

year's service, release from active military service, and reduction in force.

(g) *Transition assistance program counselor.* A person charged with the responsibility of conducting transition programs. Examples include personnel assigned to family centers, military or civilian personnel offices, unit transition counselors, and as command career counselors.

§ 77.4 Policy.

It is DoD policy that:

(a) All separating Service members and former members shall be encouraged to enter public or community service employment.

(b) Service members determined to be eligible by the Secretary of their Military Department for, and who do request retirement with fewer than 20 years of service, are required by Pub. L. 102-484, Section 4403 to register for public and community service employment.

(1) This registration normally shall take place not earlier than 90 days before retirement or terminal/transition leave.

(2) In order to have their military retired pay and Survivor Benefit Plan base amount (if applicable) recomputed in accordance with DoD Instruction 1340.19¹ early retirees must be employed with a DoD-registered public or community service organization that provides the services listed in sections 77.3(d)(1) through (d)(12), or that coordinates the provision of services listed in section 77.3(d)(1) through (d)(12).

(c) DoD civilian personnel leaving the Government, their spouses, and spouses of Service members who are seeking employment shall be encouraged to register for public and community service employment.

§ 77.5 Responsibilities.

(a) The Under Secretary of Defense for Personnel and Readiness shall:

(1) Monitor compliance with this rule.

(2) Establish policy and provide guidance related to public and community service employment.

¹Copies may be obtained, at cost, from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.

(3) Provide program information to the public on the Department of Defense's public and community service employment program.

(4) Ensure that the Director, Defense Manpower Data Center (DMDC):

(i) Maintains the Public and Community Service Organizational Registry.

(ii) Maintains the Public and Community Service Personnel Registry.

(5) Decide the status of requests for reconsideration from employers resubmitting their request to be included on the Public and Community Service Organizational Registry, but whose first request was disapproved.

(b) The Secretaries of the Military Departments shall:

(1) Ensure compliance with this rule.

(2) Encourage public and community service employment for separating Service members, their spouses, DoD civilian personnel leaving the Government, and their spouses.

(3) Coordinate with the Under Secretary of Defense for Personnel and Readiness before promulgating public and community service employment policies and regulations.

§ 77.6 Procedures.

(a) Military personnel offices shall advise Service members desiring to apply for early retirement that they shall register, normally, within 90 days of their retirement date, for public and community service (PACS) employment, and refer them to a Transition Assistance Program Counselor for registration.

(b) Personnel offices shall advise separating Service members, DoD civilian personnel leaving the Government, and their spouses to contact a Transition Assistance Program Counselor about PACS employment and registration.

(c) Transition Assistance Program Counselors shall counsel separating Service members (during preseparation counseling established by DoD Instruction 1332.36²), DoD civilian personnel leaving the Government, and their spouses on PACS employment. Counselors shall update into the Defense Outplacement Referral System (DORS) database Service members requesting

²See footnote 1 to section 77.4(b)(2).

early retirement and other DoD personnel or spouses who request registration. Transition Assistance Program Counselors shall use DD Form 2580 (Appendix A to this part) to register personnel for PACS employment. In addition, Counselors shall ensure that Service members who are requesting early retirement are advised that:

(1) Registering for PACS employment is a requirement for consummation of their early retirement under Pub. L. 102-484, Section 4403 or Pub. L. 103-160, Section 561.

(2) Early retirees must provide a copy of their confirmation DORS mini-resume to their servicing military personnel office for filing in their Service record before their final retirement processing.

(3) Subsequent PACS employment is encouraged but not required.

(4) Working in a DoD-approved Federal public service organization may subject him or her to dual compensation restrictions of 5 U.S.C. 5532.

(5) DoD-approved PACS employment qualifies the Service member who is retired under Pub. L. 102-484, Section 4403 or Pub. L. 103-160, Section 561 for increased retired pay effective on the first day of the first month beginning after the date on which the member or former member attains 62 years of age. The former Service member must have worked in DoD-approved PACS employment between the date of early retirement and the date in which he or she would have attained 20 years of creditable service for computing retired pay, and have retired on or after October 23, 1992 and before October 1, 1999.

(6) It is the early retiree's responsibility to ensure that the DMDC is advised when the early retiree's PACS employment starts, and of any subsequent changes.

(d) Military personnel offices shall ensure a copy of the confirmation DORS mini-resume is filed in the per-

manent document section of the Service record of Service members who retire early.

(e) DMDC shall maintain the PACS Personnel Registry, which includes information on the particular job skills, qualifications, and experience of registered personnel.

(f) DMDC shall maintain the PACS Organizational Registry, which includes information regarding each organization, including its location, size, types of public or community service positions in the organization, points of contact, procedures for applying for such positions, and a description of each position that is likely to be available.

(g) PACS Organizations shall use DD Form 2581 (Appendix B to this part) and DD Form 2581-1 (Appendix C to this part) to request registration on the PACS Organizational Registry. Instructions on how to complete the forms and where to send them are on the forms.

(h) DMDC shall register those organizations meeting the definition of a PACS organization and include them on the PACS Organizational Registry. For organizations that do not appear to meet the criteria, DMDC shall refer the request to the Transition Support and Services Directorate, Office of the Assistant Secretary of Defense for Personnel and Readiness. The Transition Support and Services Directorate may consult individually on an ad hoc basis with appropriate agencies to determine whether or not the organization meets the validation criteria. For organizations which are denied approval as a creditable early retirement organization and which request reconsideration, the Transition Support and Services Directorate will forward that request to the next higher level for a final determination. DMDC shall advise organizations of their status.

