IMF CHECK-IN/CHECK-OUT SHEET
(Core 800 Civilians/Raps/Civ/Mil Interdepartmental)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5013. PRINCIPAL PURPOSES: The employee contact and emergency contact information will be used by Supervisory/Management Personnel to contact you for official command related issues or your designated point of contact in cases of an emergency. ROUTINE USES: Information will be shared within the PSNS&IMF organization for those with an official need to know. Disclosure of information is treated as "For Official Use Only – Privacy Sensitive." DISCLOSURE: Furnishing this information is voluntary, but failure to do so may delay notification to you on routine and/or emergency matters as well as your designated point of contact during medical emergencies.

NAME: BADGE NO:

POSITION TITLE AND GRADE: CODE/SHOP:

DIRECTIONS: Visit the individual codes listed below to check in/out. The last point of contact will not initial/date unless all the appropriate blocks are initialed off. When completed, return to manpower office (bldg 7000 room S211) with sheet.

BLDG	CODE	ROOM	POINT OF CONTACT	CHECK-IN	CHECK-OUT
7000	815	S211	MANPOWER (Ensure NFAAS info has been reviewed & updated)		
7000	610.3	C222	PAYROLL AND TRAVEL CLERKS		
7000	822	C212	FINANCIAL MANAGEMENT	All Military & Core 800 Employees'	All Military & Core 800 Employees'
7000 7000 7001	815 830R 870	S211 C201 S104	TRAINING COORDINATOR: _____ (Write in name)		
7000	1123	N137	SECURITY	Permanently Assigned Employee Only	Permanently Assigned Employee Only
7000	801.3	C229	VOLUNTARY PROTECTION PROGRAM (VPP)		
7000	842.4	N208	TECHNICAL LIBRARY		
7000	3418	S133	TOOL ROOM		
7201	NRMD	CIF	RADCON (All TLD Holders, Thursdays Only 0800-1300)		
2050	801.2	D1002	RAD HEALTH/ NUCLEAR WEAPONS RADCON COORDINATOR		
7000 7000 7000 7450 7001	814 820A 830A 840A 870A	S213 E209 C201 C222 S700	ADMIN SUPPORT/Key Custodian: _____ (Write Name In)		
7000 7001	823.2 870/S67	E210 S700	IT COORDINATOR: _____ (Write Name In)	Permanently Assigned Employee Only	Permanently Assigned Employee Only
7000	811	W202	MILPERS (Military Only) – Verify/Update NSIPS & TWMMS		
7000	811	N129	URINALYSIS COORDINATOR (Military Only)		
			SUPERVISOR: (Ensure Supdesk transfer & Indoctrination check list is complete if applicable)		
7000	802	W208	PROGRAM DIRECTOR, Core 800 (non-production) Civilian Employees Only - (See CO Secretary for appt.)		

- CHECK-IN/OUT WITH MEDICAL RECORDS.
- CHECK-OUT: RAD WORKERS/TLD HOLDERS REPORT WITH MEDICAL RECORDS, ALL OTHERS CALL 5-2011.
  HOURS: WEEKDAYS 0730-1100 OR 1300-1500

NOTE: IF LEAVING NAVBASE KITSAP COMPLETELY, ENSURE YOU REPORT TO PASS & ID TO TURN IN VEHICLE STICKER.
FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE; any misuse or unauthorized disclosure can result in both civil and criminal penalties.

INDOCTRINATION CHECK LIST

NOTE TO SUPERVISOR: Subject employee has received information about his/her type of appointment, salary, life and health insurance plans, and savings bond program. Please complete the remainder of the subject matter indoctrination listed below, in addition to any departmental indoctrination. **Turn in Check-in/Check-out sheet to MANPOWER when completed; Keep Indoc. List on file**.

1. _____ Explain command work, mission and organization

2. _____ Introduce the employee to Division Head/Co-Workers/Supervisors

3. Point out the location and policies regarding use of:

_____ Physical layout of work area

_____ Rest rooms

_____ Food/vending facilities

_____ Bulletin boards

_____ Transportation (including bus services)

_____ Parking areas

4. Explain policy and procedures on:

_____ Hours of duty

_____ Lunch period

_____ Annual & sick leave policies

_____ Tardiness and unauthorized absence

_____ Training

_____ Incentive awards

_____ Beneficial suggestions

_____ Security regulations

_____ Handling classified materials

_____ Safety and accidents (reporting on-the-job injuries)

_____ Fire regulations

_____ EEO complaints

_____ Grievances

_____ Telephone use

5. Explain policy on:

_____ Probationary period

_____ Review of position description and rating procedure

_____ Performance requirements

_____ Promotion (vacancy announcement)

6. Explain supplies and equipment issue and responsibilities.

Shop only: _____ Tool room location

_____ Operator maintenance requirements for machine tools

_____ Loss of Government/personal tools

7. _____ Explain the Civilian Employee Assistance Program (CEAP) and its point of contact for work-related or personal problems.

_____ /_____ _____/ _____

Supervisor's signature Date Employee's signature Date

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