# **District Personnel Manual Issuance System**

## **E-DPM Instruction No. 3-12**

**SUBJECT:** Process for the Submission of Residency and Domicile Forms in Compliance with the Annual Certification Requirement This E-DPM bulletin may be accessed electronically at <u>www.dchr.dc.gov</u>, by clicking on the "*Policies and Procedures*" and "*Electronic-District Personnel Manual (E-DPM)*" links for Chapter(s): **3** 

**Date:** October 3, 2013

## 1. Purpose

The purpose of this Electronic-District Personnel Manual (E-DPM) instruction is to remind District government subordinate agencies of the requirement that certain employees submit, each year, residency preference, domicile requirement, and tax information release forms (affidavits), as outlined in the regulations and procedures in Chapter 3, Residency. In addition, this instruction provides guidance and information on employee requirements and the associated submission process.

## 2. Applicability and Authority

a. Applicability

The provisions of this instruction apply to those District government agencies which are subordinate to the Mayor's personnel authority. Other personnel authorities or independent agencies may adopt any or all of these procedures to provide guidance to employees under their respective jurisdictions.

### b. Authority

- (1) Statutory: D.C. Official Code §§ 1-515.01 and 1-609.06
- (2) Regulatory: Chapter 3 of the D.C. personnel regulations, Residency

# 3. Background – Residency Preference; Residency Requirement; and Domicile Requirement

a. Residency Preference

A person who applies for <u>competitive employment</u> in the Career Service, Educational Service, Legal Service (other than the Senior Executive Attorney Service), or Management Supervisory Service and who is a bona fide resident of the District of Columbia may be awarded a residency preference of ten (10) points at the time of application, unless he or she declines the preference points. The ten (10) point residency preference may also be awarded to an employee who applies for a <u>competitive promotion</u> in one of the above services who is a bona fide resident of the District at the time of application.

A District government employee who is a bona fide resident, claims and is granted residency preference and is selected as a final candidate for a position is required to submit proof of District residency. An employee is also required to maintain such District residency for a period of seven (7) consecutive years from the effective date of appointment.

b. Residency Requirement

An attorney appointed to the Senior Executive Attorney Service (or SEAS), excluding persons outlined in section 304 of the Chapter 3 regulations, must be a bona fide resident of the District of Columbia at the time of appointment and remain a District resident for the duration of employment.

c. Domicile Requirement

An employee who is appointed to a position in the Excepted Service (including attorneys in that service)<sup>1</sup> or the Executive Service on or after October 1, 2002 must be a domiciliary of the District of Columbia at the time of appointment and maintain that domicile for the duration of his or her employment; <u>or</u> become a domiciliary of the District of Columbia within one hundred eighty (180) days of the date of his or her appointment and maintain that domicile for the duration of the duration of his or her employment.

#### 4. General Information

- a. Each year, District government employees subject to residency and domicile requirements referenced in section 3(a) through (c) of this instruction (above) are required to submit documentation to the D.C. Department of Human Resources (DCHR) certifying their compliance with the applicable requirement.
- b. In accordance with Subpart 7. *Reporting and Monitoring Requirements*, of Part II of Chapter 3, DCHR is required to prepare a listing, by agency, of those employees subject to the above requirements for transmittal to subordinate agencies.

### 5. Additional Guidance

To assist subordinate agencies with the responsibilities outlined in section 4 of this instruction, the table below contains additional guidance and instructions.

# **DCHR Responsibilities**

By October 1st of each year, DCHR will disseminate reminders or other communications alerting subordinate agencies of the requirement that certain employees, as described in section 3(a) through (c), must certify their compliance to the residency and domicile requirements.

