



UNITED STATES MARINE CORPS  
MARINE CORPS BASE HAWAII  
BOX 63002 KANEHOE BAY HAWAII 96863-3002

IN REPLY REFER TO:  
BaseO 1710.55A  
LH  
1 Oct 2012

BASE ORDER 1710.55A

From: Commanding Officer, Marine Corps Base Hawaii  
To: Distribution List

Subj: HOUSEHOLD EMPLOYEES

Encl: (1) Household Employee Requirements Checklist  
(2) Hold Harmless Agreement for Household Employee  
(3) Statement of Understanding for Household Employee  
(4) Sample Administration Action Form Request  
(5) Sample of Form SS-4

1. Situation. To establish procedures for families, living aboard Marine Corps Base (MCB) Hawaii, requesting permission for an individual to provide household services for their family in their base quarters either in Hana Like or privatized housing. This individual is hereafter referred to as a household employee.

2. Cancellation. Base Order 1710.55.

3. Mission. Many military families require household services which are best met by an individual providing this service in their quarters, either as a nanny, cook, nurse, caretaker or similar household employee. These employees provide services either on a live-in basis or a daily basis, using base quarters as their worksite. Shift work and dual and single military families often need household services that cannot be provided by existing MCB Hawaii services. Families seeking the services of a household employee are solely responsible for the selection of an appropriate employee. This Order establishes the procedures for requesting permission to employ a household worker to live or work in base quarters and establishes minimum standards for individuals providing services as a household employee.

4. Execution

a. Commander's Intent. Household employees are defined as nannies, health aides, private nurses, cooks, maids, caretakers and those providing similar domestic services. Household employees work in or around the employer's home and utilize the tools, appliances or facilities of their employer. Their services are not available to the general public in an independent business. Individuals defined as household employees and covered by this Order may be related or unrelated to the employer receiving domestic services.

(1) Household employees may provide domestic services while residing in the base quarters or while coming to the base quarters on a regular basis to provide domestic services. Employees who work more than 12 hours per week on a reoccurring basis or are paid more than \$1,100 per year in cash wages are deemed "household employees." They and their employers are subject to the provisions of this Order.

(2) Household employees are not certified Family Child Care Providers as defined and regulated by MCO 1710.30C. Household employees may not be certified as Family Child Care Providers and may not provide child care for children outside the family unit of their employer.

b. Concept of Operations

(1) Requirements of Household Employee

(a) Verification that the employee is at least 18 years of age.

(b) Valid driver's license or State/Federal identification card.

(c) Clearance from the National Crime Information Center. This clearance can be obtained from the Provost Marshal Office, Criminal Investigative Division.

(d) Verification that the employee is either a U.S. citizen or the dependent of an active duty service member.

(e) Resume or letter of introduction which details the employee's experience and related training.

(f) Three written references relevant to the employee's character and ability to provide the domestic services for which they will be employed. References may not be from the requesting employer.

(g) Annual tuberculosis clearance.

(h) Verification that social security and Medicare taxes are being properly withheld and paid by the employer.

(i) If child care services are part of the employee's services:

1. Current CPR certificate.

2. Current First Aid certification.

3. Evidence of current immunizations including measles, mumps and rubella.

4. Completion of Child Abuse Prevention class or modules within the first two months of providing child care services.

(2) Application Requirements

(a) All household employee requirements listed above. A checklist for all requirements is provided by enclosure (1).

(b) A release from liability statement signed by the requesting family which relieves the Department of the Navy (DON), MCB Hawaii and its officers of liability for any injury or damage caused by the negligence or intentional torts of the household employee, provided by enclosure (2).

(c) A statement of understanding which indicates the household employee works solely for their employer and not the DON, MCB Hawaii or United States Marine Corps, provided by enclosure (3).

(d) An Administrative Action (AA) form requesting permission for the employee to reside or work in base quarters (see enclosure (4)). For family members, the AA form must identify the relationships involved in the request.

