

# WELCOME TO NEW HIRE ORIENTATION



PLEASE HAVE 2 FORMS OF IDENTIFICATION  
AVAILABLE FOR VERIFICATION OF YOUR I-9

# PROBATIONARY PERIOD FOR NEW EMPLOYEES



The probationary period for many new civilian employees hired by the Defense Department on or after December 31, 2022, has changed from two years to one year as part of the fiscal year 2022 National Defense Authorization Act.



# CPOL.ARMY.MIL

THE OFFICIAL HOMEPAGE OF UNITED STATES ARMY CIVILIAN PERSONNEL

Portal Login

AKO

- Home
- Library Topics
- Employment
- About Us
- Contact Us

## ARMY.MIL RSS FEED

- Army wins Armed Forces Soccer Championship
  - Flags In: Old Guard prepares for Memorial Day tradition
  - Army leaders to host "We Serve" Soldier Show in D.C.
  - RDECOM participates in Exercise Combined Resolve IV
  - Fast: Outmaneuver enemies physically, cognitively
  - Soldiers help identify new IED threats using forensics
  - New York Command Sergeant Major to receive Medal of Honor for World War I hero
  - Fort Stewart leads DOD in green initiative
  - Corporal earns medals on road to DOD Warrior Games
- [Read more RSS news at Army.mil](#)

## LATEST NEWS



**May 25, 2015 - Memorial Day** A Federal Holiday to honor all Americans who have died in all wars. Memorial Day is a day to recognize and remember the sacrifice and service of the men and women who died while serving in the United States Armed Forces.

**Season of Remembrance**  
**Link: Arlington National Cemetery**



**May 1, 2015 - May is National Military Appreciation Month**, an opportunity for Army leadership at every level to raise awareness of service members' contributions both on and off post, as well as deepen partnerships that support resilience and enhance the total wellness of the force. Look for national events such as Loyalty Day (May 1), **Public Service Recognition Week (May 3-9)**, the 70th

anniversary of Victory in Europe Day (May 8), **Armed Forces Day (May 16)**, and Memorial Day (May 25) at installations and communities worldwide.  
 For additional information, **visit <http://www.nmam.org>**

## QUICK LINKS

- Army Benefits Center - Civilian (ABCC)
- DCPDS - MyBiz-My Workplace - CSU
- DFAS - myPAY
- Electronic Code of Federal Regulations (eCFR)
- Electronic Official Personnel Folder (eOPF)
- FASCLASS
- GoArmyEd.com
- Regional Homepage Index
- Thrift Savings Plan - (TSP)
- Suicide Prevention Lifeline 1-800-273-TALK (8255)
- United States Code
- Wash., DC Area Operating Status**

## TOP ARMY INITIATIVES

## TRENDING

- Benefits & Entitlements (CPOL)
- Career Plans/Programs (CPOL)
- Civilian Expeditionary Workforce (Army)
- General Management Information)





**Welcome**



Welcome, greta.alto to the new CPOL Portal! You have successfully logged in.



The CPOL PORTAL is a one-stop site that provides access to all the information you may need as a Civilian Personnel employee. The Portal provides you with access to applications, information, news, benefits and much more. If you are a first time user please access the Portal Help for information on how to browse the Portal.

**Portal Announcement**

The latest CPOL Portal & Server Announcements


---

**- Release Notes: Updated 04/30/09**

**As of 30 Apr, 2009:**  
at 7:00am Eastern EDT, the Portal was updated with the following:

1. Employee Data: Added new requirements to the acquisition stored procedure to include when the person and/or the position are not in the CSU. This will allow the stored procedure to move these records to the History table.
2. Reference Library: Add new link called "NSPS Pay Tables".
3. Citrix Links: A problem was encountered when the user has the latest Citrix client installed (XenApp 11) and tried to access the Citrix links within the Portal. Citrix has changed the way ICA files behave as an ActiveX plugin with the latest client. The Portal required a change in how the ICA files were generated so that it will work with the latest and current (Citrix Client 10) versions of Citrix.
4. All: Due to changes implemented by AKO for Local


**Library**



Welcome to the CPOL Library, your resource for knowledge and information.


- Benefits
- Civilian Plans & Strategies
- DCPDS JINIATOR and GHOSTVIEW software
- Emergency HR Guidance
- General Information
- Labor Relations
- Management - Employee Relations
- Mobilization
- NAF - Nonappropriated Fund
- Non-Army Guidance (DoD, OPM)
- PERMISS
- Portal Library Homepage
- Position Classification
- Recruitment & Staffing
- SES - Senior Executive Service
- Training & Leadership Development

**Links**



Welcome to the CPOL Links.

