



**DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE DIRECTOR, EUROPE
UNIT 29649, BOX 7100
APO AE 09096-7100**

MEMORANDUM OF UNDERSTANDING

I, _____ (Printed Name), _____ (SSN), understand that I have accepted a position with the Department of Defense Dependents Schools (DoDDS) on _____ (Date). Conditions of this appointment are as follows: **within -14 days** of employment, I must use the Electronic Personnel Security Questionnaire program, (EPSQ), to complete the SF-85P, Questionnaire for Public Trust Positions and the SF-85P(S), Supplemental Form. The completed Questionnaire package along with SF-87 Fingerprint Chart(s) a completed OF-306, and current resume are to be forwarded to the Human Resources Office (HRO) for review.

Per Title 5, Code of Federal Regulations, Part 736, Section 736.201, subparagraph(c) - investigations must be initiated **within 14 days** of placement in the position. In accordance with this regulation, all Security Questionnaire packages are to be received by the Human Resources Office and submitted to the office of Personnel Management (OPM) **within 14 days** of hire.

I understand that failure to submit a timely, viable background investigation can be grounds for termination of employment. I also understand that continued employment in this position is subject to favorable completion of a background security investigation and a favorable adjudication. Failure to successfully meet/maintain these requirements may be grounds for termination.

SIGNATURE

DATE

POSITION TITLE

POSITION LOCATION/SCHOOL