



## New Employee Orientation

Human Resources Office  
Technician Benefits Team

# NEO/eOPF Checklist



- This form is for HRO use – Complete only the top portion
- Print Full Name, SSN and Date of Birth
- Appointment Date will be the Sunday before the scheduled NEO date
- No digital signatures will be accepted for this packet

NEO/eOPF CHECKLIST					
<input type="checkbox"/> Permanent <input type="checkbox"/> Conversion <input type="checkbox"/> Temp Tech <input type="checkbox"/> Indefinite					
<input type="checkbox"/> Army <input type="checkbox"/> Air <input checked="" type="checkbox"/> Transfer					
NAME: _____					
SSN: _____ - _____ - _____					
D.O.B: ____ / ____ / ____					
APPT DATE: _____					
Prior service and/or Federal time dates for SCD					
New Appointment Preparation					
Checklist Items	Yes	No	Not Required	Date	Comments
Ensure all NEO documents are signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter into Ohio New Hire website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter into e-Verify (I-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check GF 144 for prior time w/other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checked Pay500 for prior time w/ this agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check eOPF and reconcile with Pay500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check eOPF/IPERMS for DD214s/Orders (T10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Request Previous Files from eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Request Previous Files from NPRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Update GRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Complete SCD Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Update leave balance with GF 1150 (If prior service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upload NEO documents to eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upload documents received from NPRC or other agencies to eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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# Statement of Understanding for Temporary Appointments



- Read and understand your rights
- Fill in the Left 3 lines:
  - Sign
  - Print Name
  - Today's Date

## MEMORANDUM OF UNDERSTANDING

### Terms of Temporary Employment

"Temporary employees serve under appointments limited to 1 year or less and are subject to termination at any time without use of adverse action or reduction-in-force procedures. A temporary appointment does not confer eligibility to be promoted or reassigned to other positions, or the ability to be noncompetitively converted to a career-conditional appointment."

\_\_\_\_\_  
(Temporary Employee Signature)

\_\_\_\_\_  
(HRO Representative Signature)

\_\_\_\_\_  
(Temporary Employee Name)

\_\_\_\_\_  
(HRO Representative Name)

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Today's Date)

The HRO will complete this portion



# SF-61 Appointment Affidavit



- Fill out the position title based on the position you were selected for
- Appointment date is the Sunday prior to this scheduled NEO date
- Department will be TAG, OH
- The Bureau will be NGB
- Place of employment is where you will be working
- Swear in to your federal civilian position
- Read and understand your responsibilities
- Sign on the "Signature of Appointee" line
- The date is the date the oath is actually taken
- City and State is where you will be working

**APPOINTMENT AFFIDAVITS**

<b>Position Title</b> <small>(Position to which Appointed)</small>	<b>MM/DD/YYYY</b> <small>(Date Appointed)</small>	
<b>TAG, OH</b> <small>(Department or Agency)</small>	<b>NGB</b> <small>(Bureau or Division)</small>	<b>City, OH</b> <small>(Place of Employment)</small>

I, **First MI Last**, 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**  
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this **DD** day of **Month**, 2**YYY**  
at **Columbus** **Ohio**  
(City) (State)

(SEAL)

**Month** **YYY**  
(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.

**Appointment date is the Sunday prior to the scheduled NEO day**

**HRO will complete the Signature of Officer and Title**



## Oath of Office

I, John A Doe, do solemnly swear (or affirm) that - - 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.



# Form I-9 Employment Eligibility Verification



- Fill out **Section 1**
- Please write legibly
- Check the appropriate box
- Sign and Date
- Continue to the 2<sup>nd</sup> page of this form

**Employment Eligibility Verification**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

☐ A citizen of the United States

☐ A noncitizen national of the United States (See instructions)

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

Signature of Employee: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

STOP **Employer Completes Next Page** STOP

Form I-9 03/08/13 N Page 7 of 9

# Form I-9 Employment Eligibility Verification

- Fill out **Section 2**
- Print your full name and citizenship status
- If using a passport as ID, fill out **ONLY** List A (doc title, issuing authority, Document # and Exp. Date)
- If not using a passport, two forms of ID are needed. They must be entered into List B (picture ID) and List C (non-picture ID)
- List B documents can be:
  - Driver's License
  - Military ID
  - Government issued photo ID
- List C documents can be:
  - Social Security Card
  - Birth Certificate
- All forms of ID must be verified.

**HRO will  
complete  
these  
blocks**

Employment Eligibility Verification		Department of Homeland Security		U.S. Citizenship and Immigration Services		USCIS Form I-9		OMB No. 1615-0047		Expires 06/31/2019				
<b>Section 2. Employer or Authorized Representative Review and Verification</b> (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 a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents.")														
Employee Info from Section 1			Last Name (Family Name)			First Name (Given Name)			M.I.		Citizenship/Immigration Status			
List A			OR			List B			AND			List C		
Identity and Employment Authorization			Identity			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			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			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)								
Additional Information						QR Code - Sections 2 & 3 Do Not Write in This Space								
<b>Certification:</b> 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.														
<b>The employee's first day of employment (mm/dd/yyyy):</b> (See instructions for exemptions)														
Signature of Employer or Authorized Representative				Today's Date (mm/dd/yyyy)				Title of Employer or Authorized Representative						
Last Name of Employer or Authorized Representative				First Name of Employer or Authorized Representative				Employer's Business or Organization Name						
Employer's Business or Organization Address (Street Number and Name)						City or Town		State		ZIP Code				
<b>Section 3. Reverification and Rehires</b> (To be completed and signed by employer or authorized representative.)														
<b>A. New Hire (if applicable)</b>														
Last Name (Family Name)				First Name (Given Name)				Middle Initial		Date (mm/dd/yyyy)				
<b>B. Date of Rehire (if applicable)</b>														
Date (mm/dd/yyyy)														
<b>C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.</b>														
Document Title				Document Number				Expiration Date (if any) (mm/dd/yyyy)						
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.														
Signature of Employer or Authorized Representative				Today's Date (mm/dd/yyyy)				Name of Employer or Authorized Representative						



# OF-306 Declaration for Federal Employment



- Fill out **General Information** and **Selective Service Registration** sections
- Fill out **Military Service** section –check “no” if you have only been a member of the NG and have not deployed. If checking “yes,” enter active duty/deployment info and dates
- Answer all **Background Information** questions and **Additional Questions**
- Read **section 17** and Sign and date in **both 17a and 17b**
- **Section 18** must be completed IF you have ever been a federal employee in the past (whether it was with this agency or any others, temp or perm all count) –*Estimate the termination dates if not known*

**Declaration for Federal Employment** Form Approved OMB No. 3208-0102

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**GENERAL INFORMATION**

1. FULL NAME (First, middle, last) *	2. SOCIAL SECURITY NUMBER *
3. PLACE OF BIRTH (Include city and state or country) *	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. 3326) 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" skip 7b and 7c. If "YES" go to 7b.  
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO If "NO" go to 7c.  
7c. If "NO," describe your reason(s) in item #18.