<sup>&</sup>lt;sup>1</sup>D.C. Law 19-115, the Comprehensive Merit Personnel Act of 2012, repealed D.C. Official Code § 1-609.06(f) which previously subjected attorneys in the Excepted Service to the residency preference.

| Domicile Compl   | On an annual basis by October 1 <sup>st</sup> of each year, DCHR will also disseminate a Residency and Domicile Compliance Excel spreadsheet (see sample attached) to subordinate agencies identifying employees within their agency who are subject to the requirements referenced in this instruction   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
|  |   |  |  |  |  |  |  |  |
| -Residency and Domicile Compliance Excel Spreadsheet;  |   |  |  |  |  |  |  |  |
| [SEAS] (Rev.<br>Preference Re<br>other than the<br><b>308</b> : Certifica<br>Executive Ser<br>of Columbia  | -DC Form 306, Certification of Compliance with the Residency Requirement Affidavit<br>[SEAS] (Rev. 11/10); DC Form 307: Certification of Compliance with the Residency<br>Preference Requirement Affidavit[Career Service, Educational Service, Legal Service<br>other than the SEAS, and Management Supervisory Service] (Rev. 10/2013); DC Form<br>308: Certification of Compliance with the Domicile Requirement Affidavit [Excepted and<br>Executive Service] (Rev. 10/2013); and DC Form 309: Authorization to Release District<br>of Columbia Tax Information Affidavit (Rev. 11/10); |  |  |  |  |  |  |  |
| 4 DCHR will trans<br>and Review by N   | mit relevant agency information from the DC Form 309 to the Office of Tax lovember 15 <sup>th</sup> .   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
|  | Agency Responsibilities   |  |  |  |  |  |  |  |
| 1 Upon receipt, review the Residency and Domicile Compliance Excel spreadsheet from DCHR, and inform each employee within your agency that is shown on the listing of the requirement that he or she sign and submit the documents below, as appropriate, to their designated agency representative by October 20 <sup>th</sup> of each year after the first year of employment, and up to the end of the required period of bona-fide District residency or domicile. |   |  |  |  |  |  |  |  |
| Note: An e   | employee who refuses to sign the Form 309 shall forfeit employment.   |  |  |  |  |  |  |  |
| 2 Once all of the fo<br>the originals (with  |   |  |  |  |  |  |  |  |
| Department of Human Resources<br>Policy and Compliance Administration<br>441 4th Street, NW, Suite 330S<br>Washington, D.C. 20001<br>Attn: Attention: Kira Wilkinson, Management Analyst   |   |  |  |  |  |  |  |  |
|  | Do not return forms individually  |  |  |  |  |  |  |  |
| 3 While one (1) aff  | <i>idavit</i> and one (1) <i>DC Tax Authorization</i> form for each employee is to be   |  |  |  |  |  |  |  |
| returned to DCHI   | R, below is a list of all of the residency-related forms. They include:   |  |  |  |  |  |  |  |
| Form<br>(Affidaceit)   | Who Must Submit   |  |  |  |  |  |  |  |
| (Affidavit)<br>DC Form 306   | Attorneys in the Senior Executive Attorney Service (SEAS)   |  |  |  |  |  |  |  |
| DC Form 307  | Career Service, Educational Service, Legal Service (Other than SEAS),<br>Management Supervisory Service, as applicable  |  |  |  |  |  |  |  |
| DC Form 308  | Excepted Service and Executive Service  |  |  |  |  |  |  |  |
| DC Form 309  | Individuals in all services subject to the requirements [Note: An individual who refuses to sign the Form 309 shall forfeit employment.]  |  |  |  |  |  |  |  |
| ALL OF 1   | THE FORMS REFERENCED ABOVE MUST BE NOTARIZED.   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |

## 6. Inquiries

Questions relating to the provisions contained in this E-DPM instruction may be addressed to:

Kira Wilkinson, Management Analyst Policy and Compliance Administration, DCHR 441 4<sup>th</sup> Street, N.W., Suite 310S Washington, D.C. 20001 Email: <u>kira.wilkinson@dc.gov</u> Phone: (202) 727-1531

Secure Shawn Y. Stokes Director

Attachments:

