

DIRECT HIRE AUTHORITY MILITARY SPOUSE (DHA-MS) CHECKLIST

CIVILIAN PERSONNEL OFFICES - Complete this checklist only upon selection of a military spouse under DHA-MS authority.

MILITARY SPOUSE COMPLETES THE FOLLOWING

Applicant's Name: _____

Military Sponsor's Name: _____

Military Sponsor's Rank: _____

Military Sponsor Overseas Assignment Date: _____

Military Sponsor's Current Duty Station: _____

Military Sponsor's DEROS (Date Eligible to Return Overseas): _____

INSTRUCTIONS - Read items 1-9 and click on each "Choose an Item". Choose the words from the drop-down menu that best describes your status. Completion of each item is verification that you have read and understand that the information you provide is truthful and can be used to help to verify your eligibility utilizing DHA-MS.

1. I Am / Am Not a U.S. Citizen.
2. My Sponsor Is / My Sponsor Is Not a member of the Armed Forces (Army, Navy, Air Force, Marine Corps, Space Force and Coast Guard), the commissioned corps of the National Oceanic and Atmospheric Administration, and the commissioned corps of the Public Health Service.
3. I Understand DHA-MS only applies to positions within the local commuting area of my sponsor's current permanent duty station.
4. I Am / Am Not currently occupying a permanent competitive status appointment.
5. I Understand that if I am a permanent employee I must take a 3-day break in service before being appointed under DHA-MS authority.

6. I Understand that my appointment under DHA-MS authority will terminate either upon expiration of the term NTE position
or
upon the end of my sponsor's accompanied tour
or
on the date of one of the following circumstances:
- a. Relocation back to the United States in connection with PCS orders;
 - b. Relocation from their assigned duty station's local commuting area to another duty location outside the United States in connection with a PCS move;
 - c. Divorce
 - d. Death of sponsor
 - e. Sponsor Retires or separates from active duty
7. I Understand that I bear the responsibility of notifying the applicable Civilian Personnel Office when one of these conditions outlined in question (6) occurs as it impacts my appointment eligibility. In accordance with this authority, termination actions must be processed timely.
8. I Understand that the acceptance or declination of a temporary position does not impact my military spouse preference. "Temporary" positions include:
- a. Positions filled by temporary or term appointment, including Non-Appropriated Fund (NAF) time-limited appointments, regardless of duration or work schedule;
 - b. Positions filled by permanent appointment with intermittent or seasonal work schedules; and
 - c. NAF positions with a "flexible" work schedule, or any NAF position for which the employment category is identified as "flexible."
9. I Understand that I will not be entitled to Leave Without Pay (LWOP) at the termination of my time-limited appointment under the DHA-MS.

Certification Statement: I, _____ certify that I have read and understand the information contained in this Military Spouse (DHA-MS) checklist and my responses are accurate and truthful.

Date: _____

CIVILIAN PERSONNEL SECTION CHECKLIST

IMPORTANT: This entire form must be completed, signed, and attached to your RPA when submitting an Express Lane action to HR Servicing when utilizing DHA-MS authority.

1. I Verified that the selectee is a military spouse, indicated on the military sponsors orders, who is legally married to an active duty military member who's duty station is within the local commuting area. Note: A copy of the sponsors PCS orders must be attached to the RPA.
2. I Verified that this selectee will be appointed into a Temporary / Term position. Term appointments may not exceed 2 years on the original appointment processed.
3. I Verified that the selectee Is / Is Not a current permanent federal employee. If the selectee is a current federal employee they must take a 3-day break in service before being appointed under this (DHA-MS) authority.

CPS Certification Statement: I, _____ certify that the information contained is accurate.

Date: _____

Documents that may be required to be submitted with each application:

- **Military Spouses without prior Federal work experience**

Narrative resume (Required)

PCS orders (Required)

Signed (DHA-MS) checklist (Required)

Veteran's preference documentation (e.g., DD-214, VA letter, Statement of Service), if applicable

Transcripts, if applicable

- **Military Spouses with prior Federal work experience**

Narrative resume (Required)

PCS orders (Required)

SF-50s, (e.g., LWOP, highest grade held, etc.) if applicable

Signed (DHA-MS) checklist (Required)

Veteran's preference documentation (e.g., DD-214, VA letter, Statement of Service), if applicable

Transcripts, if applicable

PRIVACY ACT STATEMENT: Sections 1301, 3302, 3502 of Title 5, U.S. Code provide for the issuance of rules governing the competitive service and authorize solicitation of this information. Gaining and releasing activities use this information to place registrants, report actions, and update data as well as refer names to potential employers or to provide information to you about potential employment. Furnishing the requested information is voluntary, but failure to provide it may result in missed opportunity for proper placement or reemployment under the respective placement assistance program.