APPENDIX A TO PART 77-DD FORM 2580, OPERATION TRANSITION DEPARTMENT OF DEFENSE

OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/ PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION		<small>Form Approved OMB No. 0704-0324 Expires Dec 31, 1996</small>												
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0324), Washington, DC 20503.														
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO YOUR LOCAL MILITARY TRANSITION OFFICE.														
PRIVACY ACT STATEMENT														
<p>AUTHORITY: 10 U.S.C. 1143, 1144; EO 9397.</p> <p>PRINCIPAL PURPOSE(S): To assist separating DoD personnel and their spouses in securing employment. Individuals participating in the Defense Outplacement Referral System (DORS) and Public and Community Service Registry will have their employment skills included in a data base designed to link prospective employers with DORS and Public and Community Service applicants.</p> <p>ROUTINE USE(S): To public and private employers (including Federal, State, and local employment agencies and outplacement agencies, public and community service agencies).</p> <p>DISCLOSURE: Voluntary; however, failure to provide all requested information will result in applicant data not being included in the system.</p> <p>If you are an active duty Servicemember, the following information will be added to your job referral form from your official military personnel records, if available: Rank, Years of Service, Most Recent Primary Occupation, and Branch of Service and Security Clearance. Information on race, ethnic background, sex, age, marital status, and religious preference will not be released to employers. Operation Transition is an equal opportunity program (Completion of questions pertaining to the DORS program is voluntary).</p>														
SECTION I - TO BE FILLED OUT BY ALL APPLICANTS (Print or Type)														
1. REGISTRATION REQUEST (Check all that apply)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> DORS ONLY</td> <td style="width: 33%;"><input type="checkbox"/> PUBLIC AND COMMUNITY SERVICE ONLY</td> <td style="width: 33%;"><input type="checkbox"/> BOTH</td> </tr> </table>			<input type="checkbox"/> DORS ONLY	<input type="checkbox"/> PUBLIC AND COMMUNITY SERVICE ONLY	<input type="checkbox"/> BOTH									
<input type="checkbox"/> DORS ONLY	<input type="checkbox"/> PUBLIC AND COMMUNITY SERVICE ONLY	<input type="checkbox"/> BOTH												
2a. NAME (Last, First, Middle Initial)		2b. SOCIAL SECURITY NUMBER												
3. DATE AVAILABLE FOR WORK (YYMMDD)														
4. FILING STATUS (X all that apply)		5. U.S. CITIZEN (X one)												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">a. MILITARY (Branch of Service)</td> </tr> <tr> <td><input type="checkbox"/> (1) Army</td> <td><input type="checkbox"/> (3) Marine Corps</td> <td><input type="checkbox"/> (2) Navy</td> <td><input type="checkbox"/> (4) Air Force</td> </tr> </table>		a. MILITARY (Branch of Service)				<input type="checkbox"/> (1) Army	<input type="checkbox"/> (3) Marine Corps	<input type="checkbox"/> (2) Navy	<input type="checkbox"/> (4) Air Force	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">b. SPOUSE OF ACTIVE DUTY MILITARY OR CIVIL SERVICE EMPLOYEE</td> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>	b. SPOUSE OF ACTIVE DUTY MILITARY OR CIVIL SERVICE EMPLOYEE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. MILITARY (Branch of Service)														
<input type="checkbox"/> (1) Army	<input type="checkbox"/> (3) Marine Corps	<input type="checkbox"/> (2) Navy	<input type="checkbox"/> (4) Air Force											
b. SPOUSE OF ACTIVE DUTY MILITARY OR CIVIL SERVICE EMPLOYEE														
<input type="checkbox"/> YES	<input type="checkbox"/> NO													
6. ADDRESS (For next 6 months) (Street, City, State, Country, and Zip Code)		c. CIVIL SERVICE EMPLOYEE												
a. ADDRESS LINE 1		f. COUNTRY CODE												
b. ADDRESS LINE 2		g. FOREIGN ZIP CODE												
c. CITY		h. U.S. TELEPHONE NUMBER												
d. STATE	e. U.S. ZIP CODE	i. FOREIGN TELEPHONE NUMBER												
7a. JOB TYPE PREFERENCES (See Instructions for job codes) (Enter one digit per block)	b. INCLUDE MAJOR DUTIES ON RESUME? (X one)	8. REGIONAL WORK PREFERENCE (See Instructions) (Enter one digit per block)												
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>				
9. SPECIFIC WORK PREFERENCES (Nearest large town or city within commuting distance - does not have to be in region)														
a. STATE		b. CITY												
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						<table border="1" style="width:100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
10. HIGHEST EDUCATION LEVEL ACHIEVED (X one)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> a. Non-High School Graduate</td></tr> <tr><td><input type="checkbox"/> b. High School Graduate or GED</td></tr> <tr><td><input type="checkbox"/> c. Less than 2 years of college</td></tr> <tr><td><input type="checkbox"/> d. Associate Degree or equivalent</td></tr> <tr><td><input type="checkbox"/> e. Less than 4 years of college</td></tr> </table>		<input type="checkbox"/> a. Non-High School Graduate	<input type="checkbox"/> b. High School Graduate or GED	<input type="checkbox"/> c. Less than 2 years of college	<input type="checkbox"/> d. Associate Degree or equivalent	<input type="checkbox"/> e. Less than 4 years of college	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> f. Bachelor's Degree</td></tr> <tr><td><input type="checkbox"/> g. Post Bachelor's Degree</td></tr> <tr><td><input type="checkbox"/> h. Master's Degree</td></tr> <tr><td><input type="checkbox"/> i. Post Master's Degree</td></tr> <tr><td><input type="checkbox"/> j. Doctorate Degree</td></tr> </table>	<input type="checkbox"/> f. Bachelor's Degree	<input type="checkbox"/> g. Post Bachelor's Degree	<input type="checkbox"/> h. Master's Degree	<input type="checkbox"/> i. Post Master's Degree	<input type="checkbox"/> j. Doctorate Degree		
<input type="checkbox"/> a. Non-High School Graduate														
<input type="checkbox"/> b. High School Graduate or GED														
<input type="checkbox"/> c. Less than 2 years of college														
<input type="checkbox"/> d. Associate Degree or equivalent														
<input type="checkbox"/> e. Less than 4 years of college														
<input type="checkbox"/> f. Bachelor's Degree														
<input type="checkbox"/> g. Post Bachelor's Degree														
<input type="checkbox"/> h. Master's Degree														
<input type="checkbox"/> i. Post Master's Degree														
<input type="checkbox"/> j. Doctorate Degree														
11. YEAR ACHIEVED	12. SUBJECT OF DEGREE (If applicable)	13. COLLEGE / UNIVERSITY FROM WHICH DEGREE ACHIEVED (If applicable)												