- Sample Residency and Domicile Compliance Excel Spreadsheet
- DC Form 306, Certification of Compliance with the Residency Requirement Affidavit (Rev. 11/12)
- DC Form 307, Certification of Compliance with the Residency Preference Requirement Affidavit (Rev. 10/2013)
- DC Form 308, Certification of Compliance with the Domicile Requirement Affidavit (Rev. 10/2013)
- DC Form 309: Authorization to Release District of Columbia Tax Information Affidavit (Rev. 11/12

| Department of Human Resources                 |          |           |            |                 |            |                          |       |                 |                           |
|---|----------|-----------|------------|-----------------|------------|--------------------------|-------|-----------------|---------------------------|
| Residency and Domicile Compliance Spreadsheet |          |           |            |                 |            |                          |       |                 |                           |
| Agency Name                                   | Emplid   | Last Name | First Name | Position Title  | Hire Date  | DC Residency Pr          | State | Position<br>Nbr | Type Appt                 |
| Department of Human Resources                 | 00000001 | Doe       | John       | HR Specialist   | 1/22/2010  | DC Res Claim Pref        | DC    | 00004716        | Career Service - Reg Appt |
| Department of Human Resources                 | 00000002 | Doe       | Jane       | HR Specialist   | 10/15/2009 | DC Res Claim Pref        | DC    | 00046911        | Career Service - Reg Appt |
| Department of Human Resources                 | 0000003  | Doe       | Jack       | HR Specialist   | 10/31/2011 | DC Res Claim Pref        | DC    | 00042236        | Career Service - Reg Appt |
| Department of Human Resources                 | 00000004 | Doe       | June       | Program Analyst | 1/30/2012  | Domicile Res Requirement | DC    | 00075338        |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          | ±(    |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          | -     |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |
|   |          |           |            |                 |            |                          |       |                 |                           |

Attachment 2 of E-DPM Instruction No. 3-12

## **GOVERNMENT OF THE DISTRICT OF COLUMBIA D.C. Department of Human Resources**

# **DC FORM 306 – CERTIFICATION OF COMPLIANCE WITH THE RESIDENCY REQUIREMENT AFFIDAVIT** [Senior Executive Attorney Service (SEAS)]

# YEAR: \_\_\_\_\_

| I,  | , hereby certify that for the preceding m        | nonths |
|---|--|--------|
| Employee's Name – Print                         | t of Columbia, that is, I have maintained a pla  | ana of |
|   |  |        |
| abode in the District of Columbia as my actu    | al, regular, and principal place of residency. I | [      |
| further certify that during the above-stated pe | eriod I have been and am currently in complian   | nce    |
| with the residency requirement; and that my     | home address(es) for this period has/have been   | n the  |
| following: [List home address(es) in reverse    | order starting with the most recent]:            |        |
|   |  |        |

Additionally, the address(es) used on my most recent individual income tax return for District of Columbia tax purposes for year is/are as follows:

District of Columbia tax return:

I understand that this annual certification of my status as a bona-fide District resident is required. I understand that as a condition of employment I must continue to maintain bona-fide District residency during the period of my appointment, and that failure to maintain bona-fide District residency during the period of my appointment will result in forfeiture of my position and separation from District government employment.

Employee's Signature

 Employing Agency:
 \_\_\_\_\_\_

Employee ID #:

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_,

NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

Distribution: Original to DCHR; Copy to Employee DC Form 306 (Rev. 11/12)

Date

## DC FORM 307 – CERTIFICATION OF COMPLIANCE WITH THE RESIDENCY PREFERENCE REQUIREMENT AFFIDAVIT [Career Service, Educational Service, Legal Service other than the SEAS, and Management Supervisory Service]

YEAR: \_\_\_\_\_

I, \_\_\_\_\_

Print Employee Name

Print Agency Name

hereby certify that for the preceding \_\_\_\_\_ months I have been a bona-fide resident of the District of Columbia, that is, I have maintained a place of abode in the District of Columbia as my actual, regular, and principal place of residency. I further certify that during the above-stated period I have been and am currently in compliance with the residency preference that I claimed and was afforded to me; and that my home address(es) for this period has/have been the following:

### List home address(es) starting with the most recent:

Additionally, the address(es) used on my most recent individual income tax return for District of Columbia tax purposes for the year \_\_\_\_\_\_ is/are as follows:

# District of Columbia tax return:

I understand that this annual certification of my status as a bona-fide resident of the District of Columbia is required. I understand that I must continue to maintain bona-fide District residency for a period of seven (7) consecutive years from the effective date of my appointment if I was appointed on or after February 6, 2008. I further understand that failure to maintain bona fide District residency for the applicable 7 year period shall result in forfeiture of my position and separation from District government employment.

