

**FORT SILL, OKLAHOMA
AMMENDMENT TO OFFICIAL CIVILIAN PERSONNEL RECORDS**

**Read the instructions carefully before completing this amendment.
TYPE OR PRINT CLEARLY IN DARK INK**

Privacy Act Statement

Authority: 10 USC 3012

Purpose: To process information submitted by applicant to update Official Personnel Folder

Routine Use: To allow applicant to submit new or updated information for use in Official Personnel Folder

Disclosure: Voluntary, however failure to disclose may cause delay or posting to wrong Personnel Folder

You may use this form to update your Official Personnel Folder or application already submitted to the SWCPOC, however, please mail to the local **Directorate of Civilian Personnel Office**

**1721 Fort Sill Boulevard
Fort Sill, Oklahoma 73503**

Be sure to sign this form in ink prior to mailing.

1. Reason for updating (check one)

To update my applicant for (indicate position title or announcement number:

T update information in my Official Personnel Folder.

2. Name (Last, First, Middle)

3. SSN

(Read Privacy Act Statement above)

Mailing Address: Home

Work

Home Phone ()

Work Phone ()

4. WORK EXPERIENCE (If you have no NEW work experience, go to 5.

Describe the work experiences not already documented in your Official Personnel Folder (OPF)

If you were **unemployed** for longer than 3 months, list the dates and your address(es) at that time.

Name and address of employer (include zip code)

Dates employed (month/year)

From To

Average number of hours

per week

Number of employees you

supervised

Salary or earnings

Starting \$ per

Ending \$ per

Reason for wanting to leave

Your immediate supervisor's Name

Phone

()

Exact Title of your job

If Federal employment (civilian or military) list series, grade or rank

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job titles of any employees you supervise. **If you describe more than on type of work (write the approximate percentage of time in the normal work week) you spent doing each** (for example personnel 70%, budget 30%).

Leave on line for agency use: skill codes, etc.

You may add additional experience blocks using plain paper attached to this form. Include all information shown above.

5. OTHER CHANGES OR ADDITIONS AND ADDITIONAL SPACE

Use the space below to make other changes to your application (for example, new address, new telephone number, education, or special skills. If you need more space, attach additional plain paper and write your name and Social Security Number at the top of each sheet. If you wish to document training, licenses, etc., list the appropriate dates, hours completed, etc., below. **Do not include certificates, licenses, etc.**

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU, MUST SIGN THIS AMENDMENT AND SEND A PAPER COPY. Read the following carefully before you sign.

A false statement on any part of your application may be grounds for not hiring you, or firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

I understand that any information I give may be investigated as allowed by law or Presidential order.

I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and made in good faith.

6. Signature (Sign in dark ink)

**7. Date Signed
(MM/DD/YYYY)**

**8. Number of
additional pages
attached**