DD Form 2580, FEB 94

14. PERSONAL INFORMATION (See Instructions). (Please provide no more than 10 lines (76 spaces per line; maximum of 760 spaces). Database limitations do not permit entering additional personal information.)

S
A
M

SECTION II - SPOUSE
(Military Member - Go to Section III)

15. SPONSOR DATA

a. NAME (Last, First, Middle Initial) b. SOCIAL SECURITY NUMBER

P

16. YOUR JOB HISTORY (See Instructions for job codes) (Enter one digit per block)

	a. JOB CODE			b. LENGTH OF TIME JOB HELD		
	1	2	3	YEARS	MONTHS	MONTHS
(1) CURRENT JOB						
(2) PRIOR JOB						
(3) PRIOR JOB						

L

17. HAVE YOU EVER HELD A SUPERVISORY POSITION? (X one)
 YES NO

18. HAVE YOU EVER HELD A SECURITY CLEARANCE? (X one)
 YES NO

SECTION III - ALL APPLICANTS MUST READ AND SIGN

19. AUTHORIZATION

I hereby authorize release of the data on this form to civilian agencies and / or private organizations for employment purposes. If I am a civil service employee or an active duty service member, I also authorize the release of data from extracts of my computerized personnel records.

a. SIGNATURE b. DATE SIGNED (YYMMDD)

E

DD Form 2580, FEB 94

OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

DETAILED INSTRUCTIONS

SECTION I - TO BE FILLED OUT BY ALL APPLICANTS

If you are a service member, complete items 1 through 14 and item 19 (if their entry). You do not need to fill out items 15 through 18. They will be extracted from your personnel records. It is important that you verify the accuracy of these records prior to entering this program to ensure that the information that is put on your resume is accurate. If you are a spouse, you must complete all items on the form.

Item 1. Place an X next to the program(s) you wish to register for. If you selected the early retirement option, you must X Public and Community Service or both.

Item 2a. Name. Print / type your name, last name first.

Item 2b. SSN. Enter your Social Security Number.

Item 3. Date Available for Work. Enter the date you will be available for work as year, month, day (YYMMDD). Availability should not be beyond 6 months from the current date.

Item 4. Filing Status. Place an X in the box that applies.

Item 5. Citizenship. If you are a U.S. citizen, X the YES box. If not, X the NO box.

Item 6. Address and Telephone Number. Print/type the address and telephone number where you can be contacted during the next three months.

Item 7. a. Job Type Preferences. Enter up to three codes from the Guideline of Standard Occupation Classification (SOC) Codes, FIPS Pub 92, that most closely match(es) the type of job(s) you are seeking/qualified to perform.

b. If you select yes, your primary occupational description will be included in your resume. Select no if you do not want your primary occupational description included.

Item 8. Regional Work Preference. Refer to the regional preference list below, and enter the two-digit code for the geographical area in which you are seeking employment.

REGION 0 Only the specific cities selected	REGION 5 Indiana Kentucky Michigan Ohio	REGION 10 California Oregon Washington
REGION 1 Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	REGION 6 Iowa Minnesota Montana North Dakota South Dakota Wisconsin	REGION 11 Alaska
REGION 2 Delaware New Jersey New York Pennsylvania	REGION 7 Illinois Kansas Missouri Nebraska	REGION 12 American Samoa Hawaii Guam
REGION 3 District of Columbia Maryland North Carolina South Carolina Virginia West Virginia	REGION 8 Arkansas Louisiana Oklahoma Texas	REGION 13 Anywhere in the U.S.A.
REGION 4 Alabama Florida Georgia Mississippi Tennessee Virgin Islands	REGION 9 Arizona Colorado Idaho Nevada New Mexico Utah Wyoming	REGION 14 Outside the U.S.A.
		REGION 15 Anywhere

Item 9. Specific Work Preferences. Enter your first and second work location preferences. Refer to the list below and enter the two-letter abbreviation for the state and print / type the name of the largest city within commuting distance of where you want to work for your first and second work preferences. These cities do not have to be in the region chosen in Item 8.

