

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Standard Form 127

NSN7540-00-634-4083

REQUEST FOR OFFICIAL PERSONNEL FOLDER (SEPARATED EMPLOYEE)	1. DATE OF REQUEST
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SECTION I—TO BE COMPLETED BY REQUESTING PERSONNEL OFFICE

2. CURRENT NAME (Last, first, middle)	2a. NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (If different than Item 2)
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NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
NATIONAL PERSONNEL RECORDS CENTER
(Civilian Personnel Records)
111 WINNEBAGO STREET
ST. LOUIS, MO 63118

3. DATE OF BIRTH
4. SOCIAL SECURITY NUMBER

SUBMIT IN DUPLICATE FOR EACH FOLDER REQUESTED
*Original will be used to send folder or reply to your agency.
Second copy retained by agency for its suspense files.
Third copy is for records center use.*

5. PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO

6. REASON FOR REQUEST (Check appropriate box)

a. Currently employed.
 b. Temporary use.
 c. Pre-employment consideration. Will retain folder if hired.

REMARKS

SECTION II—FOR USE BY RECORDS CENTER

<input type="checkbox"/> a. Folder enclosed. <input type="checkbox"/> b. Our search did not reveal a record of claimed civilian Federal employment. Please submit any additional information or documentation that will help verify this employment. <input type="checkbox"/> c. Folder not received. Suggest you contact last employing office. <input type="checkbox"/> d. Folder not located. For a former employee of your agency, we suggest a further search of your agency. If still unlocated, verify name, date of birth, and social security number, and return request to NPRC together with the date folder was transferred to NPRC and several names, dates of birth, and social security numbers of other folders in same shipment.	<input type="checkbox"/> e. Folder was sent (Date) _____ To: _____ _____ _____ <input type="checkbox"/> Your agency <input type="checkbox"/> f. Other _____ _____ _____
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DATE	INITIALS
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SECTION III—TO BE COMPLETED BY REQUESTING PERSONNEL OFFICE

NAME OF REQUESTER	TELEPHONE NO.
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Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

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Standard Form 127 (contiued)

File Number:
Employee:
Employer:

Enclosed is a summary of case information, work restriction evaluation (if applicable), and the significant medical report(s) for your official and confidential use.

Sincerely,

REHABILITATION SPECIALIST

Enclosures