MEMORANDUM FOR: < Insert Employee's Full Name>

FROM: <Insert Official's Name and Title>

SUBJECT: PORTABILITY OF BENEFITS ELIGIBILITY DECISION NOTICE

<Insert for moves from a NAF position to an APF position>

You have been found ineligible to make a retirement portability election, this is the final agency decision. Review of your appointment documents, official personnel records, and information from your previous nonappropriated fund employer substantiates the decision. Attached is a copy of the portability of benefits eligibility statement used to make the determination.

<Insert for moves from an APF position to a NAF position>

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In accordance with title 5, Code of Regulations, Part 847.107, if your rights or interests under the Civil Service Retirement System or the Federal Employees Retirement System are affected by this Agency decision on eligibility for a retirement portability election, you may request the Merit Systems Protection Board (MSPB) to review the decision. If you wish to appeal this action to the MSPB, you must file an appeal within 30 calendar days after the effective date of your portability of benefits eligibility statement, or 30 days after the date of your receipt of this decision notice, whichever is later. You may obtain a copy of the appeals form and information about the appeals process from the MSPB website at: http://www.mspb.gov/appeals/appeals.htm or contact your servicing Employee Relations Specialist at http://www.mspb.gov/appeals/appeals.htm or contact your servicing Employee Relations

Your appeal must be filed with the MSPB regional or field office serving the area of your duty station when the action was taken. Based upon your duty station, the appropriate regional or field office is <insert regional/field office, mailing address, phone and fax numbers>. The MSPB also offers the option of electronic filing at: https://e-appeal.mspb.gov. You may wish to check the MSPB's website for its operating status during this time. Employees with appeal rights to the MSPB have a right to representation in this matter and may be represented by an attorney or other person of their choosing at no expense to the Government.

The MSPB will send an Acknowledgment Order and copy of your appeal to **<insert** contact information including the official's mailing address, email address, telephone and fax number >.

Attachment: As stated <Insert Signature Block>

Date

Employee Signature

Date

I acknowledge receipt of the notice.