STATE	CODE	STATE	CODE	STATE	CODE
Alabama	AL	Kentucky	KY	North Dakota	ND
Alaska	AK	Louisiana	LA	Ohio	OH
Arizona	AZ	Maine	ME	Oklahoma	OK
Arkansas	AR	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MA	Pennsylvania	PA
Colorado	CO	Michigan	MI	Rhode Island	RI
Connecticut	CT	Minnesota	MN	South Carolina	SC
Delaware	DE	Mississippi	MS	South Dakota	SD
District of Columbia	DC	Montana	MT	Tennessee	TN
Florida	FL	Nebraska	NE	Texas	TX
Georgia	GA	Nevada	NV	Utah	UT
Hawaii	HI	New Hampshire	NH	Vermont	VT
Idaho	ID	New Jersey	NJ	Virginia	VA
Illinois	IL	New Mexico	NM	Washington	WA
Indiana	IN	New York	NY	West Virginia	WV
Iowa	IA	North Carolina	NC	Wisconsin	WI
Kansas	KS			Wyoming	WY

Item 10. Highest Education Level Achieved. X the box which most closely matches your highest education level achieved.

Item 11. Year Achieved. Enter the year you achieved Item 10.

Item 12. Subject of Degree. Print/type the degree achieved (if applicable) in Item 10 (e.g. BS, Mechanical Engineering; BA, Western Civilization; MS, Physics; etc.).

Item 13. College/University. Print/type the name of the college/university where Item 10 was obtained if applicable.

Item 14. Personal Information. Print/type in this space any information about yourself you feel would help you obtain a job in the field you are searching. All information in this space will be printed verbatim on your DDPS resume. If you are seeking a job in a field other than your primary military duty this information is the most important since it will comprise a majority of your resume. Carefully choose your words and grammar.

Examples:

- Fluent in Chinese, Russian and Spanish
- Virginia State licensed electrician
- 14 years experience in personnel management
- Owned personal computer training business, Jones Computer Training
- American Society of Mechanical Engineers member

SECTION II - SPOUSE

This section is to be completed only by spouses of military and DoD civilians whose personnel files are not kept by the government.

Item 15. Sponsor Data.

a. Name. Print/type your sponsor's name, last name first.
b. SSN. Enter your sponsor's Social Security Number.

Item 16. Your Job History.

a. Job Codes. Consult the Guideline for Standard Occupational Classification (SOC) Codes, FIPS Pub 92, and enter the job codes that most closely match the previous three jobs you held.
b. Length of Time Job Held. Enter the number of years and months the job was held (03 years, 09 months).

Item 17. Supervisory Experience. If you have supervisory experience, X the YES box. If not, X the NO box.

Item 18. Security Clearance. If you had a security clearance, X the YES box. If not, X the NO box.

SECTION III

All applicants must sign and date. Turn in the completed form to the transition assistance office.

APPENDIX B TO PART 77-DD FORM 2581, OPERATION TRANSITION EMPLOYER REGISTRATION

OPERATION TRANSITION EMPLOYER REGISTRATION		Form Approved OMB No. 0704-0324 Expires Dec 31, 1996
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0324), Washington, DC 20503.		
<p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES ABOVE.</p> <p>RETURN COMPLETED FORM TO: DMDC, ATTENTION: OPERATION TRANSITION, BOX 100, FORT ORD, CA 93941-0100</p>		
1. ORGANIZATION NAME AND ADDRESS (Include 9-digit ZIP Code)		2. EMPLOYMENT CONTACT ADDRESS (If different from item 1) (Include 9-digit ZIP Code)
A		
3. ORGANIZATION CONTACT		4. EMPLOYMENT CONTACT (If different from item 3)
A		
5. ORGANIZATION TELEPHONE NUMBER		6. EMPLOYMENT CONTACT TELEPHONE NUMBER (If different from item 5)
7. FAX TELEPHONE NUMBER		8. FAX ROUTING ADDRESS
9. HOW DID YOU HEAR ABOUT OPERATION TRANSITION?		10. IS YOUR ORGANIZATION A (Check one)
M		a. Private Sector Employer
		b. Public or Community Service Employer
11. TYPES AND LOCATIONS OF POSITIONS IN ORGANIZATION LIKELY TO BE AVAILABLE (Briefly describe)		
12. PROCEDURES FOR APPLYING FOR AVAILABLE POSITIONS (Please indicate if you do not wish to receive unsolicited resumes)		
P		
13a. SIZE OF ORGANIZATION		13b. MAJOR FUNCTION/BUSINESS ACTIVITY OF ORGANIZATION
14a. IS YOUR ORGANIZATION INVOLVED IN (Check applicable block(s))		14b. ARE YOUR POSITION(S)
(1) Placement Services		(1) Commission only
(2) Direct Marketing		(2) Salary only
(3) Multi-level Marketing		(3) Combination of commission and salary
(4) Franchise Operations		
(5) None of the above		
		14c. IS AN INVESTMENT OR FEE NECESSARY
		(1) YES
		(2) NO
		(3) IF YES, SPECIFY AMOUNT
		\$
15. AGREEMENT		
<p>I understand this agreement covers the use of Operation Transition automated systems including the Defense Outplacement Referral System (DORS), the Public and Community Service (PACS) Personnel Registry, and the Transition Bulletin Board (TBB). I hereby agree to use the DORS and PACS Personnel Registry only for employment purposes at no charge to the individual. I also agree not to use the DORS and PACS Personnel Registry to develop mailing lists or to promote business opportunities such as franchise or direct or multi-level marketing operations.</p> <p>I certify that the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.</p>		
16. SIGNATURE		17. DATE (YYMMDD)
E		
GOVERNMENT USE ONLY		
18. REGISTRATION NUMBER	19. CLERK	20. DATE (YYMMDD)

