ATTACHMENT 6

Reemployed Annuitant Office
Candidate Form

REEMPLOYED ANNUITANT OFFICE CANDIDATE FORM

Name _____

E-mail_____

Phone _____

SF-50 _____

Resume _____

Emergency Response RAO Response
Form _____

Medical Screening Approval _____

Army SC1930 – Appendix 2 _____

Salary Acceptance:

Salary: _____ Date:_____

Comment: _____

_____

Information on Position to be Appointed

Title _____

Series _____

Grade (GS/FWS) and Pay Schedule_____