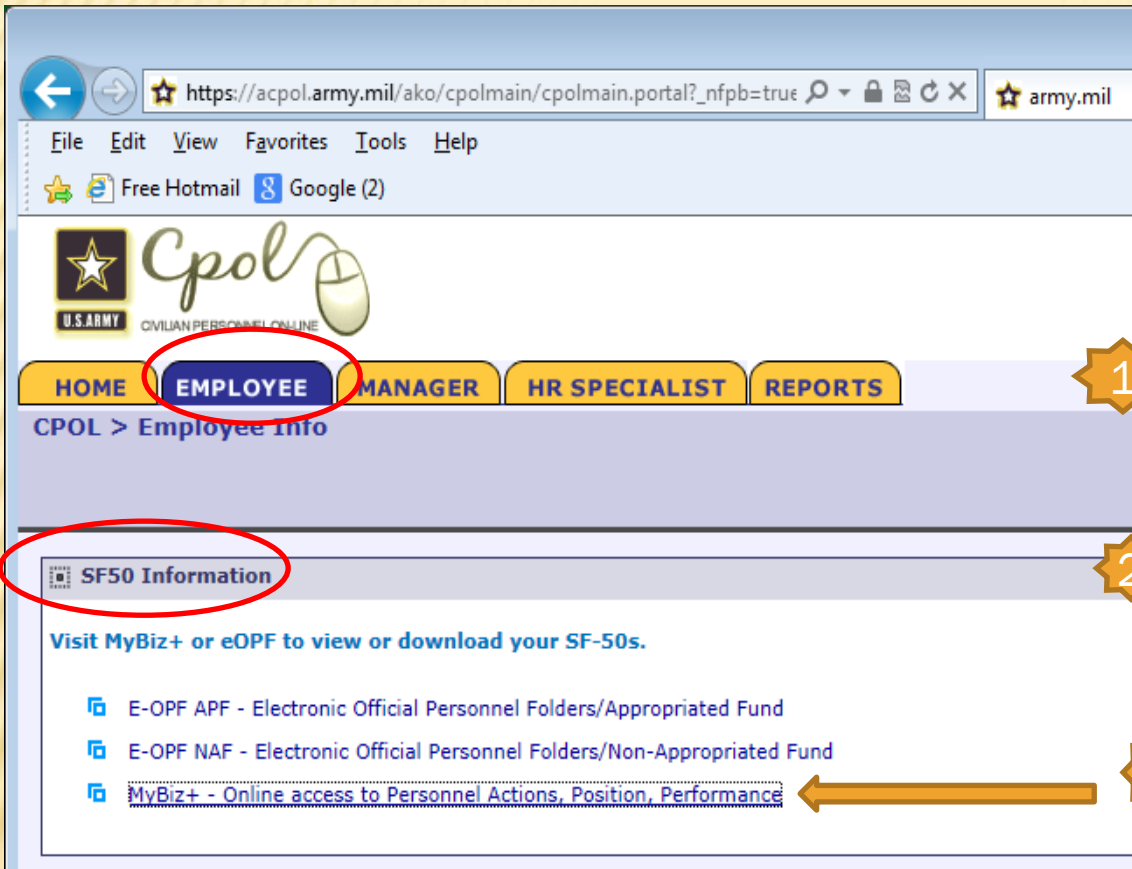
- AKO
- Account Request Information
- Career Management
- Civilian News
- Deputy Chief of Staff, G-1 & Entitlements
- US Army Homepage
- What's New?



**RSS Read** Go

**Military and Government Computer News Feed**

GCN Top News go



1

Employee Tab

2

SF50 Information

3

Click MyBiz+ - Online.....



# Notification of Personnel Action (NPA)



Standard Form 50-B  
 Rev. 7/91  
 U.S. Office of Personnel Management  
 FPM Supp. 296-33, Subch. 4

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) DOVE, WARREN Q.	2. Social Security Number 111-11-1111	3. Date of Birth 01-01-1960	4. Effective Date 01-01-2002
--	--	--------------------------------	---------------------------------

FIRST ACTION		SECOND ACTION	
5-A. Code 101	5-B. Nature of Action Career-Cond Appt	6-A. Code	6-B. Nature of Action
5-C. Code ZBA	5-D. Legal Authority P.L. 106-117, Sec. 511	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority



U.S. ARMY



# NPA (Cont'd)

7. FROM: Position Title and Number

15. TO: Position Title and Number  
TRAINING SPECIALIST  
123456 - 12345

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
						GS	1712	12	01	58,665.00	
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay		12D. Other Pay	20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay		20D. Other Pay
						52,899.00		5,766.00	58,665.00		0.00

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization  
US ARMY  
SOMEWHERE DIVISION  
FORT EUSTIS, VA 23604 A





U.S. ARMY

# NPA (Cont'd)



## EMPLOYEE DATA

23. Veterans Preference				24. Tenure		25. Agency Use	26. Veterans Preference for RIF	
<input type="checkbox"/> 1	1 - None 2 - 5-Point	3 - 10-Point/Disability 4 - 10-Point/Compensable	5 - 10-Point/Other 6 - 10-Point/Compensable/30%	<input type="checkbox"/> 2	0 - None 1 - Permanent	2 - Conditional 3 - Indefinite	<input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Basic only				28. Annuitant Indicator		29. Pay Rate Determinant		
				<input type="checkbox"/> 2	Ret Officer		<input type="checkbox"/> 0	
31. Service Comp. Date (Leave)			32. Work Schedule			33. Part Time Hours Per Biweekly Pay Period		
FERS and FICA			01-01-2002			<input type="checkbox"/> F Full-Time		

