

EXHIBIT III

Department of the Navy
Commander Naval Forces, Japan
Human Resources Office
FPO AP 96349-0022

ORIENTATION/PLACEMENT FOLLOW-UP CHECK SHEET

SUSPENSE DATE: _____

NAME: _____ POSITION: _____

EOD: _____ ACTIVITY: _____

This check sheet ensures that a newly appointed employee completes processing and is given an opportunity for an orientation discussion with management upon employee's initial placement, to determine effectiveness of the placement, and whether there is a need for training or other appropriate management action to overcome any weakness in employee's performance. **COMPLETED FORM WILL BE RETURNED TO HRO BY SUSPENSE DATE SHOWN ABOVE. CHECK EACH ITEM. IF AN ITEM IS NOT APPLICABLE INDICATE "NA."**

SECTION I: FOR COMPLETION BY HRO TO CONFIRM THAT EMPLOYEE HAS COMPLETED ALL PROCESSING FORMS FOR ASSIGNMENT TO POSITION, AND HAS BEEN INFORMED OF THE NEW EMPLOYEE ORIENTATION TRAINING SESSION ON _____.

SIGNATURE _____ DATE _____

SECTION II: FOR COMPLETION BY EMPLOYEE'S IMMEDIATE SUPERVISOR TO CONFIRM THAT DISCUSSION WAS HELD WITH EMPLOYEE ON TOPICS THAT INCLUDE BUT ARE NOT NECESSARILY LIMITED TO THE FOLLOWING:

	YES	NO
1. Location/Employee's official bulletin board	_____	_____
2. Location/Assignment of locker room	_____	_____
3. Location rest rooms/water fountain	_____	_____
4. General layout of shop or office	_____	_____
5. Location of eating places	_____	_____
6. Location of materials and supplies section	_____	_____
7. Issuance of Base Pass, Parking and Base Stickers for cars	_____	_____
8. Hours of work and shifts, lunch period, "Breaks"	_____	_____
9. Bond Pledge	_____	_____
10. Safety Program, reporting injuries, medical treatment	_____	_____
11. Beneficial Suggestion Program/Location of Forms	_____	_____
12. Policy/approving authority to request Annual/Sick Leave, other leave	_____	_____
13. Table of Disciplinary offenses and penalties; Grievance Procedures	_____	_____
14. Merit Promotion Program	_____	_____
15. Name of Activity EEO Officials/EEO Counselors/EEO Program	_____	_____
16. Mission of Activity	_____	_____
17. Employee's place in Activity	_____	_____
18. Duties & supervisory controls over position	_____	_____
19. Give employee a copy of job/position description	_____	_____
20. Rating/reviewing official for job performance/within grade Increases	_____	_____
21. Date of first salary payment, pay periods	_____	_____

- | | YES | NO |
|---|-------|-------|
| 22. Introduction to co-workers | _____ | _____ |
| 23. Training programs for employees | _____ | _____ |
| 24. Welfare and Recreation Activities | _____ | _____ |

SECTION III: FOR COMPLETION BY SUPERVISOR 60 TO 90 DAYS AFTER EMPLOYEE'S ASSIGNMENT.

- | | YES | NO |
|---|-------|-------|
| 1. Has employee been given an orientation discussion described
In Section I? | _____ | _____ |
| 2. Is the employee performing his/her duties satisfactorily? | _____ | _____ |
| 3. Has employee's performance been discussed with employee? | _____ | _____ |
| 4. Is employee more suitable for another position at the
same grade level? If yes, specify | _____ | _____ |
| 5. Has needed training been identified and scheduled? | _____ | _____ |
| 6. Are you satisfied with you selection for this position? | _____ | _____ |
| 7. Remarks: For items above marked "NO" and recommendations for improvements for more effective selection processing. | | |

TO: HRO (Code 510) DATE _____

1. All items have been discussed with the employee to assure understanding of job requirements and assist employee in attaining satisfactory job performance, conduct, and job adjustment.
2. Employee's performance standards have been/will be (circle one applicable) submitted to HRO on _____.
3. ASSISTANCE REQUESTED:

_____ EMPLOYEE RELATIONS	_____ PLACEMENT	_____ TRAINING
_____ WAGE & CLASSIFICATION		

SIGNATURE _____
(SUPERVISOR)