

Hawaii Guard Human Resources Office

*****NEW FEDERAL TECHNICIAN IN-PROCESSING CHECKLIST *****
PERMANENT AND INDEFINITE APPOINTMENTS

NAME: _____ **EFFECTIVE DATE:** _____

ASSIGNED SUPERVISOR: _____

___ I am NOT on any type of Military Orders as of my Technician Start Date. *If you are on orders, do not continue to complete checklist and Contact HRO ASAP.

___ Link to HRO DOD WEBSITE: <http://dod.hawaii.gov/hro/>

___ SF-61 – Appointment Affidavit (Provided at HRO)

___ Pre Appointment Certification Statement for Selective Service (Complete Online)
<https://www.sss.gov/Home/Verification>

___ Resume REQUIRED

___ SF-144 – Statement of Prior Federal Service _____ Military Rank

___ DD 214 or Orders (All Prior Active Duty Title 10) –If Applicable _____ AFSC/MOS

___ SF-256 Self-Identification of Disability

___ SF-181 – Race and National Origin Form

___ Form I-9 Employment Eligibility Verification

___ Form 306 Declaration for Federal Employment

___ Condition of Employment Form

___ Employee Educational Data Form (See Attachment 1- Education Levels)

___ TRS and FEHB Acknowledgement Form

___ SF-2817 Life Insurance Election Form (Federal Employee Group Life Insurance)

___ SF-2823 Designation of Beneficiary (FEGLI-Federal Employee Group Life Insurance) *Automatically enrolled unless WAIVED at initial appointment

___ SF-3102 Designation of Beneficiary (FERS) Federal Employee Retirement System

___ SF-1152 Designation of Beneficiary (Unpaid Compensation of Deceased Civilian)

___ W-4

___ Hawaii Federal Tax Form

___ FMS FORM 11-92

___ Technician New Hire / Transfer/ Conversion Building Ataaps & Dcps Pay Records (**AIR ONLY- contact your supervisor for assistance on completing**)

___ AF3821 (**AIR ONLY- contact your supervisor for assistance on completing**)

Employee must read and initial each item:	Initials
Annual Leave: 1-3 yrs= 4 hours, 3-15 years=6 hours, 15+years= 8 hours a pay period. Given to full-time employees, and employees with tours of at least 90 days.	
Sick Leave: 4 hours per pay period.	
Military Leave: 120 hours given to new full-time employees. 120 hours are given at the beginning of each fiscal year (1OCT).	
Dual Compensation: Technicians MUST be in an official leave status (annual,military, comp,time-off or LWOP) when performing in any type of active/inactive duty status. Cannot use sick leave.	
Health Insurance (FEHB): New technicians have 60 days to elect health benefits. Open season is yearly. Visit www.opm.gov/healthcare-insurance/ to compare plans. If you are eligible for FEHB you may NOT be covered under Tricare Reserve Select. Technicians may also apply for coverage through the Health Insurance Marketplace during their open enrollment times. For more information, go to: https://nystateofhealth.ny.gov/	
Flexible Spending Accounts: Open season annually. Tax free money set aside to pay out of pocket health expenses and Dependand Care needs.	
Life Insurance: 30 days to elect FEGLI. Rarely an open season. FEGLI allows you to waive insurance; Please Note once you waive coverage you cannot re-enroll until a Qualifying Life Event Occurs i.e. marriage, divorce, death of a spouse, having a child.	
Thrift Savings Plan: Automatically enrolled at 3% Agency matches up to 5%.	
Uniform: Military membership is a condition of Dual Status (DS) Federal Technician employment. The military uniform must be worn IAW applicable regulations.	
Government Travel Card: Required for all military and technician travel expenses.	
Compatibility: Technicians have 2 years to become militarily compatible with their technician position, and must maintain compatibility to continue employment.	
Probationary Period: Your first year of technician employment is probationary. (However, for Non-Dual Status technicians, you will not get career tenure for 3 years). You can be terminated at any time, for any reason, if retention is not recommended.	
Visit the Employee Benefits Information System www.ebis.army.mil (CAC access) to register, view and manage your Federal Technician benefits.	

Employee's Signature _____ Date _____

HRO/Designee's Signature _____ Date _____