**Military Service**

8. Have you ever served in the United States military? ☐ 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 (month/year)	To (month/year)	Type of Discharge

**Background Information**  
For all questions, provide all additional requested information under item 18 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 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? ☐ YES ☐ NO  
(Includes felonies, misdemeanors or explosives violations, infractions, and all other offenses.) If "YES," use item 18 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 18 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 now under charges for any violation of law? If "YES," use item 18 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 debriefed from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 18 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 18 to provide the type, length, and amount of the delinquency or default, and where that you are liable to correct the error or correct the debt. ☐ YES ☐ NO

U.S. Office of Personnel Management Open a Form 306 Periodic January 2003 Previous editions obsolete and invalid **FORM 306-01-368-2776**

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**Declaration for Federal Employment** Form Approved OMB No. 3208-0102

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**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 18 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, indicating 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. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

**Appointing Officer:**  
Name: \_\_\_\_\_  
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 18b is "NO," use item 18 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ Do Not Know

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# SF-144 Statement of Prior Federal Service



- **Complete boxes 1 – 4**
- Mark 'yes' or 'no' accordingly
- Even if you mark "yes" in section 4, **you still must complete sections 5-9 as applicable** – this is to ensure we capture all of your prior service
- **Section 5** – enter any prior federal civilian service. Previous service as a technician or Title 5 (temp, perm, indef, any) with this agency or any another agency (DLA, DFAS, Post Office, etc) all must be listed. If unsure of the exact dates of service, estimate the dates
- **Section 6** – this is uncommon but if it applies, enter time. If unsure of exact dates, estimate
- **Section 7** – List all Title 10 periods (basic/IADT, deployments, active military service) separately. DO NOT ENTER "See DD 214s," you must list each period. DD 214s and/or orders must also be provided
- **Section 8** – veterans preference
- **Section 9** – read, then sign and date

Standard Form 144 (Rev. 10/05) Page 2  
Office of Personnel Management  
The Guide to Processing Personnel Actions

**STATEMENT OF PRIOR FEDERAL SERVICE**  
To be Completed by Employee

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

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?  
☐ Yes — If "yes", check this block and skip to item 5. ☐ 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 (UNDO, 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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **\*\* IF YOU HAVE TRICARE RESERVE SELECT\*\***

- You are no longer eligible for Tricare Reserve Select now that you are eligible for FEHB
  - You must contact Tricare and cancel as soon as possible
  - You must cancel Tricare Reserve Select even if you do not enroll in an FEHB program
  - If you are married to a military spouse that has Tricare Reserve Select, you are no longer eligible to be covered under their plan
- Temporary Technicians are not eligible for FEDVIP Dental or vision coverage
  - May be an additional consideration when selecting an FEHB plan to ensure adequate coverage
- You may enroll for dental coverage through the Tricare Reserve Dental Program
  - Enrollment is through MilConnect at : <https://milconnect.dmdc.osd.mil>



# Tricare Reserve Select Eligibility



- Read and sign that you understand the TRS and FEHB eligibility guidelines
- You will also print your name
- Date the form
- Date of hire
- Annotate if you are enrolled in TRS or not
- List current Wing/Organization of assignment
- Supervisor or HR Remote will sign below

## ELIGIBILITY FOR FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) OR TRICARE RESERVE SELECT (TRS) INSURANCE

Public Law 109-364 excludes individuals from coverage under TRICARE Reserve Select (TRS) who are eligible for health insurance under the Federal Health Benefits (FEHB) program. Therefore, Selected Reserve members who are eligible for FEHB will lose their TRS coverage.

**Eligibility for FEHB includes** those technicians appointed to **permanent** or **indefinite** appointments and **temporary appointments** who are initially appointed for more than 90 days of continuous employment, you are eligible for health insurance (FEHB) as of your **appointment date**. You will have 60 days from your Appointment Date to select FEHB coverage. If you do not, it is considered waived, and you will have to wait for an Open Season or Qualifying Life Event (QLE) to select coverage. For more information, go to: <https://hr.ong.ohio.gov/Technicians> or for enrollment information please visit OPM at <https://www.opm.gov/healthcare-insurance>.

**If you are eligible for FEHB whether you request coverage or not, you are no longer eligible to continue TRS. This includes being a dependent on your Spouses' TRS.**

If you become eligible for FEHB and are enrolled in TRS, you must immediately **notify TRICARE** to terminate your coverage, or you will have to repay TRS for all monies paid on claims retroactive to your FEHB eligibility date.

A signed copy of this document will be filed in your Electronic Official Personnel File (eOPF).

I certify that I have read and I understand the conditions of eligibility for FEHB and/or TRS insurance and that it is my responsibility to notify the TRS Corporation to cancel if necessary.

Signature _____	Date _____
Typed or printed Name: _____	
Date of Hire: _____	
TRICARE Reserve Select enrollment (initial): Enrolled _____ Not Enrolled _____	
Technician Unit/Org. of Assignment: _____	

Supervisor/ HR Rep: _____
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OHNG FERS-TRS-MOU

5 August 2020

# FEHB Eligibility Acknowledgement



- Read and understand this acknowledgement
- Complete bottom portion:
  - Print Name
  - Sign
  - Date

## FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB) ELIGIBILITY AND TRICARE ACKNOWLEDGEMENT

You must read this form to acknowledge that you fully understand your FEHB eligibility. You will then sign this form at the bottom. This signed form must be submitted with your resume to your supervisor for inclusion in the request for your temporary appointment.

I understand that if I am initially appointed to work for at least 30 hours weekly for at least 90 days I only have 60 days from my appointment's effective date to enroll in FEHB. If I do not enroll during this period I will have waived coverage and will not be eligible to enroll in FEHB until the next open season unless I experience a Qualifying Life Event (QLE) allowing for an enrollment change.

If I am not immediately eligible under the above paragraph due to an initial appointment for less than 90 days, then I understand I will become eligible for FEHB if I am extended to work for at least 30 hours weekly for at least 90 days. I will then have 60 days from the effective date of the extension but no later than the 91<sup>st</sup> day from my effective date of hire to enroll in an FEHB plan. If I do not enroll during that period, I will have waived coverage and will not be eligible to enroll in FEHB until the next open season, unless I experience a Qualifying Life Event (QLE) which allows for an enrollment change.

I understand my premium will be deducted from my pay before taxes are deducted. This is known as Premium Conversion (PC). Participation in PC limits the opportunity to change or cancel FEHB coverage. Changes are only allowed during open season or due to a QLE allowing the change. I have up to 60 days, but not later than the 91<sup>st</sup> day from my initial eligibility date, to waive participation in PC by submitting the attached PC waiver form.

I understand that it is my responsibility to research FEHB plans to decide which plan is appropriate for my medical and financial circumstances. Once my FEHB election is effective, I may only change or cancel coverage during an annual open enrollment period or due to a QLE, unless I waived PC.

I understand that my FEHB election will be effective on the first day of the pay period after my electronic election; and that the election follows a pay period when I am in pay and duty status. I understand that while coverage begins on the effective date, it may take up to several weeks for the FEHB carrier to process my enrollment and issue my FEHB cards. In the interim, I may have to pay out of pocket for health care costs and submit the claim for reimbursement once I am active in the carrier's system.

I understand I am ineligible to continue coverage under Tricare Reserve Select upon becoming eligible for FEHB and that only I must coordinate with Tricare to cancel my benefits whether I decide to enroll in FEHB or not.

