

OSD/WHS IN-PROCESSING CHECKLIST

(Read Privacy Advisory in its entirety on back before completing this form)

INSTRUCTIONS

Complete all in-processing requirements within 14 business days of employee's arrival, to include completion of scheduled appointments. Employee, Administrative Officer and Security Manager will sign and date the form when completed. Return completed in-processing checklist to respective organizational administrative officer.

SECTION I - EMPLOYEE INFORMATION

| | | | |
|---------------------------------------------------------|--|----------------------------------------------------------|----------------------------------------------------------|
| 1. EMPLOYEE NAME (Last, First, Middle Initial) | | 2. ONBOARD DATE (YYYYMMDD) | |
| 3. EMERGENCY CONTACT (Optional) | | | |
| a. NAME (Last, First, Middle Initial) | | b. PRIMARY PHONE NUMBER | c. SECONDARY PHONE NUMBER |
| 4. HOME TELEPHONE NUMBER (Include area code) (Optional) | | 5. ORGANIZATION/DIRECTORATE | 6. DIVISION/BRANCH |
| 7. SUPERVISOR NAME (Last, First, Middle Initial) | | 8. DUTY ROOM | 9. TELEPHONE NUMBER |
| 10. POSITION SENSITIVITY | | <input type="checkbox"/> NON-SENSITIVE (No clearance) | <input type="checkbox"/> NON-CRITICAL SENSITIVE (Secret) |
| | | <input type="checkbox"/> CRITICAL SENSITIVE (Top Secret) | <input type="checkbox"/> SPECIAL SENSITIVE (SCI) |

SECTION II - COMPLETE IF CIVILIAN EMPLOYEE (Permanent or Temporary)

| | |
|---------------------------|-----------|
| 11. GRADE/PAY BAND/SERIES | 12. TITLE |
|---------------------------|-----------|

SECTION III - COMPLETE IF CONSULTANT/INTER-GOVERNMENTAL PERSONNEL ACT (IPA)

| | | | |
|-----------------------------------|---------------------------------------------------|--------------------------------------|--|
| 13. AGENCY NAME | | 14. AGENCY ADDRESS | |
| 15. AGENCY PHONE NUMBER | 16. EXPIRATION DATE OF CONSULTANCY/IPR (YYYYMMDD) | 17. PARENT ORGANIZATION | |
| 18. PARENT ORGANIZATION'S IPA POC | | 19. PARENT ORGANIZATION PHONE NUMBER | |

SECTION IV - COMPLETE IF MILITARY PERSONNEL

| | | | |
|-------------------------|--|----------------|----------------------------------|
| 20. SERVICE | | 21. RANK | 22. DUTY STATUS (Active/Reserve) |
| 23. MOS / AFSC / RATING | | 24. DUTY TITLE | |

SECTION V - COMPLETE IF DETAIL/DEVELOPMENTAL ASSIGNMENT (Military or Civilian)

| | | |
|------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| 25. PERMANENT DUTY STATION | | |
| 26. START DATE (YYYYMMDD) | 27. END DATE (YYYYMMDD) | 28. DUTY TITLE |
| 29. EMPLOYMENT CATEGORY | | |
| <input type="checkbox"/> DETAIL | <input type="checkbox"/> DEVELOPMENTAL ASSIGNMENT | <input type="checkbox"/> INTERN (Paid or Unpaid) |
| <input type="checkbox"/> LIAISON OFFICER | <input type="checkbox"/> OTHER (Please specify) | <input type="checkbox"/> PRESIDENTIAL MANAGEMENT FELLOW (PMF) |

SECTION VI - IN-PROCESSING REQUIREMENTS

Organizations should enter specific location/room numbers as appropriate. Enter "N/A" under "date completed" for inapplicable action items.

