

# ORIENTATION GUIDE FOR NEWLY APPOINTED FEDERAL EMPLOYEES (T5/T32)

Name \_\_\_\_\_ Appointment Date \_\_\_\_\_

Position Title, and Grade \_\_\_\_\_

## PHASE I HUMAN RESOURCES ORIENTATION

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Type of Appointment                           | <input checked="" type="checkbox"/> MyBiz+  |
| <input checked="" type="checkbox"/> Military Compatibility ( <b>Dual-Status</b> ) | <input checked="" type="checkbox"/> Army Benefits Center-Civilian (ABC-C) & GRB Platform    |
| <input checked="" type="checkbox"/> Wearing the Uniform ( <b>Dual-Status</b> )    | <input checked="" type="checkbox"/> Pay and Deductions brief                                |
| <input checked="" type="checkbox"/> Enlistment Bonus                              | <input checked="" type="checkbox"/> Occupational Injury brief                               |
| <input checked="" type="checkbox"/> Standards of Conduct                          | <input checked="" type="checkbox"/> Requested Employee Provide any DD214's                  |
| <input checked="" type="checkbox"/> Federal Employee's Health Benefits (FEHB)     | <input checked="" type="checkbox"/> Reviewed SF144 for previous service                     |
| <input checked="" type="checkbox"/> Long Term Care Insurance (LTC)                | <input checked="" type="checkbox"/> Whistleblower Rights brief/handout                      |
| <input checked="" type="checkbox"/> Flexible Spending Accounts (FSA)              | <input checked="" type="checkbox"/> <b>(INDEF/PERM)</b> Thrift Savings Plan (TSP)           |
| <input checked="" type="checkbox"/> NGAUS Insurance                               | <input checked="" type="checkbox"/> <b>(INDEF/PERM)</b> Retirement / Social Security        |
| <input checked="" type="checkbox"/> Employee Assistance Program                   | <input checked="" type="checkbox"/> <b>(INDEF/PERM)</b> Military Deposits                   |
| <input checked="" type="checkbox"/> Types of Leave (i.e. Annual, Military, Sick)  | <input checked="" type="checkbox"/> <b>(INDEF/PERM)</b> Fed Employee Group Life Ins (FEGLI) |
| <input checked="" type="checkbox"/> Electronic Official Personnel Folder (eOPF)   | <input checked="" type="checkbox"/> <b>(INDEF/PERM)</b> Performance Management Overview     |

***PHASE I of orientation is conducted by a qualified Human Resources Specialist and covers the topics listed above. Supervisors should brief the employee on the items listed in Phase II, annotated below.***

## PHASE II SUPERVISOR ORIENTATION

- |  |   |
|--|---|
| <input type="checkbox"/> Home Address and Telephone Number | <input type="checkbox"/> Position Description Review                      |
| <input type="checkbox"/> Whom to Notify in Emergency       | <input type="checkbox"/> Individual Development Program                   |
| <input type="checkbox"/> Hours of Work and Punctuality     | <input type="checkbox"/> Incentive Awards Program                         |
| <input type="checkbox"/> Lunch Period & Facilities         | <input type="checkbox"/> Occupational Injury (OWCP)                       |
| <input type="checkbox"/> Leaves and Absences               | <input type="checkbox"/> Security Requirements                            |
| <input type="checkbox"/> Time Cards/ATAAPS                 | <input type="checkbox"/> Merit Placement Plan                             |
| <input type="checkbox"/> Safety                            | <input type="checkbox"/> Equal Opportunity                                |
| <input type="checkbox"/> Neatness & Housekeeping           | <input type="checkbox"/> Introduction to Union Steward or Representative  |
| <input type="checkbox"/> Introduction to Work Area         | <input type="checkbox"/> <b>(INDEF/PERM)</b> Performance Plan             |
| <input type="checkbox"/> Hazardous Material Handling       | <input type="checkbox"/> <b>(INDEF/PERM)</b> Annual Performance Appraisal |
| <input type="checkbox"/> Bulletin Boards                   |   |

\_\_\_\_\_  
**Printed Supervisor Name**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date Completed**

***I understand this briefing is extracted from technician personnel publication and that I share the responsibility in seeking clarification should questions arise in the future.***

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

***SUPERVISOR MAY MAINTAIN THE ORIGINAL OF THIS FORM IN THE EMPLOYEE'S SUPERVISOR'S RECORD.***