Name (please print):

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

(Revision: 20170901)



- | Designation of Beneficiary  |  |                              |                                      |
|---|--|------------------------------|--------------------------------------|
| Important:<br>Read all instructions before<br>filling in this form  |  |                              |                                      |
| <b>A. Identification</b>  |  |                              |                                      |
| Name (Last, first, middle)  |  | Date of birth (mm, dd, yyyy) |                                      |
|   |  |                              |                                      |
| Social Security Number  |  |                              |                                      |
|   |  |                              |                                      |
| Department or agency in which presently employed (or former department or agency):  |  |                              |                                      |
| Department or agency  | Bureau   | Division                     | Location (City, state and ZIP code)  |
|   |  |                              |                                      |
| <p>I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.</p> |  |                              |                                      |
| <b>B. Information Concerning The Beneficiaries (See Examples of Designations):</b>  |  |                              |                                      |
| First name, middle initial, and last name of each beneficiary   | Address (including ZIP code) of each beneficiary | Relationship                 | Share to be paid to each beneficiary |
|   |  |                              |                                      |
|   |  |                              |                                      |
|   |  |                              |                                      |
|   |  |                              |                                      |
|   |  |                              |                                      |
| Date of designation (mm, dd, yyyy)  | Your signature                                   |                              | Total = %                            |
|   |  |                              |                                      |
| <b>C. Witnesses (A witness is not eligible to receive payment as a beneficiary):</b>  |  |                              |                                      |
| We, the undersigned, certify that this statement was signed in our presence.  |  |                              |                                      |
| Signature of witness  | Number and street                                | City, state and ZIP code     |                                      |
|   |  |                              |                                      |
| Signature of witness  | Number and street                                | City, state and ZIP code     |                                      |
|   |  |                              |                                      |
| <b>Receiving agency certification</b>   |  |                              |                                      |
| I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.   |  |                              |                                      |
| Date received   | Signature  |                              | Date                                 |
|   |  |                              |                                      |
| Type or print your return address to insure return  |  |                              |                                      |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div>   |  |                              |                                      |

U.S. Office of Personnel Management  
5 CFR 173

**Part 1 - Original**

November 1991 edition usable  
until September 2002. All previous  
editions obsolete.

Standard Form 1152  
Revised June 2002

1152-

1152-



# NEO- Benefits Brief

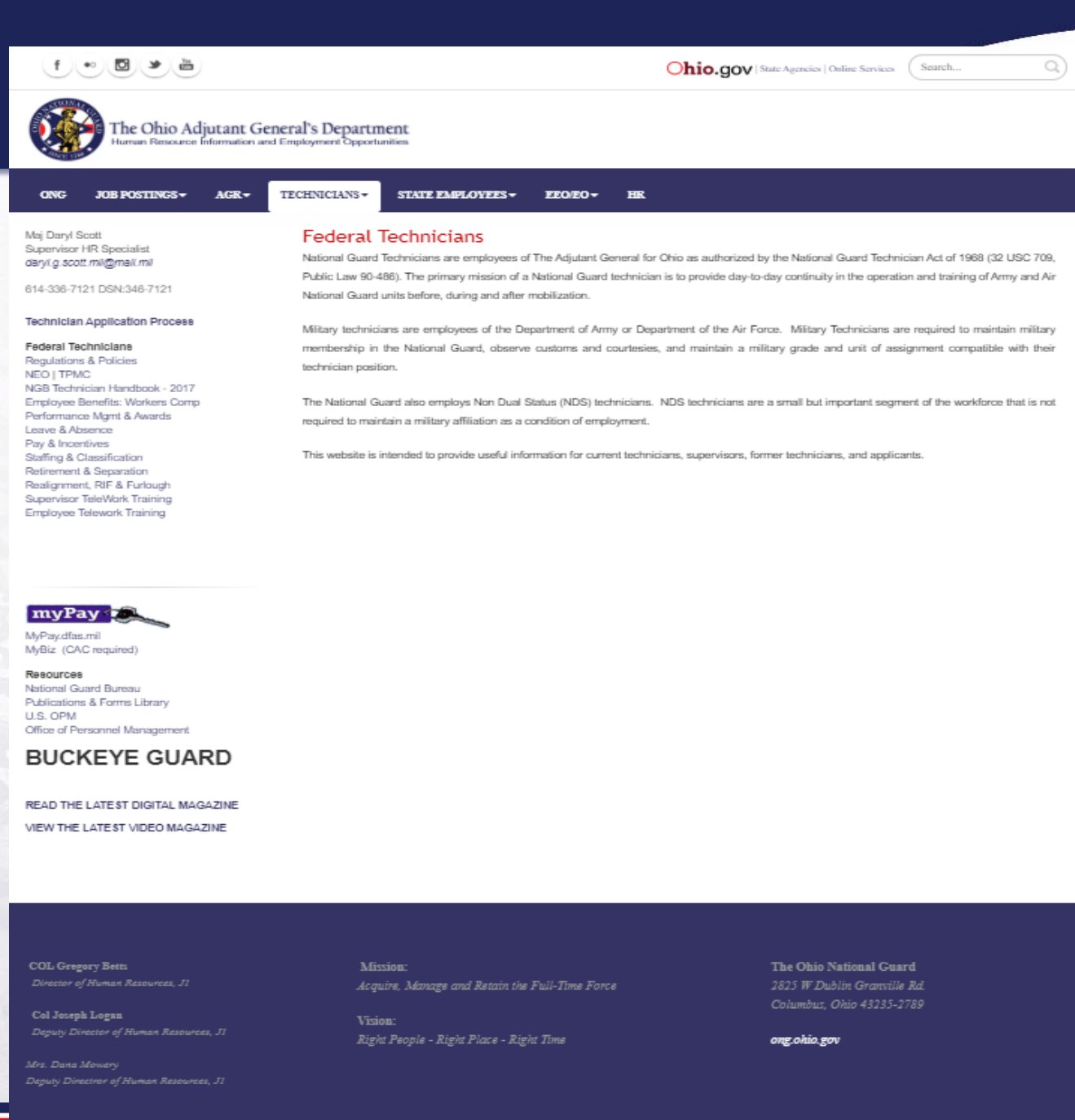


# Online Programs Critical for Technician Career Management



- HRO Public Page
- My Pay
- MyBiz+
- Electronic Official Personnel Folder (eOPF)
- Army Benefits Center / GRB -Formerly Employee Benefits Information System (EBIS)

The Human Resources  
Office Public Website:  
<https://hr.ong.ohio.gov/>



The screenshot displays the official website of the Ohio National Guard's Human Resources Office. The header features the Ohio.gov logo, navigation links for State Agencies and Online Services, and a search bar. The main navigation menu includes links for ONG, Job Postings, AGR, Technicians, State Employees, EEO/EO, and HR. The 'Technicians' section is currently selected, showing information about Federal Technicians, including their role as employees of the Adjutant General for Ohio, their primary mission, and the application process. A sidebar on the left provides contact information for Maj. Daryl Scott, a list of resources such as regulations, handbooks, and training materials, and links to myPay and MyBiz portals. The footer contains contact details for COL Gregory Betts and Col Joseph Logan, the mission and vision statements, and the address and website of The Ohio National Guard.

**Ohio.gov** | State Agencies | Online Services | Search...

**The Ohio Adjutant General's Department**  
Human Resource Information and Employment Opportunities

ONG | JOB POSTINGS | AGR | **TECHNICIANS** | STATE EMPLOYEES | EEO/EO | HR

Maj. Daryl Scott  
Supervisor HR Specialist  
daryl.g.scott.mil@mail.mil  
614-336-7121 DSN:346-7121

**Technician Application Process**

**Federal Technicians**  
Regulations & Policies  
NEO | TPMC  
NGB Technician Handbook - 2017  
Employee Benefits: Workers Comp  
Performance Mgmt & Awards  
Leave & Absence  
Pay & Incentives  
Staffing & Classification  
Retirement & Separation  
Reassignment, RIF & Furlough  
Supervisor TeleWork Training  
Employee Telework Training

**myPay**  
MyPay.dfas.mil  
MyBiz: (CAC required)

**Resources**  
National Guard Bureau  
Publications & Forms Library  
U.S. OPM  
Office of Personnel Management

**BUCKEYE GUARD**

READ THE LATEST DIGITAL MAGAZINE  
VIEW THE LATEST VIDEO MAGAZINE

**COL Gregory Betts**  
*Director of Human Resources, J1*

**Col Joseph Logan**  
*Deputy Director of Human Resources, J1*

**Mrs. Dana Mowbray**  
*Deputy Director of Human Resources, J1*

**Mission:**  
*Acquire, Manage and Retain the Full-Time Force*

**Vision:**  
*Right People - Right Place - Right Time*

**The Ohio National Guard**  
2825 W. Dublin Granville Rd.  
Columbus, Ohio 43235-2789  
[ong.ohio.gov](http://ong.ohio.gov)





