New York National Guard Human Resources Office

\*\*\*\*\*NEW FEDERAL TECHNICIAN IN-PROCESSING CHECKLIST \*\*\*\*\*

**TEMPORARY APPOINTMENTS**

**NAME: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSIGNED SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_Provided Technician Handbook**

**\_\_\_ Resume REQUIRED**

**\_\_\_SF-52 – Request for Personnel Action \_\_\_\_\_\_\_Military Rank**

**\_\_\_SF-61 – Appointment Affidavit \_\_\_\_\_\_\_AFSC/MOS**

**­­\_\_\_SF-144 – Statement of Prior Federal Service EDUCATION ABOVE HS**

**\_\_\_DD 214 – (All Prior Active Duty Title 10 (Member 4 Copy) \_\_\_\_\_\_\_Year Graduated**

**\_\_\_SF-181 – Race and National Origin Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major**

**\_\_\_SF-1152 – Designation of Beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_College**

**\_\_\_Form I-9 Employment Eligibility Verification**

**\_\_\_Optional Form 306 Declaration for Federal Employment**

**\_\_\_Pre Appointment Certification Statement for Selective Service**

\_\_\_Conditions of Temporary Appointment

\_\_\_ I am NOT on any type of Military Orders as of my Technician Start Date

\_\_\_ FEHB-TRS Memorandum of Understanding (Dec 2014)

\_\_\_ Premium Conversion Waiver Form

\_\_\_FEHB Eligibility Acknowledgement Form

\_\_\_ You will be eligible to enroll in the Federal Employees Health Benefits (FEHB) program if you are initially appointed for more than 90 days of continuous employment, you are eligible for health insurance (FEHB) as of your appointment date. You will have 60 days from your Appointment Date to select FEHB coverage. If you do not, it is considered waived, and you will have to wait for an Open Season or Qualifying Life Event (QLE) to select coverage. <https://www.opm.gov/healthcare-insurance>.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/>

\*\*\*\*ARMY TECHNICIAN ONLY REQUIRED FORMS\*\*\*\*

\_\_\_W-4

\_\_\_IT 2104 NYS Employees Withholdings Certification

\_\_\_SF1199A Direct Deposit Form

Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HRO/Designee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_