

**UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS**

**EMPLOYEE DECLARATION OF RESIDENCE
FOR HOME LEAVE DETERMINATIONS**

1. NAME (*legal name*)

2. PERMANENT OFFICIAL RESIDENCE (*full street address, city, state, country*)

3. Upon transfer I declare that my permanent residence will remain as noted above. To support my residency declaration and factors which I believe also support my declaration, I am attaching the following documentation:

Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Work History | <input type="checkbox"/> State to which income and/or personal property taxes are paid |
| <input type="checkbox"/> Chronological record of individual or family associations with the place of residence | <input type="checkbox"/> Place where children, if any, were born, raised, and educated |
| <input type="checkbox"/> OPF Forms (e.g., TSP, FEGLI, FEBHA, Designation of Beneficiary) | <input type="checkbox"/> Family Ties |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Place of Education | <input type="checkbox"/> Any other written documentation establishing declared place of residence |

4. AGENCY EMPLOYED

- AMS APHIS

5. PROGRAM NAME (*e.g., S&T, VS, Grain*)

6. CURRENT DUTY STATION (*city and state*)

7. NEW DUTY STATION (*city and state*)

I certify that I voluntarily made this request for transfer from my current duty station to my new duty station for personal reasons.

8. EMPLOYEE SIGNATURE

9. DATE

10. SUPERVISOR NAME

11. SUPERVISOR CONCURRENCE WITH ABOVE DECLARATION

- YES NO *

*If the supervisor selects "no" above, s/he must provide a written justification, in the space below, explaining why s/he does not concur with the employee's declared residency status. (*attach additional sheets, if necessary*)

12. SUPERVISOR'S SIGNATURE

13. DATE