



U.S. Department of State  
**FOREIGN SERVICE FAMILY RESERVE CORPS (FSFRC)**  
**MEMBERSHIP RECERTIFICATION**

**Submission Instructions:** Completed recertification forms and required documentation must be submitted via email to FSFRC@State.gov.  
**Fields highlighted yellow are mandatory.**

**MEMBER INFORMATION**

Applicant's Name (Last, First, MI) (As listed on SF-50) <div style="background-color: yellow; height: 20px; width: 100%;"></div>	Applicant's Employee ID or Last 4 of SSN <div style="background-color: yellow; height: 20px; width: 100%;"></div>
Current Mailing Address (Overseas or Domestic. If overseas: City/Country) <div style="background-color: yellow; height: 40px; width: 100%;"></div>	Member's Personal Email Address (Not state.gov) <div style="background-color: yellow; height: 20px; width: 100%;"></div>
	Member's Personal Phone <div style="background-color: yellow; height: 20px; width: 100%;"></div>
Current Security Clearance Certification Level (will be verified) <input type="checkbox"/> Top Secret (FSFRC Category 1) <input type="checkbox"/> Secret (FSFRC Category 2) <input type="checkbox"/> Non-Sensitive (FSFRC Category 3)	
Sponsoring Employee's Name (Last, First, MI) <div style="background-color: yellow; height: 20px; width: 100%;"></div>	Sponsoring Employee's Agency <div style="background-color: yellow; height: 20px; width: 100%;"></div>
Sponsoring Employee's Current Post of Assignment <div style="background-color: yellow; height: 20px; width: 100%;"></div>	Sponsoring Employee's Email Address <div style="background-color: yellow; height: 20px; width: 100%;"></div>
Sponsoring Employee's Onward Assignment (If known)	Estimated Transfer/PCS Date (mm-dd-yyyy) <div style="background-color: yellow; height: 20px; width: 100%;"></div>

**MEMBERSHIP RECERTIFICATION**

You must type your initials to all that apply. Do **NOT** use X or N/S. I confirm the following:

INITIALS	
	(a) I am a U.S.citizen
	(b) I am the spouse or domestic partner (as defined in 3 FAM 1610) of a sponsoring employee (i.e., a direct-hire Foreign Service, Civil Service, or uniformed service member)
	(c) I am listed on an Agency approved Form OF-126 Foreign Service Residence and Dependency Report, or agency equivalent, of a sponsoring employee, (see Required attachments (c))
	(d) I am listed on the travel orders of a sponsoring employee for a post abroad at a U.S. mission under Chief of Mission authority, or at an office of the American Institute in Taiwan (AIT), or assigned domestically, <b>and</b>
	(i) I am currently, or will be within the coming year, residing at my sponsoring employee's post of assignment abroad (see Required Attachment a or d), or
	(ii) my sponsoring employee is currently assigned domestically and will not be returning overseas in the coming year, but intends to return overseas in the future (see Required Attachments b or d)
	(e) I am currently on approved Voluntary (VSMA) or Involuntary Separate Maintenance Allowance (ISMA). (See Required attachments (e))
	(f) I am currently employed under a Personal Services Agreement (PSA)
	(g) I am currently employed under a Personal Services Contract (PSC), or as a third party government contractor
	(h) I am a Civil Service (CS) employee of another agency (not DOS) or a CS employee in Leave Without Pay (LWOP) status.

**Membership Agreement:** I understand that I may resign my FSFRC membership at any time, and that my FSFRC appointment may be terminated at any time, regardless of the expiration (Not to Exceed) date specified on the Notification of Personnel Action (SF-50), for reasons outlined in 3 FAM 8228.2, Termination of FSFRC Membership. I understand that should I no longer meet the FSFRC eligibility criteria, or if my status as an Eligible Family Member should change, it is my responsibility to immediately email GTM Talent Services at FSFRC@State.gov. As a member of the FSFRC, and while in Reserve Status, I am still a Department of State (DOS) employee even if not working in a local or temporary assignment, and I am subject to standards of conduct and ethics requirements applicable to DOS employees. As a DOS employee, I am subject to the reporting requirements found in 12 FAM 270 (Security Reporting Requirements) and 12 FAM 262 (Security Awareness and Contact Reporting).