## POSITION DATA

34. Position Occupied		35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
<input type="checkbox"/> 1	1 - Competitive Service 2 - Excepted Service	3 - SES General 4 - SES Career Reserved	<input type="checkbox"/> E N - Nonexempt	12345678URZ		AR5800	
38. Duty Station Code				39. Duty Station (City -- County -- State or Overseas Location)			
511004700				FORT EUSTIS / NEWPORT NEWS / VIRGINIA			
40. Agency Data		41.	42.	43.	44.		
LB		PON #OA	02AUG6ER011111		TDA DATA TC/WOUVAA/800/001		





**U.S. ARMY**

# NPA (Cont'd)



**45. Remarks**

Appointment affidavit executed 01-01-2002.

Selected from SCER0411111, dated 30-SEP-2001

Service counting toward career tenure from 01-JAN-2002.

Appointment is subject to completion of one year initial probationary period beginning 01-JAN-2002.

Frozen Service: 00 YRS 00 MOS

Creditable Military Service: None

Previous retirement coverage: Never covered.

Employee is automatically covered under FERS.

OPF maintained by OASA(M&RA), South Central CPOC, ATTN: DAPE-CP-SC-M, Sparkman Center, Bldg 5304, Redstone Arsenal, AL 35898.

46. Employing Department or Agency

U.S. Army Training and Doctrine Command (ARTC)

50. Signature/Authentication and Title of Approving Official

47. Agency Code

ARTC

48. Personnel Office ID

2043

49. Approval Date

01-02-2002

Author C. Bond  
Authorized Official

**TURN OVER FOR IMPORTANT INFORMATION**

5-Part 50-316

1 - Employee Copy - Keep for Future Reference

Editions Prior to 7/91 Are Not Usable After 6/30/93

NSN 7540-01-333-6238

USAPPC V1.00

# SALARY

---

- Waiting Period for First Paycheck – 4 weeks
- Pay Day – 2<sup>nd</sup> Thursday of Pay Period
- My Pay - <https://mypay.dfas.mil>

# 2023 Pay Period Calendar

Beginning of Pay Period = White on Blue
End of Pay Period = Red on White (Pay Period Number for Tax Year)
Holiday = Black on Yellow
1st Friday Pay Day = Black on Pale Blue
2nd Thursday Pay Day = Black on Light Green

January							February							March							April							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4							1	
8	9	10	11	12	13	14 (2)	5	6	7	8	9	10	11 (4)	5	6	7	8	9	10	11 (6)	2	3	4	5	6	7	8 (8)	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15	
22	23	24	25	26	27	28 (3)	19	20	21	22	23	24	25 (5)	19	20	21	22	23	24	25 (7)	16	17	18	19	20	21	22 (9)	
29	30	31					26	27	28					26	27	28	29	30	31		23	24	25	26	27	28	29	
																					30							
May							June							July							August							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6 (10)					1	2	3 (12)	23						1 (14)				1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12 (17)	
14	15	16	17	18	19	20 (11)	11	12	13	14	15	16	17 (13)	9	10	11	12	13	14	15 (15)	13	14	15	16	17	18	19	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22		24	25	26 (18)	
28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29 (16)	27	28	29	30	31			
														30	31													
September							October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1	2	1	2	3	4	5	6	7 (21)				1	2	3	4 (23)							1	2
3	4	5	6	7	8	9 (19)	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	
10	11	12	13	14	15	16	15	16	17	18	19	20	21 (22)	12	13	14	15	16	17	18 (24)	10	11	12	13	14	15	16 (26)	
17	18	19	20	21	22	23 (20)	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30 (1)	
																					31							

**Federal Holidays:**
New Years Day Observed - 2 Jan
President's Day - 3rd Mon in Feb
Independence Day - 4 Jul
Columbus Day - 2nd Mon in Oct
Thanksgiving - 4th Thurs in Nov  
ML King day - 3rd Mon in Jan
Memorial Day - Last Mon in May
Labor Day - 1st Mon in Sept
Veterans' Day Observed - 10 Nov
Christmas - 25 Dec  
**PPE 16 Dec 2023 - End of Tax Year for All Pay Days**
Juneteenth - 19 June