Employee's Signature

Date

Employee ID #

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_,

MY COMMISSION EXPIRES: \_\_\_\_\_

Distribution: Original to DCHR; Copy to Employee

DC Form 307 (Rev. 10/13)

**NOTARY PUBLIC** 

# DC FORM 308 – CERTIFICATION OF COMPLIANCE WITH THE DOMICILE **REQUIREMENT AFFIDAVIT [Excepted Service and Executive Service]**

YEAR:

I, \_\_\_\_\_, of the \_\_\_\_\_ Print Employee Name Print Agency Name

hereby certify that for the preceding  $\_\__{\#}$  months I have been a domiciliary of the District of Columbia. I

further certify that during the above-stated period I have been and I am currently in compliance with the

domicile requirement; and that my home address(es) has/have for this period been the following:

# List home address(es) starting with the most recent:

Additionally, the address(es) used on my most recent individual income tax return for District of Columbia tax purposes for the year \_\_\_\_\_ is/are as follows:

District of Columbia tax return:

I understand that this annual certification of my status as a domiciliary of the District of Columbia is required. I understand that as a condition of employment I must continue to be domiciled in the District of Columbia during the period of my appointment, and that failure to be domiciled in the District of Columbia during the period of my appointment shall result in forfeiture of my position and separation from District government employment.

Employee's Signature Date Employee ID #: \_\_\_\_\_ SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF NOTARY PUBLIC MY COMMISSION EXPIRES: \_\_\_\_\_ Distribution: Original to DCHR; Copy to Employee

DC Form 308 (Rev. 10/13)

## DC FORM 309 – AUTHORIZATION TO RELEASE DISTRICT OF COLUMBIA TAX INFORMATION AFFIDAVIT [All Services]

# TAX YEAR: \_\_\_\_\_

I hereby authorize the Director of the D.C. Department of Human Resources (DCHR) (or his or her designee), bearing the release or copy thereof, within 6 months of its date, to obtain information in my District of Columbia tax records pertaining only to whether I filed a District of Columbia tax return for the above-referenced year, the home address provided on the tax return, and the residency filing status listed on the return. This release is executed with full knowledge and understanding that the information is for the official use of the DCHR to establish compliance with District of Columbia government, and may not be disseminated to third parties without my written consent.

I hereby release the custodian of such District of Columbia tax records from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby authorize the Office of Tax and Revenue (OTR), Office of the Chief Financial Officer, to access, review, and research my tax records for the above-referenced tax year solely for the purpose of verifying whether I filed a District of Columbia tax return for the above-referenced year, the home address provided on the tax return, and the residency filing status listed on the return. OTR shall not reveal any financial information obtained from my tax records for any purpose. I further authorize the OTR to stipulate whether I filed District of Columbia tax returns for the above referenced year or any part of the year thereof, to an authorized representative of the DCHR Director. I understand that the information received from the OTR pursuant to this release will be placed in a confidential (secure) file to be maintained by the DCHR, and that it shall not be subject to dissemination to any individual outside the DCHR.

Finally, I understand that failure on my part to file this affidavit will result in forfeiture of my position and separation from District government employment.

| Full Name (Print):                     |                 |  |
|--|-----------------|--|
| Full Name (Signature:                  |                 |  |
| Position Title:                        |                 |  |
| Employing Agency:                      | _Employee ID #: |  |
|  |                 |  |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS | DAY OF          |  |
|  |                 |  |
|  |                 |  |
|  | NOTARY PUBLIC   |  |
|  |                 |  |
| MY COMMISSION EXPIRES:                 |                 |  |
|  |                 |  |
|  |                 |  |

Distribution: Original to DCHR; Copy to Employee

DC Form 309 (Rev. 11/12)