



Welcome to Permanent
New Hire
Orientation!

Required Federal Documents

Verify Information



CONDITIONS OF INDEFINITE EMPLOYMENT

- I, _____, having accepted an indefinite appointment with the Utah National Guard, understand the following conditions pertaining to my employment:
1. Because I am an indefinite employee, I must apply to be considered for permanent positions.
 2. My appointment does not have a specific time limitation.
 3. I may be promoted, changed to lower grade, reassigned or detailed to other positions with indefinite status. Competitive procedures must be used when the promotion is expected to last more than 120 days.
 4. I must meet all military membership and compatibility requirements.
 5. I must meet the qualification standards established for the position.
 6. I do not acquire permanent status.
 7. I do not serve a trial period.
 8. I am eligible for retirement coverage under either the Civil Service Retirement System or the Federal Employee Retirement System.
 9. I am eligible for life insurance coverage under the Federal Employees Group Life Insurance Program.
 10. I am eligible for coverage under the Federal Employees' Health Benefits Program.
 11. I am in tenure group III for reduction in force (RIF) purposes. RIF procedures are not required to separate indefinite technicians when their services are no longer needed.
 12. I am eligible for pay increases.
 13. I earn leave when appointed to a position with a regularly schedule tour of duty.
 14. My termination must be preceded by a 30-day advance notice issued by the HRO.
 15. If I am receiving an annuity from the Civil Service Retirement and Disability Fund, I am subject to the rules for reemployed annuitants.
 16. I understand that I will accrue annual leave during my appointment, but that I must be on over 90 days in order to be able to use the leave. I must submit DD214s for my title 10 time to receive credit toward my leave SCD. I will receive credit beginning the pay period the DD214s are submitted. My leave will not be back-dated. I cannot start taking leave until I have been on 89 days.

CERTIFICATION

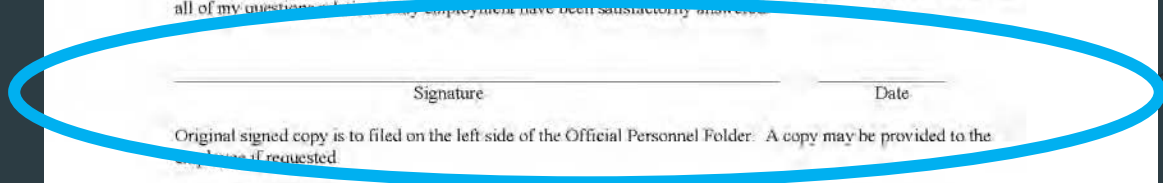
I hereby certify that the conditions of indefinite employment as outlined above have been explained to me. I acknowledge that these conditions are different from the conditions of permanent employment. I further certify that all of my questions about my employment have been satisfactorily answered.

Signature

Date

Original signed copy is to filed on the left side of the Official Personnel Folder. A copy may be provided to the employee if requested.

Sign & Date





Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Zip Code	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



Employer Completes Next Page



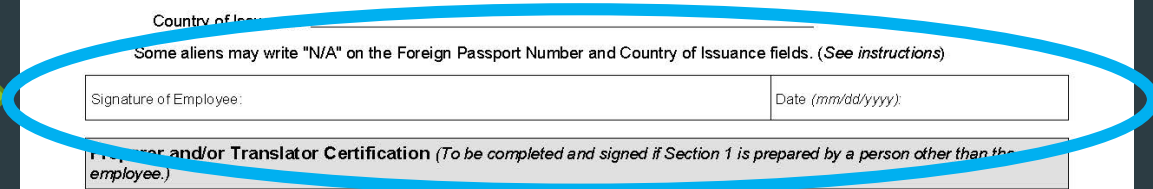
Verify Information



Check Appropriate Box



Sign & Date



HRO Specialist will fill out appropriate section



Section 2. Employer or Authorized Representative Review and Verification				
<i>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, (if any).)</i>				
Employee Last Name, First Name and Middle Initial from Section 1:				
List A	OR	List B	AND	List C
Identify and Employment Authorization		Identify		Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Certification				
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.				
The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)				
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)				
A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Hire (if applicable) (mm/dd/yyyy):		
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.				
Document Title:		Document Number:	Expiration Date (if any) (mm/dd/yyyy):	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative:		Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:	

Verify Information
& Complete Blocks
3a-7c



If your only active
duty time was
training time in
the Reserves
Or National Guard,
check the box
"NO"



Fill in Military Service
Branch, Dates, and
Type of Discharge

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. SOCIAL SECURITY NUMBER

3a. PLACE OF BIRTH (Include city and state or country)

3b. ARE YOU A U.S. CITIZEN?
 YES NO (If "NO", provide country of citizenship)

4. DATE OF BIRTH (MM / DD / YYYY)

5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)

6. PHONE NUMBERS (Include area codes)
 Day
 Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? YES (If "YES", provide information below) NO

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

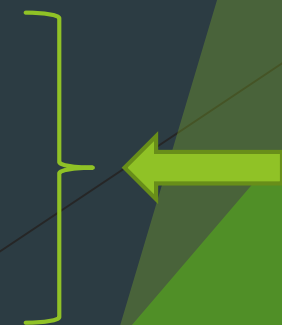
11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

U.S. Office of Personnel Management
 5 U.S.C. 1102, 3301, 3306, 3320 & 8711

Optional Form 305
 Replaced October 2011
 Previous editions obsolete and inexact



Check "YES"
or "NO"

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).



Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature _____ Date _____
(Sign in ink)

17b. Appointee's Signature _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM/DD/YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before). Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

If you checked "YES" to any above questions, you must leave response in Block 16



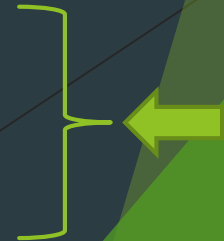
Check "YES" or "NO"



Sign & Date Block 17b



Only respond if you have been employed by the Federal Government before



Verify Information →



← If you do NOT have a Disability fill in "05"



SELF-IDENTIFICATION OF DISABILITY
(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI		Date of Birth (mm/Yy)	Social Security Number	ENTER CODE HERE → <input type="text"/>
<p>Definition: An individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).</p>		<p>Purpose: Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.</p>		
<p>Part I. Targeted/Severe Disabilities</p> <p>Hearing 18 - Total deafness in both ears (with or without understandable speech)</p> <p>Vision 21 - Blind (inability to read ordinary size print, not correctable by glasses or no usable vision, beyond light perception)</p> <p>Missing Extremities 30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)</p> <p>Partial Paralysis 69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)</p> <p>Complete Paralysis 79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts</p> <p>Other Impairments 82 - Epilepsy 90 - Severe intellectual disability 91 - Psychiatric disability 92 - Dwarfism</p>		<p>Part II. Other Disabilities</p> <p>Hearing Conditions 15 - Hearing impairment/hard of hearing</p> <p>Vision Conditions 22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)</p> <p>Physical Conditions 26 - Missing extremities (one hand or one foot) 40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.) 41 - Spinal abnormalities (e.g., spina bifida, scoliosis) 44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51 - HIV Positive/AIDS 52 - Morbid obesity 61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof 70 - Complete paralysis of one hand 80 - Cardiovascular/heart disease with or without restriction or limitation on activity, a history of heart problems w/complete recovery 83 - Blood diseases (e.g., sickle cell anemia, hemophilia) 84 - Diabetes 86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.) 87 - Kidney dysfunction (e.g., required dialysis) 88 - Cancer (present or past history) 93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks 95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.) 98 - History of alcoholism</p> <p>Speech/Language/Learning Conditions 13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy 94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)</p> <p>Other Options 01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.) 05 - I do not have a disability. 06 - I have a disability, but it is not listed on this form.</p>		

Verify Information



U.S. Office of Personnel Management Guide to Personnel Data Standards		ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)		Social Security Number	Birthdate (Month and Year)
Agency Use Only			
Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.			
Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.			
Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Check all that apply



Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16
NSN 7540-01-099-3446

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

Verify Information



1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
---------------------------------------	---------------------------	-------------------------------------

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
 Yes — If "Yes", check this block and skip to item 8. No — If "No", check this block and complete items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)			
	Year	Month	Day	Year	Month	Day				

6. During periods of employment shown in item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
 Yes — If "Yes", list the following information. No — If "No", go to item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

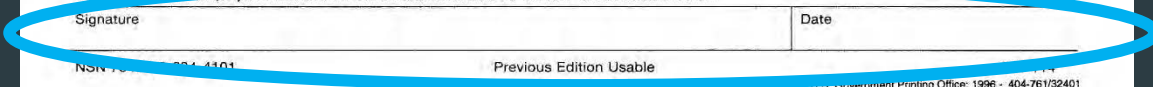
7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)			
	Year	Month	Day	Year	Month	Day				

8. Do you claim any type of veterans' preference which has not been verified?
 No Yes — Check one of the statements, if it applies to you. I claim preference as the:
 Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
-----------	------



Fill in any Federal employment

Fill in any absence time while Federally employed
if applicable

Fill in Title 10 time ONLY

Section 8 Check All that apply



Sign & Date





State of Utah

UTAH NATIONAL GUARD

Gary R. Herbert
Governor
MG Jefferson S. Burton
The Adjutant General

12853 MINUTEMAN DRIVE
DRAPER, UTAH 84020-9288
(801) 432-4400

NGUT-HRO-TEC

29 October 2015

MEMORANDUM FOR ALL FEHB ELIGIBLE EMPLOYEES CARRYING TRICARE
RESERVE SELECT INSURANCE (TRS)

SUBJECT: IMMEDIATE CANCELLATION OF TRS

You are now hired as a full time permanent federal employee on this date _____. This makes you eligible to enroll in the Federal Employees Health Benefits Program (FEHB). Upon eligibility of the FEHB, if you are enrolled in TRS you must go on-line (Tricare.mil) and cancel your coverage. If you need assistance contact the Utah National Guard Tricare Manager, Pat Little, (801) 432- 4922.

Failure to report your FEHB eligibility to Tricare could cause you to pay back all monies paid on claims back to the date you became eligible for FEHB, plus you may face up to a \$5,000 fine.

I acknowledge receipt of this letter.

Print Name

Print Name _____

Sign

Signature _____

Jessica E. Bernal

Jessica E. Bernal
SSgt, UTANG
Human Resource Specialist

Input today's Date

★ Attach DD214's that reflect Title 10 time & any Title 10 Orders that are not reflected on a DD214

Estimated Earnings During Military Service

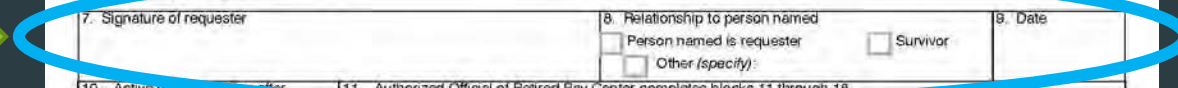
Instructions: Use a separate RI 20-97 for each branch of service. Attach DD 214 or the equivalent and any available records of pay or promotions. The pay center cannot provide estimated earnings without verification of service. The requester must complete blocks 1 through 10 and block 19. Visit the Defense Finance and Accounting Service website for the address to send this form and request your earnings at: www.dfas.mil/civilianemployees/customerservice.

1. Name (Last, first, middle)	
2. Other names used	
3. Social Security Number	4. Date of birth (mm/dd/yyyy)
5. All military service numbers	
6. Branch of service	

The uniformed services must provide Federal employees' estimated basic pay for military service they performed after December 31, 1956. This is needed to make a deposit to the Civil Service Retirement System. Please provide the estimated basic pay earned by the person named above.

← Verify Information

Sign & Date →



7. Signature of requester		8. Relationship to person named <input type="checkbox"/> Person named is requester <input type="checkbox"/> Survivor <input type="checkbox"/> Other (specify):		9. Date		
10. Active military service after December 31, 1956 (Dates indicated below must be based on DD 214 or equivalent certification.)		11. Authorized Official of Retired Pay Center completes blocks 11 through 18				
Estimated Earnings (Base Pay) Do not provide estimated earnings for any period of service prior to January 1, 1957.						
From (mm/dd/yyyy)	To (mm/dd/yyyy)	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Rate of Basic Pay	Earnings	Type of Discharge
12. If period of service began before and ended after December 31, 1956, enter date service actually began. (mm/dd/yyyy)		13. Lost time <input type="checkbox"/> None <input type="checkbox"/> Number of days <input type="checkbox"/> Inclusive dates: From (mm/dd/yyyy) To (mm/dd/yyyy) From (mm/dd/yyyy) To (mm/dd/yyyy)				
14. Signature of authorized official furnishing estimate				15. Date	16. Telephone number (including area code)	
17. Typed name of authorized official				18. Title of authorized official		
19. Requester's name and address (Return this completed form to address below)						

Take to Finance Packet

★ Air Guard Employees take deposit form and deposit documents to Finance

★ Army Guard Employees give your financial forms to USPFO

FASTSTART
DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER: <input type="text"/>			
EMPLOYEE NAME (as on payroll records): <input type="text"/> (Last, First, Initials)			
TELEPHONE NUMBER (WORK): <input type="text"/>		(HOME): <input type="text"/>	
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT NUMBER: <input type="text"/> <input type="checkbox"/> Check Digit ACCOUNT NUMBER: <input type="text"/> ACCOUNT TITLE (Account Holder's Name): <input type="text"/> FINANCIAL INSTITUTION NAME: <input type="text"/>		
TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments			
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ <input type="text"/>
ALLOTTEE NAME (person/company who will receive allotment): <input type="text"/>			
ALLOTTEE'S ROUTING NUMBER: <input type="text"/> <input type="checkbox"/> Check Digit			
ALLOTTEE'S ACCOUNT NUMBER: <input type="text"/>			
ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name): <input type="text"/>			
FINANCIAL INSTITUTION NAME: <input type="text"/>			
5. AUTHORIZATION * <input type="text"/> EMPLOYEE'S SIGNATURE <input type="text"/> DATE			
6. AGENCY USE:			

← Fill in your Information for blocks 1-3

Sign & Date →

★ Air Guard Employees take W-4 form to Finance

★ Army Guard Employees give your financial forms to USPF0

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability**, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability**.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Fill in your Information



Sign & Date



Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<p>Employee's Withholding Allowance Certificate</p> <p>▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074 2019</p>
1 Your first name and middle initials	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I had no tax liability. 		
If you meet both conditions, write "Exempt" here. ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)

Fill in address, and blocks 3, 4, 5, 6, & 7

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details. 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-". 3 \$ _____

4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505). 4 \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2015 nonwage income (such as dividends or interest). 6 \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-". 7 \$ _____

8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction. 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1. 9 _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1. 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**). 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3". 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet. 4 _____

5 Enter the number from line 1 of this worksheet. 5 _____

6 **Subtract** line 5 from line 4. 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here. 7 \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed. 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck. 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	6,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 28,000	3	26,001 - 34,000	3	205,001 - 380,000	1,200	180,001 - 395,000	1,320
28,001 - 34,000	4	34,001 - 44,000	4	380,001 - 405,000	1,400	395,001 and over	1,380
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

ADDRESS CHANGE FORM						
PRIVACY ACT STATEMENT						
Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise: 1. AUTHORITY: 37 U.S.C. 101 et seq; 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943. 2. PRINCIPAL PURPOSES: To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds. 3. ROUTINE USES: Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. Treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes. 4. DISCLOSURE: Voluntary, however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds. Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.						
Complete Section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.						
SECTION 1						
NAME	SSN	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>				
NEW MAILING ADDRESS						
NUMBER, STREET, PO BOX						
CITY, STATE, ZIP, APO/FPO						
NEW ORGANIZATIONAL ADDRESS						
UNIT/OFFICE SYMBOL	DUTY PHONE	BOX No	RNLTD	DEPARTURE DATE	EST ARR DATE	
GRADE	LOCAL ADDRESS			HOME PHONE		
FORWARDING ADDRESS						
SECTION 2						
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS						
B O N D #1	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)			NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		
	NAME TO WHOM MAILED			NAME TO WHOM MAILED		
	NUMBER, STREET, PO BOX			NUMBER, STREET, PO BOX		
	CITY, STATE, ZIP, APO/FPO			CITY, STATE, ZIP, APO/FPO		
B O N D #3	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)			NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		
	NAME TO WHOM MAILED			NAME TO WHOM MAILED		
	NUMBER, STREET, PO BOX			NUMBER, STREET, PO BOX		
	CITY, STATE, ZIP, APO/FPO			CITY, STATE, ZIP, APO/FPO		
SIGNATURE OF MEMBER/EMPLOYEE				DATE		
APR 1990 1745, NOV 90 PREVIOUS EDITION WILL BE USED						

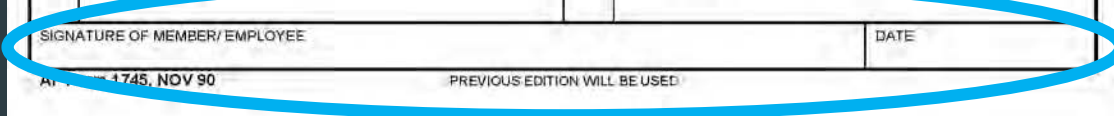
Fill in your Information



★ Army Guard Employees give your financial forms to USPFO

★ Air Guard Employees take address change form to Finance

Sign & Date



 **Air Guard Form ONLY!**
Air Employees must take AF IMT 3821 form to Finance

1. EMPLOYEE'S NAME (Last, First, Middle Initial)

2. OFFICE SYMBOL EMPLOYEE WILL BE ASSIGNED TO: 3. MANPOWER POSITION CONTROL NUMBER (MPCN):



Fill in your information

Supervisors fill out Section 2 and 3, then you will bring to finance

EMPLOYEE ACCOUNTING DATA - DEFENSE CIVILIAN PAY SYSTEM - BASE LEVEL

PRIVACY ACT NOTICE
Protect data on this form IAW Privacy Act of 1974. This document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in CIVIL and CRIMINAL penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy," May 8, 2007)

AUTHORITY: Air Force Instruction 65-601 Volume 2, Chapter 9.
PURPOSE: Source document used to input or update a civilian employee's Defense Civilian Pay System (DCPS) line of accounting (LOA) data.
ROUTINE USE: 1a. New and permanent change of station employee lines of accounting. 1b. All other employees whose LOA is changing. 2. Forward to the Civilian Payroll Office prior to end of pay period affected by the change to avoid adverse impact to employee pay record. Additionally, form must be processed timely to ensure the correct LOA is used to pay civilian employee.
DISCLOSURE: Voluntary. However, failure to complete all fields and submit timely may result in delay of initial payment to employee and/or incorrect LOA expensed.

SECTION I: TO BE COMPLETED BY EMPLOYEE'S ORGANIZATIONAL RESOURCE MANAGER (RM)

4a. EMPLOYEE ID (SSN) (No Dashes) 4b. Does the MPCN in section I and the Program Element Code (First 5 positions) in section II of this form match the Unit Manning Document? If not, contact the organizational budget office. YES NA

5. DATE EFFECTIVE

6. DATE END Must be last day of the FY. This field will auto populate after the DCPS record is saved.

7. DEPARTMENTAL REPORTER Always Enter DFASDE 8. ACCOUNTING ACTIVITY

9. DEPT CODE/ AGENCY # 10. TRANSFER DEPARTMENT 11. FISCAL YEAR (One Digit)

12. BASIC SYMBOL/FUND 13. LIMITATION/SUBHEAD 14. FY R/O IDC (Y or N)

15. FUND CODE/SUB STA 16. ASN/OBAN/BCN/IRS 17. PGM/BUDGET YEAR (One Digit)

18. OAC/DUTY STA 19. MFP/BPAC/PROJ CD/SABOC 20. PEC/AMT

21. RC/CC/FCP 22. ESP 23. EETC/SHRED Must Be Blank

ASSIGNED: 24. JOB ORDER 25. COST CENTER 26. PERF CODE

27a. RM or LINE OF ACCOUNTING POC PRINTED NAME 27b. RM or LINE OF ACCOUNTING POC SIGNATURE 28. DATE SIGNED

SECTION III: COMPLETED BY PERSON ENTERING ACCOUNTING CLASSIFICATION DATA INTO THE DEFENSE CIVILIAN PAYROLL SYSTEM

29a. PRINTED NAME 29b. SIGNATURE 30. DATE SIGNED

SECTION IV: FORM MAINTENANCE AND DISPOSITION

Maintenance: Form maintained for the duration the employee is part of the organization plus 2 years.
Disposition: In accordance with National Archives and Records Administration, AFMAN 33-363, and Air Force Records Disposition Schedule located in AFRIMS.

★ Army Guard Form ONLY!
Fill out top section and
give to USPFO

New Technician Checklist

Name: _____ Area of Assignment: _____
Phone Number: _____ Direct Supervisor: _____
EDIPI (on the back of your ID card): _____ .MIL email: _____
Para/Ln: _____

Start Date: _____ Tour Type: Perm. ___ Temp. ___ circle one (89 or less) (90-364) (365+)

Schedule: Mon-Fri, ___ Mon-Thurs, ___ Tues-Fri, ___ Tech Type: GS ___ WG ___

Required Documentation:

- ___ Direct Deposit
- ___ Address Change
- ___ W4

Input into DCPS: ___ Date: _____

Input into ATAAPS ___ Date: _____

Finance Technician Initials (when input is complete): _____



Fill in your
information

FEDERAL HEALTH & DENTAL CARRIERS

GEHA – CHERYL MERRILL

CHERYL.MERRILL@GEHA.COM

**AETNA/ALTIUS/MAIL HANDLERS – SCHANN
HOLLADAY**

SEHOLLADAY@AETNA.COM

BLUE CROSS BLUE SHIELD – KIMBERLY SPARKS

KIMBERLY.SPARKS@REGENCE.COM

SELECT HEALTH – ANTHONY HOWELL

ANTHONY.HOWELL@SELECTHEALTH.ORG

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect. The text is centered on a white background.

Take home Packet

Employee Benefits

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect. The text 'Employee Benefits' is centered in a clean, sans-serif font, colored in a medium green that matches the background palette.



Army Benefits Center-Civilian (ABC-C)







"Army's Benefits Counseling and Processing Service"

Benefits Election Guide

NEW!

Check out the ABC-C's New Employee Orientation Briefing!

View at: <https://www.abc.army.mil/NewEmployee/NewEmployeeOrientation.htm>

BENEFIT OPTIONS		ENROLLMENT To make an election or change, visit or call:	
 <p>TSP</p>	<p>Thrift Savings Plan (retirement savings and investment plan)</p> <p>Enroll Anytime!</p>	<p>To begin, change or stop contributions:</p> <p>ABC-C https://www.abc.army.mil 1-877-276-9287 TDD: 1-877-276-9833</p>	<p>To make investment allocations, access your account, view rates of return, etc:</p> <p>Thrift Savings Plan www.tsp.gov 1-TSP-YOU-FRST (1-877-968-3778) TDD: 1-877-847-4385</p>
 <p>FEHB Federal Employees Health Benefits Program</p>	<p>Federal Employees Health Benefits</p> <p>60 days</p>	<p>ABC-C https://www.abc.army.mil 1-877-276-9287 TDD: 1-877-276-9833</p>	
 <p>FEGLI</p>	<p>Federal Employees Group Life Insurance</p> <p>60 days</p>	<p>ABC-C https://www.abc.army.mil 1-877-276-9287 TDD: 1-877-276-9833</p>	
 <p>FSAFEDS</p>	<p>Flexible Spending Accounts (pre-tax accounts for out-of-pocket health & dependent care expenses)</p> <p>60 days</p>	<p>FSAFEDS www.fsafeds.com or 1-877-FSAFEDS or (1-877-372-3337) TTY: 1-800-952-0450</p>	
 <p>FEDVIP Federal Employees Dental And Vision Insurance Program</p>	<p>Federal Employees Dental and Vision Insurance Program (supplemental dental/vision insurance)</p> <p>60 days</p>	<p>BENEFEDS www.BENEFEDS.com 1-877-888-FEDS or 1-877-888-3337 TTY 1-877-889-5680</p>	
 <p>FLTCIP</p>	<p>Federal Long Term Care Insurance Program (for assisted living expenses)</p> <p>60 days</p>	<p>FLTCIP www.ltcfeds.com 1-800-LTC-FEDS (1-800-582-3337) TTY: 1-800-843-3557</p>	

NOTE: Enrollment changes generally require permissible events after the initial new hire enrollment period. For more information on benefits, also visit <http://www.opm.gov/insure>.

*Special rules apply for those hired later in the year - see <https://www.fsafeds.com/fsafeds/SummaryOfBenefits.asp#EnrollNew>.

**Eligible individuals can apply at anytime subject to full underwriting.

How will you know if your transaction has processed?

Most transactions are processed overnight. You can verify your transaction by revisiting the website or calling the ABC-C. You can also verify your transaction by reviewing your LES.

ABC-C is good for you!

- Fast, easy access to current and complete information.
- Automated system ensures accuracy.
- Convenience – You are in control of *your* benefits and entitlement transactions.
- Knowledgeable and trained counselors available to provide assistance.

ABC-C VISION

Provide responsive quality service that allows Army serviced civilian employees to manage their benefit and entitlement portfolios.

T imely	A ccurate
E fficient	B eneficial
A utomated	C onsistent
M odern	C aring



OVERSEAS TOLL-FREE NUMBERS

Belgium.....	0800-78245
Germany.....	0800-1010282
Italy.....	800-780821
Japan.....	00531-1-20378
Korea.....	00798-14-800-4766
Kuwait.....	1-877-276-9287
Netherlands.....	0800-232739
Saudi Arabia.....	1-877-276-9287
United Kingdom.....	08-000857723

Department of the Army
Army Benefits Center-Civilian
301 Marshall Avenue
Fort Riley, KS 66442-5004
1-877-276-9287

Army Benefits Center- Civilian



Need Assistance?
It's As Easy As
ABC...



ARMY BENEFITS CENTER- CIVILIAN

What can the Army Benefits Center-Civilian do for you?

The ABC-C provides automated benefits support to Army-served appropriated fund employees through the Employee Benefits Information System (EBIS) and trained benefits counselors.

- **EBIS** is a web application that allows you to access general and personal benefits information and conduct electronic transactions using a computer. The system contains comprehensive information and personalized benefits statements.
- **Benefits counselors** are knowledgeable on life and health insurance, Thrift Savings Plan, and retirement issues. They are available to assist you in completing your benefits transactions in EBIS.

The ABC-C provides services in the following program areas:

- Retirement (Civil Service & Federal Employees Retirement Systems)
- Thrift Savings Plan (TSP)
- Federal Employees Health Benefits (FEHB)
- Federal Employees' Group Life Insurance (FGLI)
- Survivor Benefits

How Do You Use ABC-C?

You can access EBIS through the ABC-C website at <https://www.abc.army.mil>. From a government computer, you are able to log into EBIS using your Common Access Card (CAC). Click on "Employee Benefits Information System (EBIS)," then enter your Social Security Number and ABC-C PIN. To access EBIS from home, you must have an installed and operational CAC reader. Information on CAC readers and installation instructions are available on the Army Knowledge Online (AKO) website, <https://www.us.army.mil>.

Customers in the 50 states can reach a benefits counselor by calling the toll-free number 1-877-ARMY CTR (1-877-276-9287). Overseas customers, see the back of this brochure for toll-free numbers accessed through a commercial/civilian telephone. For additional information, visit the ABC-C website. EBIS is available seven days a week, 24 hours a day. Benefits counselors are available Monday through Friday from 6:00 a.m. to 6:00 p.m. Central Time (CT).

How Do You Get Your PIN?

Initially, your ABC-C PIN will be a four-digit number equivalent to your month and year of birth (MMYY). For security purposes, once you access EBIS, you must change it to a new six-digit number. Your ABC-C PIN will not expire.

Benefits

For Health Benefits, Life Insurance & Thrift Savings Plan services, you will:

- Log on to EBIS through the ABC-C website with your Social Security Number and ABC-C PIN.
- Select the tab for the desired topic.
- Review general information available in each subject area.
- Review personal information from your records.
- Make changes to your benefits.
- Verify the action on your Leave and Earnings Statement (LES).
- Speak to a benefits counselor.



HEALTH INSURANCE

Unexpected accidents and illnesses can be expensive. Even routine doctor visits and prescriptions can add up. With FEHB, you can get **comprehensive health insurance coverage for you, your spouse, and your children under age 26.**

There are no waiting periods and no restrictions on pre-existing conditions. All plans offer preventative services at no cost when received from a Preferred Provider. This includes childhood immunizations, screenings for cancer, diabetes, and high blood pressure, and tobacco cessation services and medications. No matter where you live, you have 11 or more health plan options to choose from, each covering:

- Routine physical exams
- Doctor's office visits
- Specialist visits
- Lab tests
- Prescriptions
- Ambulance services
- Inpatient hospital care
- Surgery
- X-rays
- Maternity care
- Urgent care
- Mental health services
- Stop smoking aids
- Physical therapy
- And more

Who can enroll?

Most Federal employees are eligible

Annuitants may be eligible to continue their FEHB coverage into retirement if they meet certain requirements

Check with your human resources office if you are unsure

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage, divorce, or birth

How much does it cost?

It depends on what plan you select

Each pay period, you pay about 30% of the premium and your agency pays about 70%

Generally you also pay part of the cost for any service you receive

How do I enroll?

Use your agency electronic enrollment system, or

visit www.opm.gov/forms and submit form SF 2809 to your human resources office

Annuitants not currently enrolled in FEHB cannot enroll after retirement

Online tools can help you select the right plan for your family:

Use the plan comparison tools at www.opm.gov/FEHBcompare

Complete cost and coverage information for each plan available at www.opm.gov/health

MORE INFO: www.opm.gov/health

For complete information, including terms and conditions, please review each plan's brochure.



DENTAL INSURANCE

If you want more dental coverage than what your health plan offers, FEDVIP provides **comprehensive dental insurance with no waiting periods** (except orthodontia in some plans). You have several plans to choose from, each covering:

Routine exams
and cleanings
X-rays

Crowns
Root canals
Dentures

Fillings
Orthodontics
And more!

Who can enroll?

Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB

Annuitants receiving an immediate annuity regardless of FEHB eligibility

Contact your human resources office if you are unsure of your eligibility

Who is covered by my enrollment?

Self Only covers just you

Self Plus One covers you and one specified eligible family member: your spouse or one unmarried dependent child under age 22

Self and Family covers you, your spouse, and all your unmarried dependent children under age 22 listed on your enrollment

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage or losing other dental coverage

How much does it cost?

It depends on what plan you select and where you live. Some areas pay higher premiums than others

Routine basic services like exams and cleanings are covered 100% when you use a network dentist. For other services, you usually pay part of the cost out-of-pocket

Online tools can help you select the right plan for your family:

Plan comparison tools available at www.opm.gov/FEDVIPcompare

Complete cost and coverage information for each plan available at www.opm.gov/dental

ENROLLMENT INFO: www.benefeds.com or 1-877-888-3337

For complete information, including terms and conditions, please review each plan's brochure.



VISION INSURANCE

If you want more vision coverage than what your health plan offers, FEDVIP provides **comprehensive vision insurance for you and your eligible family members**. You have 4 plans to choose from, each covering:

- Routine eye exams
- Contact lenses
- Discounts on laser eye surgery
- Eyeglass frames and lenses

- Lens options such as shatter-resistant polycarbonate; scratch-resistant, anti-reflective, and UV coatings; and tinted and progressive lenses

Who can enroll?

Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB

Annuitants receiving an immediate annuity regardless of FEHB eligibility

Contact your human resources office if you are unsure of your eligibility

Who is covered by my enrollment?

Self Only covers just you

Self Plus One covers you and one specified eligible family member: your spouse or one unmarried dependent child under age 22

Self and Family covers you, your spouse, and all your unmarried dependent children under age 22 listed on your enrollment

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage or losing other vision coverage

How much does it cost?

It depends on what plan you select. Vision premiums start at around \$3 biweekly (\$7 monthly) for Self Only

All plans provide benefits for your choice of either glasses or contacts

FLEXIBLE SPENDING ACCOUNTS

More than 420,000 Feds use pre-tax dollars to save an average of **30%** on their family's health care and dependent care expenses.

When your insurance only covers part of an expense, or doesn't cover it at all, you're stuck with the bill. Joining FSAFEDS is like getting a **30% discount** on what you, your spouse, and your eligible children under 26 spend on:

- Prescriptions
- Deductibles & copayments
- Office visits
- Lab tests
- Ambulance
- Transportation (if it's a purely medical trip)

- Eyeglasses
- Prescription sunglasses
- Contact Lenses
- Laser eye surgery
- Orthodontics
- Birth control pills
- In vitro fertilization

- Massage Therapy
- Sunblock
- First aid kits
- Diabetes testing supplies
- Hand sanitizer
- Wheelchairs and walkers
- And more!

You can also use FSAFEDS pre-tax dollars to save about **30%** on your **family's dependent care expenses**. It's like a 30% discount on:

For your children under age 13:

- Day care
- Summer day camp
- Babysitting
- Before and after school care
- Housekeeper whose duties include child care

Non-medical care for any adult who is mentally or physically incapable of self-care, who you claim as a dependent on your tax return, and who lives with you, such as your:

- Parent, grandparent, or in-law
- Spouse, sibling, or adult child

You file claims by mail, fax, or online. Some insurance plans will file claims automatically for you. FSAFEDS quickly reimburses you for these expenses with pre-tax dollars you've set aside from your pay.

- The annual contribution minimum is \$100 for each kind of FSAFEDS account
- Health care participants have until December 31st to incur eligible expenses and can carry over up to \$500 of unused funds into another health care account in the subsequent year if requirements are met
- Dependent care participants have a grace period of an additional 2 ½ months (January 1 through March 15) to continue to incur eligible expenses against their prior year balance if requirements are met. Dependent care participants can not carry over funds from one benefit period into another
- You can enroll during the Federal Benefits Open Season and must actively re-enroll each year to remain enrolled

Online tools can help you select the right plan for your family:

Plan comparison tools available at www.opm.gov/FEDVIPcompare

Complete cost and coverage information for each plan available at www.opm.gov/vision

ENROLLMENT INFO: www.benefeds.com or 1-877-888-3337

For complete information, including terms and conditions, please review each plan's brochure.



MORE INFO: www.FSAFEDS.com or 1-877-372-3337

For complete information, including terms and conditions, please visit www.FSAFEDS.com.



LIFE INSURANCE

FGLI can help you **protect your loved ones** from burdensome funeral costs and catastrophic loss of your income if you die unexpectedly.

BASIC

Amount of Coverage: Your annual salary rounded up to the next \$1,000, plus \$2,000
Who is Covered?: You
Cost each biweekly pay period: 15¢ per \$1,000 of coverage (Free for postal employees)
Cost increases with age?: No
Newly eligible employees automatically enrolled?: Yes, unless you waive coverage

OPTION A

Amount of Coverage: \$10,000
Who is Covered?: You
Cost each biweekly pay period: Starting at 20¢
Cost increases with age?: Yes
Newly eligible employees automatically enrolled?: No, you must elect this coverage

OPTION B

Amount of Coverage: 1, 2, 3, 4, or 5 multiples of your salary rounded up to the next \$1,000
Who is Covered?: You
Cost each biweekly pay period: Starting at 2¢ per \$1,000 of coverage
Cost increases with age?: Yes
Newly eligible employees automatically enrolled?: No, you must elect this coverage

OPTION C

Amount of Coverage: 1, 2, 3, 4, or 5 multiples. Each multiple equals \$5,000 for the life of your spouse and \$2,500 for the life of each eligible child
Who is Covered?: Your spouse and unmarried dependent children under age 22
Cost each biweekly pay period: Starting at 22¢ per multiple
Cost increases with age?: Yes
Newly eligible employees automatically enrolled?: No, you must elect this coverage

I want to...	When can I do this?	How can I do this?
Enroll or increase coverage	<ul style="list-style-type: none"> First 60 days as a new or newly eligible employee; or Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or Life insurance Open Season (not annual - infrequent); or When you pass a physical exam (Option C excluded) 	<ul style="list-style-type: none"> Use your agency's electronic enrollment system; or Go to opm.gov/forms/standard-forms Submit form SF 2817 to your human resources office Bring a blank form SF 2822 to your human resources office (physical exam applications only)
Cancel or reduce coverage	Anytime	Use your agency's electronic enrollment system or submit form SF 2817 to your HR office
Designate a (new) beneficiary	Anytime	Submit form SF 2823 to your HR office

MORE INFO: www.opm.gov/life

For complete information, including terms and conditions, please visit www.opm.gov/life.



LONG TERM CARE

If you cannot perform everyday tasks such as eating, dressing, and bathing because of a chronic illness, injury, disability, or aging, **FLTCIP can help you pay for the assistance you need.**

Who can apply for coverage?	Why would someone need long term care?	Where would someone receive care?	Cost without long term care insurance
Most Federal employees (check with your human resources office if you are unsure of your eligibility), Annuitants regardless of FEHB eligibility, And their qualifying relatives, including: <ul style="list-style-type: none"> Spouse Domestic partner Adult children Parents and parents-in-law (of employees only) 	<ul style="list-style-type: none"> Car accident Sports accident Disabling injury Alzheimer's Stroke Multiple sclerosis Parkinson's Other disabling condition Old age 	Home Assisted living facility Nursing home	\$32,000/year \$47,000/year \$91,000/year *Nat'l averages, John Hancock 2016 Cost of Care Survey

How much coverage should I get?	How much does it cost?	How do I get coverage under the Federal Long Term Care Insurance Program (FLTCIP)?
Use the <i>Cost of Care In Your Area</i> tool at LTCfeds.com Consider how much of your own savings you can spend on long term care	Premiums are based on your age when you apply Premiums are not guaranteed and may change in the future Use the Calculate Premiums tool at LTCfeds.com	You must apply, answer health questions, and be approved for enrollment. Your qualified relative can apply even if you do not <ul style="list-style-type: none"> First 60 days as newly eligible employee (fewer questions - employee & spouse only) First 60 days after employee's marriage (fewer questions - spouse only) Long term care open season (fewer questions - infrequent) Anytime (more questions - all eligible individuals)

MORE INFO: www.LTCfeds.com

For complete information, including terms and conditions, please visit www.LTCfeds.com.



FEHB Plans:

Go to <https://www.opm.gov/>

Select "Insurance" tab

Click "Healthcare"

Click "Plan Information"

Select on "UT" from the map

Click on the plan brochure of the health insurance you would like to learn about

*Note: Once you click on the brochure and have found the insurance plan you would like to choose make sure to write down the **enrollment code** found on the first page of the brochure.

To Compare FEHB Plans:

Go to <http://www.opm.gov/fehbcompare>

Enter in your zip code and click "search"

Check "Non-Postal"

Click "Next"

Check "Biweekly"

Click "Next"

From here you can check the box next to the plans you would like to compare

At the bottom of the page click "Compare Plans"

Dental and Vision Enrollments

BENEFEDS

For enrollment/premium questions regarding the Federal Employees Dental and Vision Insurance Program, please contact BENEFEDS at 1-877-888-FEDS (1-877-888-3337), TTY 1-877-889-5680.

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan.
www.benefeds.com is a secure enrollment website sponsored by OPM. If you do not have access to a computer, call to enroll or change your enrollment.

The BENEFEDS phone representatives can be reached by phone during the following hours:

Non-Open Season

- 9:00 a.m. to 7:00 p.m. Eastern Time, Monday through Friday

Open Season

- 8:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday
- Closed on weekends **and Thanksgiving day.**
- 8:00 a.m. to Midnight, Eastern Time, last day of Open Season, Monday, December 11.

Vision Plans

All vision plans provide nationwide and international coverage.

ActnaVision

Plan Type - Preferred Provider Organization (PPO)
877-459-6604
www.aetnafeds.com

FEP BlueVision

Plan Type - Preferred Provider Organization (PPO)
888-550-2583
www.fepblue.org/benefitplans

UnitedHealthcare Vision

Plan Type - Preferred Provider Organization (PPO)
866-249-1999
www.myuhcvision.com/fedvip

Vision Service Plan (VSP)

Plan Type - Preferred Provider Organization (PPO)
800-807-0764
www.choosevsp.com

Dental Plans

Nationwide Plans - Nationwide plans include nationwide and international coverage.

Aetna

Plan Type - Preferred Provider Organization (PPO)

1-877-459-6604

www.aetnafeds.com

Delta

Plan Type - Preferred Provider Organization (PPO)

855-410-3255

www.deltadentalfeds.org

FEP Blue

Plan Type - Preferred Provider Organization (PPO)

1-855-504-2583

www.fepblue.org

GEHA

Plan Type - Preferred Provider Organization (PPO)

877-434-2336

www.gehadental.com

MetLife

Plan Type - Preferred Provider Organization (PPO)

888-865-6854

www.federaldental.metlife.com

United Concordia

Plan Type - Preferred Provider Organization (PPO)

877-394-8224

www.uccifedvip.com

Humana

Plan Type - Preferred Provider Organization (PPO)

877-888-3337

www.feds.humana.com

Mail Handlers

Plan Type - Preferred Provider Organization (PPO)

800-410-7778

www.mhbp.com

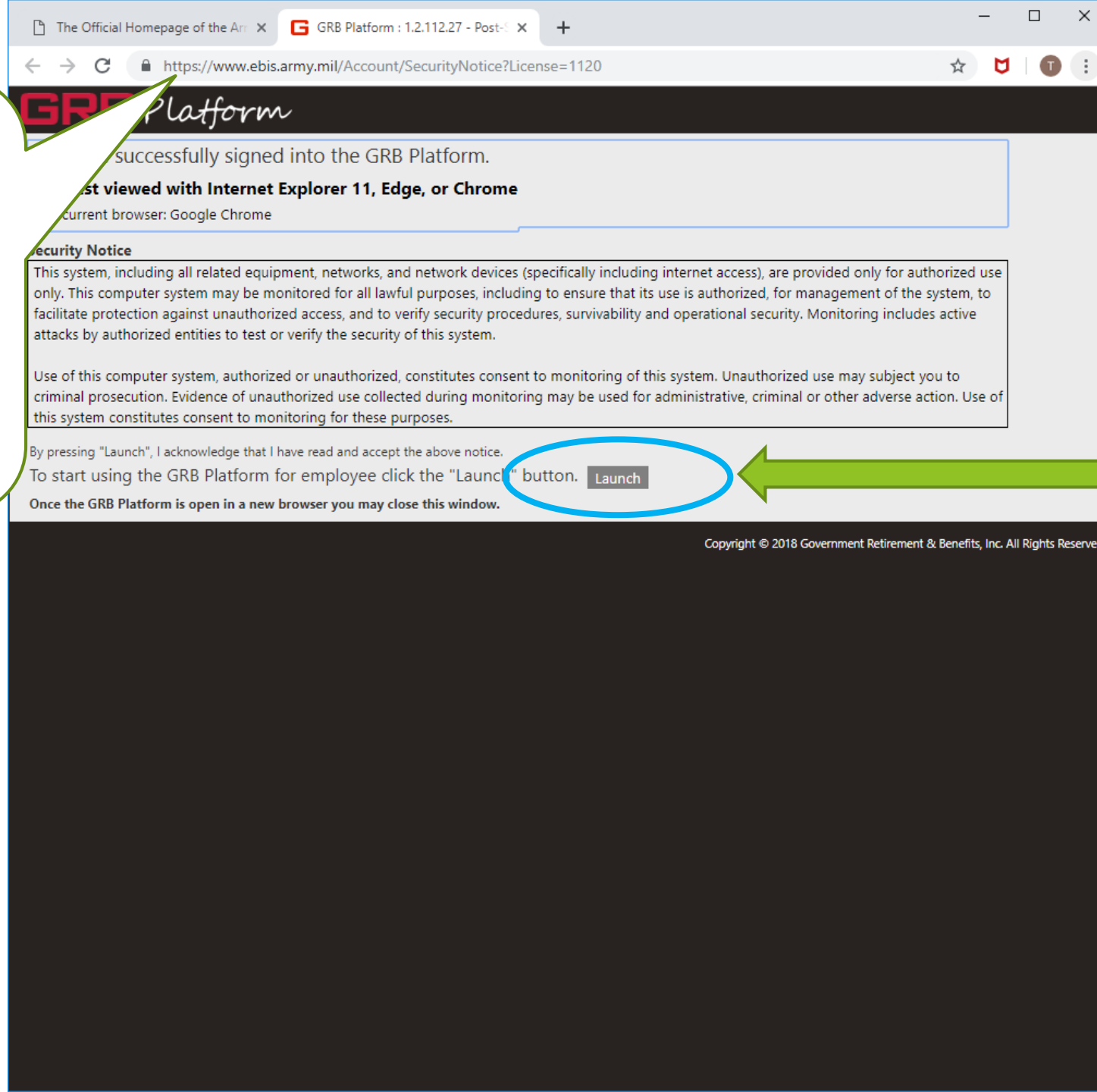
How to Enroll

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect. The text 'How to Enroll' is centered on the left side of the slide in a clean, sans-serif font.

Go to
<https://abc.army.mil>
or
wr.acpol.army.mil/abc/
for information,
announcements and
access to GRB Platform
to enroll

The screenshot shows the homepage of the Army Benefits Center - Civilian. The page has a navigation bar with links for Home, Benefits, GRB Platform, About Us, Contact Us, and ICE. Below the navigation bar, there are three main columns. The left column contains 'BENEFITS TOPICS' and 'QUICK LINKS'. The middle column features 'ABC-C STATUS' with 'PHONE CENTER' and 'GRB Platform' both marked as 'Fully Operational', followed by 'ANNOUNCEMENTS' and 'CUSTOMER COMMENTS'. The right column includes 'FOLLOW US' with social media links, 'GRB PLATFORM' with a 'Click to log into: GRB PLATFORM' button circled in black, and 'EBATS' with a 'Click to log into: EBATS' button. A green arrow points from the right side of the image to the circled GRB Platform button.

Click on
"GRB Platform"



Go to www.ebis.army.mil/ to enroll in Health Insurance (FEHB), Life Insurance (FEGLI) and the Thrift Savings Plan (TSP).

Click "Launch"

Closed Caption

Welcome to the Government Retirement and Benefits Platform. The GRB Platform is an enterprise system that provides federal employees with access to information regarding government wide benefit programs such as health insurance, life insurance, the thrift savings plan, retirement, and more. You can review the coverage for each benefit you are enrolled in as well as other benefits you may want to take advantage of in the future. Additionally, the GRB Platform contains a variety of resources and tools such as benefit program documentation, fact sheets, informational videos, electronic forms, calculators, and links to external websites. The GRB Platform uses information from your agency's personnel and payroll system, and depending on how your agency has configured the system, you may also be able to enroll or change your enrollment for certain benefits as well as apply for retirement online. This video is designed to highlight some of the key features contained within the system and how to access them. After logging into the GRB Platform you initially arrive at the Landing Page. Here you see a number of tiles, with each tile representing a specific federal benefit program. To access information about a program, simply click the tile and it will expand to fill the window. In this case, we have selected the Health Insurance tile. Displayed across the top is the name of the benefit program, and below there is a brief description with information such as program features, who is eligible, when you can enroll, and who administers the program. Below the description is an area that

New User Video



Do not show this each time. (New User Video accessible from Menu)

Close

Army Benefits Center - Civilian



dodea



Health Insurance



Life Insurance



Thrift Savings Plan



Retirement



Dental & Vision Insurance



Long Term Care



Flexible Spending Accounts



Social Security



Workers Compensation Benefits

Federal Employees' Health Benefits (FEHB) Program ✕

The Federal Employees Health Benefits (FEHB) program is an employer-sponsored group health insurance program for Federal employees and their families. Employees can choose from Fee-for-Service (FFS) plans, Health Maintenance Organizations (HMO), Consumer-Driven Health Plans (CDHP), and High Deductible Health Plans (HDHP). Employees can enroll, make changes, or cancel coverage during the annual Federal Benefits Open Season or if the employee experiences a qualifying life event. Permanent employees and certain temporary employees are eligible for coverage unless their appointment is excluded from coverage by law or regulation. The Office of Personnel Management (OPM) has the overall responsibility for the administration of the FEHB Program. Premiums are based on the plan and option an employee chooses and are shared by the employee and the employing Agency. The employing Agency's share is set by law and cannot exceed 75% of the total premium. Part-time employees receive a prorated contribution and temporary employees are responsible for the full amount of the premium. Premiums are paid on a pre-tax basis (known as premium conversion) unless the employee waives this option.

Current FEHB Enrollment

Plan Name: N/A
 Plan Option: N/A
 Enrollment Code: N/A

Premium per Pay Period

Employee Cost: N/A
 Agency Cost: N/A
 Premium Conversion: Participating (Pre-Tax)

[View FEHB Plans/Premiums 📄](#)

Plan Details

Plan Brochure: N/A
 Plan Website: N/A
 Telephone: N/A

Transactions

Entered	Effective	Type	Status
04/23/2019 08:18 PM	04/28/2019	New Enrollment	Pending

[Submit a FEHB Transaction +](#)

Resources

Type	Description
📄	Federal Employees Health Benefits (FEHB) Program
📄	Medicare
📄	New Employee Benefits Orientation
📄	Federal Employees Health Benefits (FEHB) Program

Questions:

If you have any questions about
GRB, contact the Army Benefits
Center- Civilian toll Free at

1-877-276-9287

M-F 6:00 am to 6:00 pm CT

National Guard Policy and Information

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the page, creating a modern, layered effect. The text is centered on the left side of the page.

Customs And Courtesies

- ▶ Remember to greet all officers as sir or ma'am
- ▶ Those in Uniform must salute when appropriate
- ▶ Call members by military rank if member is in uniform



UTAH NATIONAL GUARD

Gary R. Herbert
Governor
MG Jefferson S. Burton
The Adjutant General

12953 MINUTEMAN DRIVE
DRAPER, UTAH 84020-9286
(801) 432-4400

NGUT-HRO

1 August 2018

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter 18-02, Physical Training (PT)

1. Applicability. This policy letter is applicable to all Service members, Title 32 Military Technicians, Title 5 employees, and State employees of the Utah National Guard and supersedes policy 13-20, same subject, dated 11 June 2013.
2. Purpose. To provide an opportunity for all full-time personnel to participate in a physical-fitness program designed to promote overall good health, fitness, and mental well-being.
3. Policy. This policy authorizes employees to participate in a physical fitness program one hour per 10-hour workday, four days per week. Supervisors will manage employees according to the policy. Employees are responsible for educating themselves concerning health and fitness issues.
 - a. Mission requirements/accomplishment will always be the prime consideration when participating in the PT program. PT will be scheduled to ensure mission accomplishment, while also providing maximum opportunity for the employee to participate in the program. Supervisors are authorized to make a final determination on the periods of participation by employees based on current mission requirements.
 - b. The PT period can be utilized any time during the workday with approval from the immediate supervisor. Where shift work is required, employees on all shifts must be afforded the opportunity to participate in the program.
 - c. The PT period starts and ends at an individual's assigned work location; however, the immediate supervisor can authorize an alternate PT location if warranted.
 - d. Employees may choose to combine the one-hour PT period with the 30-minute lunch period for a total of 90 minutes with supervisor approval.
 - e. Employees are authorized to use commercial or public facilities at their own expense (schools, public pools, health clubs, spas, etc.) with the approval of the immediate supervisor.

NGUT-HRO
SUBJECT: Policy Letter 18-02 Physical Training (PT)

- f. Use of federal government vehicles to travel to a commercial or public facility is not authorized.
 - g. Employee's wishing to use Vanpool or Rideshare vehicles to travel to a commercial or public facility will abide by the program's terms and conditions.
 - h. Employees are not authorized to perform PT at a private residence during duty hours.
 - i. Safety. Safety must be a primary consideration when participating in any PT program. Employees must wear proper safety equipment when participating in any activity; this includes proper safety pads, helmets or other appropriate equipment. Reflective belts, vests and highly visible clothing are mandatory for outdoor activities during times of limited visibility.
4. The Department of Labor (DOL) does not allow workers compensation for injuries caused or aggravated while performing contact sporting events for PT. Additionally, any injury that is caused or aggravated at a supervisor approved alternate PT location will not be covered under workers compensation.
 5. Point of contact for this policy is the UTNG Human Resource Officer.



JEFFERSON S. BURTON
Major General
The Adjutant General, Commanding

DISTRIBUTION:
A, D, E, & F



UTAH NATIONAL GUARD

Gary R. Herbert
Governor
MG Jefferson S. Burton
The Adjutant General

12953 MINUTEMAN DRIVE
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(801) 432-4400

NGUT-HRO

1 August 2018

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter 18-01, Dress Code

1. Applicability. This policy applies to all Service members, Title 32 Military Technicians, Title 5 employees, and State and contract employees of the Utah National Guard. This policy supersedes policy 13-21, same subject, dated 11 June 2013.

2. Purpose. To identify appropriate dress and grooming standards for all employees.

3. Policy. The Agency provides a variety of services to a wide range of customers. It is important that employees wear business attire that is professional in appearance and appropriate for their assignment.

a. When in civilian attire, a neat and professional appearance is required. This policy does not require the wear of specific clothing materials or styles, but does prohibit clothing that is deemed unsafe, unhealthy, soiled or unclean, or disruptive to the work environment. IAW Technician Personnel Regulation 715, employees not in compliance with this dress code may be considered not ready, willing, and able to work. The following are prohibited at any Utah National Guard facility while on duty:

- (1) Flip-flops.
- (2) Tank-tops, spaghetti straps, and tube tops.
- (3) Visible face or body piercings (not including earrings and nose studs). All piercings must not exceed 16 gauge.
- (4) Revealing clothing (e.g. mid-drifts, high-cut shorts or skirts, low-cut or see-through shirts, tattered or ripped clothing, and low hanging pants).
- (5) Anything with offensive writing, emblems, or symbols that are racist, sexually explicit, advocate violence, or political in nature.
- (6) Clothing with names, slogans, or advertisements of alcohol or tobacco.

b. Civilian personnel will generally wear business casual clothing and footwear that is compatible with their assigned position; jeans and athletic footwear are authorized. Individuals who interact with the public as part of their duty responsibilities may be required to wear business professional attire (suits or sport coats with tie, or female equivalent).

NGUT-HRO
SUBJECT: Policy Letter 18-01, Dress Code

c. In accordance with Title VII of the Civil Rights Act, 42 U.S.C. §2000e, exceptions for religious reasons can be made. Reasonable accommodations for medical needs can also be made. Supervisors will manage this policy for employees and the work environment, and will not discriminate or enforce clothing standards based upon gender, age, or cultural differences.

d. Employment Badges. The HRO will issue organizational ID badges to all employees not required to wear a uniform. The badge must be worn so that it is readily visible to those who come in contact with the employee. Employees are required to wear their ID badges at all times while on duty, when not performing hazardous duties.

(1) Badges must be worn above the waist and displayed front-side-out so that the name and duty position are always visible.

(2) Badges will not be covered with pins, ornaments, stickers, or any other objects. Employees will ensure the front face of the badge is clean and clearly visible at all times.

(3) Lost, misplaced, stolen, or worn out badges must be replaced at the earliest possible date through the HRO. Badge replacement fee is five dollars.

(4) Managers and supervisors will ensure that employees reporting to work are wearing their badge.

(5) For security reasons, employees should not wear these badges outside of the building.

e. Servicemembers will wear the designated duty military uniform, to include military coveralls if appropriate, IAW current regulation/policy. Wear of coveralls is limited to employees assigned to shop/maintenance facilities. For the purpose of this policy, the entire Draper complex is considered a shop/maintenance facility for personnel assigned to maintenance units. Shirts must be worn under coveralls, and employees wearing military coveralls on a daily basis will maintain a military uniform at the work site for wear if needed.

f. Appropriate exercise clothing for the activity being performed is authorized only during periods of physical fitness training.

4. Point of contact for this policy is the UTNG Human Resource Officer.

JEFFERSON S. BURTON
Major General
The Adjutant General, Commanding

DISTRIBUTION:
A, D, E, & F

What A Federal Employee Should Do When Injured At Work



Report to Supervisor	Every job-related injury should be reported as soon as possible to your supervisor. Injury also means any illness or disease that is caused or aggravated by the employment as well as damage to medical braces, artificial limbs and other prosthetic devices.
Obtain Medical Care	Before you obtain medical treatment, ask your supervisor to authorize medical treatment by use of form CA-16. You may initially select the physician to provide necessary treatment. This may be a private physician or, if available, a local Federal medical officer/hospital. Emergency medical treatment may be obtained without prior authorization. Take the form CA-16 and form OWCP-1500/HCFA-1500 to the provider you select. The form OWCP-1500/HCFA 1500 is the billing form physicians must use to submit bills to OWCP. Hospitals and pharmacies may use their own billing forms. On occupational disease claims form CA-16 may not be issued without prior approval from OWCP.
File Written Notice	In traumatic injuries, complete the employee's portion of Form CA-1. Obtain the form from your employing agency, complete and turn it in to your supervisor as soon as possible, but not later than 30 days following the injury. For occupational disease, use form CA-2 instead of form CA-1. For more detailed information carefully read the "Benefits ..." and "Instructions ..." sheets which are attached to the Forms CA-1 and CA-2.
Obtain Receipt of Notice	A "Receipt" of Notice of Injury is attached to each Form CA-1 and Form CA-2. Your supervisor should complete the receipt and return it to you for your personal records. If it is not returned to you, ask your supervisor for it.
Submit Claim For COP/Leave and/or Compensation For Wage Loss	If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. A claim for COP must be submitted no later than 30 days following the injury (the form CA-1 is designed to serve as a claim for continuation of pay). If disabled and claiming COP, submit to your employing agency within 10 work days medical evidence that you sustained a disabling traumatic injury. If disabled beyond the COP period, or if you are not entitled to COP, you may claim compensation on form CA-7 or use leave. If disabled due to occupational disease, you may claim compensation on form CA-7 or use leave. A claim for compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

The Federal Employees' Compensation Act (FECA) is administered by the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job-related injury or death. For additional information about the FECA, read pamphlet CA-11, "When Injured at Work" or Federal Personnel Manual, Chapter 810, Injury Compensation, available from your employing agency. The agency will also give you the address of the OWCP Office which services your area.

Post on Employees' Bulletin Board

U.S. Department of Labor
Office of Workers' Compensation Programs





ARMY ONLY!!

Labor Union Information Sheet

Technicians in the Utah Army National Guard are eligible to be members of the bargaining unit and are represented by Laborers International Union of North American (LIUNA Local 1724).

To access a copy of the current Collective Bargaining Agreement, visit the HRO Website, or logon to the website below.

<http://www.ut.ang.army.mil/hroDocuments%204%20website/Union%20Contract.pdf>

Local union officials may be contacted for more information on what the union has accomplished for this organization, and what the union can do for you.

Derek Washburn, State Representative	CSMS (Draper)	801-432-4182
Jake Withers, Executive Board Member	CSMS (Draper)	801-432-4591
Kevin Lowe, Delegate	UTES (Camp)	801-878-5527
Michael Parke, Delegate	FMS 2 (WJ)	801-608-6240
Shawn Saybolt, Delegate	AASF (WJ)	801-816-3512
Gerald Green, Delegate	CSMS (Draper)	801-432-4588

Chapter 17

STANDARDS OF CONDUCT

All technicians are required to maintain high standards of honesty and integrity and to conduct business in an ethical manner. You are required to perform your assigned duties conscientiously and always conduct yourself in a manner that reflects credit on you and the National Guard. If your conduct is in violation of any statute, regulation, or other proper authority, you will be held accountable. Violation of any standard of conduct may be the basis for disciplinary action. It is not the intent of this publication to list every restriction or requirement imposed by law, regulation or other proper authorities. Some of the prohibited acts that can result in disciplinary action are:

- Using a government vehicle without authorization
- Misusing official and/or classified information
- Gambling and betting on duty
- Misusing government property such as, supplies, personal computers, telephones, or fax equipment
- Using a government-issued travel card for personal use
- Refusing to cooperate in an administrative investigation
- Accepting gifts and favors from subordinates or customers
- Filing fraudulent claims
- Using illegal drugs, alcohol or intoxicants while on duty
- Misusing government postage/mail
- Making false statements
- Engaging in illegal political activity
- Using obscene or vulgar language
- Accepting outside employment that conflicts with your technician duties or discredits the National Guard

Your actions must never discredit the National Guard, whether you are on-duty or off.

Chapter 18

DISCIPLINE AND ADVERSE ACTION

DISCIPLINARY ACTIONS: A disciplinary action may be an action from an oral admonishment to a letter of reprimand. An oral admonishment lets you know you must stop doing certain things (example: tardiness). A letter of reprimand is a disciplinary action without an adverse action connected to it. It is a written notification of the problem with a warning of what might happen if the situation is not corrected. The timeframe that the letter of reprimand will remain in effect in your Official Personnel Folder (OPF) is typically 1-3 years. Letters of Reprimand can be grieved through the negotiated grievance procedure for bargaining unit technicians, and through the agency administrative grievance procedures for non-bargaining unit technicians.

ADVERSE ACTIONS: There are three types of adverse actions:

- Suspension without pay
- Reduction to lower grade
- Removal from technician employment

Due process measures to protect a technician from an unfair adverse action include the right to an appellate review of the case file or an administrative hearing. The final level of appeal on adverse actions rests with The Adjutant General.

APPEAL AND GRIEVANCE PROCEDURES: There are specific grievance and appeal procedures outlined in the labor-management contract. A copy of this contract can be obtained from the HRO.

Bedrock Standards (5 CFR 2635.101(b))

- ▶ Public service is a public trust - (b)(1)
- ▶ Employees:
 - ▶ shall not solicit or accept a gift from person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency (b)(4)
 - ▶ shall not use public office for private gain - (b)(7)
 - ▶ shall avoid actions creating the appearance of violating the law or the standards in 5 CFR 2635.101 - (b)(14)
- ▶ When an issue doesn't fall squarely within the rules, look to these principles for guidance

Gifts

- ▶ 5 C.F.R. 2635.202(a)
- ▶ An employee shall not, directly or indirectly, solicit or accept a gift
 - ▶ From a prohibited source or
 - ▶ Given because of the employee's official position

Services

[Clinical Services](#)[Work/Life Services](#)[Wellness Services](#)[HELPLINE](#)[Nurse Helpline](#)[Smoking Cessation](#)[Online Services](#)[Management and Organizational Consultation](#)[Human Resource Consultation](#)[Critical Incident Stress Debriefings](#)[Drug-Free Workplace](#)[Identity Theft and Prevention](#)[Ethics ReportLine](#)[Program Promotion and Training](#)[Quality Improvement](#)

Clinical Services

EAP Consultants, LLC offers in-person and telephone assessment, counseling, referral, monitoring, and follow-up in our private offices.

Assistance is available for a wide range of personal issues including:

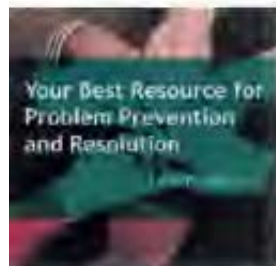
Stress	Relationship Difficulties
Marital & Family Problems	Eating Disorders
Work Related Difficulties	Medical Problems
Emotional Problems	Life Transitions
Substance Abuse	Crisis
Psychiatric Disorders	Grief and Loss

Our network of clinicians includes:

Licensed Psychologists	Licensed Clinical Social Workers
Licensed Professional Counselors	Certified Addiction Counselors
Licensed Marriage & Family Counselors	Certified Employee Assistance Professionals

Clinician Qualifications

We carefully select, screen and oversee our network of clinicians to ensure the highest level of service. Our clinicians are licensed/certified, have a masters or doctorate in the mental health field, and at least three years of post-graduate practice, including EAP experience. Many have specialized expertise and training allowing them to better serve our participants. Our network clinicians are consistently rated as good to excellent on our participant surveys.



Example LES

Department of Defense										08/14/03	
CIVILIAN LEAVE AND EARNINGS STATEMENT										7 PM JAR	
VISIT THE DFAS WEBSITE AT: WWW.DFAS.MIL										12/05/03	
1 NAME DOE JANE Q		3 PAY PLAN/AGENCY GS12 / 02		4 BASIC PAY RATE 22.16		5 BASIC PAY 25.25		6 BASIC PAY - QUALITY ADJ 43875.00 - 23788 = 46254.00			
7 FEDERAL EMP ID 999-99-9999		8 LOCATION NO 5.42		9 GRADE/STEP E		10 DESIG/DATE 12/02/88		11 MAX LEAVE CARRY OVER 240		12 LEAVE FLOW LINE 01/01/00	
13 FEDERAL EMPLOYER - BR/PT AMSOUTH BANK OF FLORIDA				14 FEDERAL EMPLOYER - FULLTIME # PEN AIR FEDERAL CREDIT UNION				15 FEDERAL EMPLOYER - CLOSING # WARRINGTON BANK			
17 TAX		18 TAX		19 TAX		20 TAX		21 MILITARY DEDUCT			
FED	S	1		100003	S	11	MOBILE NR				
AL	S	P1/D10		100005	S	1	LILLIAN				
GA	S	1	10								
21		CURRENT		YEAR TO DATE		22					
GROSS PAY		1810.68		27751.80		TSP DATA		13%			
TAXABLE WAGES		1668.86		26358.40							
NONTAXABLE WAGES											
TAX DEFERRED WAGES		235.39		1393.40							
DEDUCTIONS		934.53		12267.97							
AEIC											
NET PAY		876.15		15493.83							
CURRENT EARNINGS											
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR	80.00	1772.80									
RETROACTIVE EARNINGS											
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
OVERTIME 1.50		37.88									
DEDUCTIONS											
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
ALLOTMENTS.SV (1)		175.00	2675.00	FEGLI	C	8.09	123.48				
MEDICARE		26.25	402.40	RETIRE, FERS	K	14.18	216.78				
				CHARITY	AA	3.00	48.00				
FEHB	104	23.22	399.04	OASDI		112.26	1720.61				
TAX, FEDERAL		288.42	4518.52	TAX, LOCAL	100003	16.18	263.58				
TAX, LOCAL	100005		10.00	TAX, STATE	AL	21.58	351.44				
TAX, STATE	GA	10.79	175.72	TSP SAVINGS		235.39	1457.61				
LEAVE											
TYPE	YTD BALANCE	ACCUMULATED PAYABLE	RECEIVED YTD	YTD PAYABLE	USED YTD	CHARACTERISTICS	CURRENT BALANCE	USE ACCRUAL DATE	USE ACCRUAL DATE	USE ACCRUAL DATE	USE ACCRUAL DATE
ANNUAL	177.00	6.00	90.00	1.00	59.50		207.50				37.50
SICK	47.25	4.00	60.00	4.00	32.00		75.25				
HOLIDAY					32.00						
ADMIN					12.00						
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
MEDICARE		26.25	402.40	RETIRE, FERS		14.18	216.78				
OASDI		105.55	955.22	FEHB		123.44	369.04				
REMARKS											
SEND YOUR EMPLOYMENT/LOAN VERIFICATIONS TO YOUR HUMAN RESOURCE OFFICE. TSP DEDUCTION PERCENT OR AMOUNT CHANGED											

Leave Accrual Rates

Employee Type	Less than 3 Years of service	3 years but less than 15 years of service	15 or more Years of service
Full-time employees Indefinite Permanent	(4 Hours) for each pay period	(6 Hours) for each pay period, except 1 ¼ day (10 hours) in last pay period	(8 Hours) for each pay period
Part-time employees* Not Temporary	1 hour of annual leave for each 20 hours in pay status	1 hour of annual leave for each 13 hours in pay status	1 hour of annual leave for each 10 hours in a pay status
Uncommon tours of Duty*	(4 hours) times (average # of hours per biweekly pay period) divided by 80 = biweekly accrual rate.**	(6 hours) times (average # of hours per biweekly pay period) divided by 80 = biweekly accrual rate.**	(8 hours) times (average # of hours biweekly pay period) divided by 80 = biweekly accrual rate.**

Annual Leave: See chart above. Note: Title 10 time will change your service computation date, which could change the number of hours you would receive. We need your DD214's to make this happen. In addition, any prior federal service will also change your service computation date. Title 32 or AGR does not count. This also applies to temporary employees.

Temporary employees with less than 90 days: Receive no annual leave.

Temporary employees over 90 days: Employee accrues leave but cannot take annual leave for 90 days. If employee is unable to use leave, they will be paid in a lump sum at the end of their appointment.

Sick Leave: Temporary and Indefinite/permanent employees earn 4 hours per pay period.

Military Leave: All Indefinite/Permanent employees will receive 120 hours of military leave.

Waiting Periods between Pay Step Increase

GS Employees (10 Steps)

1 year – 52 calendar weeks of creditable service between steps 2, 3 and 4

2 years – 104 calendar weeks of creditable service between steps 5, 6 and 7

3 years – 156 calendar weeks of creditable service between steps 8, 9 and 10

WS, WL, WG Employees (5 Steps)

6 months – 26 calendar weeks of creditable service from step 1 to 2

18 months – 78 calendar weeks of creditable service from step 2 to 3

2 years – 104 calendar weeks of creditable service from step 3 to 4

2 years – 104 calendar weeks of creditable service from step 4 to 5

5 minute
Break

No Fear Act DVD

NO FEAR ACT

Watch video

No Fear Act: Part I “Introduction and Whistleblowing”

NO FEAR ACT

Watch video

No Fear Act: Part II “Discrimination Based on Race,
Color and National Origin”

NO FEAR ACT

Watch video

No Fear Act: Part III “Discrimination Based on Religion”

NO FEAR ACT

Watch video

No Fear Act: Part IV "Sex and Age Discrimination"

NO FEAR ACT

Watch video

No Fear Act: Part V “Disability and Retaliation”

NO FEAR ACT

Watch video
No Fear Act: Part VI "What Do You Do?"



Watch video
New Hire Safety Essentials

DON'T FORGET!!

Army Guard:

*G1 -If you have a Bonus or GI Kicker you must speak with someone in Education. As a full time title 32, you are not eligible for Bonus' and kickers. (801) 432-4545

*USP&FO – Direct Deposit paperwork, W-4 and change of address form.

* G2 – Background check. (801) 432-4538

*G3 – Activate CAC for facility access and for Title 5 employee name badges. (801) 432-4883

*G6 – Computer access. Complete on-line training at Helpdesk. (801) 432-4357

Air Guard:

*If you have a Bonus or GI Kicker you must see retention in recruiting. As a full time title 32 employee, you are not eligible for Bonus' and kickers. (801) 245-2441

All:

FEHB: You have 60 days (from date of hire) to enroll in Federal Health Insurance. Remember to enroll through EBIS at www.abc.army.mil

FEGLI: You have 60 days (from date of hire) to make changes to your Federal Life Insurance. By law you are automatically enrolled in "basic option". To stop this you will need to go in and waive this insurance.

TSP: You are able to select this anytime through EBIS at www.abc.army.mil and you are automatically enrolled for 3%.

* If you didn't turn in your DD214's for title 10 time please remember to send in ASAP for your Military Buy Back and to update your leave balance.

HRO Points of Contact

Retirements/Buy Backs	801-432-4240
Benefits/EBIS/Performance Management	801-432-4219
Staffing/Jobs	801-432-4241
Staffing/Jobs	801-432-4239
Training/Education	801-432-4147
EEO	801-432-4548
OWCP/ Army Mass Transit	801-432-4243
HRO Fax Number	801-432-4700

★ ARMY CHECKLIST

Read and Initial
each box



Name _____ Date _____

Army Guard HRO Employee In-Processing

Employee will initial each area.

Annual Leave – 1-3 years=4 hours/3-15 years=6 hours/15 years or more=8 hours a pay period. Given to full-time employees and employees with tours of at least 90 days.
Sick leave – 4 hours per pay period.
Military leave – 120 hours given to new full-time Technicians. 120 hours beginning of each fiscal year.
Health Insurance – 60 days to elect health benefits. Open season yearly. Full-time employees only. Sign-up on ABC-C website.
Flexible Spending – Tax free money set aside for out of pocket health costs.
Life Insurance – 60 days to elect FEGLI. Rarely an open season. Full-time employees only. Sign-up on ABC-C website. Automatically enrolled for Basic coverage.
Thrift Savings (TSP) - Full-time employees only. Automatically signed-up for 3%.
Pornography/Illegal Internet Sites – Zero tolerance. DON'T DO IT! You will be terminated from employment.
Union Contract -Labor Union Information Sheet given at time of in processing. Copy of current Collective Bargaining Agreement available HRO website.
Compatibility – Ensure military and civilian positions are compatible.
G1 Bill/Kicker/Bonus – See Marilyn Antipolo, (801) 432-4545, (technicians are not eligible). Office located in G1.
My Biz/Army Benefits Center-Civilian (ABC-C) – Handouts given and programs explained.
Uniform - Ensure military and civilian attire discussed.
Trial/Probation – Your first year of employment is a trial period. You can be terminated at anytime, for any reason, between the 4 th and 11 th month if retention is not recommended.
USP&FO -Direct deposit, W-4, and change of address form.
G2 -Background Check. (801) 432-4538. Office located in G-2
G3 -Activate CAC for facility access. See Provost Marshall, (801) 432-4883. Office located in G3.
G6 -Computer access training located at G6 helpdesk, (801) 432-4357.
Occupational Health -Medical screening.(801) 432-4906.
Performance Plan -Employee must complete within 30 days.

As of: 11 December 2014



AIR FORCE CHECKLIST

Name _____

Date _____

**Air Guard
HRO
In-Processing**

Employee will initial each area.

<input type="checkbox"/>	Annual Leave – 1-3 years=4 hours/3-15 years=6 hours/15 years or more=8 hours a pay period. Given to full-time employees and employees with tours of at least 90 days.
<input type="checkbox"/>	Sick leave – 4 hours per pay period.
<input type="checkbox"/>	Military leave – 120 hours given to new full-time Technicians. 120 hours beginning of each fiscal year.
<input type="checkbox"/>	Health Insurance – 60 days to elect health benefits. Open season yearly. Full-time employees only. Sign-up on ABC-C website.
<input type="checkbox"/>	Flexible Spending – Tax free money set aside for out of pocket health costs.
<input type="checkbox"/>	Life Insurance – 60 days to elect FEGLI. Rarely an open season. Full-time employees only. Sign-up on ABC-C website. Automatically signed-up for Basic coverage.
<input type="checkbox"/>	Thrift Savings (TSP) – Full-time employees only. Automatically signed-up for 3 %.
<input type="checkbox"/>	Pornography/Illegal Internet Sites – Zero tolerance. DON'T DO IT! You will be terminated from employment.
<input type="checkbox"/>	Compatibility – Ensure military and civilian positions are compatible.
<input type="checkbox"/>	Uniform - Required for military positions.
<input type="checkbox"/>	Trial/Probation – Your first year of employment is a trial period. You can be terminated at anytime, for any reason, between the 4 th and 11 th month if retention is not recommended.
<input type="checkbox"/>	Bonus and Kickers – Full time employees loose these incentives. See MSG Mario Reeves, Retention, HQ Bldg 25.
<input type="checkbox"/>	My Biz/Army Benefits Center-Civilian (ABC-C) – Handouts given and programs explained.
<input type="checkbox"/>	Performance Plan – Employee must complete within 30 days.

Read and Initial each box



Make copy for employee and put original in file.

As of: 30 December 2014

APPOINTMENT AFFIDAVITS

Verify Information



(Position to which Appointed) (Date Appointed)

(Department or Agency) (Bureau or Division) (Place of Employment)

I, _____, do solemnly swear (or affirm) that--

A. OATH OF OFFICE
I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT
I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(Signature of Appointee)

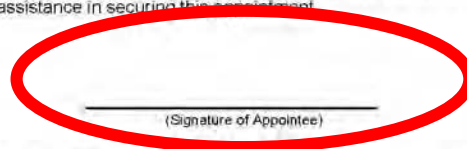
Subscribed and sworn (or affirmed) before me this ____ day of _____, 2____

at _____
(City) (State)

(SEAL) _____
(Signature of Officer)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown) (Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



Sign Here

Questions?

END FOR TEMPS ONLY

Army Personnel

- ▶ G3 - CAC Building Access
- ▶ G2 - Background Check
- ▶ USP&FO - Direct Deposit Paperwork
- ▶ G6 - Computer Access
- ▶ Occupational Health

Thrift Savings Plan (TSP)

Thrift Savings plan

- ▶ Provides a choice of tax treatment for contributions
 - Traditional (pre-tax) contributions and tax deferred investment earnings and
 - Roth (after-tax) contributions with tax-free earnings at retirement.
- ▶ Provides the opportunity to increase your retirement income
- ▶ TSP offers two approaches to investing your money:
 - L Funds are “Lifecycle” Funds invested in a mix of stocks, bonds & government Securities
 - Individual Funds are the G, F, C, S and I funds

THRIFT SAVINGS PLAN INFORMATION FOR

FERS NEW HIRE/REHIRE

Congratulations on your appointment/reappointment with the Utah National Guard. This position is covered by the Federal Employees' Retirement System (FERS) and as a result you have been automatically enrolled in the Thrift Savings Plan (TSP). The TSP is a retirement savings and investment plan for Federal employees and is similar to "401(k)" plans available to many private sector employees. The purpose of the TSP is to provide you the opportunity to participate in a long-term retirement savings and investment plan. The TSP is one of the three parts of the FERS retirement program. (The FERS Basic Annuity and Social Security are the other two parts.)

Automatic Enrollment

The amount of your automatic contribution to the TSP is 3% of your basic pay which will be deposited into your TSP account every pay period. These contributions are deducted from your pay and are tax-deferred for purposes of Federal and, in most cases, state income tax. In addition, DOL-ETA will deposit Agency Matching Contributions equal to your 3% deposit. Plus you also receive an Agency Automatic (1%) Contribution that is equal to 1% of your basic pay. All totaled with your contributions and those from DOL-ETA, the equivalent of 7% of your basic pay will be deposited into your TSP account each pay period. This is a good start toward saving for retirement; however, you can easily increase the amount of your contributions and receive additional Agency Matching Contributions, making your retirement savings grow even faster. See the paragraphs, Employee Contributions and Agency Matching Contributions.

Stop Automatic Enrollment

However, if you do not wish to contribute to your TSP account you can request to stop the automatic enrollment process. **To stop the automatic enrollment process before any contributions are deducted from your pay, you must complete Form TSP-1, Election Form, and immediately turn it in during your Entry on Duty Session (EOD) and no later than the end of the first pay period after you EOD.** If you stop your contributions, you are not eligible to receive Agency Matching Contributions. You will still receive the Agency Automatic (1%) Contributions. Also, it is possible that payroll may not be able to stop your first contribution to the TSP. If this happens, you can leave the contribution in your TSP account or you can make a request to the TSP to return your contribution. To request a refund of your contribution, read the paragraph titled Refund of Automatic Enrollment Contributions.

Rehired with a break in service of 30 days or less

If you are rehired or transferred into a position covered by FERS [or another agency equivalent, i.e. **FSPS**] and your break in service from your last covered position is 30 days or less, the [agency name] will reinstate your prior TSP election. You will not become automatically enrolled in the TSP; however, you may change or stop your TSP election, and if you were not previously contributing, you may choose to elect to contribute to the TSP at any time.

Employee Contributions

You may elect to increase, decrease, or stop your contributions to your TSP account at any time. To make a contribution election, complete the Form TSP-1, Election Form, and return it to the HR Representative during your EOD session. You may specify a whole percentage of basic pay that you want to contribute each pay period, or you may specify a whole dollar amount. Whether you specify a percentage or dollar amount of your pay, your total contributions for the year cannot exceed the Internal Revenue Code's elective deferral limit for the year.

The limit for 2010 is \$16,500. Your contribution election will remain in effect until you make another election to change the amount of your contributions or to stop them. You should consider increasing your contributions to at least 5% of your basic pay each pay period during the year in order to receive all of the Agency Matching Contributions for which you are eligible. If you reach the IRC limit before the end of the year, the TSP cannot accept additional contributions and as a result you will not receive the Agency Matching Contributions for the remaining pay dates in the year. The TSP has a calculator on its website (www.tsp.gov) under Planning for Retirement to assist you in maximizing your employee and Agency Matching Contributions each year.

Agency Contributions

Because you have been automatically enrolled in the TSP, effective your first pay period, DOL-ETA will begin making Agency Matching Contributions to your TSP account. Even if you stop contributing your own money, DOL-ETA will make Agency Automatic (1%) Contributions that will equal 1% of the basic pay you earn for the pay period. If you are making Employee Contributions, you will also begin receiving Agency Matching Contributions to your TSP account. The first 3% of pay that you contribute each pay period will be matched dollar for dollar, and the next 2% that you contribute will be matched 50 cents on the dollar.

As a result of your automatic enrollment, you are contributing 3% of your pay and receiving Agency Matching Contributions of 3%. However, if you increase your employee contributions to 5% you will then receive Agency Matching Contributions of 4% each pay period. This means the equivalent of

10% of your basic pay will be saved toward your retirement each pay period (5% your Employee Contribution + 4% Agency Matching Contributions + 1% Agency Automatic Contribution = **10%** in your TSP account). Your agency contributions will also be invested according to your contribution allocation on file with the TSP on the date the contributions are posted to your account.

Catch-up Contributions

If you are age 50 or older or will turn age 50 by the end of this year, you may make an additional election to contribute catch-up contributions. This is a separate election that will request your agency to deduct additional tax-deferred TSP contributions from your pay. To make catch-up contributions, complete the TSP-1-C Form Catch-up Contribution Election Form, and return it to the HR Representative during your EOD session. You must elect a whole dollar amount from your basic pay each pay date.

The maximum amount you may contribute in catch-up contributions for 2010 is \$5500. This amount of tax-deferred contributions is in addition to the amount you may contribute through the regular TSP

election discussed in the paragraph above. You will not receive Agency Matching Contributions on the amount you elect to contribute through catch-up contributions. Your catch-up contribution election will remain in effect either until you make another election to change the amount of or stop your contributions, or until the last pay date of the calendar year. You must make a new election to contribute catch-up contributions each year.

Refund of Automatic Enrollment Contributions

You may request a refund of the employee contributions that were deducted from your pay during the first 90 days that you were automatically enrolled. To do so, you must send Form TSP-25, Automatic Enrollment Refund Request, which you will receive with your Welcome Letter from the TSP. Your properly completed Form TSP-25 must be returned to the TSP using the address on the form and must be received by the TSP no later than the date provided in the TSP Welcome Letter. Do NOT return the form to DOL-ETA. Make sure you read the directions on Form TSP-25 as well as the instructions in the TSP Welcome Letter.

If you were previously employed by the Federal Government and were automatically enrolled, you are not eligible for a refund of the automatic enrollment contributions for subsequent periods, unless one full calendar year (January through December) has passed since your last automatic enrollment contribution (visit the TSP website for more details). The amount of your refund will be your automatically withheld employee contributions and any gains or losses from the performance of your investment(s). Although the Agency Automatic (1%) Contributions and their earnings will remain in your TSP account; you will forfeit any Agency Matching Contributions and their earnings. Also, requesting a refund of your automatic enrollment contributions will not stop future contributions from being deducted from your pay. You must complete Form TSP-1, Election Form, and return it to the HR Representative during your EOD session.

Establishing Your TSP Account

Your TSP account will be established when DOL-ETA submits your first contributions. Once your account is established, the TSP will send three separate mailings to you: (1) a TSP Welcome Letter which includes your TSP account number, (2) your TSP Web password, and (3) your ThriftLine Personal Identification Number (PIN). Along with your Welcome Letter, you will receive the TSP booklet *Managing Your Account*, which provides valuable information on TSP investment options, making a contribution allocation, requesting an interfund transfer, and how to designate beneficiaries. If you already have an established TSP account from previous Federal service, and you did not withdraw all of your money while you were separated, you will receive the Welcome Letter only. You should continue to use the PIN and password originally mailed to you. If you have forgotten or misplaced them, use the TSP website or ThriftLine to request new ones. If you withdrew your entire balance while separated, you will receive the Welcome Letter and a new PIN and password. If you have or had a TSP uniformed services account, your Federal civilian account is a separate account and you will receive all of the above mailings.

Contribution Allocations

Your first contribution will be invested in the Government Securities Investment (G) Fund. After receiving your TSP Welcome Letter, you may invest your contributions in any of the 10 TSP funds by requesting a contribution allocation. You cannot request a contribution allocation until your TSP account has been established. The information to request a contribution allocation will be provided with your TSP Welcome Letter. **Note:** If you have an existing TSP account balance from previous Federal civilian service, your contributions will be invested using your last contribution allocation on file with the TSP.

Interfund Transfers

You can redistribute your TSP account balance among the 10 TSP funds by requesting an interfund transfer. You will not be able to request an interfund transfer until your TSP account has been established. The instructions to request an interfund transfer will be provided with your TSP Welcome Letter.

Additional Information

To find additional information about the TSP, visit the TSP website at www.tsp.gov. If you have any questions about the TSP and your participation, contact the Payroll and Benefits Hotline at 202-693-3448.

TSP INVESTMENT VIDEOS

How the TSP Fits Into FERS

Watch video
Federal Employees Retirement System

G FUND

Watch video
TSP: "G Fund"

F FUND

Watch video
TSP: "F Fund"

C FUND

Watch video
TSP: "C Fund"

S FUND

Watch video
TSP: "S Fund"

I FUND

Watch video
TSP: "I Fund"

LIFECYCLE FUNDS

Watch video
TSP: "Life Cycle Funds"

How Can Compound Earnings Work For Me

Watch video

TSP: "How Can Compound Earnings Work For Me"

Military Buy-Back

- ▶ Do Not Enroll into Buy-Back: if your goal is AGR
- ▶ Do Enroll into Buy-Back: if you plan to stay a Federal Employee for 20 years
- ▶ You can do Buy-Back anytime during employment. Note that first 3 years of employment Buy-Back is interest free, after that its 3%
- ▶ Complete Buy-Back packet and return to HRO



Gary R. Herbert
Governor
MG Jefferson S. Burton
The Adjutant General

State of Utah

UTAH NATIONAL GUARD

12953 MINUTEMAN DRIVE
DRAPER, UTAH 84020-9286
(801) 432-4400

NGUT-HRO-TEC

SUBJECT: Service Credit Deposit Information for Title 10 Military Service (Military Buy-Back)

Dear Employee:

Welcome to the technician workforce for the Utah Army and Air National Guard! SSgt Jessica Bernal explained briefly about receiving credit for your *Title 10* military service for Annual Leave and Reduction-In-Force (RIF) purposes, but this letter will explain the procedures for paying a military deposit for RETIREMENT purposes.

If you were automatically covered under the Federal Employees Retirement System (FERS), your post 1956 military service can only be credited in a FERS annuity (retirement) if you make a deposit of 3 percent of the military basic pay you earned during the period of military service, plus interest.

There are some good reasons to consider making a deposit. Making a deposit for your Title 10 military service allows you to receive permanent credit for military service under your federal civilian retirement system, and the military service remains creditable for your military retirement also. Making the deposit early in your career helps to avoid the accrual of additional interest. Interest will start to accrue on the third anniversary date of hire. The rate of interest changes annually. In addition, making a deposit early affords you the option to make partial payments of your deposit through payroll deductions (\$25.00 minimum payments) until paid in full. Even if you don't plan to retire or leave federal service, it is still a good idea to at least obtain the amount of your military earnings so that the deposit can be computed more easily.

To process the deposit, we will need your DD 214(s), stating type of discharge. Remember, only Title 10 service may be credited – not Title 32, and the signed RI 20-97 that SSgt Jessica Bernal gave you. I want to stress that these deposits must be made to your employing agency before separation from employment (retirement).

For more specific information pertaining to your individual military service or questions regarding FERS retirement, or to obtain the necessary forms, please contact SSgt Bernal or Jerry Oyler in the HRO.

Thank you, and again welcome to the technician workforce.

Jerry Oyler, UTNG
Human Resources Specialist

MyBiz My Workplace

- ▶ Must Log in this week and confirm your personnel information
- ▶ Sit with supervisor and set up your plan as soon as possible

My Biz/My Workplace

MyBiz/My Workplace is a web-based Oracle self service application. This system will have Employee/Supervisor information within Defense Civilian Personnel Data System (DCPDS).

What is My Biz? (Technician Employee)

Allows a technician employee to view data related to their civilian (technician) employment.

My Information

- Position information (current/historical)
- Salary information
- Appraisal and awards information
- Benefits
- Appointment information

Update my information

- Ethnicity/Race and national origin
- Email address (technician email address ending in “.mil”)
- Phone numbers
- Foreign language proficiency
- Emergency contact information

Employment verification

- Employment and Salary Information

Performance Appraisal Application (PAA)

- Performance Plan and Appraisal

What is My Workplace? (Supervisor of Technician)

Allows the supervisor of technician/employee a view of technician's information.

- Position information
- Salary information
- Appraisal and awards information
- Benefits
- Appointment information

How do I register myself in My Biz / My Workplace?

1. Log on to “The National Guard Home Page”
2. Click on to “HRO web page”
 - a. Click – Technician Page (along top margin)
 - b. Click – My Biz/My Workplace
3. Click “CAC Registration”
4. Click “Non email” digital certificate
5. SSN: 123-45-6789 (your SSN with dashes)
Confirm SSN: 123-45-6789 (your SSN with dashes)
6. Click Register Button
7. User ID: 123-45-6789 (your SSN with dashes)
Password: 123-45-6789 (your SSN with dashes)
8. Click “Submit”
9. Under “Navigator” click “My Biz”

IMPORTANT!!! Please update your technician email address and emergency contact information ASAP!

Once you have registered, you will just log in after that.

If you have any questions please contact Staff Sergeant Jessica Bernal (801) 432-4219.



How do I...

**Complete Rating
Official Activities in
the National Guard
(Title 32) PAA?**

BROWSE PAGE

- Home
- Electronic Library
- HelpDesk
- Links
- Orders Query
- Phone Directory
- Resource Scheduling
- Staff Sites**
- Unit S...

- AASF
- CCWO
- CDP
- CFMO
- CMD Group
- COS
- CSM
- DAS
- ERM
- G1-Personnel
- G2-Intelligence
- G3-Training
- G4-Logistics
- G6-
- Communication
- G8-
- Finance/ISREQ
- HRO (GKO)**
- JAG
- OIG
- PAO
- Servicemember and Family Support
- SMD

Click on "Staff Sites"

Click on "HRO"



The 2019 Utah National Guard TAG Marksmanship Training Sustainment Exercise (A.K.A. "TAG Match") is a state-wide shooting competition hosted by the Small Arms Readiness Training Section scheduled for March 22-24, 2019. Register your team via email: utahsarts@gmail.com

SELF-SERVICE MESSAGE BOARDS

External Site Links	
URL	Title

G6 NETWORK ALERTS		
	Title	Expires

EAMS-A Single Sign-On

[CAC/PKI
Login](#)

[Create Account \(AKO\)](#)
[Reset Password \(AKO\)](#)

Need assistance? Please contact the



(AESD portal account setup required)



Enterprise Access Management Service-Army



HRO Information

- Employee Assistance Program
- In-out check list
- HRO Guidance letters
- Helpful Forms
- Employee of the Month Information
- Presidential Leave Guidance for Mil Techs
- Guidelines for Military Contingency/Law Enforcement Military
- Leave (22 days/176 hours)
- Use of Time-Off Awards for Military Orders
- Annual Weingarten Notification

Holiday Observances for 2019

Mon~Thur Schedule	Tue~Fri Schedule	Holiday
1 Jan 2019	1 Jan 2019	New Year's Day
21 Jan 2019	22 Jan 2019	MLK Jr.'s Day
18 Feb 2019	19 Feb 2019	President's Day
27 May 2019	28 May 2019	Memorial Day
4 Jul 2019	4 Jul 2019	Independence Day
2 Sep 2019	3 Sep 2019	Labor Day
14 Oct 2019	15 Oct 2019	Columbus Day
11 Nov 2019	12 Nov 2019	Veteran's Day
28 Nov 2019	28 Nov 2019	Thanksgiving Day
25 Dec 2019	25 Dec 2019	Christmas Day
1 Jan 2020	1 Jan 2020	New Year's Day

HRO Phone Directory

DSN Prefix is 766

HRO FAX	432-4700
Director	432-4499
Deputy	432-4235
SEEM/EEO	432-4548
Labor Relations	432-4226

State Branch

State Manager	432-4228
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AGR Management Branch

AGR Manager (Army)	432-4226
AGR Manager (Air)	432-4237
AGR Supervisor	432-4226
Medical	432-4234
Pers/AGR Pay	432-4234
Pers Assistant	432-5120
FTNGD-OS	432-4232

Technician Management Branch

Technician Manager	432-4241
Retirement Specialist	432-4240
Staffing Specialist	432-4241
Management Analyst/CLSS/STF	432-4239
Benefits Specialist	432-4240
Classification	432-4619
HR Specialist	432-4219
OWCP/Personnel Asst	432-4243

Support Branch

AGR/TECH Training	432-4147
Mass Transit	432-4243
PSM	432-4237

Technician Page

AGR Page

State Page

FTNGD-OS

Training

OWCP Page

Mass Transit

HRO (Jobs)

Site Contents

Click on "Technician Page"



Click on the
Link
MYBIZ+/MY WORKSPACE

The screenshot shows a web portal interface. At the top left is the Utah State seal. The page title is "Technician Page". A horizontal navigation bar contains several menu items: "Utah National Guard", "GKO Home", "Unit Sites", "Staff Sites", "Utah CERFP", "151 MSG Contracting", "Joint Training Team", and "Joint Operations Center". Below this is a breadcrumb trail: "Utah National Guard > Staff Sites > HRO > Technician Page". On the left side, there is a vertical menu with the following items: "Technician Page", "State Page", "FTNGD-OS", "Training", "OWCP Page", "Mass Transit", "HRO (Jobs)", and "Site Contents". A green arrow points from the text on the left to the "Technician Page" menu item. In the main content area, the link "MyBiz+/MyWorkplace" is circled in red. To the right of the main content area, the text "Technician Management Branch" is visible.




DCPDS PORTAL



News and Information

Last updated August 09, 2015
13:00 CDT



 MyBiz+ for Managers and Supervisors is now available. If you are a manager or supervisor, Login and select the MyTeam tile on the MyBiz+ homepage to discover the HR information available for your team.

Important: As of Aug 2015, My Workplace will no longer be available to managers and supervisors.

Component Help Desk Information

If you are having problems accessing this site, please select [Contact List](#) to locate and directly contact your Component Help Desk.

For additional information, check out our [Frequently Asked Questions \(FAQ\)](#)!

Smart Card Access

Click the login button below and select your non-email digital certificate.

 Smart Card Login

First time Smart Card (CAC) user? [Register Here](#)

Returning Non-Smart Card (Non-CAC) User? Click the button below.

 Non-Smart Card Access

First time Non-Smart Card (Non-CAC) user? [Register Here](#)
Password problems? [Reset](#)

For technical problems, select the [Contact List](#) for your organization's computer support Help Desk.

Click on
"Smart Card Login"



DCPDS PORTAL



My Application/Database [Add Additional Application/Databases](#)

Choose your Path



Click on
"HR" BLOCK

To link your newly created DCPDS Portal account to your existing application/databases. Click the **Add Additional Application/Databases** link above.



To protect your personal information, log out of your DCPDS Portal session by selecting the 'Logout' button.

Logout

Privacy Act Statement

The information you provide to the Defense Civilian Personnel Data System (DCPDS) is covered by the Privacy Act of 1974. For questions regarding your personal information please contact your local Human Resources Office.

Authorities: 5 U.S.C. Chapters 11, 13, 29, 31, 33, 41, 43, 51, 53, 55, 61, 63, 72, 75, 83, and 99; 5 U.S.C. 7201; 10 USC 136; DoD Instruction 1400.25, volumes 1100 and 1401; 29 CFR 1614.601; and E.O.9397.

Principal Purposes: To allow civilian (appropriated fund and non-appropriated fund) employees in the Department of Defense (DoD) to update personal information.

Routine Uses: None. The DoD 'Blanket Routine Uses' set forth at the beginning of OSD's compilation of systems of records notices apply to this system.

Disclosure: Voluntary. However, failure to provide or update your information may require manual HR processing or the absence of some information.

Accept

Click on
"Accept"

[Accessibility/Section 508](#) | [Privacy and Security Policy](#) | [System Help Desk Contacts](#)

Welcome,

Home

★ [Provide Feedback](#)

[Manage My Views](#)

Key Services

[MyPerformance](#)

[Request Employment Verification](#)

[Civilian Career Report](#)

[Update Contact Information](#)

[Update Professional Development](#)

[SF50 Personnel Actions](#)

[Update MySupervisor](#)

[Hiring Manager's Toolkit](#)

\$ Insurance

Health Insurance: Federal Employee Health Benefits Special Code (ZZ)

Life Insurance: Basic only

\$ Pay

Gross Pay: 1516.80

Net Pay: 1153.89

Pay Period End Date: 17-Oct-2015

\$ Leave

Annual Leave Balance: 8.00

Sick Leave Balance: 6.00

Annual Leave Forfeit Balance (Use or Lose): 0

Professional Development

Education:

[High school graduate or certificate of equivalency](#)

Training:

[No Training Available](#)

Certification/Licenses:

[No Certificates/Licenses Available](#)

Last Personnel Action

Type of Action: Excerpted Appointment

Effective Date: 20-Sep-2015

Detail Pages



Personal



Pay, Leave and Benefits



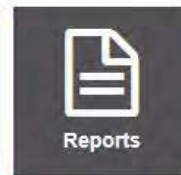
Professional Development



Position



Performance



Reports

Click on "MyPerformance"



Employee

MyPerformance Main Page

[Need Help?](#)

Warning: This application is designed for sensitive unclassified personnel information only. Do NOT enter classified information in this system. Unauthorized release of classified information is a violation of law and may lead to prosecution.

From the Main Page, you can create, update and view your Performance Plans; view and print part or an entire plan after it is created; and track the status of a plan. You can also search for completed plans by selecting the 'Show Completed Plans/Appraisals' link located at the bottom of this page.

To create a Performance Plan:

- Select 'Choose a Plan Type'
- Select Appraisal Plan Type
- Select the 'Go' button

To complete other actions described above:

- Select an option from the Action column
- Select the 'Go' button

Important: To become familiar with the columns, select the 'Need Help?' link.

Appraisals of Bernal, Jessica E

Create New Plan

National Guard (Title 32)

Go

Records Displayed 10

Employee Name	Current Owner	Rating Official Name	Appraisal Year	Appraisal ID	Plan Approval Date	Type	Plan Status	Current Status	Action
			2017	702731	07-Oct-2015	NG	Approved	Plan Approved	Update

Select the link to search for completed plans.

[Show Completed Plans/Appraisals](#)

Drop down
Click on
"National Guard
(Title 32)"



Employee

MyPerformance Main Page

[Need Help?](#)

Warning: This application is designed for sensitive unclassified personnel information only. Do NOT enter classified information in this system. Unauthorized release of classified information is a violation of law and may lead to prosecution.

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Appraisals of Bernal, Jessica E

Create New Plan

National Guard (Title 32)

Records Displayed 10

Employee Name	Current Owner	Rating Official Name	Appraisal Year	Appraisal ID	Plan Approval Date	Type	Plan Status	Current Status	Action
			2017	702731	07-Oct-2015	NG	Approved	Plan Approved	Update <input type="button" value="Go"/>

Select the link to search for completed plans.

[Show Completed Plans/Appraisals](#)

Welcome, Jessica E. Bernal

Home

★ [Provide Feedback](#)

[Manage My Views](#)

Key Services

- [MyPerformance](#)
- [Request Employment Verification](#)
- [Civilian Career Report](#)
- [Update Contact Information](#)
- [Update Professional Development](#)
- [SF50 Personnel Actions](#)
- [Update MySupervisor](#)
- [Hiring Manager's Toolkit](#)

\$ Insurance

Health Insurance: Federal Employee Health Benefits Special Code (ZZ)

Life Insurance: Basic only

\$ Pay

Gross Pay: 1516.80

Net Pay: 1153.89

Pay Period End Date: 17-Oct-2015

\$ Leave

Annual Leave Balance: 8.00

Sick Leave Balance: 6.00

Annual Leave Forfeit Balance (Use or Lose): 0

Professional Development

Education:
[High school graduate or certificate of equivalency](#)

Training:
[No Training Available](#)

Certification/Licenses:
[No Certificates/Licenses Available](#)

Last Personnel Action

Type of Action: Excerpted Appointment

Effective Date: 20-Sep-2015

Detail Pages



Personal



Pay, Leave and Benefits



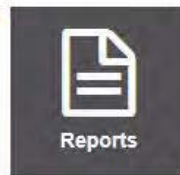
Professional Development



Position



Performance



Reports

Click on
"Request Employment
Verification"



Employee

Supervisor

Organization

UT ANG HQ

[Home](#) / [Employment Verification](#)

Information

Employment verification releases employment information and, optionally, salary information to an external organization or person, also known as "Recipient".

Important!

Prior to completing the Employment Verification request, ensure a valid e-mail address is listed in the "My Email" field below. The password will be e-mailed to you at this address. If your e-mail address is blank or incorrect, enter or overwrite the e-mail displayed. You can also update your work e-mail by selecting [Key Services > Update Contact Information > Work Email > Update](#).

Information to Send

- Employment Information
 Employment and Salary Information

Related Information

Employment Information: Releases personal, assignment and period of service details.

Recipient Information

*To:

*My Email:

Note: Two distinct email addresses are required. Your password-protected employment verification document will be sent to the recipient identified in the "To" line. A second e-mail, containing the password, will be sent to you based on the e-mail address you identified in the "My Email" field. For your protection, the e-mail containing the password will not be sent to the individual identified in the "To" line. It is your responsibility to share the password with the intended recipient.

From: HR Employment Verification System [mybiz_myworkplace@dcpds.cpms.osd.mil]
Sent: Monday, December 10, 2012 9:41 AM
To:
Subject: Employment Verification 65744_20121210094100

Document password:

This e-mail contains the password for the e-mail attachment sent to
responsibility to provide this password to the recipient.

It is your

This is a system generated email; please do not reply to this message.

Employee Receives

Financial Institution Receives

[WARNING : MESSAGE ENCRYPTED] Employment Verification for

From: **HR Employment Verification System** (mybiz_myworkplace@dcpds.cpms.osd.mil)

Sent: Mon 12/10/12 9:41 AM

To:

1 attachment

EmployeeVerification.pdf (29.2 KB)

The Employment Verification for _____ is attached in a password-protected document.
The employee will provide you with the password.

Reference Number for this verification is 65744_20121210094100.

This is a system generated e-mail; please do not reply to this message.



Employment Verification

This document contains personally identifiable information. As the recipient of this information, you are responsible and legally accountable for safeguarding this product in accordance with any applicable national, state or provincial, or local laws that pertain to the protection of personally identifying information at your location.

Employment and Salary Information

Dear Sir or Madam,

The following information is provided in response to your request for an Employment and Income Verification; Reference Number: 65744_20121210094100.

Employee Name:

Information Current as of: 10-Dec-2012

Employer: Department of the Army

Headquarters Address:

THE ADJUTANT GENERAL - UT
JOINT FORCE HQ - UT
HRO TECH PERS MGT BR
DRAPER, UT

Duty Station: DRAPER / SALT LAKE / UTAH

Social Security Number (last 4-digits only): ---

Employment Status: Active

Most Recent Start Date: 27-Feb-1984

Original Hire Date: 27-Feb-1984

Total Time With Employer: 28 years 9 months 13 days

Job Title: HUMAN RESOURCES SPECIALIST (EMPLOYEE BENEFITS)

Rate of Pay: Annually

Average hours Per Pay Period: 80

Total Pay:

Total Pay YTD:

Emailed To: _____