



UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF WASHINGTON
920 WEST RIVERSIDE AVENUE
P.O. BOX 1493
SPOKANE, WASHINGTON 99210
www.waed.uscourts.gov

SEAN F. MCAVOY
CLERK OF COURT

(509) 458-3400
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LESLIE A. DOWNEY
CHIEF DEPUTY CLERK

Dear Incoming Term Law Clerk:

Congratulations on your new appointment as Elbow Law Clerk for the United States District Court, Eastern District of Washington. This site contains all of the necessary forms required to process your appointment. Additional reference materials and guides are also included to assist you in making informed decisions as to which health plan to choose, and whether or not you wish to participate in the Federal Employee's Life Insurance Program. Please review and fill out these forms to the best of your ability and bring them with you on your first day of work. Please do not email these forms to us. If you have any questions or require assistance while completing them call 509-458-3422 or email HR@waed.uscourts.gov.

1. **AO 78 Appointment Form.** Please be sure to complete this form in detail. The information you provide concerning your education and work history is used to determine what classification level you will be placed at and could also be used in the future to help assess promotion opportunities
2. **Form W-4, Withholding Allowance Certificate.**
3. **Form I-9, Employment Eligibility Verification.** Section 1 is to be completed and signed by you. Please bring in selected documentation as listed on the form on your first day.
4. **Direct Deposit Sign-Up Form.** Our paychecks are automatically deposited to a checking or savings account. Section 1 needs to be completed by you and then Section 3 by your bank.
5. **Emergency Contact Sheet** for your local personnel file.
6. You have 60 days from your appointment date to enroll in the **Federal Employees Health Benefits (FEHB) Program**. In general, enrollments

take effect on the first day of the pay period that begins after we receive your completed election form (SF 2809) and follows a pay period during any part of which you were in a pay status.

7. You are automatically covered by the **Basic Life** coverage described in the attached **FEGLI** (Federal Employees Group Life Insurance) booklet. If you do not wish to be covered, you must sign the waiver in Section 5 as the deductions for Basic Life will begin automatically.

Also enclosed is a life insurance Designation of Beneficiary form. This form should be completed if you wish something other than the order of precedence listed on the back of the form.

Other information available on the site includes the Flexible Spending Program (medical and dependent care reimbursement), booklets on the various dental and vision options which you will be able to select once you are on board, the Court's EEO/EDR Plan and the Judicial Code of Conduct. Also available is information on holidays, salary and leave accrual.

Welcome to the U.S. District Court!

Sincerely,

Human Resources Department
United States District Court