DD Form 2581, FEB 94

INSTRUCTIONS FOR COMPLETING DD FORM 2581	
<p>1. ORGANIZATION NAME AND ADDRESS. Enter your organization name and address exactly as you would like it to appear on information mailed to you. P.O. Boxes not preferred.</p> <p>2. EMPLOYMENT CONTACT ADDRESS. Enter the address of your Human Resources Department (if different from item 1).</p> <p>3. ORGANIZATION CONTACT. Enter the name of the individual who will serve as organizational contact to Operation Transition.</p> <p>4. EMPLOYMENT CONTACT. Enter the name of an individual in your Human Resources Department who can answer specific questions on employment and positions available (if different from item 3).</p> <p>5. ORGANIZATION TELEPHONE NUMBER. Enter the area code and telephone number for your organization. Please enter a direct line or voice mail, if available.</p> <p>6. EMPLOYMENT CONTACT TELEPHONE NUMBER. Enter the area code and telephone number for your employment contact (if different from item 5). Please enter a direct line or voice mail, if available.</p> <p>7. FAX TELEPHONE NUMBER. Enter the area code and telephone number of your FAX machine.</p> <p>8. FAX ROUTING ADDRESS. Enter any additional information that may be needed on the FAX cover sheet.</p> <p>9. HOW DID YOU HEAR ABOUT OPERATION TRANSITION. List the source(s) where you first heard about Operation Transition.</p> <p>10. IS YOUR ORGANIZATION A... Check the appropriate box: a. Private Sector employers are those who operate on a "for profit" basis. b. Public Service Employers are local, state, or federal governmental entities. Community Service Employers are certified non-profit organizations or associations.</p> <p>11. TYPES AND LOCATIONS OF POSITIONS IN ORGANIZATION LIKELY TO BE AVAILABLE. Briefly describe the positions (job types or titles) and the location of the positions which may be available for employment referrals.</p>	<p>12. PROCEDURES FOR APPLYING FOR AVAILABLE POSITIONS. Briefly describe how the applicants should apply for available positions.</p> <p>13a. SIZE OF ORGANIZATION. Briefly describe size (number of personnel, branch offices, etc.) of your organization.</p> <p>13b. MAJOR FUNCTION/BUSINESS ACTIVITY OF ORGANIZATION. Briefly describe the major business activities (financial consulting, food processing, etc.) of your organization.</p> <p>14a. IS YOUR ORGANIZATION INVOLVED IN... Please indicate if your organization is involved in these activities. Specific services are available. If none of the above applies check box "5."</p> <p>14b. ARE YOUR POSITION(S)... Indicate if the compensation for these positions is commission only, salary only, or commission and salary combined.</p> <p>14c. IS AN INVESTMENT OR FEE NECESSARY. Indicate if acceptance of the position requires a monetary outlay by the applicant. This includes: membership fees, agency fees, start-up kits, inventory investments, or tuition. If yes, specify the amount the applicant would be expected to pay.</p> <p>15. AGREEMENT. Your signature in item 16 indicates acceptance of the agreement in this item.</p> <p>Please make certain that all items above have been completed in their entirety. Sign and date the form in items 16 and 17.</p> <p>MAIL OR FAX THE COMPLETED FORM TO: DMDC ATTENTION: Operation Transition Bdx 100 Ft. Ord, CA 93941-0100 FAX: (408) 656-2132</p>

DD Form 2581, FEB 94 (BACK)