CHOOSE AN ACCOUNT ▾

PERSONAL SETTINGS

CONTACT US

⏻

ARMY RESERVE COMPONENT

Home

STATEMENTS

Leave and Earnings Statement (LES)

IRS Form 1095

SDP Tax Statement 1099-INT

Student Loan Repayment Program (SLRP) W-2

Tax Statement (W-2)

Travel/Miscellaneous Tax Statement (W-2)

Court Orders

Travel Voucher Advice of Payment (AOP)

Turn On/Off Hard Copy Statements

PAY CHANGES

Correspondence Address

Direct Deposit

Federal/State Withholding

Savings Deposit Program (SDP)

Thrift Savings Plan (TSP)

Thrift Savings Plan (TSP) Catch-up

ARMY RESERVE COMPONENT

Your myPay Account was last accessed on **November 17, 2019****WARNING**  
18 U.S.C. § 1030 prohibits unauthorized or fraudulent access to government computer systems. If the credentials you enter are not your own, you are in violation of this law and should exit this system immediately. Completing this action may subject you to a fine of up to \$5,000 or double the value of anything obtained via this unauthorized access, plus up to five years imprisonment.☐ ARMY DOD CIVILIAN  
☒ ARMY RESERVE COMPONENT

--Back to top--

- You will now have two sections under MyPay:
- One for the Federal DoD Civilian side
- One for the Uniform side



- All Federal Employees will have a MyBiz account.
- Mandatory to update your e-mail address.
- Update emergency contact information or change of address.
- Provide Employment Verification (for leases or loans)
- Supervisors will have a section for Manager Functions

The screenshot shows the MyBiz+ dashboard. At the top is a dark purple header with the MyBiz+ logo, navigation links (Other DCPDS Applications, Favorites, Customer Support, Help, Logout), and a user profile. Below the header is a main content area. On the left, there's a carousel with a hand pointing to a calendar icon and text about updating supervisors. On the right, there's a 'Notifications' section with a table showing 'Read / Unread', 'Title', and 'Start Date'. Below this, a message states 'You have no unread notifications.' and 'Last Login: 07-Nov-2019 10:43:38 AM'. A 'Welcome, [redacted]' message is also present. Below the welcome message is a section titled 'Other DCPDS Tools' with links to 'DCPDS Navigator Homepage', 'Add HR Region Associations', 'DCPAS Data Dictionary', and 'MyBiz+ for HR Professionals REG15'. At the bottom, there's a 'Detail Pages' section with icons for 'Personal', 'Pay, Leave and Benefits', 'Professional Development', 'Position', 'Performance', 'Reports', and 'My Team'. The 'My Team' icon is circled in red. A red box highlights the 'Add | Reset | Done' buttons in the top right corner. Another red box highlights the 'My Team' icon with the text 'Supervisors can find their team members in this section'. A third red box highlights the 'Other DCPDS Tools' section with the text 'The dashboard can be somewhat customized using these options'.

MyBiz+

Other DCPDS Applications ▾ ★ Favorites ▾ Customer Support ▾ ? Help ▾ Logout

Notifications

Read / Unread	Title	Start Date
No Notifications At This Time		

\* You have no unread notifications.

Welcome, [redacted] The information is current as of 07-Nov-2019 Last Login: 07-Nov-2019 10:43:38 AM

Home

Other DCPDS Tools

- DCPDS Navigator Homepage
- Add HR Region Associations
- DCPAS Data Dictionary
- MyBiz+ for HR Professionals REG15

Detail Pages

- Personal
- Pay, Leave and Benefits
- Professional Development
- Position
- Performance
- Reports
- My Team

The dashboard can be somewhat customized using these options

Supervisors can find their team members in this section

Add | Reset | Done



# MyBiz+ Employment Verification Tool



MyBiz+ provides improved user experience and HR

Welcome, Daryl G. Scott

Home

Key Services

- MyPerformance
- Manager Functions
  - Performance Management and Appraisal
  - Apply Action(s) to Multiple Employees
  - Manage MyPerformance Trusted Agent Authorization
  - View/Print Performance Management Reports
  - View Previous Requests
  - CIV Fill Request Status
  - Request Employment Verification**
  - Civilian Success Report
- Update Contact Information
- Update Professional Development
- SF50 Personnel Actions
- Update MySupervisor
- Update MyTeam
- Hiring Manager's Toolkit
- MyTeam Update Trusted Agent

- Use the Employment Verification Tool to show proof of employment to your lender.
- This is the **ONLY** authorized means of obtaining employment verification. HRO cannot provide employment verification directly to your lender.
- M-Day and Traditional Soldiers and Airmen must contact their base/unit for employment verification.

How to obtain employment verification:

- Log into MyBiz+ at: <https://compo.dcpds.cpms.osd.mil/>.
- Click on “Request Employment Verification.”
- Complete the request to send it to your lender.

MyBiz+ Other DCPDS Application

Employee: Daryl G. Scott Supervisor: Dana A. Mowery

Home / Employment Verification

Information

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

Important!

Prior to completing the Employment Verification request, ensure a valid e-mail address is listed in the "My Email" field below. The password will be e-mailed to you at this address. If your e-mail address is blank or incorrect, enter or overwrite the e-mail displayed. You can also update your e-mail address in the "My Email" field.

Information to Send

☒ Employment Information  
☐ Employment and Salary Information

Recipient Information

\*To:

\*My Email:

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

# Points of Contact



## LOGIN ISSUES

Mr. Nicholas Hammons, [nicholas.j.hammons.civ@army.mil](mailto:nicholas.j.hammons.civ@army.mil)

## HIERARCHY ISSUES

**Air** Personnel: Contact your Base Remote

**Army** Personnel: Ms. Susan Honaker, [susan.m.honaker2.civ@army.mil](mailto:susan.m.honaker2.civ@army.mil)

## PERFORMANCE MANAGEMENT PROCESSES

Mr. Jacob Curry [jacob.m.curry.2.civ@army.mil](mailto:jacob.m.curry.2.civ@army.mil)



# The electronic Official Personnel Folder (eOPF)



- eOPF is a file containing your Federal technician civilian personnel records throughout your entire career
- Can only be accessed from a .mil network
- You should ensure that everything in your file is accurate and up to date
- Now CAC enabled, or you can log in with username and password
- You must visit <https://eopf.opm.gov/nationalguard/>



Resources



EBATS<sup>®</sup>



GRB<sup>®</sup>



ICE

About Us

Contact Us

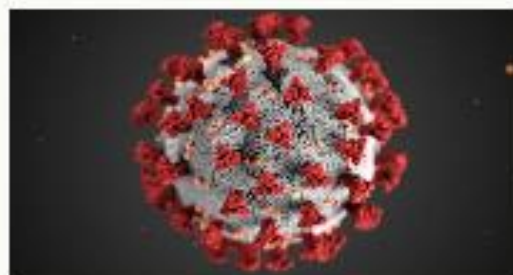
#### Announcements

[GRB Platform will experience an Authorized Service Interruption Thursday, February 24, 2024, from approximately 5:00PM – 7:30PM. Thank you.](#)

[\\*UPDATE 12/22\\* Presidential Memo: Deferring Payroll Tax Obligations...](#)



Completing Beneficiary Forms



Information on the Coronavirus  
(COVID-19)

#### ABC-C Phone Center Status



Phone Center

Open

0800 to 1600 Central time, Monday - Thursday

Click on GRB  
Platform to  
get started.