Member Signature ( <b>NOTE: Your typed signature must include /SI/ before your typed name. Forms without the /S/ designation cannot be accepted for processing. Example: /S/Jane Doe.</b> ) <div style="background-color: yellow; height: 20px; width: 100%;"></div>	Date (mm-dd-yyyy) <div style="background-color: yellow; height: 20px; width: 100%;"></div>
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**Required attachments.** Please submit all attachments from list below that apply to your status for items checked in the Membership Recertification statement section above.

- (a) Sponsoring Employee's Travel **Authorization** Orders (TMFOUR) or TMONE Assignment Notification if TMFOUR not issued yet, or agency equivalent (see Membership Recertification Statement d(i))
- (b) TMONE Change in TOD Memorandum (domestic assignment extensions) (see Membership Recertification Statement d(ii))
- (c) Agency approved OF-126 Foreign Service Residence and Dependency Report or agency equivalent (see Membership Recertification Statement c).  
 NOTE: This form is only required if the applicant is not listed on their sponsoring employee's travel orders.
- (d) For Members with a Non-DOS Sponsoring Employee: Written certification (official letter or memo) from the agency's Executive Office that the sponsoring employee is expected to serve future tours under Chief of Mission (COM) at U.S. Missions overseas (see Membership Recertification Statement d(i))
- (e) VSMA or ISMA Bureau authorization cable (if applicable) (see Membership Recertification Statement e)

GTM/TS USE ONLY	
Date Received (mm-dd-yyyy)	Confirmed FSFRC Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3       Category 3: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Eligibility Requirements Met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Processed (mm-dd-yyyy) (If applicable)
Confirmation Sent to Employee	Personnel Action Processed (mm-dd-yyyy) (If applicable)
FSFRC Coordinator Signature	Date (mm-dd-yyyy)

**INSTRUCTIONS - Foreign Service Family Reserve Corps (FSFRC) Membership Recertification**

**PURPOSE**

The FSFRC Membership Recertification is used when requested by existing Department of State FSFRC Members to certify their continued eligibility for membership in the FSFRC.

**Highlighted fields are mandatory.**

- Enter your full name as reflected on your SF-50.
- Enter your Employee ID (found in box 44 on your SF-50) or the last four digits of your Social Security Number.
- Enter the post or domestic location mailing address. This will be used for future correspondence via USPS mail for those members without access to their eOPF.
- Enter your permanent personal contact email address. This should not be a state.gov email address as it may be used to contact you when you are not actively working in a local assignment.
- Enter your personal phone number.
- Check-off the box that corresponds with your current security clearance or certification level.
- Provide your sponsoring employee's name.
- Provide your sponsoring employee's employing Agency.
- Enter your sponsoring employee's current post of assignment.
- Enter your sponsoring employee's email address.
- Enter your sponsoring employee's post of onward assignment.
- Enter your sponsoring employee's anticipated transfer date.
- Read each statement and initial those that apply to you.
- Read the membership agreement statement.
- /S/ Typed name and date.
- Required documentation for those members who initial statements c, d and/or e only.
- GTM/TS Section to be completed by GTM/Talent Services only.

Submission Instructions: Completed recertification forms and required documentation may be submitted via email to **FSFRC@State.gov** .

**Scanned forms cannot be accepted.**

Do not use Apple Preview, you must use Adobe Acrobat.

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** The information is sought pursuant to Sections 303, 309, and 311 of the Foreign Service Act of 1980, as amended (Appointment and Hiring); Executive Order (E.O.) 13526, Sec. 5.4(d); E.O. 10450 (Security Requirements); E.O. 12968, Sections 3.3 and 2.1(b)(2); 5 C.F.R. § 731 (suitability); Homeland Security Presidential Directive (HSPD-12) "Policy for a Common Identification Standard for Federal Employees and Contractors"; and Section 201 of the Foreign Service Act of 1980, as amended (Management of the Foreign Service).

**PURPOSE:** The information collected in this form will be used to certify continued eligibility in the Foreign Service Family Reserve Corps (FSFRC), to allow for the Department to meet its need for a workforce capable of rapid assignment to positions overseas, including sensitive positions.

The last four digits of Social Security Numbers will be used to verify identity and to confirm existing security clearances.

**ROUTINE USES:** The information on this form may be shared with a member of Congress in response to an inquiry made at your request or with law enforcement as required by law. More information on the Routine Uses for the system can be found in System of Records Notice State-31, Human Resource Records and State-36, Security Records.

**DISCLOSURE:** Disclosure of this information, including the last four digits of a Social Security Number, is voluntary. Failure to provide the information requested may result in delays in recertifying eligibility.