

IMPORTANT: Please click on the links below; print the forms; complete them before you report for duty; and, bring them with you on your first day of employment.

This information is needed to process your appointment and issue your first paycheck. Answers on forms should be truthful and complete. A false statement on any form may be grounds for not hiring you, or for firing you after you begin work. If you have any questions, contact your Southwestern Human Resources Specialist.

[Background Investigation Memorandum](#)

Description: Outlines Southwestern's policies regarding background investigations.

Instructions: Sign and date.

[Direct Deposit Sign-Up Form \(FMS-2231\)](#)

Description: Authorizes direct deposit of your Southwestern paycheck to your selected financial institution.

Instructions: Complete Sections 1-3 and sign and date Section 5 (TYPE OF PAYMENT will be Net Pay).

[Education Data Update Form](#)

Description: Allows you to update your education level to reflect the highest level achieved.

Instructions: Determine which code best describes your highest level of education and enter it on the top right.

[Employee's Withholding Allowance Certificate \(W-4 Form\)](#)

Description: Tells how much Federal income tax to take out of each paycheck.

Instructions: Complete this form so that the correct Federal income tax is withheld from your paycheck. In Oklahoma, state tax withholding is the same as Federal.

[Arkansas Employee's Withholding Exemption Certificate \(AR4EC\)](#)

Description: Tells how much state income tax to take out of each paycheck.

Instructions: Arkansas residents only – Select the appropriate tax year and fill in this form so that the correct state income tax is withheld from your paycheck.

[Missouri Employee's Withholding Allowance Certificate \(MO W-4 Form\)](#)

Description: Tells how much state income tax to take out of each paycheck.

Instructions: Missouri residents only – Select the appropriate tax year and fill in this form so that the correct state income tax is withheld from your paycheck.

[Oklahoma Employee's Withholding Allowance Certificate \(OK W-4 Form\)](#)

Description: Tells how much state income tax to take out of each paycheck.

Instructions: Oklahoma residents only – Select the appropriate tax year and fill in this form so that the correct state income tax is withheld from your paycheck.

Note: Any taxpayer whose work address is in one state and who resides in another is responsible to review each state's tax laws for applicable income tax requirements.

[Employment Eligibility Verification \(I-9\)](#)

Description: Ensures that you are eligible to work in the United States.

Instructions: Complete Section 1 and bring two forms of ID the first day of employment for verification. See list of acceptable documents on form.

[Ethnicity and Race Identification \(SF-181\)](#)

Description: Used to collect statistical information on the composition of the workforce.

Instructions: Complete all information on form.

[New Employee Address / Emergency Notification Form](#)

Description: Provides Southwestern with your current address and current contact information in case of emergencies.

Instructions: Complete all information on form and sign and date.

[Prior Federal Service \(SF-144\)](#)

Description: Lists all of your Federal government civilian and uniformed service.

Instructions: If you have not had either Federal government civilian or uniformed service, mark "Yes" on question 4 and fill in question 8. Otherwise, fill out applicable areas. In both cases, sign and date.

[Self Identification of Reportable Handicap \(SF-256\)](#)

Description: Used to collect statistical information on the composition of the workforce.

Instructions: Complete personal information in top boxes. Find code which describes the impairment. Enter code in the top right hand box.

[Standards of Ethical Conduct for Executive Branch Employees](#)

Description: Contains information on the ethical standards for Federal employees.

Instructions: Read the information. This is for your records only.

[Standards of Ethical Conduct Certification Form](#)

Description: Contains your acknowledgment that you've received the Standards of Ethical Conduct Packet.

Instructions: Sign and date the form.

IMPORTANT: If you are new to the Federal government or are a rehired Federal employee, you can either complete the forms below and bring them with you on your first day of employment, or you can make these decisions after you attend new employee orientation. These forms will be provided during new employee orientation if you wish to wait to make your decisions. (You have 60 calendar days from the date of your appointment to make your benefits decisions.)

If you are a current Federal employee transferring to Southwestern Power Administration, you will be told which forms you need to complete during new employee orientation.

Below you will find links to forms and information needed to process your benefits as a Federal employee. Please read all forms carefully, and sign and date where indicated. If you have any questions, contact your Southwestern Human Resources Specialist.

[New Employees Benefits Information](#)

Description: Provides an overview of Health, Life, Dental, Vision, Flexible Spending, and Long Term Care Insurance.

Instructions: For your information.

[Guide to Federal Benefits for Federal Civilian Employees](#)

Description: Provides basic information about Federal benefits to help you make informed choices about your benefits elections.

Instructions: Click on the icon to the right of Guide Number **RI 70-1**. For your information.

[FERS Retirement System](#)

Description: Provides an overview of the Federal Employees Retirement System.

Instructions: For your information.

[Designation of Beneficiary \(Unpaid Compensation\) \(SF1152\)](#)

Description: Allows you to designate a beneficiary to receive your last paycheck if something should happen to you while you are an employee of Southwestern.

Instructions: Complete Section A and Section B. Note there are two copies of the Designation sheet, one original and one for your records.

[Health Benefits Election \(SF 2809\)](#)

Description: Allows you to enroll in the Federal Employees Health Benefits (FEHB) Program, elect not to enroll in FEHB, change your FEHB enrollment, cancel your FEHB enrollment, or suspend your FEHB enrollment.

Instructions: Read the information. Follow the instructions to complete the applicable information.

[Life Insurance Election \(SF 2817\)](#)

Description: Allows you to sign up for or cancel life insurance coverage. (New Federal employees in eligible positions are automatically covered by Basic insurance and do not need to use this form if they want only the Basic coverage. Use the form only to elect more life insurance or waive Basic coverage.)

Instructions: Read the information. Follow the instructions to complete the applicable information.

[Designation of Life Insurance Beneficiary \(SF 2823\)](#)

Description: Allows you to designate a beneficiary to receive life insurance benefits if something should happen to you while you are an employee of Southwestern. Completion of this form is not mandatory however it is highly recommended. This document supersedes a last will and testament.

Instructions: Read the information. Follow the instructions to complete the applicable information.

[Designation of FERS Beneficiary \(SF 3102\)](#)

Description: Allows you to designate a beneficiary to receive FERS benefits if something should happen to you while you are an employee of Southwestern. Completion of this form is not mandatory however it is highly recommended. This document supersedes a last will and testament.

Instructions: Read the information. Follow the instructions to complete the applicable information.

[TSP Summary](#)

Description: Provides a thorough overview of the Thrift Savings Plan (TSP), the foundation of the Federal retirement plan available to employees covered by the Federal Employees Retirement System. The TSP is similar to a 401K in private industry.

Instructions: For your information.

[TSP Election \(TSP 1\)](#)

Description: Allows you to start, stop, or change the amount of your contributions to the

Instructions: Complete TSP sections I – IV.

[Designation of TSP Beneficiary \(TSP 3\)](#)

Description: Allows you to designate a beneficiary to receive TSP benefits if something should happen to you while you are an employee of Southwestern. This form is required to designate a beneficiary or to change a previous beneficiary. This document supersedes a last will and testament.

Instructions: You must wait until you receive your enrollment notification from TSP in the mail before completing this form. Follow the instructions to complete the applicable information. **Mail or fax the form directly to the TSP as instructed.**