| ACTION ITEM | PRINT NAME/INITIAL/DATE (YYYYMMDD), OR DIGITALLY SIGN |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 30. COMPONENT (OSD/WHs Component Administrative Officer) | Location: _____ |
| a. Update Organizational Telephone Directory | |
| b. Parking Information | |
| c. NCR Mass Transit Subsidy Program | |
| d. Notification to Travel System Coordinator | |
| e. Government Travel Card | |
| f. Government Travel Card Account Transfer Form | |
| g. Issue membership card for OSD Welfare and Recreation Association (civilian and military only) | |
| h. Telephone set up and password | |
| i. Provide information on Pentagon Library | |
| j. Provide information on Pentagon Athletic Center | |
| k. Provide ergonomic information and assessment of workstation for identifying accessibility needs if applicable | |
| l. Brief employee on MyBiz and MyPay accounts | |
| m. Office space secure lock combinations (e.g., cipher lock/XO-9, etc.) | |
| n. Telework (Eligibility Determined by Supervisor) | |
| (1) iCompass training: OPM Telework Essentials – Employee Training or Manager Training (https://whs.sp.pentagon.mil/lms/Pages/default.aspx) | |
| (2) Complete telework agreement (https://whs.sp.pentagon.mil/HRD/LMER/telework/SiteAssets/SitePages/Home/DD2946 - Aug 2024.pdf) | |
| 31. SECURITY MANAGER | Location: _____ |
| a. Component initial security briefing(s) completed | |
| b. Position Sensitivity is: _____ | |
| c. Standard Form 312 NDA completed | |
| d. IC Form 4414 NDS completed | |
| e. Personal Attestation completed | |
| f. NATO briefing completed | |
| g. Controlled Unclassified Information NDA completed | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| h. Clearance/Access posted in system of record (e.g. DISS) | |
| i. Common Access Card (specify if other credential) | |
| j. DD Form 2249 provided | |
| k. Facility/alarm access granted | |
| l. Other: | |
| m. Security Manager Signature: | |
| 32. COMPONENT INFORMATION TECHNOLOGY MANAGER (ITM) | Location: _____ |
| a. IA Training Awareness Certification | |
| b. Signed DD Form 2875, "System Authorization Access Request (SAAR)", to create account (e.g., local and global email accounts) | |
| c. Request IT Equipment from Joint Service Provider (JSP) | |
| d. Read and sign the JSP User Agreement, and contact the JSP service desk if more information is needed: (703) 571-4577 | |
| 33. EMERGENCY RESPONSE COORDINATOR (ERC) | Location: _____ |
| a. Provide organization evacuation procedures and egress route map - provided by the fire marshal's office | |
| b. Ensure employee is added to the mass alert and notification system | |
| c. Issue Government Emergency Telephone System (GETS) card or Wireless Priority Service (WPS) for Emergency Response Group (ERG), if applicable | |
| d. Update organizational emergency roster | |
| e. Special badging requirements for Emergency Response Group (ERG) | |
| 34. SUPERVISOR | Location: _____ |
| a. Notify timekeeper and/or add account authorization for DAI DD2875 needed for access | |
| b. Identify system access needed and take appropriate action to initiate required paperwork, including submitting DD Form 2875 and Cyber Awareness Training Certificate to Security and IT. | |
| c. Address performance management (DPMAP) | |
| d. Identify development and training plan as appropriate | |
| e. Schedule orientation and mandatory/recommended training | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| f. Office of General Counsel (OGC) Financial Disclosure Report (OGE Form 450 or 278 within 30 days), if applicable | |
| (1) DoD General Counsel: (703) 695-3422 - Pentagon, Room 3E783 (OSD employees only) | |
| (2) WHS/PFPA General Counsel: (703) 693-7374 - Pentagon, Room 2E1035 (WHS and PFPA employees only) | |
| g. Schedule in brief if applicable | |
| (1) WHS/PFPA General Counsel: (703) 693-7374 - Pentagon, Room 2E1035 (WHS and PFPA employees only) | |
| (2) Organizational Director | |
| h. SES / SL / ST / GS-15 Onboarding | |
| (1) Meet with customers within 8-12 weeks of assignment | |
| i. Update employee's telework eligibility in MyBiz (Job Aid for Supervisors: https://whs.sp.pentagon.mil/HRD/LMER/telework/SiteAssets/SitePages/Home/WHS%20Guide%20to%20Telework%20Eligibility%20Coding_June_2017.pdf) | |

SECTION VII - CERTIFICATIONS

| | |
|----------------------------------------|------------------------|
| 35.a. EMPLOYEE SIGNATURE | b. END DATE (YYYYMMDD) |
| 36.a. ADMINISTRATIVE OFFICER SIGNATURE | b. END DATE (YYYYMMDD) |
| 37.a. SECURITY MANAGER SIGNATURE | b. END DATE (YYYYMMDD) |
| 38.a. SUPERVISOR SIGNATURE | b. END DATE (YYYYMMDD) |

PRIVACY ADVISORY

When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended, and DoD 5400.11-R, DoD Privacy Program.