

STANDARD FORM 144
REV. AUGUST 1966
U.S. CIVIL SERVICE COMMISSION
FPM Supp. 296-31

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE

IMPORTANT: This form is used only to establish creditability of service, which is otherwise not verified in the Official Personnel Folder, for leave and reduction in force purposes. The employee will complete Part I and the Personnel Office Parts II and III. When this form is used as a cumulative record or the employee's affidavit is used in the absence of a verified record, it must be filed on the right side of the Official Personnel Folder.

PART I.—EMPLOYEE'S STATEMENT.

1. NAME (Last, first, initial) Mr. Mrs. Miss 2. BIRTH DATE (Mo., day, yr.)
 DALLY, ANNE K. Aug. 6, 1922

3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDERAL OR DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD WHICH HAS NOT YET BEEN VERIFIED. (Do not include military service.) IF ANY OF THIS SERVICE WAS PART-TIME, WAE, OR INTERMITTENT, NOTE THIS UNDER "TYPE OF APPOINTMENT."

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT (If known)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
/							

4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES, INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET BEEN VERIFIED. (Also list Merchant Marine service, if it interrupted service shown in Item 3.)

BRANCH	FROM			TO			DISCHARGE (Hon. or Dishon.)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
N A							

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If YES, list following information.) YES NO

TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.)	FROM			TO			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS
/									

6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS NOT BEEN VERIFIED? Yes No If "Yes," check one of the following statements if it applies to you:
 I CLAIM PREFERENCE AS THE WIFE OF A DISABLED VETERAN.
 I CLAIM PREFERENCE AS THE MOTHER OF A DECEASED OR DISABLED VETERAN.
 I CLAIM PREFERENCE AS THE UNREMARKED WIDOW OF A VETERAN.

7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Date: 8 SEPTEMBER 1969

Anne King Dally
(Signature)

Subscribed and sworn to (or affirmed) before me on this 8th day of SEPTEMBER, 1969 at WASHINGTON, D. C.
(Month)

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission must be shown.

TO BE COMPLETED BY THE PERSONNEL OFFICE

PART II.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES. (See FPM, Chapter 630 and Supplement 296-31, Appendix B.) NOTE: For year below, show only last two numbers, for months show numerical equivalent.

CREDITABLE SERVICE <i>(List only periods that are creditable for leave purposes)</i>	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE <i>(List noncreditable civilian or military service included in dates to the left)</i>
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
ENTRANCE ON DUTY DATE							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE COMPUTATION DATE (a)-(b)							

PART III.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in cases where the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.) (See FPM Chapter 351 and Supplement 296-31, Appendix B.)

CREDITABLE SERVICE	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE <i>(List noncreditable civilian or military service included in the additional service only)</i>
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
SERVICE COMPUTATION DATE (From Part II)							
ADDITIONAL SERVICE CREDITABLE FOR RIF ONLY							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE DATE (a)-(b)*							

*Enter as the "Service Date" on Standard Form 7, "Service Record."

REMARKS: