

CONDITIONS OF TEMPORARY LIMITED EMPLOYMENT

I, _____, having accepted a temporary limited appointment with the Utah National Guard, understand the following conditions pertaining to my employment:

1. Because I am a temporary employee and have not previously held a permanent position with the Federal Government, I must apply to be considered for permanent positions.
2. My appointment has a specific time limitation (not-to-exceed date). My initial appointment will be made for a period of one year or less. After the initial one-year period, my appointment may be extended in increments of up to one year each for three additional years. My total employment under this appointment cannot exceed four years. Furthermore, I understand that my appointment may be terminated at any time prior to its expiration date and that extension of my appointment beyond the initial one-year period is neither promised nor implied.
3. I may be detailed to another position which meets the criteria for temporary employment; however, I may not be promoted, reassigned, or transferred to other jobs.
4. I am ineligible for retirement coverage under either the Civil Service Retirement System or the Federal Employee Retirement System; however, I will be covered by Social Security.
5. I am ineligible for life insurance coverage under the Federal Employees Group Life Insurance Program.
6. I am ineligible for coverage under the Federal Employees' Health Benefits Program until I have completed at least one year of current continuous employment. I understand that after I have completed one year of current continuous employment, I may elect health benefits coverage and that I will be charged the full premium for the coverage.
7. I am not covered by adverse action procedures, and I may be terminated at any time for suitability, unacceptable performance, misconduct, unauthorized absence, leave abuse, delinquency, insubordination, etc.
8. I am not covered by reduction-in-force procedures, and I may be terminated at any time upon notice in writing because of lack of work or lack of funds.
9. I am ineligible for pay increases other than the annual cost of living adjustment authorized by law. (Temporary employees hired in Federal Wage System positions are eligible for within-grade increases provided performance is satisfactory.)
10. I will earn sick leave as long as I have a regularly scheduled tour of duty (either full time or part time), and I will earn annual (vacation) leave as long as I have a regularly scheduled tour of duty and my initial appointment is made for more than 90 days.
11. If I am receiving an annuity from the Civil service Retirement and Disability fund, I am subject to the rules for re-employed annuitants.

Verify Information

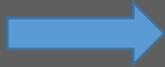


12. The expected length of this position is NTE _____. Temporary positions may be terminated or extended in accordance with regulatory guidance and at management's discretion.
13. Temporary technicians do not get 120 hours military leave. This is for permanent technicians only.
14. Your title/series/grade is _____.

CERTIFICATION

I hereby certify that the conditions of temporary limited 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 relative to my employment have been satisfactorily answered.

Sign & Date



Signature

Date

Original signed copy is to be placed in the Official Personnel Folder. A copy may be provided to the employee if requested.



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
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):

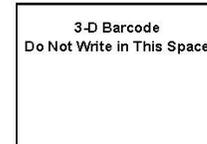
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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



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):
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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



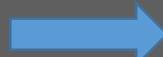
Employer Completes Next Page



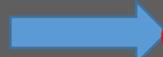
Verify Information



Check Appropriate Box



Sign & Date



HRO Specialist will fill out appropriate section



Section 2. Employer or Authorized Representative Review and Verification

(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.)

Employee Last Name, First Name and Middle Initial from Section 1:				
List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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;"> <p>3-D Barcode Do Not Write in This Space</p> </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 Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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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):
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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:
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Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

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

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

Verify Information
& Complete Blocks

3a-7c

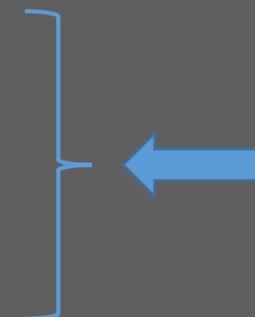


If your only active
duty time was training
time in the Reserves
Or National Guard,
check the box
"NO"



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

Check "YES"
or "NO"



Declaration for Federal Employment*

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

Form Approved:
OMB No. 3206-0182

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

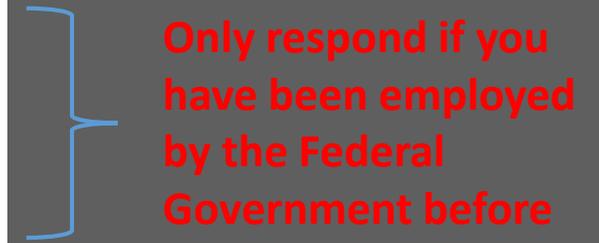


18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct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



Verify Information



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"/>
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.).		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.	
Part I. Targeted/Severe Disabilities Hearing 18 - Total deafness in both ears (with or without understandable speech) Vision 21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception) 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) 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) 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 Other Impairments 82 - Epilepsy 90 - Severe intellectual disability 91 - Psychiatric disability 92 - Dwarfism		Part II. Other Disabilities Hearing Conditions 15 - Hearing impairment/hard of hearing Vision Conditions 22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye) 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 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) 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.	

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



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)
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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.

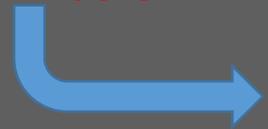
BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)		
	Year	Month	Day	Year	Month	Day			

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
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Section 8 Check All that apply



Sign & Date



Fill in any Federal employment

Fill in any absence time if applicable

Fill in Title 10 time ONLY



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



**Army Guard Employees
give your financial forms to
USPFO**

**FAST START
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 <input type="text"/> (Account Holder's Name) 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 INFORMATION 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 <input type="text"/> (Account Holder's Name) FINANCIAL INSTITUTION NAME <input type="text"/>			
5. AUTHORIZATION * <input type="text"/> <input type="text"/> EMPLOYEE'S SIGNATURE 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 USPFO

Form W-4 (2015)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exemptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, tax credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit **F** _____

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are 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.		OMB No. 1545-0074 2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)				
City or town, state, and ZIP code				
3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.				
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • 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 expect to have no tax liability. If you meet both conditions, write "Exempt" here				
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 ►
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number

Fill in all that applies

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

Fill in your information

Sign & Date

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 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 136,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	136,001 - 206,000	1,120	83,001 - 180,000	1,120
24,001 - 28,000	3	26,001 - 34,000	3	206,001 - 360,000	1,320	180,001 - 395,000	1,320
28,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
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)	B O N D #2	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)	B O N D #4	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
-------------------------------	------

Fill in your Information →

Sign & Date →

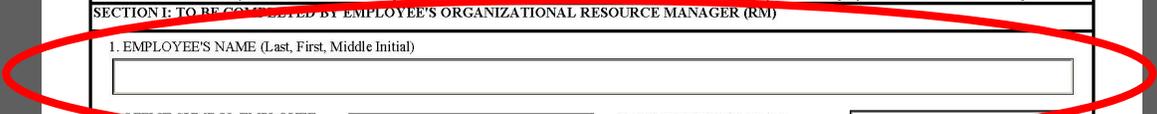
★ Army Guard Employees give your financial forms to USPFO

★ Air Guard Employees take address change form to Finance

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



Supervisors fill out Section II,
then you will bring to finance



Fill in your information

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			
<i>AUTHORITY:</i> Air Force Instruction 65-601 Volume 2, Chapter 9.			
<i>PURPOSE:</i> Source document used to input or update a civilian employee's Defense Civilian Pay System (DCPS) line of accounting (LOA) data.			
<i>ROUTINE USE:</i> 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.			
<i>DISCLOSURE:</i> 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)			
1. EMPLOYEE'S NAME (Last, First, Middle Initial)			
<input type="text"/>			
2. BASIC SYMBOL EMPLOYEE WILL BE ASSIGNED TO	<input type="text"/>	3. MANPOWER POSITION CONTROL NUMBER (MPCNN)	<input type="text"/>
SECTION II: THIS DATA IS COMPLETED BY THE ORGANIZATIONAL BUDGET OFFICE OR RESOURCE MANAGER (RM) AND FORWARDED TO THE CIVILIAN PAYROLL OFFICE FOR INPUT INTO THE DCPS EMPLOYEE LEVEL ACCOUNTING CLASSIFICATION SCREEN.			
4a. EMPLOYEE ID (SSN) <i>(No Dashes)</i>	<input type="text"/>	4b. Does the MPCNN 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.	
5. DATE EFFECTIVE	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NA	
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	<input type="text"/>
9. DEPT CODE/ AGENCY #	<input type="text"/>	10. TRANSFER DEPARTMENT	<input type="text"/>
11. FISCAL YEAR (One Digit)	<input type="text"/>	12. BASIC SYMBOL/FUND	<input type="text"/>
13. LIMITATION/SUBHEAD	<input type="text"/>	14. FY R/O IDC <i>(Y or N)</i>	<input type="text"/>
15. FUND CODE/SUB STA	<input type="text"/>	16. ASN/OBAN/BCN/HRS	<input type="text"/>
17. PGM/BUDGET YEAR <i>(One Digit)</i>	<input type="text"/>	18. OAC/DUTY STA	<input type="text"/>
19. MFP/BPAC/PROJ CD/SABOC	<input type="text"/>	20. PEC/AMT	<input type="text"/>
21. RC/CC/FCP	<input type="text"/>	22. ESP	<input type="text"/>
23. EEIC SHRED	Must Be Blank		
ASSIGNED:	24. JOB ORDER	<input type="text"/>	25. COST CENTER
		<input type="text"/>	26. PERF CODE
		<input type="text"/>	<input type="text"/>
27a. RM or LINE OF ACCOUNTING POC PRINTED NAME	27b. RM or LINE OF ACCOUNTING POC SIGNATURE	28. DATE SIGNED	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SECTION III: COMPLETED BY PERSON ENTERING ACCOUNTING CLASSIFICATION DATA INTO THE DEFENSE CIVILIAN PAYROLL SYSTEM			
29a. PRINTED NAME	<input type="text"/>	29b. SIGNATURE	<input type="text"/>
	<input type="text"/>		30. DATE SIGNED
			<input type="text"/>
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.			
<input type="button" value="Print Form"/>		<input type="button" value="Reset Form"/>	



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



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

State of Utah

UTAH NATIONAL GUARD

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

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

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.



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.



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"

Signing up for Health Insurance:

- Go to link: <https://www.abc.army.mil>
- Click on the “**EBIS**” button at the top of the page
- Click on “**I Agree**” after reading through the DoD Notice and Consent Banner
- Click on “**New User**” under the Current Users login area
- Enter your Social Security Number and Temporary PIN in the boxes
 - Your temporary PIN is your two digit month of birth and the last two digits of your year of birth (MMYY)
 - You will be redirected to establish a new permanent PIN
- You should now be able to log in using your Social Security Number and newly established PIN
- Once logged in, click on the “**Transactions**” tab at the top of the page
- At this point, permanent employees will see three boxes:
 - FEHB Current Coverage
 - TSP Current Coverage
 - FEGLI Current Coverage

*** Temporary employees over 90 days will only see the FEHB Current Coverage box, as you are not entitled to TSP or FEGLI ***

- To make a change to your existing health insurance or to enroll in FEHB, click on “**Change**” in the FEHB box
- Next to “New Enrollment”, click on “**Begin**”
- Select “Allow me to enter the plan code I want”, and click on “Next”
- In the box, enter the 3 digit code (a combination of numbers and/or letters that correspond to the plan you have selected) and click “Next”
- On this screen, you will see a summary of the plan you have selected – ensure it is correct, then click “Next”
- This page will ask if you are married or not – if you select “yes”, it will not automatically enroll your spouse for FEHB, it is just for their record; click whichever option applies to you, then click “Next”

- Complete the boxes on this page only if applicable, otherwise, click “Next”
- The boxes on this page should populate automatically – if they do not, enter the correct information, and click “Next”
- The “FEHB Pending Transaction” is a summary of your selection – ensure everything is correct, read through the information in red, scroll to the bottom of the page, and click “**Process Transaction**”

*** The transaction will only be completed if you click on this button ***

- Print or save the transaction receipt for your records – you will likely not see anything taken out of your LES until 4 weeks after your start date – please retain this copy for proof of healthcare coverage in case anything happens to you or a family member that requires medical attention

If you have any questions on EBIS, contact the Army Benefits Center-Civilian (ABC-C) toll free at 1-877-276-9287 M-F 6:00 am to 6:00 pm CT

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.

AetnaVision

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

 **Air Guard Form ONLY!**
**Air Employees must have
an AKO account to sign up
for FEHB**

AKO Registration Procedures

DoD military and government civilians who have been issued CACs are now able to self-register for an AKO/DKO Joint User Access Account (JUA).

To register for AKO/DKO:

1. Go to <https://www.us.army.mil>
2. Click on 'Register with a CAC'
3. When prompted, enter your PIN or select your certificate.

Note: You will need to have your CAC inserted into a CAC reader to register for an account. Also, you will be required to enter your SSN and date of birth (DOB) to validate your user information. If this information is not provided, AKO/DKO and Defense Manpower Data Center (DMDC) will not be able to validate credentials; therefore no account will be issued. DMDC is the authoritative database for non Army DoD military and government civilians. A working agreement with DMDC allows AKO/DKO to positively validate users before they are given a new DKO account.

4. Enter your Social Security Number, or Foreign Identification Number. DO NOT register for a Utility Account until you click on the link titled 'what's this?' to determine if you need a utility account.
5. Enter your Date of Birth
6. Enter your User Information, if needed
7. Enter an External Email Address
8. Enter Organization Information
9. Create and Confirm your Password
10. Complete your Password Questions - these are used to verify your identity if you lose or forget your password
11. Account Registration Complete - you should see all your account information.
12. DoD policy dictates that usernames must follow the format: full first name.middle initial.last name, with trailing numbers used to create unique ID's. An example is john.b.smith13.

AKO/DKO Eligible Account Types:

- Air National Guard Technician/Army National Guard Technician
- Active Army/Army Reserve/ Army Civilian/ Army National Guard AGR
- Active Air Force/Air Force Reserve/Air Force Civilian/ Air National Guard AGR
- Active Navy /Navy Reserve/Navy Civilian
- Active Marine Corps/Marine Corps Reserve/Marine Corps Civilian
- DoD Civilian
- Active Coast Guard/Coast Guard Reserve
- Coast Guard Reserve
- Coast Guard Civilian
- Public Health Service (PHS)

Army Benefits Center - Civilian

Welcome to the new ABC-C Site

How can we help?



Find Answers

Find Answers to your Benefits Questions



Benefits

Review your benefits



ICE

Tell us how we are doing!



Announcements

Browse ABC Announcements

ABC-C Benefit Topics

- Civilian Death-in-Service
- Forms
- Health Insurance
- Injury Compensation
- Life Insurance
- Retirement
- Thrift Savings Plan (TSP)
- Unemployment Compensation

How do I

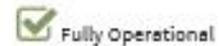
ABC-C Status

Phone Center



Please see our announcements or operating hours for more information.

EBIS



EBIS is operational for your convenience.

Updated On: 01-29-2019 14:03:38

Announcements

8 Feb 2019 - EBIS down for maintenance

Follow Us

- Facebook
- YouTube



Login to EBIS

Employee Benefits Information System (EBIS)



What is EBIS?



Login to EBIS

Click on "EBIS"



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

DoD NOTICE AND CONSENT BANNER

YOU ARE ACCESSING A U.S. GOVERNMENT (USG) INFORMATION SYSTEM (IS) THAT IS PROVIDED FOR USG-AUTHORIZED USE ONLY." By using this IS (which includes any device attached to this IS), you consent to the following conditions: The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations. At any time, the USG may inspect and seize data stored on this IS. Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose. This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy. Notwithstanding the above, using this IS does not constitute consent to PM, LE, or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

I have read and consent to the terms of the IS User Agreement

I Agree

Click "I Agree"



Welcome to the Employee Benefits Information System (EBIS)...

Department of Army EBIS Login

Current Users:

Enter your SSN and your PIN.

SSN (No Dashes)

PIN

[Reset PIN](#)

Login...

User Information:

If you are a new user select the New User button below. Your temporary PIN is your two digit month and the last two digits of your year of birth (MMYY). If you have forgotten your PIN, you will need your latest Leave and Earnings Statement or Notification of Personnel Action to complete the information on the Reset PIN link above. Your new permanent PIN must be six numbers and cannot be in the exact order of your Social Security number, date of birth, service computation date, or repetitive/consecutive numbers.

New User

If you encounter difficulty with your PIN, please contact the HelpDesk @ DSN 856-2000 or 785-239-2000 Monday through Friday, from 0730 to 1600 CT, for assistance.

Click "New User"

User Validation

In order to establish (or reestablish) your login information you must be a validated user. Enter the information below and click the continue button to be validated as a user.

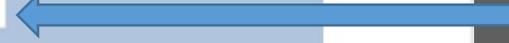
Enter Your Social Security Number
(NNNNNNNN):

Enter Your Temporary PIN:

Continue

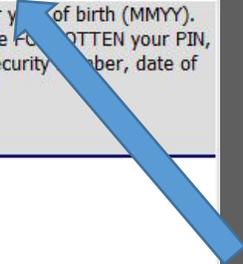
If you are a NEW USER your temporary PIN is your two digit month and the last two digits of your year of birth (MMYY). For example, if you were born April 1948, you would use 0448 as your temporary PIN. If you have FORGOTTEN your PIN, your new permanent PIN must be six numbers and cannot be in the exact order of your Social Security number, date of birth, service computation date, or repetitive/consecutive numbers.

Type in you Social



Your Temporary Pin is your two digit month and last two digits of your year of birth (MMYY).

Click "Continue" once you finish





Help

Welcome to the Employee Benefits Information System (EBIS)...

Department of Army EBIS Login

Current Users:

Enter your SSN and your PIN.

SSN (No Dashes)

PIN

[Reset PIN](#)

Login...

User Information:

If you are a new user select the New User button below. Your temporary PIN is your two digit month and the last two digits of your year of birth (MMYY). If you have forgotten your PIN, you will need your latest Leave and Earnings Statement or Notification of Personnel Action to complete the information on the Reset PIN link above. Your new permanent PIN must be six numbers and cannot be in the exact order of your Social Security number, date of birth, service computation date, or repetitive/consecutive numbers.

New User

If you encounter difficulty with your PIN, please contact the HelpDesk @ DSN 856-2000 or 785-239-2000 Monday through Friday, from 0730 to 1600 CT, for assistance.

You should now be able to log in using you Social Security Number and newly established PIN.

Click on
"Transactions"



Session
User:

Pending Transactions

FEHB:	None
TSP:	None
FEGLI:	None

Agency News
Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Welcome to the Employee Benefits Information System (EBIS)...

Department of Army

The Employee Benefits Information System (EBIS) is designed to provide Federal employees general and personal information regarding their retirement & benefits.

To get started - choose one of the following:

-  Click for a comprehensive personal statement of your retirement and benefits.
- My Benefits**
-  Click to use a variety of retirement and TSP calculators.
- Calculators**
-  Click to view current coverage and/or change your TSP, FEHB, or FEGLI benefits.
- Transactions**
-  Click to fill and/or print benefits related forms.
- Forms**
-  Click to view estimates from your Human Resources office.
- HR Link**
-  Click to submit a retirement request to your human resources office.
- eRetirement**
-  Click to personalize your information that is used in EBIS.
- My Profile**
-  Click here to view on-line seminars about your Federal benefits.
- eSeminars**
-  Click to view information about Federal employee benefits.
- Information**

Welcome to EBIS! We hope you have a good experience on this site. If you encounter difficulties, please contact a Benefits Specialist by calling 1-877-276-9287 between 6:00 a.m. and 6:00 p.m. Central Time.



Help



My Benefits



Calculators



Transactions



Forms



HR Link



eRetirement



My Profile



eSeminars



Information

Session

User:

[Redacted]

PIN

Logout

Pending Transactions

FEHB: None

TSP: None

FEGLI: None

Agency News

Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Transactions

FEHB Current Coverage

You are not enrolled in FEHB at this time. You have 60 days to enroll in FEHB. Your 60-day period expires on 11/19/2015.

FEHB Pending Transaction

You have no pending transactions.

History

Change

Void

TSP Current Coverage

You are automatically enrolled to TSP.

Retirement Plan	FERS
Traditional Contribution Amount	\$0.00
Traditional Contribution Percent	3%
Roth Contribution Amount	\$0.00
Roth Contribution Percent	0%

History

Change

Void

TSP Pending Transaction

You have no pending transactions.

If you completed a TSP Stop Automatic Enrollment Transaction, it will be retro-actively effective to your start date and there will be no pending transactions.

FEGLI Current Coverage

You are not enrolled in optional FEGLI at this time. You have until 11/19/2015 to elect optional coverage. All FEGLI amounts and costs provided below are based on your age as of the pay period ending date: 10/17/2015
Enrollment Code: C0

Coverage Type	Amount of Coverage	Cost Per Pay Period	Multiple Factor
Basic	\$84,000.00	\$6.30	n/a
Option A	\$0.00	\$0.00	n/a
Option B	\$0.00	\$0.00	0
Option C	\$0/\$0	\$0.00	0
Total Cost Per Pay Period		\$6.30	

History

Change

Void

To make an FEHB election or change click here.



Help



My Benefits



Calculators



Transactions



Forms



HR Link



eRetirement



My Profile



eSeminars



Information

Session

User:

[Redacted]

PIN

Logout

Pending Transactions

FEHB: None

TSP: None

FEGLI: None

Agency News

Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Transactions : Change

Select the type of FEHB transaction you wish to complete:

New Enrollment

Begin

Cancel

Be advised that many FEHB transactions require contact with a Benefits Specialist. If you are participating in Premium Conversion and desire to change your FEHB coverage from Self and Family to Self only, you must contact a Benefits Specialist. Benefits Specialists are available by calling 1-877-276-9287. Specialists are available from 6:00 a.m. to 6:00 p.m. Central Time.

Click On
"Begin"



Help



My Benefits



Calculators



Transactions



Forms



HR Link



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My Profile



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Information

Session
User: [redacted]
[PIN] [Logout]

FEHB: None
TSP: None
FEGLI: None

Transactions : FEHB : New Enrollment

Select how you wish to choose your health plan.

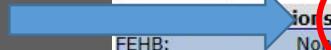
- Allow me to enter the plan code I want.
- Show me the Nationwide Fee-for-Service plans (FFS) and allow me to choose the plan I want.
- Show me the plans by Geographical Area (HMO or FFS non-nationwide) and allow me to choose the plan I want.

[Next >>]

[Quit]

Agency News
Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Select one of the three options



Click on "Next"



Help



My Benefits



Calculators



Transactions



Forms



HR Link



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My Profile



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Information

Session

User:

[Redacted]

Pending Transactions

FEHB: None

TSP: None

FEGLI: None

Agency News

Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Transactions : FEHB : New Enrollment

Enter the plan code you wish to enroll in:

Next >>

Quit

Enter Insurance Code



Click on "Next"



Help



My Benefits



Calculators



Transactions



Forms



HR Link



eRetirement



My Profile



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Information

Session

User:

[Redacted]

PIN

Logout

Pending Transactions

FEHB: None
TSP: None
FGLI: None

Agency News

Did you create a transaction for TSP, FEHB, or FGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Transactions : FEHB : New Enrollment

Detailed information about the plan you selected above:

Plan Name:	SelectHealth Utah, Idaho - Utah Statewide & Idaho South/Idaho South
Plan Coverage:	Standard Self
Cost Per Pay Period:	\$57.39
Plan Type:	HMO
Plan Area:	UT;ID
Plan Code:	SF4

It is your responsibility to review and comply with the guidance in your plan brochure available on the OPM web site.

Quit

Next >>



Click on "Next"

Session
User: [redacted]
[PIN] [Logout]

Pending Transactions
FEHB: None
TSP: None
FEGLI: None

Transactions : FEHB : New Enrollment

Are you married?
If you are separated but NOT divorced, then you are still married.

- Yes, I am married.
- No, I am NOT married.

Next >>

Quit

Check what applies to you.

Click "Next" once completed

★ Selecting whether or not you are married does not "lock" you into a family plan. Simply check the correct box.



Help



My Benefits



Calculators



Transactions



Forms



HR Link



eRetirement



My Profile



eSeminars



Information

Session

User:

[Redacted]

PIN

Logout

Pending Transactions

FEHB: None

TSP: None

FEGLI: None

Agency News

Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Transactions : FEHB : New Enrollment

Other insurance information.

Do you have any group health insurance coverage other than the FEHB plan in which you are now enrolled? If so, click to enable the check box below and enter the requested information and click the 'Next >>' button.

If you do not wish to make a change because no other family member has group health insurance, then click the 'Next >>' button to proceed.

Medicare (you) Medicare Part A Only Medicare Part D

Medicare Claim Number

Are you covered by insurance other than Medicare?

TriCare/CHAMPUS

Other (specify name)

Insurance Policy Number

FEHB

Quit

Next >>

Complete only if applicable. Otherwise click "Next".

Click "Next" once completed



Help



My Benefits



Calculators



Transactions



Forms



HR Link



eRetirement



My Profile



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Information

Session

User:

PIN

Logout

Pending Transactions

FEHB: None
TSP: None
FEGLI: None

Agency News

Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

Transactions : FEHB : New Enrollment

Enter your current address.

Your home address will be used by the FEHB carrier to mail any correspondence relating to your health insurance. If you are satisfied with the address shown below, click the 'Next >>' button. If you would like to enter a different address to be used by your FEHB carrier, just edit the information below and click the 'Next >>' button.

This will not affect the address you have on file with your payroll office. You are still responsible for notifying your agency payroll office of any address change.

Address 1 

Address 2

City 

State 

Zip Code - +4 

Telephone Number: - -

Email Address:

If the section does not populate your current mailing address, enter correct information.

Next >>

Quit

Click "Next" once completed

PIN Logout

Pending Transactions
FEHB: None
TSP: None
FEGLI: None

Agency News
Did you create a transaction for TSP, FEHB, or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Specialist.

FEHB Transaction Information

Premium cost for temporary employees will be higher than the cost reflected below. Please refer to the Guide to FEHB Plans, RI 70-B, for the correct premium.

Based on the transaction information you entered, your projected FEHB enrollment is:

FEHB Pending Transaction
Effective Date: 11/01/2015

Transaction: New Employee Enrollment
Plan Code SF4
Plan Name SelectHealth Utah, Idaho - Utah
Type of Enrollment Standard Self
Cost Per Pay Period \$57.39

IMPACT OF ACA ON FEHB CANCELLATION OR SELF ONLY ELECTIONS

Beginning January 1, 2014, the Affordable Care Act's individual shared responsibility provision requires each individual (including children) to maintain minimum essential health coverage (known as "minimum essential coverage" or "MEC") for each month, qualify for an exemption, or make a payment when filing his or her Federal Income tax return beginning in 2015.

All FEHB plans meet minimum essential coverage and satisfy the Affordable Care Act's individual shared responsibility requirement. If you are considering cancelling your FEHB enrollment, then you should review the information on the IRS website at www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision regarding the individual shared responsibility requirements.

*** ELECTRONIC SIGNATURE ***

I understand that this election will overwrite my current election of the same type.

WARNING: Be advised that any false statement in this transaction willful misrepresentation, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both, according to federal law. Additionally, this may result in disciplinary action up to and including removal from Federal employment.

By clicking the 'Process Transaction' button, I understand that my EBIS web site login information is my electronic signature in effecting this transaction.

I acknowledge and wish to PROCESS THIS TRANSACTION.

I do not acknowledge and wish to STOP this transaction.

To complete any transaction you must first read the warning and select "Process Transaction". If this step is omitted your action will NOT process! (Important step)



Help

Session

User:

[Redacted]

Transactions : Receipt (FEHB)

This page contains information subject to the Privacy Act of 1974 as amended.

[*** YOUR TRANSACTION HAS BEEN SUCCESSFULLY COMPLETED ***]

- Transaction Receipt - **Printer Friendly Version**
Employee Name: JCTR OCTOP
Date of Transaction: 11/28/2012
Time of Transaction: 10:15:37 AM
Transaction Effective Date: 12/02/2012
Transaction Description: Non-Open Season Enrollment
Other Information: n/a

FEHB Transaction Information

Premium cost for temporary employees will be higher than the cost reflected below. Please refer to the Guide to FEHB Plans, RI 70-B, for the correct premium.

Based on the transaction information you entered, your projected FEHB enrollment is:

FEHB Pending Transaction	
Effective Date:	12/02/2012
Transaction:	Non-Open Season Enrollment
Plan Code	224
Plan Name	Aetna HealthFund - Available in
Type of Enrollment	HDHP Self
Cost Per Pay Period	\$43.44

Print your copy of the election you just made to keep for your records.

Note now your action is pending

Agency News
The Thrift Savings Plan (TSP) has announced that their system will be able to accept Roth TSP contributions on May 7, 2012. Because implementation involves technical and programmatic modification of payroll systems, not all agencies will be ready to participate on that date. Defense finance officials said the Roth option will be available on a phased basis from June to October. The specific implementation date will be determined at a later time. For more information on TSP Roth, please visit the TSP website.

Questions

If you have any questions on
EBIS, contact the Army
Benefits Center- Civilian toll
free at

1-877- 276-9287

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

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

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

- o Position information
- o Salary information
- o Appraisal and awards information
- o Benefits
- o 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.

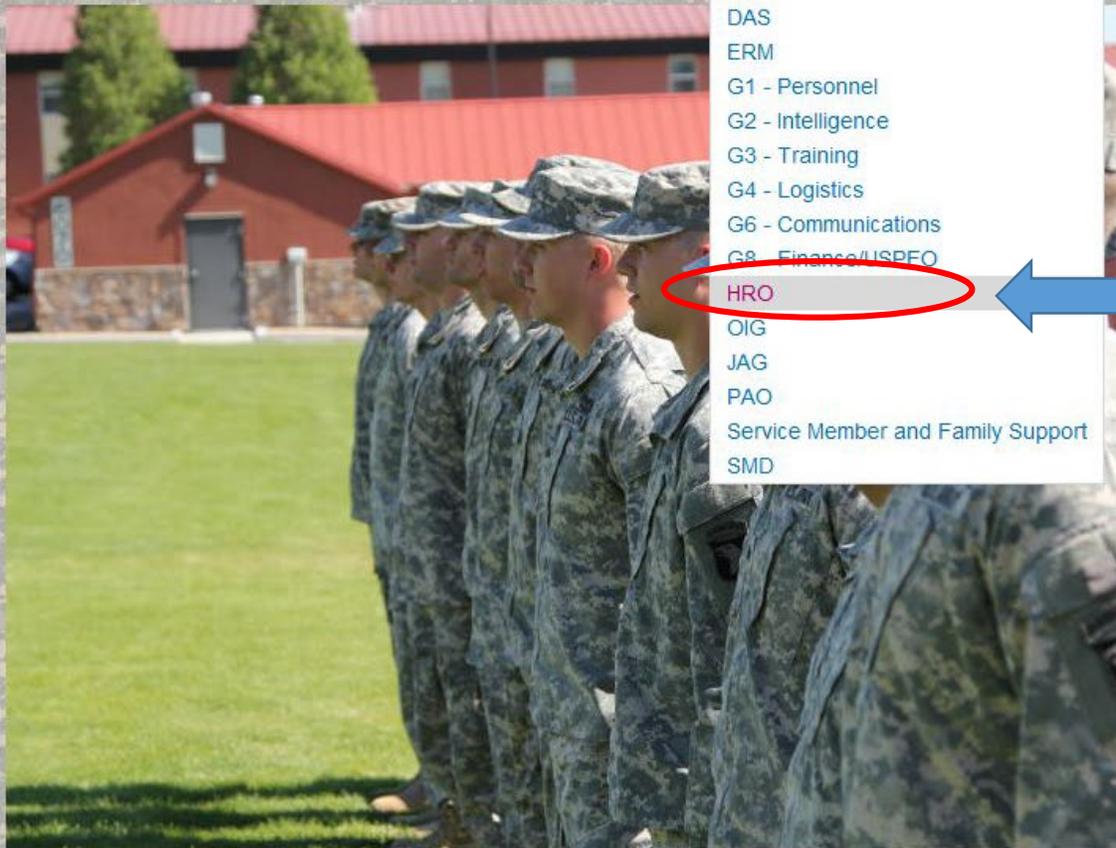


Click on
"Staff Sites"

- AASF
- CCWO
- CFMO
- COS
- CDP
- Command Group
- CSM
- DAS
- ERM
- G1 - Personnel
- G2 - Intelligence
- G3 - Training
- G4 - Logistics
- G6 - Communications
- G8 - Finance/USPEO
- HRO**
- OIG
- JAG
- PAO
- Service Member and Family Support
- SMD

Click on
"HRO"

Adjutant General Jefferson S. Burton



Utah Guardmembers formerly from the 300th Military Intelligence Brigade now proudly bear the Division (Air Assault) patch while singing the Screaming Eagle unit song.

External Site Links

URL	Title
AKO	Army Knowledge Online
DA Photo Requests	DA Photo VIOS



[Utah Army National Guard public home page](#)

[Utah Air National Guard public home page](#)

- Page
- Technician Page**
- AGR Page
- State Page
- FTNGD Orders
- Training
- EEO/SEEM Page
- OWCP Page
- Mass Transit
- Jobs

Click on "Technician Page"



HRO Information

- [Employee Assistance Program](#)
- [Army Personnel ONLY/DTS Acct. Info.](#)
- [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 2015:

<u>Mon. - Thur. Schedule</u>	<u>Tue. - Fri. Schedule</u>	<u>Holiday</u>
01 Jan 2015	01 Jan 2015	New Year's Day
19 Jan 2015	20 Jan 2015	MLK, Jr.'s Day
16 Feb 2015	17 Feb 2015	President's Day
25 May 2015	26 May 2015	Memorial Day
02 Jul 2015	03 Jul 2015	Independence Day
07 Sep 2015	08 Sep 2015	Labor Day
12 Oct 2015	13 Oct 2015	Columbus Day
11 Nov 2015	11 Nov 2015	Veteran's Day
26 Nov 2015	26 Nov 2015	Thanksgiving Day
24 Dec 2015	25 Dec 2015	Christmas Day
31 Dec 2015	01 Jan 2016	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

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
- [ADOS](#) 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



[Utah Army National Guard public home page](#)



[Utah Air National Guard public home page](#)

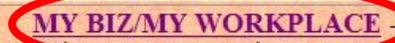
- HRO Main Page
- Technician Page
- AGR Page
- State Page
- FTNGD Orders
- Training
- EEO/SEEM Page
- OWCP Page
- Mass Transit
- Jobs

Technician Management Branch

Staffing	Popular Links
Retirements/Benefits	Local Links
Benefits (Health/Life/TSP)	Technician Handbook Absence and Leave Program
Classification	Pay Tables
Labor Relations	Time Off Award Instructions
	Compatibility Tables - in Excel 2003 format
	ABC-C Web Site (POC HRO/Retirements & Benefits) - ABC-C Brochure
	MY BIZ/MY WORKPLACE - ***Certificate error fixes***
TPR 430	DISCLAIMER: My Biz and associated web pages are web-based tools created by the Department of Defense (DoD) as part of the Defense Civilian Personnel Data System (DCPDS) to allow DoD personnel access to and management of their individual personnel records. The DoD My Biz and associated tools can be accessed only by authorized DoD personnel within a .mil network. The DoD My Biz tool has no association with any private or other enterprise using "MyBiz" in whole or in part as a title or logo.

Click on the Link

MYBIZ/MY WORKSPACE





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



State of Utah

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

11 June 2013

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter 13-20, Physical Training (PT)

1. Applicability. This policy letter is applicable to all Active Guard Reserve (AGR), Dual-Status and Non-Dual-Status Technicians, ADOS, and State employees of the Utah National Guard and supersedes 08-05 Physical-Training (PT) policy letter dated 14 July 2008.

2. Policy.

a. It is the goal of the Utah National Guard to provide opportunity and encouragement to all full-time personnel to participate in a physical-fitness program designed to promote good health and encourage continuing physical activity resulting in more productive employees. Employees are responsible for educating themselves concerning health and fitness issues. This policy authorizes employees to participate in a physical fitness program for one hour per 10-hour workday, four days per week.

b. Guidelines. The following guidelines will be utilized by supervisors and managers to implement the program and provide guidance for employees when participating in the program:

(1) Mission requirements/accomplishment will always be the prime consideration when participating in the PT program. PT will be scheduled so that the mission is accomplished while 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.

(2) The PT period and location of the PT site can be utilized anytime during the workday with approval of the immediate supervisor. Where shift work is required, employees on all shifts must be afforded the opportunity to participate in the program.

(3) Employees may choose to combine their one-hour PT period with a 30-minute lunch period for a total period of 90 minutes.

(4) The time authorized for physical training begins when an employee leaves the work-site to begin preparation for PT (i.e., to change clothes or travel to the fitness location) and ends when the employee has returned to the work site, either to continue the workday or prior to leaving at the end of the day.

NGUT-HRO

SUBJECT: Policy Letter 13-20, Physical Training (PT)

(5) Employees are authorized to use commercial or public facilities at their own expense (schools, public pools, health clubs, spas, etc.) with the approval of their immediate supervisor. Commuting time to such sites will not be over fifteen (15) minutes total time to and from the assigned work site.

(6) Use of government vehicles to travel to a commercial or public facility is not authorized.

(7) Employees are not authorized to perform their PT at a private residence during duty hours.

(8) Employees may participate in any PT activity that is approved by their immediate supervisor as part of the PT program.

c. 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 other highly visible clothing are mandatory for activities during times of limited visibility.

3. The POC for questions regarding the interpretation of this policy should be directed to the Labor Relations Specialist at (801) 432-4235 in HRO.

JEFFERSON S. BURTON
Major General
The Adjutant General

DISTRIBUTION:
A, D, E, & F



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 18-01, 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/HCF-1500 to the provider you select. The form OWCP-1500/HCF-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



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.

Services

[Clinical Services](#)[Work/Life Services](#)[Wellness Services](#)[HELPNET](#)[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:

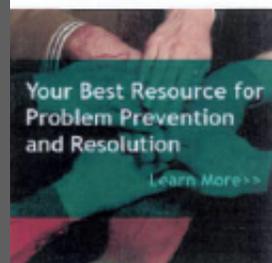
- | | |
|---------------------------|---------------------------|
| Stress | Relationship Difficulties |
| Marital & Family Problems | Eating Disorders |
| Work Related Difficulties | Medical Problems |
| Emotional Problems | Life Transitions |
| Substance Abuse | Crisis |
| Psychiatric Disorders | Grief 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										1. PAY PERIOD END	
CIVILIAN LEAVE AND EARNINGS STATEMENT										08/14/03	
VISIT THE DFAS WEBSITE AT: WWW.DFAS.MIL										2. PAY DATE	
										12/05/03	
3. NAME DOE JANE Q			4. PAY PLAN/AGENCY GS12 / 02		5. HOURS/STANDARD RATE 22.16		6. BASIC PAY RATE 25.25		7. BASIC PAY + LOCALITY ADJ + ADJUSTED BASIC PAY 43875.00 + 23788 = 46254.00		
8. SOCIAL SEC NO 999-99-9999			9. LOCALITY % 5.42		10. FLTR OR CATEGORY E		11. BCD/GAME 12/02/88		12. MAX LEAVE CARRY OVER 240		13. LEAVE YEAR END 01/01/00
14. FINANCIAL INSTITUTION - NET PAY AM SOUTH BANK OF FLORIDA				15. FINANCIAL INSTITUTION - ALLOTMENT # PEN AIR FEDERAL CREDIT UNION				16. FINANCIAL INSTITUTION - ALLOTMENT # WARRINGTON BANK			
17. TAX			18. TAX			19. TAXING AUTHORITY			20. CUMULATIVE RETIREMENT		21. MILITARY DEPOSIT
FED S 1			100003 S 11			MOBILE NR					
AL S P1/D10			100006 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	369.04	OASDI		112.26	1720.61				
TAX, FEDERAL		288.42	4518.52	TAX, LOCAL	100003	16.18	263.58				
TAX, LOCAL	100006		10.00	TAX, STATE	AL	21.58	351.44				
TAX, STATE	GA	10.79	175.72	TSP SAVINGS		235.39	1487.61				
LEAVE											
TYPE	PRDR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSS/ TERM 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	CURRENT	YEAR TO DATE	TYPE	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.

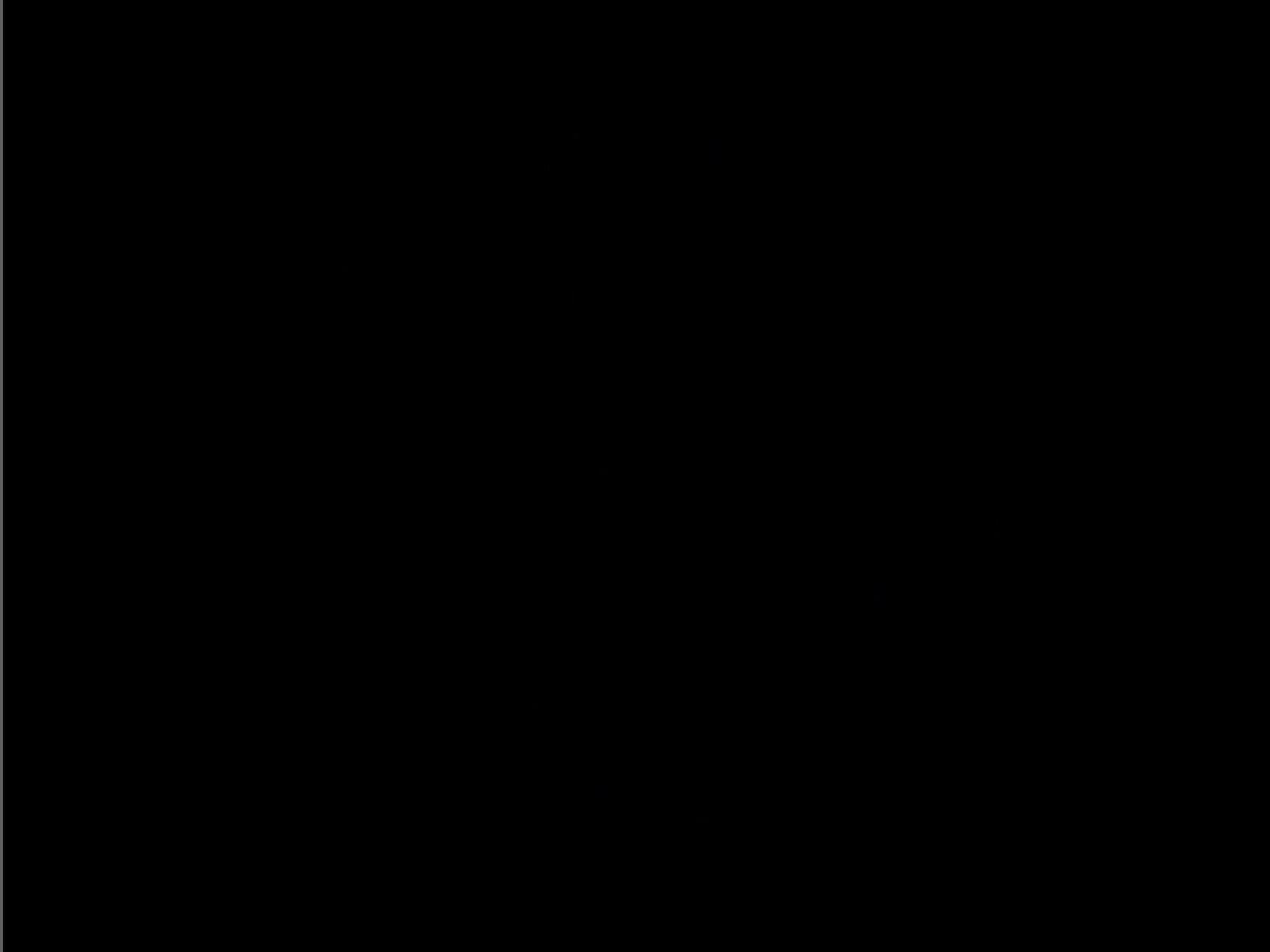
Temporary employees over 90 days: Employee accrues leave but cannot take annual leave for 90 days. If employee is unable to use leave, they will be paid in a lump sum at the end of their appointment.

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.

No Fear Act DVD

NO FEAR ACT



State Safety Office

- POC
 - 801-432-4458
 - 801-432-4419
 - 801-432-4166
- STOP any unsafe or unhealthful working conditions, report to your supervisor.
- New employee video. (15 mins) mandatory for maintenance and hazardous work area employees.

DON'T FORGET

Army Guard:

*If you have a Bonus or GI Kicker you must see: Wade Burn (801) 432-4545; Located in G-1 (Education) GI kicker (technicians are not eligible) Bonus' (any or eligibility).

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

* G2 – background check. CW5 Green (801) 432-4538

*G3 – Activate CAC for facility access. See Provost Marshall (801) 432-4883, office located in G# area.

*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: Mario Reeve (801) 245-2441, located in bldg. 25. As a full time employee you are not eligible for Bonus' and kickers.

All:

FEHB: You have 60 days (from date of hire) to enroll in Federal Health Insurance. Form SF 2809, have all information for input into the EBIS system.

FGLI: 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. Form SF 2817 was given to you so that you will have all information for input into the EBIS system.

TSP: You are able to select this anytime. This will input into the EBIS system. You are automatically enrolled for 3%.

* Send in all DD214's for (title 10 time) only.

Military Buy Back

Adds to your leave balance

HRO Points of Contact

Jerry Oyler	Retirements/Buy Backs	801-432-4240
Sarah Hughes	Benefits/EBIS/Performance Management	801-432-4219
Jodie Lundell	Staffing/Jobs	801-432-4241
Tina Conner	Staffing/Jobs	801-432-4239
Casey Malmborg	Training/Education	801-432-4147
Becky Romero	EEO	801-432-4548
Jessica Bernal	OWCP/ Army Mass Transit	801-432-4243
HRO Fax Number		801-432-4700

★ ARMY CHECKLIST

Name _____ Date _____



Print Name and Date

Army Guard HRO Employee In-Processing

Employee will initial each area.

Read and Initial
each box



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.
GI 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 _____

← Print Name and Date

Air Guard HRO In-Processing

Employee will initial each area.

Read and Initial
each box →

	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 signed-up 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.
	Compatibility – Ensure military and civilian positions are compatible.
	Uniform - Required for military positions.
	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.
	Bonus and Kickers – Full time employees loose these incentives. See MSG Mario Reeves, Retention, HQ Bldg 25.
	My Biz/Army Benefits Center-Civilian (ABC-C) – Handouts given and programs explained.
	Performance Plan – Employee must complete within 30 days.

Make copy for employee and put original in file.

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)

← Sign Here

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.