

ORIENTATION FOR NEW EMPLOYEES

EMPLOYEE'S NAME _____
ACTIVITY _____
JOB TITLE _____
SERIES/GRADE _____
APPOINTMENT DATE _____
TYPE OF APPOINTMENT _____

To: _____:
(Supervisor's Name)

1. The information on the reverse side of this form is to be used as an orientation checklist. You are responsible for explaining and discussing each item with the new employee, answering their questions and having them initial each item discussed. If there are other items or questions discussed with the employee, please note them on this form or on an attached sheet.

2. This orientation process should be completed within seven (7) working days after the employee's entrance on duty date. Upon completion of the employee's orientation, this form is to be return to the NAF Civilian Personnel Office by endorsement below.

LAWRENCE G. GENS
Chief, Nonappropriated Fund
Civilian Personnel Office

TO: Chief, NAF-CPO

1. The items numerated on the reverse side have been accomplished.
2. Request this form be placed in the employee's official personnel folder (OPF).

(Supervisor's Name)

(Date)

SECTION I. ORIENTATION IN PERSONNEL OFFICE

- | | | | |
|---|-------|--|-------|
| Medical Benefits (HMO, POS) | _____ | * Dual App't (40 hr. limit & Exception) | _____ |
| See Benefits Tape | _____ | * Security Clearance/ID Card/Veh Reg. | _____ |
| Leave (Annual/Sick/LWOP/FMLA/FFLA) | _____ | * Traffic Regs./Transportation-Bus | _____ |
| 401(K) Savings Plan Pamphlet | _____ | * NAF Employee Handbook | _____ |
| Retirement Plan | _____ | * Conduct/Discipline | _____ |
| Life Insurance | _____ | * Appeals and Grievances | _____ |
| Crediting Military Time/Vet Letter | _____ | * Legal Holidays | _____ |
| * Performance Rating (Annual/Prob/Flex) | _____ | * Workers' Compensation Pamphlet | _____ |
| * Appointment (RFT,RPT,FLEX (2hr min) | _____ | * Employee Record/OPF | _____ |
| * Entitlements Form/ACS Booklets | _____ | * Earned Income Tax Credit | _____ |
| * Post Fac.-Credit Union, library, etc | _____ | * Help List Information | _____ |
| * Probable Hours of Work | _____ | * Sponsorship Program (If Transfer In) | _____ |
| * Pay (1 st check on _____) | _____ | * Garnishment Information, if nec | _____ |
| * Within Grade Waiting Period (Mos. Days) | _____ | * Training Classes | _____ |
| * Prem Pay (OT, Sun, Holiday, Night, Shift) | _____ | * Job Description | _____ |
| * Awards (perf/ots/p/a (NF)/suggestion/hon | _____ | * Notify NAF-CPO of change of address | _____ |
| * Savings Bonds | _____ | * CPO Out Processing Procedures | _____ |
| * Newcomers Orientation _____ | _____ | * Introduce to HR Officer NAF-CPO | _____ |
- (Date)

SIGNATURE OF HUMAN RESOURCE ASSISTANT

SIGNATURE OF EMPLOYEE

SECTION II. ATTENTION SUPERVISOR!

You are required to provide Section II Orientation in accordance with DA Policy, within seven (7) working days after employee's EOD date. Return this form to the Nonappropriated Fund Personnel Office upon completion of the employee's orientation.

SECTION II. SUPERVISOR ON-JOB ORIENTATION

1. Explain hours of work, starting and quitting time, lunch period, where to eat, location of restrooms, etc.. _____
2. Explain use of time cards or system to be followed to keep attendance and how paid. Central NAF Payroll System. _____
3. Explain leave system; method for requesting leave, who to call in an emergency, absenteeism and lateness. (AR 215-3, Chap 5) _____
4. Explain "Who's Who" in the organization. Clearly define the chain of command within your activity. Introduce to fellow employees. _____
5. Explain mission and tell how the employee's job fits in. Have employee read his/her job sheet (copy attached). Explain job, its' importance and relation to others. **Provide a copy of the written performance standards for the job.** _____
6. Explain probationary period requirements for regular employees. (AR 215-3, Chap 2, Sec IV) _____
7. Explain what training can be expected initially, and what other training is available. _____
8. Inform employee of advancement possibilities in this position, and NAF merit promotion opportunities. _____
9. Explain the performance evaluation and rating system. (AR 215-3, Chap 6). Explain NAF Incentive Awards Program, including Suggestions. _____
10. Tell how to report accidents and injuries (AR 215-1, Chap 13). Give location of Patterson Health Clinic. _____
11. Tell how to obtain supplies, equipment, tools, etc., necessary to performance of the job. _____
12. Explain security requirements, pass and/or identification card, where good, and action if lost or left at home. _____
13. Explain safety regulations, including smoking restrictions and use of safety equipment. _____
14. Explain installation policies and procedures, including **vehicle decals and registration**, driving on Post, parking, **AKO Accounts**, use of cabs, use of phones for personal use, break time, cleanup time & rules within your specific activity. _____
15. Explain the Equal Employment Opportunity program and procedures, (CECOM Policy Memo). _____
16. Be sure employee attends MANDATORY Initial Ethics Training within 90 Days of EOD Date, for schedule call x24444. _____
17. All questions on NAF benefits, policies, and procedures been explained and understood. _____

SIGNATURE OF SUPERVISOR DATE

SIGNATURE OF EMPLOYEE DATE

ORIENTATION FOR NONAPPROPRIATED FUND (NAF) EMPLOYEES