APPENDIX C TO PART 77-DD FORM 2581-1, PUBLIC AND COMMUNITY SERVICE ORGANIZATION VALIDATION

PUBLIC AND COMMUNITY SERVICE ORGANIZATION VALIDATION		Form Approved OMB No. 0704-0324 Expires Dec 31, 1996
<small>Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0324), Washington, DC 20503.</small>		
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES ABOVE. RETURN COMPLETED FORM TO: DMDC, ATTN: OPERATION TRANSITION, BOX 100, FORT ORD, CA 93941-0100		
1. NAME OF ORGANIZATION		2. ADDRESS OF ORGANIZATION (include Room/Suite Number and 9-digit ZIP Code)
3. POINT OF CONTACT FOR ORGANIZATION		
4. POINT OF CONTACT TELEPHONE NUMBER (include Area Code)		
5. PRIMARY SERVICE CATEGORY (IES) (If your primary service category is not used, go to Item 6)		
a. ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION b. SUPPORT OF ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION c. SOCIAL SERVICES d. PUBLIC HEALTH CARE e. LAW ENFORCEMENT f. PUBLIC HOUSING g. PUBLIC SAFETY h. CONSERVATION i. EMERGENCY MANAGEMENT j. ENVIRONMENT k. JOB TRAINING		
6. IF YOUR ORGANIZATION PROVIDES PRIMARY FUNCTIONS OTHER THAN THOSE LISTED IN ITEM 5, BRIEFLY DESCRIBE THESE MAJOR FUNCTIONS.		
7. TYPE OF SERVICE		
a. PUBLIC (Federal, State, or Local Government - go to Item 8) b. COMMUNITY (Non-profit Organization or Association - go to Item 9)		
8. PUBLIC SERVICE HEADQUARTERS AGENCY		
a. ORGANIZATION NAME AND ADDRESS (include 9-digit ZIP Code)		b. HEADQUARTERS POINT OF CONTACT AND POSITION c. TELEPHONE NUMBER FOR POINT OF CONTACT (include Area Code)
9. COMMUNITY SERVICE / NON-PROFIT ORGANIZATION		
<small>IMPORTANT: Please attach a copy of the IRS Letter of Determination indicating your organization has received IRS 501 (C) (3) tax-exempt status. Also include a copy of your organization's annual report, mission statement, or other documentation of its function. Indicate below if your organization is affiliated with the United Way, Combined Federal Campaign or some other non-profit association.</small>		
a. AFFILIATE NAME AND ADDRESS (include 9-digit ZIP Code)		b. AFFILIATE POINT OF CONTACT AND POSITION c. TELEPHONE NUMBER FOR POINT OF CONTACT (include Area Code)
10. AGREEMENT		
I understand this form provides information to help the Department of Defense establish a Public and Community Service organizational registry which will be accessible to departing Service members. I also understand certain individuals may receive additional entitlements based on the information specified in Public Law 102-484. I certify the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.		
a. NAME AND TITLE (Please print or type)	b. SIGNATURE	c. DATE (YYMMDD)

INSTRUCTIONS FOR COMPLETING DD FORM 2581-1	
<p>This form collects information to be used to certify an organization on the Public and Community Service Organization Registry under the provisions of Section 4462 of Public Law 102-484.</p> <p>Public service organizations are defined as federal, state, or local governmental entities.</p> <p>Community service organizations are non-profit organizations or associations which provide or coordinate the delivery of services in the public interest. Organizations affiliated with the United Way or Combined Federal Campaign presumptively qualify as community service organizations.</p> <p>Organizations involved in the following activities will not be considered public or community service organizations:</p> <ol style="list-style-type: none"> (1) Businesses organized for profit; (2) Labor unions; (3) Partisan political organizations; and (4) Organizations engaged in religious activities, unless such activities are unrelated to religious instruction, worship services, or any form of proselytization. <p>Public Law 102-484 also provides that certain members of the military services retiring early from active duty receive additional military retirement credits by working in public or community service organizations. To receive this credit, the retiree's employing organization must be on the Public and Community Service Organization Registry and have as its primary function(s) one or more of the following categories of public or community service:</p> <ol style="list-style-type: none"> a. Elementary, secondary, or postsecondary school teaching or school administration. b. Support of elementary, secondary, postsecondary school teaching or school administration. c. Social services d. Public health care e. Law enforcement f. Public housing g. Public safety h. Conservation i. Emergency management j. Environment k. Job training <p>ALL ITEMS MUST BE COMPLETED</p> <p>1. NAME OF ORGANIZATION . Print or type the name of your organization. Please be specific. For example, if the police department of the city of Oakdale is registering, use "Oakdale Police Department" as the organization instead of the "City of Oakdale."</p> <p>2. ADDRESS OF ORGANIZATION. Enter the address of your organization exactly as you would like it to appear on information mailed to you. Please avoid P.O. Boxes when possible.</p>	<p>3. POINT OF CONTACT FOR ORGANIZATION. Provide the name and job title of a person who can answer specific questions about the organization.</p> <p>4. POINT OF CONTACT TELEPHONE NUMBER. Enter the area code and telephone number for the point of contact. Please enter a direct line or voice mail extension if available.</p> <p>5. PRIMARY SERVICE CATEGORY (IES). Select the category that represents the core mission of your organization or department. If you provide primary services in two or more of the categories, select all applicable categories. As discussed above, the organization's primary functions must be in one or more of the listed categories (5a - 5k) for a military retiree to be eligible for additional retirement credit. If your primary service category is not listed, go to Item 6.</p> <p>6. ORGANIZATION FUNCTIONS. If your organization provides primary services in categories other than 5a-5k, briefly describe those function(s).</p> <p>7. TYPE OF SERVICE. Indicate whether your organization provides public or community service by checking the appropriate block. Public service refers to federal, state, local government organizations or agencies. Community service refers to certified nonprofit organizations or associations.</p> <p>8. PUBLIC SERVICE HEADQUARTERS AGENCY. If public service, provide the name and address of the organization, if any, to which your organization reports. Include the name, job title, and telephone number of a person who can answer specific questions about the headquarters organization.</p> <p>9. COMMUNITY SERVICE / NON-PROFIT ORGANIZATION. If a community service organization, attach a copy of the IRS Letter of Determination indicating that your organization has received IRS 501 (C) (3) tax-exempt status. A community service organization will NOT be validated without the Letter of Determination. Also include a copy of your organization's annual report or mission statement or attach other documentation about your organization's functions.</p> <p>Provide the name and address of the organization, if any, to which your organization reports or with which it is affiliated. Provide the name, job title, and telephone number of a person who can answer specific questions about the headquarters affiliate.</p> <p>10. AGREEMENT. Completion of this section and a signature by an organization's representative attests to the information's accuracy and completeness. Mail or fax the completed form to:</p> <p>DMDC ATTN: OPERATION TRANSITION Box 100 Ft. Ord, CA 93941-0100 FAX: (408) 656-2132</p> <p>Please call the Defense Manpower Data Center (DMDC) Help Desk at 1-800-727-3677 between the hours of 6 AM and 6 PM Pacific time if you have questions or need assistance with this form.</p> <p>Community service organizations - Remember to attach a copy of your IRS Letter of Determination and an annual report or mission statement.</p>

DD Form 2581-1, FEB 94 (BACK)

PART 78—VOLUNTARY STATE TAX WITHHOLDING FROM RETIRED PAY

Sec.