<https://portal.chra.army.mil/abc/>



# Air vs. Army Pay Dates



- Pay periods are every two weeks
- Pay is **1-2 weeks after** the pay period ends.
- Your first pay check will be in about 3 weeks for Air and 4 weeks for Army
- Army Technicians are paid every other Thursday
- Air Force Technicians are paid every other Friday

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
This Pay Period Starts	NEO This is today				Air Force Tech Pay Day	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Army Tech Pay Day		1 <sup>st</sup> Pay Period Ends
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2 <sup>nd</sup> Pay Period Starts					Air Force Tech 1 <sup>st</sup> Pay Day	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Army Tech 1 <sup>st</sup> Pay Day		2 <sup>nd</sup> Pay Period Ends



## Within Grade Increases (WGIs)

General Schedule (GS):

**GS**

Step	Waiting Period
1 to 2 2 to 3 3 to 4	1 year (52 Weeks)
4 to 5 5 to 6 6 to 7	2 years (104 Weeks)
7 to 8 8 to 9 9 to 10	3 years (156 Weeks)

Federal Wage System (FWS):

**WG/WL/WS**

Step	Waiting Period
1 to 2	6 Months (26 Weeks)
2 to 3	18 Months (78 Weeks)
3 to 4 4 to 5	2 Years (104 Weeks)

\*GS Temporary Technicians are not eligible for step increases



# Common Access Cards- T5



The Ohio National Guard employee's civilians as T5 employee's and these employee's are not required to maintain military membership. However, even if the employee is still a military member under HRO Policy #20-005 the T5 employee is required to get a civilian common access card (CAC). Regardless if you are Air or Army paid.

All official business and communication being conducted as a T5 employee will not refer to or reference the employee's current, past, or retired military rank. This includes not listing any military rank in any signature blocks.

When acting in your capacity as a T5 employee, the use of the employee's military CAC or military accounts are prohibited.

For more questions or concerns please reference [HRO Policy #20-005](#)



## Union Information

### American Federation of Government Employees (AFGE) Local 3970:

#### Union Officials:

- |                         |                          |
|-------------------------|--------------------------|
| 1) Dan Wayble           | President                |
| 2) Charles Higginbotham | Executive Vice President |
| 3) Shawn Rice           | Secretary / Treasurer    |

You may access the collective bargaining agreement on the HRO public webpage at the following link: <http://hr.ong.ohio.gov/Technicians/Regulations-Policies>





## Union Information

If unsure whether you're a bargaining unit status member you can look in block #37 of your SF-50 Personnel actions

POSITION DATA			
34. Position Occupied		35. FLSA Category	36. Appropriation Code
1 - Competitive Service 2 - Excepted Service		E - Exempt N - Nonexempt	133G9200
3 - SES General 4 - SES Career			37. Bargaining Unit Status
2		E	NG5082
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location)	
391800049		COLUMBUS / FRANKLIN / OHIO	

### Bargaining Unit Status (BUS) Codes:

- 7777 – Not in Bargaining Unit
- 8888 – Not in Bargaining Unit
- NG5081 – OH ANG Bargaining Unit
- NG5082 – OH ARNG Bargaining Unit



# Overview



## All Employees:

- Leave Programs (Annual, Sick, and DVL)
- Federal Employee Health Benefits (FEHB)
- Flexible Spending Accounts (FSAs)
- Disability Insurance (NGAUS)
- Federal Long Term Care Insurance Program (FLTCIP)
- Federal Workers Compensation Program (OWCP)
- Child Care Aware

## Permanent & Conversions Only:

- Federal Employee Parental Leave (FEPLA)
- Federal Employee Dental and Vision Insurance Program (FEDVIP)
- Federal Employee Group Life Insurance (FEGLI)
- Federal Employee Retirement System (FERS)
- Military Deposits
- Thrift Savings Plan (TSP)
- Performance Appraisal Program



# Leave Benefits - Annual



- Annual leave balance
  - Up to 240 hours (30 days) can “carry over” from year to year
  - Leave in excess of 240 hours will be lost unless it’s used by the end of the leave year – “Use or Lose”
- Annual Leave Uses
  - Vacations
  - Personal business or emergencies
  - Requires management approval
- **Temporary Technicians will accrue annual leave but are unable to use it until the 91<sup>st</sup> day**



# Service Computation Date (SCD) for Annual Leave



- Submit your Title 10 DD 214s (basic/AIT, deployments, active duty military service) with NEO packet to get you into a higher annual leave accrual bracket faster. Your prior Title 10 service may count towards your technician annual leave accrual.
- A DD214 is required in order to validate the service (cannot accept Member-1 copies, all other copies are acceptable).
- Additional DD-214s may be submitted within 30 days of hire if you don't have them with you when completing the packet (email to HRO if not sent with packet). DD-214s received after 30 days will still be added to your SCD, however, leave will not be retroactive.
- Title 32 (AGR, ADOS, schools) NOT ELIGIBLE
- A leave SCD change will be reflected in your MyBiz Account once updated
- *Note:* This date is not correlated to your retirement date

Years of Federal Service	Hours of Annual Leave Per Pay Period
1 – 3	4 hours
3 – 15	6 hours
15 +	8 hours





# DD-214's - What is Acceptable?

- A separate DD-214 is needed for each period of Active Duty – we cannot use the total prior active service box in order to count time towards leave accrual
- Remarks should state the type of service. If it doesn't, orders must be provided (unless time is for basic training/IADT)
- DD 214 must reflect Honorable Character of Service (block 24) and dates of time lost (block 29)
- Member-4, Service-2, Service-7, etc are acceptable copies. Member-1s do not have character of service and can't be used

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES      THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.      ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**  
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNGUS		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)	
7a. PLACE OF ENTRY INTO ACTIVE DUTY COLUMBUS, OHIO		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 16 ENGR BDE (THEATER ARMY) FC		b. STATION WHERE SEPARATED CAMP ATTERBURY, IN 46124			
9. COMMAND TO WHICH TRANSFERRED ARNG OF OHIO		10. SGLI COVERAGE AMOUNT: \$ 400,000.00		NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 42A10 HUMAN RESOURCES SPEC - 3 YRS 8 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD 2009 08 31			
		b. SEPARATION DATE THIS PERIOD 2010 07 10			
		c. NET ACTIVE SERVICE THIS PERIOD 0000 10 10			
		d. TOTAL PRIOR ACTIVE SERVICE 0000 04 13			
		e. TOTAL PRIOR INACTIVE SERVICE 0002 09 29			
		f. FOREIGN SERVICE 0000 08 08			
		g. SEA SERVICE 0000 00 00			
		h. INITIAL ENTRY TRAINING 0000 00 00			
		i. EFFECTIVE DATE OF PAY GRADE 2007 10 12			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (3RD AWARD)//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES		X NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES		X NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)		YES		X NO	
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES NO X	
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KUWAIT/IRAQ 20091016-20100623//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		b. NEAREST RELATIVE (Name and address - include ZIP Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OH		OFFICE OF VETERANS AFFAIRS		X YES NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		X		YES NO	
21a. MEMBER SIGNATURE		b. DATE (YYYYMMDD) 20100625		22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: EDMONDS, VALERIE, ANN. 1083510079	
				b. DATE (YYYYMMDD) 20100625	
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY					
24. CHARACTER OF SERVICE (Include upgrades) HONORABLE					
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK		27. REENTRY CODE NA	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) ALB	
DD FORM 214, AUG 2009      PREVIOUS EDITION IS OBSOLETE.      SERVICE - 2					