# CIVILIAN LEAVE AND EARNINGS STATEMENT (LES)

DEPARTMENT OF DEFENSE										1. Pay Period End 05/09/09	
CIVILIAN LEAVE AND EARNINGS STATEMENT										2. Pay Date 05/21/09	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name HA [REDACTED]			4. Pay Plan/Grade/Step GS 03 01		5. Hourly/Daily Rate 12.10		6. Basic OT Rate 18.15		7. Basic Pay + Locality Adj = Adjusted Basic Pay 21517.00 3740.00 25257.00		
8. Soc Sec No ## [REDACTED]			9. Locality % 17.38		10. FLSA Category N		11. SCD Leave 02/19/08		12. Max Leave Carry Over 240		13. Leave Year End 01/02/10
14. Financial Institution - Net Pay FIRST CITIZENS BANK & TRUST				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax			18. Tax			19. Cumulative Retirement			20. Military Deposit		
Marital Status			Marital Status			Taxing Authority					
Exemptions			Exemptions								
Add'l			Add'l								
FED S 0 0			NC S 0 0								
21.			Current		Year to Date		22.				
GROSS PAY			968.00		10305.00						
TAXABLE WAGES			968.00		10305.00						
NONTAXABLE WAGES											
TAX DEFERRED WAGES											
DEDUCTIONS			226.63		2580.30						
AEIC											
NET PAY			741.37		7724.70						
CURRENT EARNINGS											
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT			
REGULAR PAY	80.00	968.00									
DEDUCTIONS											
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE				
MEDICARE		14.03	149.42	OASDI		60.02	638.91				
TAX, FEDERAL		97.58	1204.97	TAX, STATE	NC	55.00	587.00				
LEAVE											
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE			
ANNUAL	45.25	4.00	36.00	8.00	64.50		16.75				
SICK	26.00	4.00	36.00		24.00		38.00				
HOLIDAY					16.00						
ADMIN					11.00						
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE						
MEDICARE	14.03	149.42	OASDI	60.02	638.91						
REMARKS											
YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE. BUY US SAVINGS BONDS.											

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

- 1<sup>st</sup> LES will be mailed

- LES's are available the Friday before payday. DFAS will send an email that Friday with a link to MYPAY notifying you that your LES is ready for viewing.

- If you make any changes to your benefits please verify the action on your LES.

# PAYROLL CUSTOMER SERVICE REPRESENTATIVE (CSR)

---

If you need assistance or have any questions you can contact:

- Sonya Sheppard [sonya.sheppard@us.af.mil](mailto:sonya.sheppard@us.af.mil)
- Army Futures and Concept Center, Ms. Lisa Mitchell  
[Lisa.M.Mitchell.civ@army.mil](mailto:Lisa.M.Mitchell.civ@army.mil)
- TRADOC, SDDC, Teresa P. Gholston,  
[Teresa.p.Gholston.civ@army.mil](mailto:Teresa.p.Gholston.civ@army.mil)
- Army University, Jennifer Gonzalez  
[jennifer.a.gonzales12.civ@army.mil](mailto:jennifer.a.gonzales12.civ@army.mil)

---

# Union Representatives

- NAIL 11; Everett Glover- [everett.b.glover.civ@army.mil](mailto:everett.b.glover.civ@army.mil)  
(MICC, ASA, IMCOM, 128<sup>th</sup>, CASCOM SCOE, MTD, 406<sup>th</sup>, TACOM, MEDDAC)
- NAIL 21: Glenn Crump - [glenn.a.crump.civ@army.mil](mailto:glenn.a.crump.civ@army.mil)  
(93<sup>rd</sup> Sig)-If applicable
- AFGE 1643- Arnedo Powell - [arneda.h.powell.civ@army.mil](mailto:arneda.h.powell.civ@army.mil)  
(597<sup>th</sup>, ATSC, Army University)
- NAGE R4-12 Robert Novak - [robert.j.novak4.civ@army.mil](mailto:robert.j.novak4.civ@army.mil)  
(TRADOC, MICC FDO)



# LEAVE ACCRUAL

## Annual Leave

<b>Employee Type</b>	<i>Less than 3 years of service</i>	<i>3 years but less than 15 years of service</i>	<i>15 or more years of service</i>
Full-time employees	4 hours a pay period / 13 days a year	6 hours a pay period / 20 days a year	8 hours a pay period / 26 days a year
Part-time employees	1 hour for each 20 hours in a pay status	1 hour for each 13 hours in a pay status	1 hour for each 10 hours in a pay status

A civilian employee may accumulate up to 240 hours in any one-leave year. Any annual leave over 240 will be forfeited when the leave year ends. (Some employees may accumulate more than 240 hours based on overseas tour or because of an uncommon tour of duty.) At separation, an employee is entitled to payment for all annual leaves/they have earned.

# LEAVE ACCRUAL

## Sick Leave

Full-time employees	4 hours a pay period/ 13 days a year
Part-time employees	1 hour for each 20 hours in a pay status

Sick leave is a qualified right of the employee and may be used only for the reasons defined below:

1. When the employee or one of his or her family members has a medical, dental or optical examination.
2. When the employee cannot work because of a physical or mental illness, injury, pregnancy, or childbirth.
3. When the employee provides care for one of his or her family members who requires it because of physical or mental illness, injury, pregnancy, or childbirth.
4. When the employee arranges for or attends a family member's funeral.
5. When the employee is exposed to a communicable disease.
6. When the employee adopts a child. Appointments with adoption agencies, social workers, and attorneys; court proceedings; required travel and any other activities necessary to allow the adoption to proceed are covered.
7. Grandparents and grandchildren, and spouses thereof;
8. Domestic partner and parents thereof, including domestic partners of any individual in 1 through 5 of this definition; and
9. Any individual related by blood or affinity whose close association with the employee