(e) A copy of the contract between the employee and their employer certifying that the employer and employee will comply with all applicable State and Federal tax regulations pertaining to employment, including income tax withholding, social security and Medicare taxes.

(f) Copy of Form SS-4, Application of Employer Identification Number (see enclosure (5)). To access the most current Form SS-4, download from this website: [www.irs.gov/formspubs/article/0,,id=239459,00.html](http://www.irs.gov/formspubs/article/0,,id=239459,00.html)

(g) Proof that the employer maintains personal liability insurance or renters' protection insurance with a minimum coverage of \$100,000 per occurrence.

(h) Immediate family members may request a waiver from the requirements of paragraphs 4b(1)(e) through (i) and paragraphs 4b(2)(d) and (e). Immediate family members are defined as husband, wife, mother, father, brother, sister or child. Also a person who is "in loco parentis" (someone who stood in the place of a parent for a number of years prior to joining the military and was responsible for you both financially and emotionally) is considered an immediate family member. Even if all or some of the identified requirements are waived, the family member should be in good health and able to perform the requested household duties satisfactorily.

## 5. Administration and Logistics

### a. Marine Corps Community Services, Family Care Branch

(1) Distribute the household employee requirements to requesting families.

(2) Provide Child Abuse Prevention training within the first two months if child care services are being offered.

(3) Keep a list of approved household employees who provide child care services.

(4) As requested and as space permits, include approved household employees providing child care in child development training.

### b. Housing Office

(1) Distribute the household employee requirements to requesting families.

(2) Receive the application and verify that all application requirements have been met.

(3) Receive and process the AA form requesting permission for household employees to reside or work in base quarters.

(4) Maintain a list of approved household employees and notify the requesting family when annual renewal is necessary. Submit a list of household employees who provide child care to the Marine Corps Community Services, Family Care Branch.

c. Requesting Family

- (1) Complete all application requirements as detailed in this Order.
- (2) Notify the Housing Office if the desire for a household employee is no longer necessary or if the employment has been terminated.
- (3) Initiate an annual renewal of the approval for a household employee with the Housing Office per current policy and regulations.

d. Endorsements. Endorsements for household employees are through the requester's chain of command and must contain the following:

- (1) Statement that supporting documentation has been reviewed and is complete and accurate.
- (2) Statement that the commanding officer or designee has confirmed that the request is based on a valid need for a household employee and is not otherwise considered as compensation for the benefit or convenience of the employee.

6. Command and Signal

a. Command. This Order is applicable to MCB Hawaii, tenant commands and base personnel.

b. Signal. This Order is effective the date signed.



BRIAN ANNICHARIKO

DISTRIBUTION: A

## HOUSEHOLD EMPLOYEE REQUIREMENTS CHECKLIST

If you are requesting permission to employ a household employee to live or work in base quarters, please use this checklist as a guide for completing all necessary requirements of Base Order 1710.55A, Household Employees. If you are requesting a waiver for any requirement because the household employee meets the definition of a family member, please complete the waiver request at the end of this checklist. All documents and/or proofs should be submitted to the Base Housing Office.

- \_\_\_1. Verification that the employee is at least 18 years old.
- \_\_\_2. Copy of a valid driver's license or State/Federal identification card. #1 and #2 may be the same document.
- \_\_\_3. National Crime Information Center clearance. To obtain this clearance, bring the name, social security number and date of birth of the household employee to the Criminal Investigation Division, building 1095, during normal military work hours.
- \_\_\_4. Verification the employee is either a U.S. citizen or an alien who can legally work in the United States. Possible documents are passport, birth certificate or applicable alien work approval.
- \_\_\_5. Resume or letter of introduction which details the individual's experience and related training. You may request a waiver for this requirement if the individual meets the definition of a family member in Base Order 1710.55A.
- \_\_\_6. Three written references relevant to the employee's character and ability to provide the domestic services for which they will be employed. References may not be from the requesting employer. You may request a waiver for this requirement if the individual meets the definition of a family member in Base Order 1710.55A.
- \_\_\_7. Annual tuberculosis clearance. Available from any health care facility. You may request a waiver for this requirement if the individual meets the definition of a family member in Base Order 1710.55A.
- \_\_\_8. Verification that social security and Medicare taxes are being properly withheld and paid by the employer. Copy of Internal Revenue Service Form SS-4, Application for Employer Identification Number (EIN). Form SS-4 should have a pre-assigned EIN per form instructions. A sample Form SS-4 is contained in this Order as enclosure (5). You may request a waiver for this requirement if the individual meets the definition of a family member in Base Order 1710.55A.
- \_\_\_9. If child care services are part of the employee's services, the following information is required:
  - (1) Current CPR certificate. CPR is valid for one to two years depending on the training source.
  - (2) Current first aid certification. First aid is valid from one to three years depending on the training source.

