

**ELECTRONIC-DISTRICT PERSONNEL MANUAL
TRANSMITTAL SHEET
NUMBER 209**

The attached page replaces Exhibit 5 – *DC Form 306: Certification of Compliance with the Residency Requirement Affidavit*; Exhibit 6 – *DC Form 307: Certification of Compliance with the Residency Preference Requirement Affidavit*; Exhibit 7 – *DC Form 308: Certification of Compliance with the Domicile Requirement Affidavit*; and Exhibit 8 – *DC Form 309: Authorization to Release District of Columbia Tax Information Affidavit*, contained in the *Implementing Guidance and Procedures* in Part II of Chapter 3 of the District Personnel Manual (DPM), *Residency*. The forms are being revised to remove language requiring the submission of federal tax return information.

MAKE THE FOLLOWING CHANGES TO THE *IMPLEMENTING GUIDANCE AND PROCEDURES* FOR CHAPTER 3, RESIDENCY, CONTAINED IN THE *ELECTRONIC-DISTRICT PERSONNEL MANUAL (E-DPM)*:

REMOVE THESE PAGES	INSERT THESE PAGES
3-II-E9 through 3-II-E15 (E-DPM Transmittal No. 200, November 12, 2010)	3-II-E9 through 3-II-E15

November 27, 2012
Date



Shawn Y. Stokes
Director

Attachment

**Exhibit 5: DC FORM 306,
CERTIFICATION OF COMPLIANCE
WITH THE RESIDENCY REQUIREMENT**

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 ____ months
Employee's Name – Print #

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 requirement; and that my home address(es) for this period has/have been 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 Date

Employing Agency: _____ Employee ID #: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____,

_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**Exhibit 6: DC FORM 307,
CERTIFICATION OF COMPLIANCE WITH THE
RESIDENCY PREFERENCE REQUIREMENT
AFFIDAVIT**

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

**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, _____, hereby certify that for the preceding ____ months
Employee's Name – Print #
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) 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 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: five (5) consecutive years from the effective date of my appointment (*Residency-
Preference (RP)* appointment effective before 02/06/08); or seven (7) consecutive years from the
effective date of my appointment (*RP* appointment effective on or after 02/06/08).

I further understand that failure to maintain bona-fide District residency for the above-stated period
will result in forfeiture of my position and separation from District government employment.

Employee's Signature Date

Employing Agency: _____ Employee ID #: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____,

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**Exhibit 7: DC FORM 308,
CERTIFICATION OF COMPLIANCE WITH THE
DOMICILE REQUIREMENT AFFIDAVIT**

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

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

YEAR: _____

I, _____, hereby certify that for the preceding _____ months
Employee's Name - Print #
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) 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 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 will result in
forfeiture of my position and separation from District government employment.

Employee's Signature

Date

Employing Agency: _____ Employee ID #: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**Exhibit 8: DC FORM 309,
AUTHORIZATION TO RELEASE DISTRICT
OF COLUMBIA TAX INFORMATION AFFIDAVIT**

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

**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 residency/domicile requirements attached to my employment with the 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: _____