Cannot use prior active service section for creditable time

# Leave Benefits - Sick



- Accrual rates:
  - Full-time employees: 4 hrs per bi-weekly pay period
  - Part-time employees: 1 hr for every 20 hrs in pay status
- All employees accrue sick leave and can use it immediately upon hire/accrual (temp, perm, indef)
- No limit on carryover year-to-year
- No limit on total accumulation



# Leave Benefits - Sick



- Sick Leave can be used for the following:
  - Personal Medical Needs
  - Medical dental, optical exams/treatments
  - Personal incapacitation (i.e. illness, injury, pregnancy...)
  - Health risks (i.e. communicable disease)
  - Sick Leave to Care for Family Members (SLTCFFM)
  - Adoption (court proceedings, etc)
  - Death/funeral of family member/bereavement
- Supervisor may require medical documentation for sickness/sick leave requests lasting 3 or more days

# Leave Benefits- Disabled Veteran Leave (DVL)



- DVL Balance

- A separate leave category that provides 13 days (104 hours) to a newly hired employee who is also a veteran with a service connected disability (30% or more).
- One-time benefit that is limited to a 12 month period. Once the leave benefit has passed, there is no further entitlement to the benefit.
- Eligible during the employee's first 12 months as a federal employee, or at the effective date of the qualifying service connected disability. (Please note, if you are hired with a sick leave balance the DVL will be offset by those SL hours).

- DVL Usage

- May only be used for the purpose of undergoing medical treatment of the qualifying service connected disability.





## **\*\* IF YOU HAVE TRICARE RESERVE SELECT\*\***

### **\*\*This applies to Temporary, Indefinite and Permanent Employees\*\***

- You are no longer eligible for Tricare Reserve Select (TRS) now that you are eligible for Federal Employee Health Benefits (FEHB). In order to avoid future debts for TRS, you must contact Tricare and cancel after the 2<sup>nd</sup> week of becoming a technician!
  - You must cancel Tricare Reserve Select even if you do not enroll in an FEHB program
  - If you are married to a military spouse that has Tricare Reserve Select and you fall under theirs, you are no longer eligible to be covered under their plan
- Temporary Technicians are not eligible for FEDVIP Dental or vision coverage until they have been on-board for 1 year
  - May be an additional consideration when selecting an FEHB plan to ensure adequate coverage
- You are still eligible to use the Tricare Dental Program
  - Enrollment is through MilConnect at: <https://milconnect.dmdc.osd.mil>



- **Guaranteed Coverage**
  - No medical exam required
  - No restrictions on pre-existing conditions
- **Government contributes to cost**
  - Government pays approx. 75% for full-time employees/retirees
  - Government portion is pro-rated/reduced for part-time employees
- **Premiums are deducted pre-tax**
- **Continued coverage into retirement**



# FEHB Plan Types



- Fee-for-service Plans
  - Reimbursement to employee or provider for cost of covered services
  - You can choose your own doctor/facility
  - Using in-network providers usually have lower out-of-pocket expenses
- Health Maintenance Organizations (HMO)
  - Arrangements for care on a pre-paid basis through designated providers
  - Service area is based on a set geographic area
  - All care is coordinated through a primary care physician
- High Deductible Health Plan (HDHP)
  - Build tax-free savings for future medical expenses
  - Higher annual deductibles than traditional health plans
  - The plan determines eligibility for a Health Savings Account (HSA)

# FEHB Enrollment Types



- Self Only
- Self + 1
- Self and Family
  - Spouse
  - Children under 26
  - Children 26 or older who are incapable of self-support due to disability that began before age 26



# FEHB Enrollment



- New Employees
  - Enroll within 60-days of appointment
  - Coverage is effective the pay period following enrollment
- Open Season (mid Nov-mid Dec each year)
  - Enroll or change your plan
  - Coverage is effective the first full pay period of the new year
- Qualifying Life Event (QLE)
  - Marriage, divorce, birth, death, loss/gain of other coverage, etc.
  - **Not including the loss of Tricare Reserve Select**

# FEHB Information



- Review and compare healthcare plans at [www.opm.gov/insure](http://www.opm.gov/insure)
- Enroll in or change FEHB plan at: <https://www.ebis.army.mil/>
  - This link will automatically direct you to the GRB Platform
  - Watch the video in order to learn how to navigate and use GRB
- If there are issues with the GRB platform contact the Army Benefits Center at 1-877-276-9287 or at: <https://www.abc.army.mil/>



# Flexible Spending Accounts (FSA)



- Used to pay for certain health and dependent care expenses with pre-tax dollars
- Decreases taxable income (possible lower tax bracket)
- Deposits are made through payroll deduction
- Key benefit: It saves money

# FSA Types



- Healthcare FSA (Contribute \$100 - \$2,700/yr)
  - Eligible medical costs not covered or reimbursed by FEHB/FEDVIP
    - Deductibles
    - Co-payments/Coinsurance
    - Dental/Vision Services
    - Over-the-counter medicines w/doctor's prescription
  - Carry over up to \$500 to next plan year if unused
- Limited Expense Healthcare FSA (Contribute \$100 - \$2,700/yr)
  - Only for employees enrolled in FEHB high deductible plans
  - Use in conjunction with FEHB plan HSA
  - Carry over up to \$500 to next plan year if unused



# FSA Types



- Dependent Care FSA (Up to \$5,000 per year)
  - Pay for child or adult dependent care expenses
    - Children up to age 13
    - Child care at day camp, nursery school, or private sitter
    - Before or after-school care
    - Care for adults who qualify as dependents under IRS rules
- Grace period to spend funds for the current FY (March 15th of following year) – No carry-over

# FSA Enrollment



- New employees enroll 60-days after hire but no later than 1 Oct
  - If hired on/after 1 Oct, elect FSA during annual Open Season
- Qualifying Life Event
  - Change in employment status
  - Change in marital status
  - Change in dependent status
- Open Season
  - Enroll or re-enroll (must re-enroll each year – it is not automatic)
  - Mid November – Mid December of each year



# FSA Enrollment



- Enroll online at [www.fsafeds.com](http://www.fsafeds.com) or by calling 1-877-372-3337
- To receive reimbursement for healthcare expenses:
  - Set up auto-reimbursement for healthcare when enrolling in FSA
  - Pick and choose claims to be reimbursed via [www.fsafeds.com](http://www.fsafeds.com) account
  - Full amount of healthcare FSA can be used up front
- To receive reimbursement for dependent care expenses:
  - Submit claims via [www.fsafeds.com](http://www.fsafeds.com) account
  - Can only request the amount you current have in your account

# NGAUS Disability Insurance



- Helps replace lost income if you become sick or disabled
- New Hire guaranteed acceptance window is 31 days from date of hire. Afterwards, you must have a physical.
- Bi-weekly premiums are based on age and salary range groups. Available in Basic or Basic + Supplemental
- T5 employees are still eligible
- Technicians Insurance Program pamphlet for more detailed information.

## Technicians Insurance Program

**Guaranteed coverage for Technicians.**

- ★ No health questions asked
- ★ No proof of evidence of insurability

Your acceptance to our insurance plans is guaranteed if you **enroll during your first 31 days of employment or during an official open enrollment period.**



The only program endorsed by the National Guard Association of the United States, and the Enlisted Association of the National Guard of the U.S.



# Federal Employee's Compensation Act (FECA)



- The federal Employee's Compensation Act (FECA) provides disability benefits to civilian Federal employees who become injured while working.
- If you are injured while working you will need to immediately notify or report the injury to your supervisor so that the Injury Compensation Specialist (ICPA) can help guide you through the process.
- The injury will be filed under Federal Workers Compensation NOT State.

