

**ELECTRONIC-DISTRICT PERSONNEL MANUAL
TRANSMITTAL SHEET
NUMBER 212**

The attached pages replace Exhibit 6 – *DC Form 307: Certification of Compliance with the Residency Preference Requirement Affidavit*; and Exhibit 7 – *DC Form 308: Certification of Compliance with the Domicile Requirement Affidavit*, contained in the *Implementing Guidance and Procedures* in Part II of Chapter 3 of the Electronic-District Personnel Manual (E-DPM), *Residency*. *DC Form 307* is being revised to remove the “*five (5) consecutive year*” reference for employees subject to the residency preference hired on or before February 6, 2008; and minor shifts were made to text in both the *DC Form 307* and *DC Form 308*.

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-E11 through 3-II-E13 (E-DPM Transmittal No. 209, November 27, 2012)	3-II-E11 through 3-II-E13

October 3, 2013

Date


 Shawn Y. Stokes
 Director

Attachment

**Exhibit 6: DC FORM 307,
CERTIFICATION OF COMPLIANCE WITH THE
RESIDENCY 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, _____, of the _____,
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 and that I must continue to maintain a bona-fide District residency for at least seven (7) consecutive years, from the effective date of my appointment, if I was appointed on or after February 6, 2008. I also understand that failure to maintain this required residency shall result in forfeiture of my position and separation from District government employment.

I affirm that my statements made in this certification form are true and accurate and understand that knowingly providing a materially false statement to the District of Columbia is punishable by criminal penalties.”

Employee’s Signature

Date

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, _____, 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.

I affirm that my statements made in this certification form are true and accurate and understand that knowingly providing a materially false statement to the District of Columbia is punishable by criminal penalties.”

Employee's Signature

Date

Employee ID #: _____

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

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____