

PRIVACY ACT STATEMENT

Sections 5921-28 of Title 5, and Sections 4081 and 4083 of Title 22 to the U.S. Code authorizes collection of this information. The primary use of this information is to establish an employee's correct residence for purpose of home leave travel and shipment of effects benefits; and to identify employee dependents for purposes of Government-paid travel, allowances and related benefits. This information is made available as a routine use on a need-to-know basis to agency personnel responsible for determining employee and an employee's dependent eligibility for the aforementioned benefits. Failure to provide the requested information may prevent the agency from providing the aforementioned benefits on eligibility grounds.

INSTRUCTIONS: FOREIGN SERVICE RESIDENCE AND DEPENDENCY REPORT

PURPOSE

The OF-126 form is used to (1) designate residences for travel and shipment of effects, (2) to record marital status, and (3) to list dependents. If residence, dependency, or marital status information is different from that previously submitted, underline all new information. Your agency will assume all residence and dependency information in your file is correct unless you submit a revised OF-126. All items on the form must be completed at the time of each submission.

WHERE TO SEND THE FORM

If you are serving abroad, one copy is retained by the post's administrative section for personnel files. Send original and two copies to your agency. Route forms as follows -

State: PER/FCA Assignments Office

AID: See Supplement 1B to HB32, Chapter 1

VOA P/F - Foreign Personnel Advisor

Commerce: Office of F.S. Personnel

Agriculture: FAS/Personnel, APHIS/Human Resources

Division; or appropriate agency Personnel Office.

RESIDENCE INFORMATION

The residences for home leave and separation that you list are residences to which you will be authorized travel and shipment of effects.

Legal Residence (Block #4): The city and state which you claim as your legal residence. The legal residence designated will be used when names are submitted for attestation by the President and confirmation by the Senate.

Home Leave Residence (Block #5): The location in the U.S. where you expect to spend your home leave. (Provide house/apartment number, street, city, state, zip code.) The address you claim is subject to approval. The justification (Block #6) for the selection or change of a home leave residence must be based on a close family tie or other compelling interests, and not simply on a desire to visit the location or for personal convenience. Valid justifications for changes of home leave address include death or relocation of a relative whose address was previously claimed, better climate needed for recorded health problem, sale or purchase of residential or business property, or change of legal residence. Requests for changes of home leave address will be reviewed on a case-by-case basis. Changes based on a prospective event cannot be approved. Home leave residence may not be changed after travel orders are issued without the prior approval of the appropriate authorizing officer in Washington.

Residence for Service Separation (Block #8): Provide house/apt. number, street, city, state, zip code.) List residence in the United States to which you would want to travel and shipment of effects

authorized when you separate. While such designation is the location where you expect to reside or be employed, it also is the location where remains are shipped if death occurs while abroad or while in travel status. If remains are shipped to a different location, shipment is made on a cost constructive basis. (6 FAM 126.5-1.)

This form must be resubmitted prior to separation and must show the notation "SEPARATION" placed at the center bottom margin of the form. No change can be made after effective date of separation.

Marital Status (Block #9): Accurate marital status information is necessary for your agency to project estimated costs for family travel. Correct marital status information is important to ensure that travel orders are accurately prepared. (Block #12 - "Place" refers to place of marriage from which spouse's travel is authorized.) If you are married, check only status "M" or one of the status codes which describe marriage to a Foreign Service or Civil Service employee.

DEPENDENCY INFORMATION

A dependent may be a spouse, a child under the age of 21, or a relative who is at least 51% dependent on you for support (subject to review and approval. See 6 FAM 117; AID employees also see Supplement 1B to HB32, Chapter 1). Children of divorced employees or spouses cannot be listed on travel orders unless (a) a copy of the divorce decree establishing that the employee/spouse has joint or total custody of children is on file in the appropriate personnel office (in joint custody or sole custody cases, a notarized statement from the ex-spouse authorizing the child to reside abroad also is required); and (b) children meet the dependency criteria contained in 6 FAM 117 (for AID see Supp. 1B to HB32, Ch. 1). Dependency information must be kept current. Travel will not be authorized for dependents unless you have submitted a current OF-126, listing those dependents before your travel orders are produced. Amending travel order to add or delete dependents often causes delays in employee travel. YOU MUST ATTACH DOCUMENTATION (such as a xerox copy of most recent income tax return (first page), an affidavit testifying to more than 51 percent support, or some other documentary evidence of support) TO SUPPORT A CLAIM AS A DEPENDENT ANY RELATIVE OTHER THAN A DEPENDENT SPOUSE, OR CHILD UNDER 21 YEARS OF AGE. Requests to include such dependents by State employees will be reviewed for approval by a PER OF-126 Committee. (Authorizing official signature in Block 14 will indicate approval or disapproval of such dependent(s).) At the age 22, dependent children will be dropped automatically from your record unless MED has supplied to PER information indicating that the children are permanently dependent. Post personnel officer's signature indicates only that form and required documentation appear to be complete.

