



AIR FORCE NON-APPROPRIATED FUND EMPLOYEE TRANSFER ASSISTANCE PROGRAM APPLICATION

EMPLOYEE INFORMATION			
Name: (Last Name, First Name)			Date Requested
Employment Category (Check One) Flexible Reg - PT Reg - FT		Position Title: (Title, Pay Plan, Series, Grade)	
Phone Number :		Personal Email: (Must be Valid During Transfer Period)	
TRANSFER REQUEST			
Current Duty Station		Desired Duty Station	
Installation:		Installation**:	
CYS Program Area:		CYS Program Area:	
Last Day of Work (Losing):		Report No Later Than Date (Gaining):	Anticipated Start Date (if different than NLT date):

** If moving to an area with multiple locations, please list all desired locations in the order you would like to be considered

Employee must initial every line and sign/date below

I understand program eligibility must be met at the time of the application and if I fail to maintain eligibility at any time during the process, I will be removed from the program.

I agree to take uninterrupted leave of 6 months to 1 Year (e.g., paid, unpaid, combination) during the transfer period to out-process from my current Air Force Duty Station and report to my new assigned Duty Station.

I understand my salary will not change and my employment category will not be reduced (ie Regular to Flex).

I understand I will lose my Military Spouse Preference, should I receive an offer for a Regular position.

My signature and submission of this application affirms my intent of voluntary participation in the Air Force NAF Employee Transfer Assistance Program. I agree to all above terms and further understand this process does not guarantee continued employment.

Employee Signature

Date

(For Internal Use Only)

ELIGIBILITY VERIFICATION: CYP Management

I have provided HR with the following documents to include with this ETAP Package (Please check each box to signify completion):

AFIMT 1098 Documents

CPR and Food Handlers Certificates OR AFIMT 1098 documenting these trainings

AF 3527 Performance Appraisal or AF 3527 Closeout Appraisal if rating has never been done or if last rating was more than 4 months prior

As the current CYP Manager, I certify _____ has not received any adverse actions within the past 12 months. Should applicant receive any adverse actions prior to the commencement of their leave without pay, the NAF HR office will be notified immediately.

Supervisor Signature

Date

Email address

Phone number

ELIGIBILITY CERTIFICATION: ETAP Coordinator

As ETAP Coordinator, I have verified the below documents have been reviewed and the applicant has been found eligible to participate in the Employee Transfer Assistance Program.

Completed Application

BCR or CSO IT Tool Printout

Updated Resume

AFIMT 1098 Modules

Orders (if applicable)

CPR/Food Handlers Certs OR 1098 documenting these trainings

LWOP 2545 or OPM 71 and Most Recent 2545

Physical

Performance Appraisal or Closeout Appraisal

Immunizations

By forwarding the completed ETAP package to the gaining installation, the ETAP coordinator has certified it is complete and the employee is eligible to participate.