowledge that I am responsible for providing the activity personnel office with pertinent changes that impact on this registration such as home or work phone number(s), home address change, or when no longer available or interested in placement assistance. Failure to provide such information may be the basis for removal from the program.

 Name of Mgmt Official who assisted in registration Date Signature of Employee Date

Payband 3, 4, 5 employees and NS equivalents desiring employment assistance outside of their current prime placement area must complete Section B (below). If employee does not desire employment assistance outside of his/her placement area, form is complete for submission to NPC by the registering activity.

SECTION B: (To be completed for/by employees in paybands 3, 4, and 5 and NS equivalents who desire secondary placement area employment assistance):

12. By initialing block 12a., I acknowledge that unless I am currently serving under an overseas transportation agreement, that neither my current activity (i.e., registering activity), nor any potentially gaining activity for which I have registered for placement under the SPP is responsible for payment of any travel and transportation costs associated with my placement through the SPP.

12a. Initials: _____ (Failure to initial this line negates an otherwise eligible registrant's right to be considered for employment in secondary placement areas.)

13. What is/are your secondary placement area preference(s)? (Please number in order of preference, no more than two (2) choices.)

PLACEMENT AREA PREFERENCE(S): (See placement definitions in appendix A of the SPP Handbook.)

A-CORPUS CHRISTIE	<input type="checkbox"/>	F-NORFOLK	<input type="checkbox"/>	L1-SEATTLE	<input type="checkbox"/>
B-D.C. (Includes MD & VA)	<input type="checkbox"/>	G-PATUXENT RIVER	<input type="checkbox"/>	L2-SEATTLE	<input type="checkbox"/>
C-JACKSONVILLE	<input type="checkbox"/>	H-PENSACOLA	<input type="checkbox"/>	M -VENTURE	<input type="checkbox"/>
D-NEW ORLEANS	<input type="checkbox"/>	I-SAN DIEGO	<input type="checkbox"/>	Q -MISSISSIPPI	<input type="checkbox"/>

SECTION C: (To be completed by the MWP Department)

14. _____
Name and Phone Number(s) of Registrant's Immediate Supervisor Commercial: _____ DSN _____

15. _____ 16. _____
HEAD OF NAFI (Name) Phone Number Projected Date of Employee Separation

17. _____
Name of Activity Point of Contact for Personnel Matters Phone Number _____

18. If funds are available, will this activity pay any or all expenses associated with the relocation of this employee (please check appropriate box below)?

- | | | | | | |
|------------------------------|--------------------------|--------------------------------------|--------------------------|---|--------------------------|
| a. Pay all expenses: | <input type="checkbox"/> | c. Will not pay any expenses: | <input type="checkbox"/> | e. Employee eligible for return travel and transportation to home of record | <input type="checkbox"/> |
| b...Pay portion of expenses: | <input type="checkbox"/> | d. Unable to determine at this time: | <input type="checkbox"/> | | |

19. Additional Comments/Information: _____