# DISABLED VETERAN LEAVE ENTITLEMENT

---

Disabled Veteran Leave (DVL) is only available to veterans who are hired on or after 5 Nov 2016 and who have (or will have) a service-connected disability rating of 30 percent, combined rating of 30%, or more (includes temporary ratings)

- ✘ DVL is available during the first 12 months of employment and may not exceed 104 hours for full time (part-time, etc is computed as  $(h/80) \times 104$ )
- ✘ This new leave category is a one-time benefit
- ✘ Disabled veteran leave **not** used during the benefit period may not be carried over to subsequent years and will be forfeited

## When can DVL be used?

- ✘ Medical treatment of a qualifying service-connected disability
- ✘ A period of rest, when specifically ordered by the health care provider as part of a prescribed course of treatment for qualifying service-connected disability



# DVL CONTINUED

---

## Retroactive Usage

- ✘ The employee did not provide certification of a qualifying service-connected disability before requesting leave
  - + For example, Block 23 (Veterans Preference) of the SF-50 is not coded with a 6 (30% or more).
- ✘ This applies in cases where the employee filed for disability claim with the Veterans Benefits Administration after the hire date (may substitute DVL from date claim filed as start of 12-month eligibility period which could have been coded under DVL)

# WITHIN GRADE INCREASES FOR GS EMPLOYEES

A within-grade-increase (WGI) is an increase in the employee's rate of basic pay by advancement from one step of his/her grade to the next after meeting requirement for length of service and satisfactory performance. Personnel actions affecting WGI's are generated automatically in the CPOL unless the supervisor has identified a performance problem with the employee, in which case it may be postponed or withheld.

Advancement from step: 1, 2, or 3	Must wait	52 Weeks Or 1 year
Advancement from step: 4, 5, or 6	Must wait	104 weeks Or 2 years
Advancement from step: 7, 8, or 9	Must wait	156 weeks Or 3 years

# WAITING PERIODS FOR WG EMPLOYEES

**Each Wage Grade(WG) has 5 steps.**

Advancement to step 2	26 calendar weeks
Advancement to step 3	78 calendar weeks
Advancement to step 4 and 5	104 calendar weeks



# BENEFIT INFORMATION



# NEW EMPLOYEE ELECTION GUIDE

## Army Benefits Center-Civilian (ABC-C)

*"Two Decades of Dedication"*







New Employee Benefits Election Guide

**NEW!**

Check out the ABC-C on

Or at: <https://abc.chra.army.mil>



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

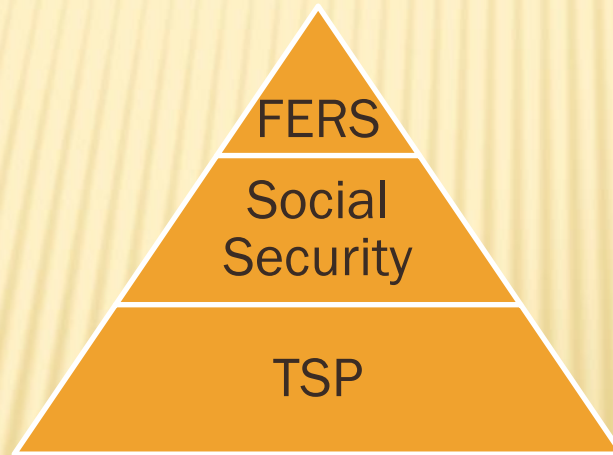
**NOTE:** Enrollment changes generally require permissible events after the initial new hire enrollment period. For more information on benefits, also visit <http://www.opm.gov/insure>.

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

# RETIREMENT

---

- The Federal Employees Retirement System (FERS) can best be described as a Three Tier Retirement System:
- If you look at the pyramid your FERS retirement would represent the tip of the pyramid, your Social Security would represent the middle, and your TSP would represent the base of your pyramid.





# RETIREMENT

---

- Participation is mandatory
- Employees hired with FERS-FRAE retirement coverage contribute 4.4% of basic pay each pay period
- Agency also provides contribution
- Provides a monthly benefit called an annuity if you retire or become disabled
- May also provide death benefits to your survivors

# THRIFT SAVING PROGRAM (TSP)

- Tax deferred savings/investment plan
- Participation is voluntary
- You can elect to contribute to the TSP at any time; there is no waiting period. You may elect to contribute any dollar amount or percentage (1 to 100) of your basic pay. The amount you can contribute changes annually. For 2023, the maximum dollar amount you can contribute is \$22,500.
- Your agency contributions and matching contributions begin immediately