NOTE: Keeping dependency information up-to-date helps ensure the coverage of eligible dependents under your agency's medical program. PARENTS, SISTERS OR BROTHERS ARE NOT COVERED. (3 FAM 1900)

FOREIGN SERVICE RESIDENCE AND DEPENDENCY REPORT

IMPORTANT: Please read instructions on reverse before completing form. Incomplete forms may be returned for clarification.

CHECK ONE: <input type="checkbox"/> First time form completed		<input type="checkbox"/> Change of information previously given	
1.(a) AGENCY (Check one) <input type="checkbox"/> State <input type="checkbox"/> AID <input type="checkbox"/> Commerce <input type="checkbox"/> Agriculture		(b) DUTY STATION/BUREAU	DATE OF BIRTH (mm-dd-yyyy)
2.(a) NAME (City, State)		(b) SOCIAL SECURITY NUMBER	(c) CLASS (Grade)
5.(a) ADDRESS USED FOR HOME LEAVE PURPOSES (Present Residence No. & Street, City, State & ZIP Code)		4. LEGAL RESIDENCE (City, State)	
6. REASON FOR NEW HOME LEAVE ADDRESS CHANGE IN 5(b) ABOVE		7. AGENCY USE (FOR HOME LEAVE ADDRESS CHANGE ONLY) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason:	AGENCY USE CODE
8. SERVICE SEPARATION RESIDENCE (Complete Address)		Signed: Authorizing Official / Office / Date (mm-dd-yyyy)	
9. MARITAL STATUS CODE (Check only ONE box in a, b, or c) a. <input type="checkbox"/> "S" SINGLE <input type="checkbox"/> "M" MARRIED (Spouse not Government employee)	b. MARRIED, spouse is Foreign Service career or career candidate employee of: <input type="checkbox"/> "C" STATE <input type="checkbox"/> "R" COMMERCE <input type="checkbox"/> "A" AID <input type="checkbox"/> "G" AGRICULTURE	c. MARRIED, spouse is Civil Service career or career conditional employee of: <input type="checkbox"/> "F" YOUR AGENCY <input type="checkbox"/> "L" OTHER FEDERAL GOVERNMENT AGENCY	
10. (a) NAME OF SPOUSE (Include maiden name)	(b) Social Security No.	(c) Present Citizenship	(d) Previous Citizenship
11. WILL SPOUSE TRAVEL AS YOUR DEPENDENT AND RESIDE WITH YOU ABROAD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. CHANGE OF MARITAL STATUS <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death of Spouse Date: (mm-dd-yyyy) Place:			
13. FAMILY DEPENDENTS a. Name all qualifying dependent family members other than your spouse who will normally travel at government expense and reside with you abroad. You must attach a written justification to claim a dependent who does not meet standard dependency criteria (please refer to instructions). You may attach a blank continuation sheet if necessary.			
NAME OF DEPENDENT	RELATIONSHIP	CITIZENSHIP	DATE OF BIRTH (mm-dd-yyyy)
b. CHANGE OF DEPENDENTS (NAME)	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP
14. AGENCY USE <input type="checkbox"/> Dependents Approved <input type="checkbox"/> Dependents Disapproved	SIGNATURE OF AUTHORIZING OFFICIAL		OFFICE
15. PERSON TO NOTIFY IN CASE OF EMERGENCY (Name, address, telephone)	16. SIGNATURE OF PERSONNEL OFFICER AT POST		DATE(mm-dd-yyyy)
NOTICE: Any willful and material misrepresentation made on this form may result in a fine of not more than \$10,000 or imprisonment of not more than five years or both. (18 USC 1001)	17. EMPLOYEE SIGNATURE		DATE(mm-dd-yyyy)