- 78.1 Purpose.
- 78.2 Applicability and scope.
- 78.3 Definitions.
- 78.4 Policy.
- 78.5 Procedures.
- 78.6 Responsibilities.
- 78.7 Standard agreement.

AUTHORITY: 10 U.S.C. 1045.

SOURCE: 50 FR 47220, Nov. 15, 1985, unless otherwise noted.

§ 78.1 Purpose.

Under 10 U.S.C. 1045, this part provides implementing guidance for voluntary State tax withholding from the retired pay of uniformed Service members.

§ 78.2 Applicability and scope.

(a) This part applies to the Office of the Secretary of Defense, the Military Departments, the Coast Guard (under agreement with the Department of Transportation), the Public Health Service (PHS) (under agreement with the Department of Health and Human Services and the National Oceanic and Atmospheric Administration (NOAA) (under agreement with the Department of Commerce). The term "Uniformed Services," as used herein, refers to the Army, Navy, Air Force, Marine Corps, Coast Guard, commissioned corps of the PHS, and the Commissioned corps of the NOAA.

(b) It covers members retired from the regular and reserve components of the Uniformed Services who are receiving retired pay.

§ 78.3 Definitions.

(a) *Income tax.* Any form of tax under a State statute where the collection of that tax either imposes on employers generally the duty of withholding sums from the compensation of employees and making returns of such sums to the State, or grants employers generally the authority to withhold sums from the compensation of employees if any employee voluntarily elects to have such sum withheld. And, the duty to withhold generally is imposed, or the authority to withhold generally is granted, with respect to the compensa-

tion of employees who are residents of such State.

(b) *Member.* A person originally appointed or enlisted in, or conscripted into, a Uniformed Service who has retired from the regular or reserve component of the Uniformed Service concerned.

(c) *Retired pay.* Pay and benefits received by a member based on conditions of the retirement law, pay grade, years of service, date of retirement, transfer to the Fleet Reserve or Fleet Marine Corps Reserve, or disability. It also is known as retainer pay.

(d) *State.* Any State, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

§ 78.4 Policy.

(a) It is the policy of the Uniformed Services to accept written requests from members for voluntary income tax withholding from retired pay when the Department of Defense has an agreement for such withholding with the State named in the request.

(b) The Department of Defense shall enter into an agreement for the voluntary withholding of State income taxes from retired pay with any State within 120 days of a request for agreement from the proper State official. The agreement shall provide that the Uniformed Services shall withhold State income tax from the monthly retired pay of any member who voluntarily requests such withholding in writing.

§ 78.5 Procedures.

(a) The amounts withheld during any calendar quarter shall be retained by the Uniformed Service and disbursed to the States during the month following that calendar quarter. Payment procedures shall conform, to the extent practicable, to the usual fiscal practices of the Uniformed Services.

(b) A member may request that the State designated for withholding be changed and that the subsequent withholdings be remitted as amended. A member may revoke his or her request for withholding at any time. Any request for a change in the State designated or any revocation is effective on the first day of the month after the

month in which the request or revocation is processed by the Uniformed Service concerned, but in no event later than on the first day of the second month beginning after the day on which the request or revocation is received by the Uniformed Service concerned.

(c) A member may have in effect at any time only one request for withholding under this part. A member may not have more than two such requests in effect during any one calendar year.

(d) The agreements with States may not impose more burdensome requirements on the United States than on employers generally or subject the United States, or any member, to a penalty or liability because of such agreements.

(e) The Uniformed Services shall perform the services under this part without accepting payment from States for such services.

(f) The Uniformed Services may honor a retiree's request for refund until a payment has been made to the State. After that, the retiree may seek a refund of any State tax overpayment by filing the appropriate State tax form with the State that received the voluntary withholding payments. The Uniformed Services may honor a retiree's request for refund until a payment has been made to the State. State refunds will be in accordance with State income tax policy and procedures.

(g) A member may request voluntary tax withholding by writing the retired pay office of his or her Uniformed Service. The request shall include: The member's full name, social security number, the fixed amount to be withheld monthly from retired pay, the State designated to receive the withholding, and the member's current residence address. The request shall be signed by the member, or in the case of incompetence, his or her guardian or trustee. The amount of the request for State tax withholding must be an even dollar amount, not less than \$10 or less than the State's minimum withholding amount, if higher. The Uniformed Services' retired pay office addresses are given as follows:

(1) Army—Commanding Officer, Army Finance and Accounting Center (Dept. 90), Indianapolis, IN 46249, (800) 428-2290.

(2) Navy—Commanding Officer, Navy Finance Center (Code 301), Anthony J. Celebrezze Federal Building, Cleveland, OH 44199, (800) 321-1080.