# THRIFT SAVING PROGRAM (TSP)

- TSP program uses two websites:
- First, you will make your elections for a percentage of your salary, or dollar amount through the GRB Platform:
- <https://platform.chra.army.mil/account/security-notice?license=1120>
- It will take several weeks for your first contribution to reach the TSP Board. It automatically disburses into the “General” or “G” fund. Upon receipt, TSP will send you a password and pin. With that password and pin, you can then go onto the TSP website: [www.tsp.gov](http://www.tsp.gov) and disburse your contribution into your desired fund or funds.
- Designation of TSP beneficiaries can be made online at [www.tsp.gov](http://www.tsp.gov)



# THRIFT SAVING PROGRAM (TSP)

- Your agency will automatically contribute an amount equal to 1 percent of your basic pay each pay period. You will receive these contributions whether or not you contribute your own money.
- You will automatically be enrolled to contribute 5% to your TSP account.
- Agency Matching contributions
  - First 3% of pay= \$1.00 per \$1.00
  - Next 2% of pay= \$.50 per \$1.00
  - Always Traditional (tax-deferred) contributions and earnings

# TSP AGENCY AND MATCHING CONTRIBUTIONS CHART

## Percent of Basic Pay Contributed to Your Account (FERS Employees Only)

You put in:	Your agency puts in:		And the total contribution is:
	Automatic (1%) Contribution	Agency Matching Contribution	
0%	1%	0%	1%
1%	1%	1%	3%
2%	1%	2%	5%
3%	1%	3%	7%
4%	1%	3.5%	8.5%
5%	1%	4%	10%

Amounts that you contribute above 5% are not matched.

# FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

---

- You have 60 days from EOD to elect coverage
- Benefits of FEHB:
  - Guaranteed Coverage
  - No Medical examination required
  - No restrictions for preexisting conditions
  - Pay premiums with pre-tax dollars
  - Continued coverage into retirement



# FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

---

- Visit <http://www.opm.gov/insure> to see a list of available plans.
- To elect coverage visit <http://www.abc.army.mil>.
- After the 60 day window you can only change your coverage with a Qualifying Life Event (QLE) or during the annual Open Season.
- A few examples of a QLE are marriage, birth of a child, divorce, etc.
- Open season begins the 2<sup>nd</sup> Monday in November and runs through the 2<sup>nd</sup> Monday in December. The change is effective the 1<sup>st</sup> full pay period in January.

# FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)

---

- Life insurance is a term policy with no cash value. You are automatically enrolled in Basic coverage unless you waive it
- There are no regularly scheduled Open Seasons for life insurance. Once offered, if you elect to waive it, you will have to wait at least one year, obtain a physical at your own expense, and upon notification from the Office of Personnel Management, you will be able to sign up.
- Basic coverage= Annual basic pay rounded to the next higher \$1000 plus an additional \$2000

## Optional Life Insurance

- Option A: \$10,000
- Option B: Provides an amount 1-5 multiples of your annual basic pay rounded to the next higher \$1000
- Option C: Provides coverage for your spouse and eligible children equal to 1-5 multiples; 5,000 per multiple for your spouse and \$2,500 per multiple for your eligible children.
- You have 60 days from your EOD to elect Optional Life Insurance
- Employees with a Break in Service of **LESS** than 180 days will maintain their previous coverage with NO option to elect changes.
- Employees with a Break in Service of **MORE** than 180 days will maintain their previous coverage with a 60 day window to elect changes.

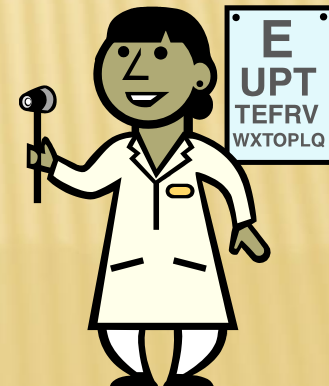
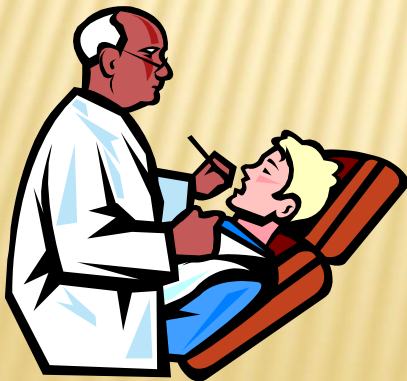
# FLEXIBLE SPENDING ACCOUNTS (FSAFEDS)

- Ability to pay certain health and dependent care expenses with pre-tax dollars.
- Contributions exempt from federal tax, most State and Local taxes and FICA taxes (Social Security and Medicare)
- New Employees have 60 days from EOD to enroll
  - **Health Care FSA (HCFSA)** - Allotments may be used to pay for certain health care expenses that are not reimbursed by FEHB or any other source and not claimed on the participant's income tax return. The maximum amount an employee may set aside in any tax year is \$2,700 and the minimum is \$100.
  - **Dependent Care FSA (DCFSA)** - Allotments may be used to pay for eligible dependent care expenses. The maximum amount an employee may set aside in any tax year is \$5,000 (\$2,500 if the employee is married and filing a separate income tax return) and the minimum amount is \$100.
  - **Limited Expense Health Care FSA (LEXHCFSA)** - Allotments may be used to pay for eligible dental and vision expenses and is only for employees enrolled in high deductible health plans with health savings accounts. The maximum amount an employee may set aside in any tax year is \$2,700 and the minimum is \$100.



# FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

- Available to eligible employees and their family members
- Can enroll in dental, vision or both.
- To enroll visit <http://www.benefeds.com>
- Benefits do not transfer. Employee must contact BENEFEDS to update/reenroll in coverage.
- You have 60 days from your EOD to enroll. After the 60 day window you can only enroll during an Open Season.



# FEDERAL LONG TERM CARE INSURANCE (FLTCIP)

---

- Provides funds if you can no longer perform everyday tasks for yourself
- Includes services such as Nursing home, assisted living, inpatient/outpatient hospice care, formal and informal home care and adult care
- Qualifying relatives are eligible to apply if they meet the program requirements
- You have 60 days from your EOD to enroll

# OFFICIAL PERSONNEL FOLDER (OPF)

- **The Department of Army has transitioned to an electronic Official Personnel Folder (eOPF) which allows each employee to have electronic access to their own personnel folder. Access to eOPF can be gained via CPOL Portal once you are in-processed. If updates are required to your eOPF, please contact your CPAC POC.**
- <https://eopf.opm.gov/army/>





# COMMON ACCESS CARD (CAC)



The Common Access Card (CAC) is used for:

- Access to computer and network systems
- Entrance onto Post
- Access to MWR facilities

DEERS Section at Fort Eustis Rm.123  
650 Monroe Ave  
Fort Eustis VA 23604

**You will need two forms of I.D.**

**Please allow 3-4 days for your personnel action to process before attempting to obtain a Common Access Card**

APPOINTMENT WEBSITE: <https://idco.dmdc.osd.mil/idco/#/>

# PROHIBITED PERSONNEL PRACTICES AND WHISTLEBLOWER PROTECTION

Whistleblower disclosures can save lives as well as billions of taxpayer dollars. They play a critical role in keeping our government honest, efficient and accountable.

Recognizing that whistleblowers root out waste, fraud and abuse, and protect public health and safety, federal laws strongly encourage employees to disclose wrongdoing. Federal laws also protect federal employees from retaliation.

- **Your Rights as a Federal Employee**

([https://osc.gov/Documents/Outreach%20and%20Training/Handouts/Your%20Rights%20as%20a%20Federal%20Employee%20Handout%20\(Prohibited%20Personnel%20Practices,%20Whistleblower%20Disclosures,%20and%20the%20Hatch%20Act\).pdf](https://osc.gov/Documents/Outreach%20and%20Training/Handouts/Your%20Rights%20as%20a%20Federal%20Employee%20Handout%20(Prohibited%20Personnel%20Practices,%20Whistleblower%20Disclosures,%20and%20the%20Hatch%20Act).pdf))

- **Know Your Rights When Reporting Wrongs**

(<https://osc.gov/Documents/Outreach%20and%20Training/Handouts/Know%20Your%20Rights%20When%20Reporting%20Wrongs%20Handout.pdf>)



- ✓ **YOUR RIGHTS AS A FEDERAL EMPLOYEE**
- ✓ **Uniformed Services Employment and Reemployment Rights Act (USERRA)**



# EMPLOYMENT FORMS

---



**Designation of Beneficiary**  
**Federal Employees' Group Life Insurance (FEGLI) Program**  
*(DO NOT erase or cross-out. Use a new form.)*

**Important:**  
Read instructions on the  
Back of Part 2 before completing this form.

**A. Information About the Insured (not the Assignee, if there is one) (type or print)**

Name of Insured <i>(Last, first, middle)</i>		Date of birth of Insured <i>(mm/dd/yyyy)</i>	Social Security Number of Insured
The Insured is: <i>Place an "X" in the appropriate box.</i>	<input type="checkbox"/> an employee	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claims number:	
	<input type="checkbox"/> a retiree		
	<input type="checkbox"/> a compensator		
Department or agency where the Insured works <i>(If retired, last department or agency where the Insured worked):</i>			
Department or agency		Bureau or division	Location <i>(city, state, and ZIP code)</i>

**B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address <i>(including ZIP code)</i>	Relationship	Percent or fraction designated

Total **(Must equal 100% or 1.0)** (Do not use dollar amounts)  
*(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)*

100%

**C. Statement of Insured or Assignee (type or print)**

Your name and address <i>(including ZIP code)</i> ----- ----- -----	Please check one: I am:	Please check all three:
	<input type="checkbox"/> the Insured	<input type="checkbox"/> I have not assigned the insurance.
	<input type="checkbox"/> an Assignee	<input type="checkbox"/> Two people who witnessed my signature signed below.
<i>See Back of Part 2 for definitions</i>		<input type="checkbox"/> I did not name either witness as a beneficiary.