(3) Evidence of current immunizations including measles, mumps and rubella. You may request a waiver for this requirement if the individual meets the definition of a family member in BO 1710.55A.

\_\_\_10. A release from liability statement signed by the requesting family which relieves the Department of the Navy (DON), Marine Corps Base (MCB) Hawaii and its officers of liability for any injury or damage caused by the negligence or intentional torts of the household employee. A blank liability form is contained in this Order as enclosure (2).

\_\_\_11. A statement of understanding, signed by the employee, which indicates the household employee works solely for their employer and not the DON, MCB Hawaii or United States Marine Corps. A blank statement of understanding is contained in this Order as enclosure (3).

\_\_\_12. An Administrative Action (AA) form requesting permission for the employee to reside in base quarters or work in base quarters. For family members, the AA form must identify the relationships involved in the request. A sample AA form is contained in this Order as enclosure (4).

\_\_\_13. A copy of the contract between the employee and their employer certifying that the employer and employee will comply with all applicable State and Federal tax regulations pertaining to employment, including income tax withholding, social security and Medicare taxes.

\_\_\_14. Proof the employer maintains personal liability insurance or renter's protection insurance with a minimum coverage of \$100,000 per occurrence.

I am requesting a waiver from the following requirements because the household employee meets the definition of a family member per Base Order 1710.55A.

Name of Family Member: \_\_\_\_\_

Relationship: \_\_\_\_\_

Waiver requested for: (list by checklist number) \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**HOUSING OFFICE ONLY**

Waiver approved for: \_\_\_\_\_

Name of Housing Office Representative: \_\_\_\_\_

Signature of Housing Office Representative: \_\_\_\_\_

Date: \_\_\_\_\_

HOLD HARMLESS AGREEMENT FOR HOUSEHOLD EMPLOYEE

For and in consideration of permission granted by the United States Marine Corps (USMC) to allow for the employment of a household employee in government quarters aboard Marine Corps Base Hawaii, I,

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(employer's name/rank/branch of service/SSN), hereinafter referred to as employer, agree to indemnify and reimburse the USMC for any and all damage incident to or caused by the household employee however occurring. Employer bears primary responsibility and agrees that reimbursement is to be provided promptly, regardless of dispute among employer and/or third parties regarding liability. Employer also agrees to indemnify and reimburse the USMC or other appropriate government agency for any loss or claim for property damage, injury or death, however arising, that the Federal government, its agencies or personnel are required to provide to another person or entity arising as a result of the employer's employment of a household employee. Employer agrees to reimburse the Federal government for attorney fees and associated expenses associated with defending against any loss or claim, regardless of result.

Additionally, employer agrees to forever discharge and hold harmless the Federal government, the USMC, and all of its officers and personnel, employees, representatives and successors, and assigns from any and all liability, including liability under the Federal Tort Claims Act, arising pursuant to the employment of a household employee. Employer waives all claims, demands, damages, actions and suits of any nature or legal basis against the federal government, its agencies, and personnel for any injury including death, property damage or loss that occur incident to the employment of a household employee.