(3) Air Force—Commander, Air Force Accounting and Finance Center, Attn: RP, Denver, CO 80279, (800) 525-0104.

(4) Marine Corps—Commanding Officer (CPR), Marine Corps Finance Center, Kansas City, MO 64197, (816) 926-7130.

(5) Coast Guard—Commanding Officer (Retired), U.S. Coast Guard Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683, (913) 295-2657.

(6) PHS—U.S. Public Health Service, Compensation Branch, 5600 Fisher Lane, Room 4-50, Rockville, MD 20857, (800) 638-8744 (except AK & MD), (301) 443-6132 (AK & MD).

(7) NOAA—Commanding Officer, Navy Finance Center (Code 301), Anthony J. Celebrezze Federal Building, Cleveland, OH 44199, (800) 321-1080.

(h) If a member's retired pay is not sufficient to satisfy a member's request for a voluntary State tax, then the withholding will cease. A member may initiate a new request when such member's retired pay is restored in an amount sufficient to satisfy the withholding request.

(i) A State requesting an agreement for the voluntary withholding of State tax from the retired pay of members of the Uniformed Services shall indicate, in writing, its agreement to be bound by the provisions of this part. If the State proposes an agreement that varies from the Standard Agreement, the State shall indicate which provisions of the Standard Agreement are not acceptable and propose substitute provisions. The letter shall be addressed to the Assistant Secretary of Defense (Comptroller), the Pentagon, Washington, DC 20301. To be effective, the letter must be signed by a State official authorized to bind the State under an agreement for tax withholding. Copies of applicable State laws that authorize employers to withhold State income tax and authorize the official to bind the State under an agreement for tax withholding shall be enclosed with the letter. The letter also shall indicate the title and address of the official whom the Uniformed Services may contact to obtain information necessary for implementing withholding.

§ 78.6

(j) Within 120 days of the receipt of a letter from a State, the Assistant Secretary of Defense (Comptroller), or designee, will notify the State, in writing, that DoD has either entered into the Standard Agreement or that an agreement cannot be entered into with the State and the reasons for that determination.

[50 FR 47220, Nov. 15, 1985, as amended at 50 FR 49930, Dec. 6, 1985]

§ 78.6 Responsibilities.

(a) The Assistant Secretary of Defense (Comptroller) shall provide guidance, monitor compliance with this part, and have the authority to change or modify the procedures set forth.

(b) The Secretaries of the Military Departments and Heads of the other Uniformed Services shall comply with this part.

§ 78.7 Standard agreement.

Standard Agreement For Voluntary State Tax Withholding From The Retired Pay Of Uniformed Service Members

Article I—Purpose

This agreement, hereafter referred to as the "Standard Agreement," establishes administrative procedures and assigns responsibilities for voluntary State tax withholding from the retired pay of Uniformed Service members consistent with section 654 of the Department of Defense Authorization Act for Fiscal Year 1985 (Pub. L. 98-525), codified as 10 U.S.C. 1045.

Article II—Parties

The parties to this agreement are the Department of Defense on behalf of the Uniformed Services and the State that has entered into this agreement pursuant to 10 U.S.C. 1045.

Article III—Procedures

The parties to the Standard Agreement are bound by the provisions in title 32, Code of Federal Regulations, part 78. The Secretary of Defense may amend, modify, supplement, or change the procedures for voluntary State tax withholding from retired pay of Uniformed Service members after giving notice in the FEDERAL REGISTER. In the event of any such changes, the State will be given 45 days to terminate this agreement.

Article IV—Reporting

Copies of Internal Revenue Service Form W-2P, "Statement for Recipients of Annu-

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ities, Pensions, Retired Pay or IRA Payments," may be used for reporting withheld taxes to the State. The media for reporting (paper copy, magnetic tape, etc.) will comply with State reporting standards that apply to employers in general.

Article V—Other Provisions

A. This agreement shall be subject to any amendment of 10 U.S.C. 1045 and any regulations issued pursuant to such statutory change.

B. In addition to the provisions of Article III, the agreement may be terminated by a party to the Standard Agreement by providing the other party with written notice to that effect at least 90 days before the proposed termination.

C. Nothing in this agreement shall be deemed to:

1. Require the collection of delinquent tax liabilities of retired members of the Uniformed Services;

2. Consent to the application of any provision of State law that has the effect of imposing more burdensome requirements upon the United States than the State imposes on other employers, or subjecting the United States or any member to any penalty or liability;

3. Consent to procedures for withholding, filing of returns, and payment of the withheld taxes to States that do not conform to the usual fiscal practices of the Uniformed Services;

4. Allow the Uniformed Services to accept payment from a State for any services performed with regard to State income tax withholding from the retired pay of Uniformed Service members.

PART 79—CONTRIBUTIONS TO STATE RETIREMENT PROGRAMS FOR NATIONAL GUARD TECHNICIANS

Sec.

79.1 Reissuance and purpose.

79.2 Applicability and scope.

79.3 Definitions.

79.4 Policy.

79.5 Procedures.

79.6 Responsibilities.

79.7 Standards for contribution agreements with State retirement programs for National Guard technicians.

AUTHORITY: E.O. 10996, 5 U.S.C. 5518, 8331-8348, and 32 U.S.C. 709.

SOURCE: 47 FR 34982, Aug. 12, 1982, unless otherwise noted.

§ 79.1 Reissuance and purpose.

This part is reissued to update the policies that implement title 5 U.S.C.