<https://www.ecomp.dol.gov/#/>

If you do not have access to an on-base child care provider, you might be eligible to participate in the child care fee assistance program. Child Care Aware works with a national network of more than 400 child care resource and referral agencies to ensure that all families have access to quality, affordable child care. This program is offered to Army, Navy, Air Force, Marines, and some DoD members.

Child Care Aware authorizes payment amounts based on Total Family Income (TFI) for those eligible families, and supplies monthly payments directly to the prospective child care provider. The Child Care Aware will pay the difference between what the Sponsor would pay for on-post child care and the community-based child care provider's rate, up to a provider rate cap of \$1500 per child per month. The program will not cover drop in care, the care must be consistent and must have a fixed schedule.

Families can only use the Child Care Aware for the provider they are approved for. The provider must also meet and maintain specific requirements. Please look into your respective program for specific requirements.

<https://www.childcareaware.org/fee-assistancerespite/>



For our agency you would need to look into either the Army or Air force programs depending on how you are being paid. Below are the people eligible for the program based on how they are being paid:

## Army:

Active Duty/ Deployed Active Duty  
Guard members activated under  
T10 or T32 Federal Orders  
Army Civilians  
Guard Technicians

## Air Force:

Active Duty  
Department of the AF Dual  
Status Technicians  
Survivors of Combat Fallen  
Warriors

## Contact Information:

Call: 1(800) 424-2246

Email: [militaryinfo@childcareaware.org](mailto:militaryinfo@childcareaware.org)



Temporary Technicians are not eligible for any further benefits – the rest of this slide set applies to Permanent and Indefinite Employees only



# Military Leave Accrual



- Paid leave during active duty, inactive duty or training
- Earn 120 hours (15 days) per FY (1 Oct each year)
- Can carry over up to 120 hours into next FY, NTE 240 hours

\*\*New hires/conversions may not see military leave on your LES until you use it\*\*

# Federal Employee Parental Leave (FEPLA)



- Provides 12 weeks paid leave taken in connection with birth, adoption, or foster care placement of a child occurring on or after **October 1, 2020**.
- In order to be eligible, you must have completed 12 months of Federal Service prior to use.
- FMLA entitlement needs to be invoked and employee will need to enter into a 12-week work agreement; which will be completed upon return to duty.
- Employee's have up to a year to use the 12 weeks after the qualifying event.
- 12 weeks is taken continuously and not on an intermittent base



# Federal Employees Dental & Vision (FEDVIP)



- Supplemental dental and vision plans
- Premiums are based on carrier, enrollment type and zip code
- Paid with pre-tax dollars
- No government contribution
- FEHB Coverage is primary to FEDVIP benefits



## Dental

- Diagnostic
- Preventative
- Emergency Care
- Restorative
- Oral/Maxillofacial surgery
- Periodontics
- Prosthodontics
- Orthodontics

## Vision

- Diagnostic
- Preventative Services
- Eyewear
  - Glasses
  - Contacts



# FEDVIP Plan Types



- Self Only
- Self Plus One
  - Eligible family member must be specified at enrollment
- Self and Family
- Nationwide and regional plans available

# FEDVIP Enrollment



- New Employees have 60-days from appointment to enroll
- Open Season
  - Mid November – Mid December each year
  - May enroll, change plans or enrollment type, cancel enrollment
- Qualifying Life Event
  - Must make change within 60-days of the event
- Once enrolled, you cannot cancel until the next Open Season
- Enroll and view plans at [www.benefeds.com](http://www.benefeds.com) or call 1-877-888-3337



# Federal Employee Life Insurance (FEGLI)



- Basic Life Insurance plus options
- Guaranteed Coverage if not waived within 60-days of eligibility
  - No medical exam required
- Government contributes to premium
- Term insurance – no cash value
- Can be carried into retirement

# FEGLI Basic Insurance



- Annual pay rounded to next higher thousand, + \$2,000
  - Example: basic pay = \$45,200 so basic insurance = \$48,000
- Extra benefit for employees under age 45
  - No additional cost
  - Doubles amount of basic coverage until age 35
  - From age 35 – 45, extra benefit decreases 10% per year
- Costs 15 cents for each \$1,000 of coverage



# FEGLI Optional Insurance



- Must be enrolled in basic to choose options
- No government contributions
- Premiums are based on age
- 3 options:
  - Option A, Standard
  - Option B, Additional
  - Option C, Family

# FEGLI Optional Insurance



- Option A, Standard
  - Adds additional \$10,000 to insurance amount
- Option B, Additional
  - Multiples of 1-5 times basic pay
- Option C, Family
  - Multiples of 1-5 times
  - Spouse: 1-5 times \$5,000
  - Child: 1-5 times \$2,500



# FEGLI Enrollment



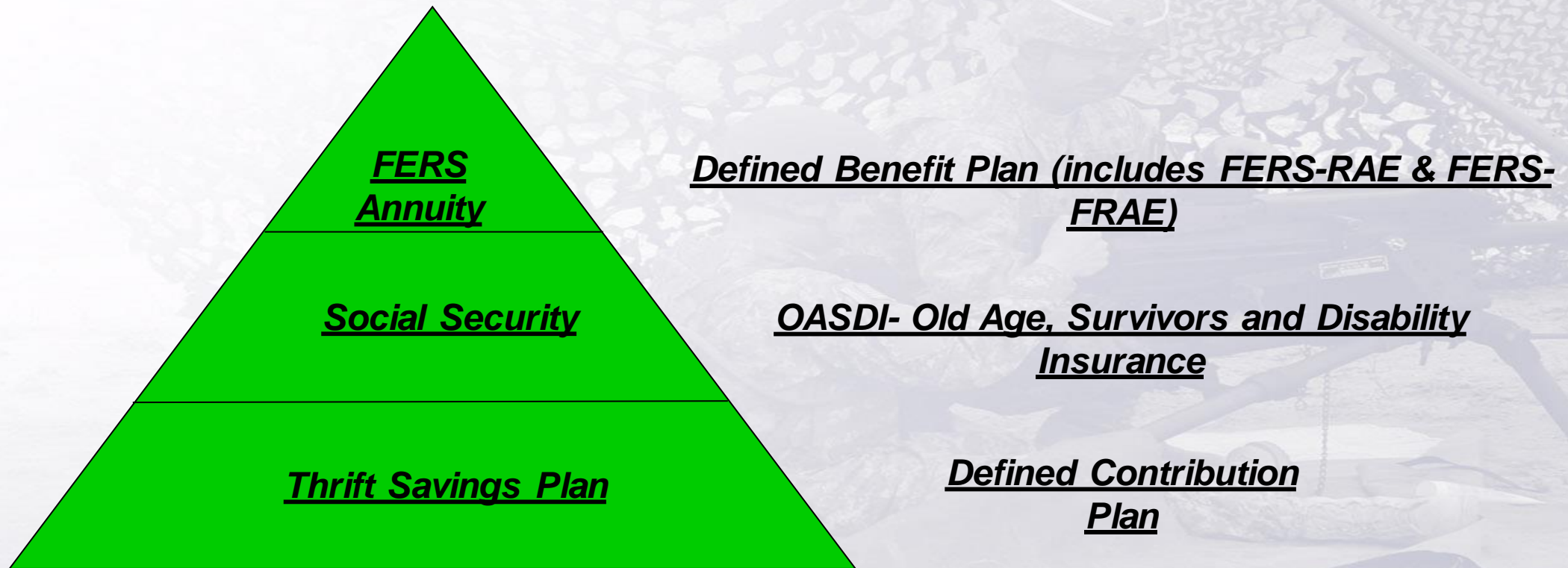
- New employees are automatically enrolled into basic
  - If basic is waived within first two weeks, no premium is due
- Waiver of basic may be cancelled if:
  - Election of basic is made during an open enrollment period (rare)
  - One year has passed since FEGLI was waived and you provide medical evidence of insurability (must be approved by OPM)
  - You experience a change in family circumstances (marriage, divorce, birth/adoption of child, etc)
- Enroll at [www.ebis.army.mil](http://www.ebis.army.mil) (this will take you to the GRB Platform)