I have carefully read the foregoing. I understand this agreement operates to release the federal government, its agencies and personnel from all liability regarding the employment of a household employee and that I may be held solely liable for any damages, injuries, or deaths caused by or occurring as a result of the employment of

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(employee's name/address/SSN) I also understand this release requires me, the employer, to indemnify and reimburse the federal government for any claims brought against the federal government by anyone in connection with the employment of said named employee.

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Employer's signature/date

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Witness signature/date

STATEMENT OF UNDERSTANDING FOR HOUSEHOLD EMPLOYEE

I, \_\_\_\_\_  
(employee's name/address/SSN), submit this statement of understanding  
regarding my employment by

\_\_\_\_\_  
(employer's name/rank/branch of service/address)

I understand I am not an employee of the Federal government, Department of  
the Navy, or the United States Marine Corps.

I understand my employment is with \_\_\_\_\_ (employer's  
name) only, and that my employer is responsible for complying with all  
applicable State and Federal tax regulations, including income tax  
withholding, social security, Medicare taxes, and worker's compensation.

\_\_\_\_\_  
Employee's signature/date

\_\_\_\_\_  
Witness' signature/date

SAMPLE OF ADMINISTRATION ACTION FORM REQUEST

**ADMINISTRATIVE ACTION (5216)**

**NAVMC 10274 (REV. 3-93) (EF)**

Previous editions will be used  
 SN: 0109-LF-063-3200 U/I: PADS OF 100

|               |                           |
|---------------|---------------------------|
| 1. ACTION NO. | 2. SSIC/FILE NO.<br>11101 |
| 3. DATE       |                           |

|   |   |
|---|---|
| 4. FROM (Grade, Name, SSN, MOS, or CO, Pers. O., etc.)    | 5. ORGANIZATION AND STATION (Complete address)<br>Unit of service member requesting household employee. |
| 6. VIA (As required)<br>Service members chain of command. |   |

|   |   |
|---|---|
| 7.<br><br><b>TO:</b><br><br>Director, Family Housing Department | 8. NATURE OF ACTION/SUBJECT<br>Permission for household employee to reside in quarters. |
|   | 9. COPY TO (As required)  |

|   |  |
|---|--|
| 10. REFERENCE OR AUTHORITY (if applicable)<br>BO P11101.35B | 11. ENCLOSURES (if any)<br>1. Household employee requirement checklist<br>2. Hold Agreement and Statement of Understanding for household employee<br>3. Application for Employer Identification Number |
|---|--|

12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below text)

1. Request permission for Ms. Jane Smith, to reside with my family aboard MCB Hawaii at my quarters 1111-A Lawrence Road.
2. I plan to employ Ms. Smith as a nanny (as an example) for my children on a full-time basis, beginning 1 June 2012.
3. My contact numbers are 257-1234 (work) or my cell phone (808) 345-6789.

Signature of requestor

FIRST ENDORSEMENT

1. I have reviewed the supporting documentation and found it to be complete and accurate.
2. I have validated the request is based on need for a live-in household employee and is not otherwise considered as compensation for the benefit or convenience of the employee.
3. Recommend approval.

Signature of Commanding Officer or designee

13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)

**PRIVACY ACT STATEMENT**  
 The Privacy Act Statement for information on this form is contained on NAVMC form 11000, Privacy Act Statement for Marine Corps Personnel and Pay Records.