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee <i>(Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box.</i>	Date <i>(mm/dd/yyyy)</i>
<b>SIGNATURE</b>	

**D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)**

Signature of witness Ⓞ	Address <i>(including ZIP code)</i>
Signature of witness Ⓞ	Address <i>(including ZIP code)</i>

**E. For Agency Use Only (or OPM, as appropriate)**

Receiving agency	Date of receipt <i>(mm/dd/yyyy)</i>	Signature of authorized official	Title
------------------	-------------------------------------	----------------------------------	-------

## Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:  
Read all instructions before  
filling in this form

### A. Identification

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)

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.

### B. Information Concerning The Beneficiaries (See Examples of Designations):

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 = %

### C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

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

#### Receiving agency certification

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






# Designation of Beneficiary

Federal Employees Retirement System

Form Approved  
OMB No. 3206-0173

**Important:**  
Read all instructions before  
filing in this form

### A. Identification

Name (Last, first, middle)		Date of birth (mm/dd/yyyy)	Social Security Number
Place an "X" in the appropriate box: <input checked="" type="checkbox"/>	<input type="checkbox"/> An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future
Department or agency in which presently employed (or former department or agency):			If you are retired give your claim number
Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (CSRS) before I became covered by FERS. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my FERS retirement contributions.

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

### B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary ❶	Address (including ZIP code) of each beneficiary ❷	Relationship to you ❸	Share to be paid to each beneficiary
Date of designation (mm/dd/yyyy)	Your signature		Total = 100%

### C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

#### Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received by agency (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)
--------------------------------------	-----------	-------------------

❶ We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.

❷ We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

Type or print your return address so that we can return a copy to you.

See Back of Employee Copy For Instructions  
On Where To File This Form.  
(Retain until employee leaves Federal  
service and then send to the Office of Personnel  
Management [OPM].)

# APPOINTMENT AFFIDAVITS

\_\_\_\_\_  
(Position to which Appointed)

\_\_\_\_\_  
(Date Appointed)

\_\_\_\_\_  
(Department or Agency)

\_\_\_\_\_  
(Bureau or Division)

\_\_\_\_\_  
(Place of Employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that--

## A. OATH OF OFFICE

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

## B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

## C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

\_\_\_\_\_  
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

at \_\_\_\_\_

(City)

\_\_\_\_\_  
(State)

(SEAL)

\_\_\_\_\_  
(Signature of Officer)

Commission expires \_\_\_\_\_

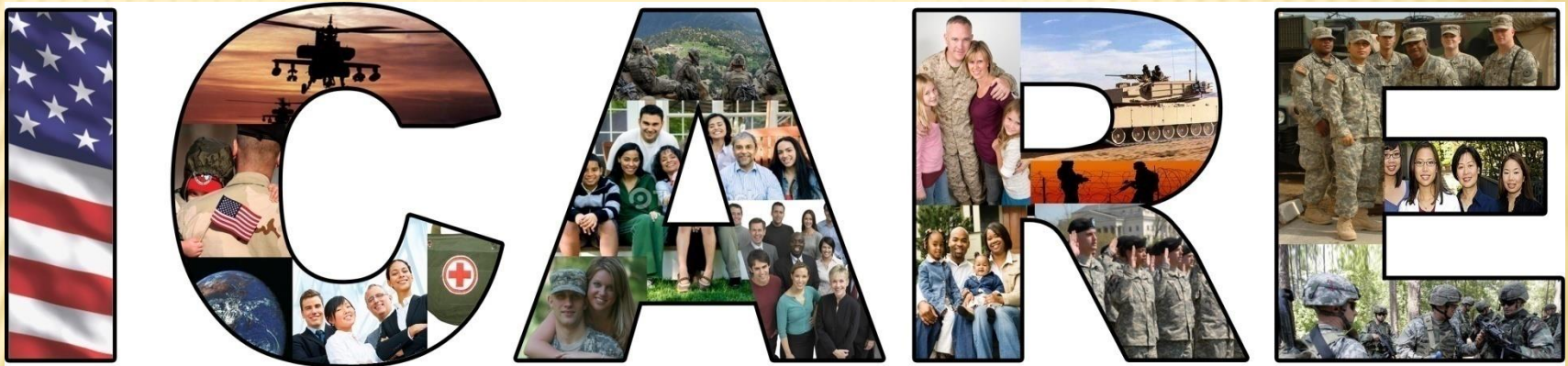
(If by a Notary Public, the date of his/her Commission should be shown)

\_\_\_\_\_  
(Title)

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



# Customer Excellence begins with me because...



- The purpose of ICARE is to create a culture of Customer Excellence throughout CHRA. ICARE consists of five standards: Integrity, Compassion, Advocacy, Resourcefulness and Excellence.
- We're only as good as our customers say we are. Please provide your feedback on ICE:  
[https://ice.disa.mil/index.cfm?fa=card&sp=129316&s=1138&dep=\\*DoD](https://ice.disa.mil/index.cfm?fa=card&sp=129316&s=1138&dep=*DoD)



# QUESTIONS OR CONCERNS



**\*\*\*\*If you need further assistance or have any questions, please feel free to contact your servicing HR Specialist.**