# Retirement Systems (FERS)



## Federal Employees Retirement System (FERS)

A 3-tiered retirement system consisting of:





# Retirement- FERS



- Participation is mandatory
- If hired after Jan 1, 2014 employee contributes 4.4% of basic pay (FERS-FRAE)
- Agency provides contribution to FERS premium
- Provides monthly annuity upon retirement eligibility or disability
  - Must meet specific minimum age and length of service requirements (i.e. MRA +30)
  - Must have at least 5 years of creditable civilian service for retirement
  - Disability retirement requires at least 18 months of civilian service
- May provide death benefits to survivors

# Military Deposits



- Make a deposit for military service in order for it to be counted as creditable service for retirement
  - Costs 3% of basic pay plus interest
  - 2 years from hire date as a permanent employee under FERS, interest starts to accrue annually
  - Interest is applied beginning at the third year from hire date
  - A deposit is required for military service to be creditable towards retirement and annuity computation
- Instructions on completing military deposits are in files section



# Thrift Savings Plan (TSP)



- A defined contribution savings plan similar to a 401K
  - Potentially a major source of retirement income
    - Participation is voluntary but highly encouraged (Automatically enrolled in 5%)
  - Tax advantages
    - Traditional contributions (pre-tax) or Roth contributions (after-tax)
  - Completely portable
    - Can transfer to other civilian retirement plans
  - Start, Stop or Change contributions at any time
  - Contribute up to the IRS elective deferral limit annually (\$19,500 in 2021)
  - Catch-up contributions for age 50 and above – annual limit (\$6,500 in 2021)
- \* Limits are the cumulative total contributions in both a Federal and Uniform TSP

# TSP Contribution Amounts



- Agency automatic 1%
  - Always goes into traditional (tax-deferred)
- Employee Contributions
  - Choose a percentage of pay or a fixed dollar amount per pay period
  - Can be traditional, Roth, or a combination
- Agency matching contributions
  - First 3% is dollar for dollar, last 2% is 50 cents per dollar
  - Matching is always put into traditional (tax-deferred)
- Change contributions within GRB



# TSP Funds



- G Fund – Government Securities Indexed Fund
  - Invests in short-term non-marketable Treasury securities
- F Fund – Fixed Income Index Investment Fund
  - Invests in Government, corporate and mortgage backed bonds
- C Fund – Common Stock Index Fund
  - Tracks the performance of the S&P 500 stock index
- S Fund – Small Capitalization Stock Index Fund
  - Tracks the performance of the DOW Jones U.S. Completion Stock Index
- I Fund – International Stock Index Investment Fund
  - Invests in International stock market of Europe, Asia and the Far East
- Life Cycle Funds
  - Based on your year of retirement

# TSP Lifecycle Funds



## CHOOSING AN L FUND

### L Income Fund

Consider investing in this fund if:

- You are already withdrawing from your TSP account or
- You were born before 1958

### L 2025 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2021 – 2027 or
- You were born between 1958 – 1964

### L 2030 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2028 – 2032 or
- You were born between 1965 – 1969

### L 2035 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2033 – 2037 or
- You were born between 1970 – 1974

### L 2040 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2038 – 2042 or
- You were born between 1975 – 1979

### L 2045 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2043 – 2047 or
- You were born between 1980 – 1984

### L 2050 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2048 – 2052 or
- You were born between 1985 – 1989

### L 2055 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2053 – 2057 or
- You were born between 1990 – 1994

### L 2060 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account between 2058 – 2062 or
- You were born between 1995 – 1999

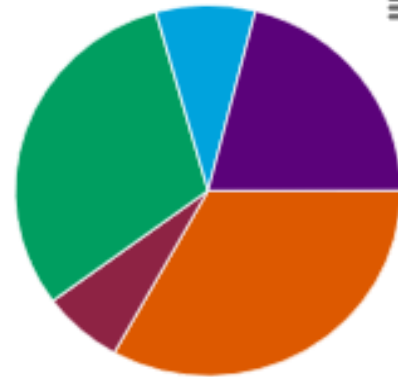
### L 2065 Fund

Consider investing in this fund if:

- You plan to begin withdrawing from your TSP account after 2062 or
- You were born after 1999

## L 2030 Fund Breakdown

Allocation target

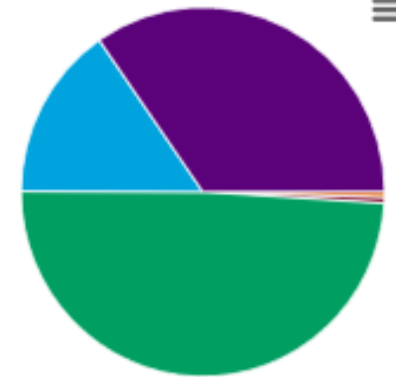


January 2021

G Fund	33.09%
F Fund	6.79%
C Fund	30.77%
S Fund	8.31%
I Fund	21.04%

## L 2055 Fund Breakdown

Allocation target



January 2021

G Fund	0.50%
F Fund	0.50%
C Fund	49.05%
S Fund	15.30%
I Fund	34.65%



# Contribution Allocation



- Specify the way you want to invest your TSP
- Applies to employee and agency contributions
- Future funds can be allocated as well as funds already in your account – you can specify
- Make allocation changes at [www.tsp.gov](http://www.tsp.gov) or by calling the Thriftline at 1-877-968-3778

# TSP Benefits Comparison



Employee TSP Contribution Rate	Sam	Sarah	Fred
	5%	2%	<i>none</i>
Starting Salary	\$20,000	\$20,000	\$20,000
Ending Salary	\$80,000	\$80,000	\$80,000
Total Service	30 years	30 years	30 years
FERS	\$10,449	\$10,449	\$10,449
Social Security	\$80,983	\$80,983	\$80,983
TSP	\$65,309	\$26,124	\$0
Total Employee Contributions	\$156,742	\$117,556	\$91,433
Rate of Return on TSP	8.5%	8.5%	8.5%
TSP Account Balance at Retirement	\$448,384	\$224,192	\$44,838
Total Annual Retirement Income	\$91,260	\$67,776	\$48,984



# Performance Appraisals



- Appraisals are created and completed through MyBiz+
- Supervisors should create your plan, goals and objectives
- Interim Reviews – review your work halfway through your rating period (self assessment and supervisor assessment)
- Annual Appraisal – receive annual rating (self assessment and supervisor final assessment)
- First appraisal must cover at least 12 full months
  - Normal rating period is 1 Apr – 31 Mar each year

# No FEAR/ Whistleblower Protection



The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR) imposes additional duties upon Federal agency employers to provide a work environment free of discrimination and retaliation.

Supervisors will provide Whistleblower Protection information to each new employee NLT 180 days after appointment.

In order to promote whistleblower protection, all supervisors and those federal employee's in supervisory roles for both T5 and T32 technicians are required to promote whistleblower protection. Supervisors are also required to have a Whistleblower performance standard IAW CNGBI 1400.25, Vol 431.

For more information reference HRO Policy #19-002, Supervisory Performance Standard: Whistleblower Protection.





**Questions?**

# Points of Contact



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