Adobe 8.0

Reset Form

SAMPLE OF FORM SS-4

|  |  |   |   |                   |
|--|--|---|---|-------------------|
| Form <b>SS-4</b><br>(Rev. January 2010)<br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Application for Employer Identification Number</b><br>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)<br>▶ See separate instructions for each line. ▶ Keep a copy for your records.   |   | OMB No. 1545-0003 |
|  |  | EIN   |   |                   |
| Type or print clearly.   | 1 Legal name of entity (or individual) for whom the EIN is being requested   |   |   |                   |
|  | 2 Trade name of business (if different from name on line 1)  |   | 3 Executor, administrator, trustee, "care of" name          |                   |
|  | 4a Mailing address (room, apt., suite no. and street, or P.O. box)   |   | 5a Street address (if different) (Do not enter a P.O. box.) |                   |
|  | 4b City, state, and ZIP code (if foreign, see instructions)  |   | 5b City, state, and ZIP code (if foreign, see instructions) |                   |
|  | 6 County and state where principal business is located   |   |   |                   |
|  | 7a Name of responsible party   |   | 7b SSN, ITIN, or EIN  |                   |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 8b If 8a is "Yes," enter the number of LLC members ▶  |   |                   |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |   |                   |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.  |  |   |   |                   |
| <input type="checkbox"/> Sole proprietor (SSN) _____   |  | <input type="checkbox"/> Estate (SSN of decedent) _____   |   |                   |
| <input type="checkbox"/> Partnership   |  | <input type="checkbox"/> Plan administrator (TIN) _____   |   |                   |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____   |  | <input type="checkbox"/> Trust (TIN of grantor) _____   |   |                   |
| <input type="checkbox"/> Personal service corporation  |  | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government   |   |                   |
| <input type="checkbox"/> Church or church-controlled organization  |  | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military  |   |                   |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____  |  | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises   |   |                   |
| <input type="checkbox"/> Other (specify) ▶ _____   |  | Group Exemption Number (GEN) if any ▶ _____   |   |                   |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated  |  | State   | Foreign country   |                   |
| 10 Reason for applying (check only one box)  |  |   |   |                   |
| <input type="checkbox"/> Started new business (specify type) ▶ _____   |  | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____  |   |                   |
| <input type="checkbox"/> Hired employees (Check the box and see line 13.)  |  | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____  |   |                   |
| <input type="checkbox"/> Compliance with IRS withholding regulations   |  | <input type="checkbox"/> Purchased going business   |   |                   |
| <input type="checkbox"/> Other (specify) ▶ _____   |  | <input type="checkbox"/> Created a trust (specify type) ▶ _____   |   |                   |
|  |  | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____  |   |                   |
| 11 Date business started or acquired (month, day, year). See instructions.   |  | 12 Closing month of accounting year   |   |                   |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none).<br>If no employees expected, skip line 14.  |  | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> |   |                   |
| Agricultural   |  | Household   |   |                   |
|  |  | Other   |   |                   |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ |  |   |   |                   |
| 16 Check one box that best describes the principal activity of your business.  |  |   |   |                   |
| <input type="checkbox"/> Construction  |  | <input type="checkbox"/> Health care & social assistance  |   |                   |
| <input type="checkbox"/> Rental & leasing  |  | <input type="checkbox"/> Accommodation & food service   |   |                   |
| <input type="checkbox"/> Transportation & warehousing  |  | <input type="checkbox"/> Wholesale-agent/broker   |   |                   |
| <input type="checkbox"/> Real estate   |  | <input type="checkbox"/> Wholesale-other  |   |                   |
| <input type="checkbox"/> Manufacturing   |  | <input type="checkbox"/> Retail   |   |                   |
| <input type="checkbox"/> Finance & insurance   |  | <input type="checkbox"/> Other (specify) _____  |   |                   |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  |  |   |   |                   |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |                   |
| If "Yes," write previous EIN here ▶ _____  |  |   |   |                   |
| Third Party Designee   | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. |   |   |                   |
|  | Designee's name  | Designee's telephone number (include area code)<br>( )  |   |                   |
|  | Address and ZIP code   | Designee's fax number (include area code)<br>( )  |   |                   |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.                              |  | Applicant's telephone number (include area code)<br>( )   |   |                   |
| Name and title (type or print clearly) ▶   |  | Applicant's fax number (include area code)<br>( )   |   |                   |
| Signature ▶  |  | Date ▶  |   |                   |
| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   |  | Cat. No. 16055N Form <b>SS-4</b> (Rev. 1-2010)  |   |                   |