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| --- | --- | --- | --- |
| **Last Name**  Last name. | **First Name**  First Name. | | **Middle Initial**  Middle Initial. |
| **Street Address**  Street address | **City**  City | | **State / Zip**  State / Zip Code |
| **Position Title**  Position Name. | **SSN - Last 4 Digits**  #### | **Job Requisition Number**  Job Requisition # | |

I, the undersigned, understand that I am subject to residency requirements as the appointee to this position. As I have accepted the position, I acknowledge that:

* I understand that I am being appointed to a position in the District government that is either an agency head position or is in the Executive Service, Excepted Service, Senior Executive Attorney Service, Legal Service of the Council of the District of Columbia, or position in the Career, Management Supervisory, or Educational Service with an annual starting salary of $150,000 or more.
* I understand that if I do not currently reside within the District of Columbia, I have 180 days from the date of my appointment to establish residency within the District. It is my responsibility to provide proof of my updated residency to the DC Department of Human Resources (DCHR) and my Human Resources Officer.
* I understand that my primary residency must be within the District of Columbia.
* I understand that I am required to be a District resident for the duration of my appointment to this position and that if I move out of the District of Columbia while occupying this position I forfeit my appointment to this position.
* I understand that if I encounter an issue that forces me to move outside the District of Columbia during my appointment, I must file a hardship waiver request with DCHR. I understand that approval of the hardship waiver is at the discretion of DCHR.
* I understand and authorize my agency and DCHR to verify compliance with my residency requirement for the duration of my appointment. I understand that DCHR may use public records and other relevant records which may include the Department of Motor Vehicles records, income tax withholdings, and other auditing and investigatory techniques needed to adequately verify my District residency.

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| Employee’s Signature |  | Date  (Month, Day, Year) |  | Driver’s License # or  Non-driver ID # |  | ID Issuing State |