

**PENTAGON RENOVATION PROGRAM (PENREN)  
PERSONNEL IN AND OUT PROCESSING POLICY**

**28 AUG 2001**

OPR: Program Management and Support Services Group

PMP #01-08

**1.0 REFERENCES.**

- a. DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
- b. Title 5, United States Code, "Government Organization and Employees"
- c. Title 5, Code of Federal Regulations, "Administrative Personnel"

**2.0 APPLICABILITY.** This policy establishes the PENREN in and out processing procedures for personnel joining or leaving the PENREN Program. This policy is applicable to all Department of Defense (DoD) employees assigned within the PENREN Program, other Government Agencies, and contractors sponsored by the PENREN Program.

**3.0 POLICY.** This PENREN policy will ensure that all PENREN personnel are appropriately processed into or released from the PENREN Program.

**4.0 RESPONSIBILITIES.** Group and Integrated Product Team (IPT) Leaders will ensure that all new team members complete the check-in process and that all personnel leaving the program follow the appropriate procedures to check out.

- a. BEFORE EMPLOYEE ARRIVES: The IPT Leader or Supervisor initiates the check-in process by following these steps:
  - (1) Obtain a current version of the PENREN Personnel Check-In Sheet (Enclosure 1). Enter Employee Last Name and complete items listed under Section 11.
  - (2) Request a network account be set up and that computer equipment be appropriately configured and installed through the appropriate POC for the group. The POC for each group is indicated on the check-in sheet. Be specific about computer access and required software.
- b. UPON ARRIVAL OF THE STAFF MEMBER: The IPT Leader or Supervisor begins checking only those items applicable to the incoming employee under Section 12 of the PENREN Personnel Check-In Sheet.

- (1) After completing all items which have been checked, the completed Check-in Sheet is then turned into the Program Management and Support Services Group.
  - (2) Enclosure 2 offers a checklist of suggested actions that could assist in providing a smooth transition upon arrival of new employee.
- c. BEFORE THE STAFF MEMBER DEPARTS: The IPT Leader and/or Supervisor obtains a current version of the PENREN Personnel Check-Out Sheet (Enclosure 3), which is turned into the Program Management and Support Services Group upon completion.

This policy is effective immediately. It will remain in effect until modified or rescinded.



Walker Lee Evey  
Program Manager

Enclosures – As stated

# PENTAGON RENOVATION PERSONNEL CHECK-IN SHEET

Privacy Act Statement

**AUTHORITY:** Vocal order of the Pentagon Renovation Program Manager

**PRINCIPAL PURPOSE(S):** To assure necessary administrative action takes place before and at the time of arrival for work at the Pentagon Renovation Program.

**ROUTINE USE(S):** Used for in-processing of civilian employees, experts, consultants, and contractors of the Pentagon Renovation Program. In-processing coordination on this form is required for certification of the receipt of government property and establish a record of any indebtedness to the government.

**DISCLOSURE:** Disclosure is voluntary. However, failure to disclose required information may result in failure of employee to expeditiously in-processing into the Pentagon Renovation Program.

<b>1a. EMPLOYEE LAST NAME</b>	<b>1b. MI</b>	<b>1c. FIRST NAME</b>	<b>2. SERIES/GRADE/RANK (If applicable)</b>
<b>3. SOCIAL SECURITY NUMBER (Last 4 Digits)</b>	<b>4. GOV'T AGENCY/CONTRACTING CO.</b>		<b>5. IPT</b>
<b>7. HOME ADDRESS (Include Zip Code)</b>			<b>8. HOME PHONE NUMBER (Include Area Code)</b>
<b>9. IN CASE OF EMERGENCY, CONTACT:</b>			<b>10. EMERGENCY CONTACT PHONE NUMBER</b>

**11. IPT LEADER or SUPERVISOR RESPONSIBILITIES PRIOR TO EMPLOYEE ARRIVAL:**  
 The IPT Leader or supervisor is responsible for completing the following checklist 10 working days prior to the new employee's arrival. Place an X in the box to indicate mandatory items. Obtain assigned information where applicable. Obtain initials of POC to verify notification or completion of task.

X	a. Item	b. Name of Contact	c. Location	d. ID or Assigned #	e. Initials
<input type="checkbox"/>	1. Workstation	Group Leader			
<input type="checkbox"/>	2. Request Network Account	IM&T - LaNette Hukins IM&T - Kathy McAlpine Joint Venture – Misti Haacke Joint Venture – Natasha Neal WHS – Sandra Dutson	SMOC, 1 <sup>st</sup> Floor SMOC 2 <sup>nd</sup> Floor DAB/MOC, C-106 DAB/MOC, F-113 DAB/MOC, B-102		
<input type="checkbox"/>	3. Computer/ Laptop	Chris Rose	DAB/MOC, D-103		
<input type="checkbox"/>	4. a. Phone/ Number/ Voicemail	Janet Mathis	SMOC, 2 <sup>nd</sup> Floor		
<input type="checkbox"/>	b. Phone List (after # is assigned)	Jill Baker	DAB/MOC, B-102		

**12. UPON EMPLOYEE ARRIVAL CHECKLIST.** The following checklist is to be completed upon the new employee's arrival. Obtain assigned information where applicable. Obtain initials of POC to verify notification or completion of task.

<input type="checkbox"/>	1. Timekeeper				
<input type="checkbox"/>	2. a. Cell Phone/ Number	Carol Calvano	SMOC, 2 <sup>nd</sup> Floor, B-104		
<input type="checkbox"/>	b. Pager/ Number	Carol Calvano	SMOC, 2 <sup>nd</sup> Floor, B-104		
<input type="checkbox"/>	c. Transtalk Units/ Extension Number	Carol Calvano	SMOC, 2 <sup>nd</sup> Floor, B-104		
<input type="checkbox"/>	3. Obtain Network Account Password	Karl Johnson	DAB/MOC, D-103		
<input type="checkbox"/>	4. Keys (specify)	Viola Franklin	DAB/MOC, B-102		
<input type="checkbox"/>	5. Parking Pass	Jill Baker	DAB/MOC, B-102		
<input type="checkbox"/>	6. Gate Card	Lillian Dockery	DAB/MOC, B-102		
<input type="checkbox"/>	7. View Security Awareness Video	Admin. Office	DAB/MOC, B-102		
<input type="checkbox"/>	8. Badge	Marlow Talley/ Lillian Dockery	DAB/MOC, B-102		
<input type="checkbox"/>	9. Safety	Flo Cleyman	ELD Trailer		
<input type="checkbox"/>	10. COR/TCOR Training (Gov't Only)	Lynn Gorski	DAB/MOC, C-105		
<input type="checkbox"/>	11. IMPAC Credit Card (Gov't only)	Richie Wright	DAB/MOC, C-102		
<input type="checkbox"/>	12. Travel Credit Card (Gov't only)	Sandra Dutson	DAB/MOC, B-102		

**13. I HAVE RECEIVED THE ABOVE ITEMS TO FACILITATE PERFORMING MY DUTIES FOR THE PENTAGON RENOVATION PROGRAM.**

<b>13a. EMPLOYEE</b>	
(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)
<b>13b. IPT LEADER</b>	
(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)
<b>13c. SUPERVISOR (If different from IPT Leader)</b>	
(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)
<b>13d. PROGRAM MANAGEMENT AND SUPPORT SERVICES GROUP LEADER – SANDRA DUTSON</b>	
(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)

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## ***First Day on the Job Checklist***

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The Supervisor should plan a smooth "first day" experience for the new employee to ease any apprehension he/she may have about beginning a new job. Some guidelines to follow include:

- \_\_\_\_\_ Welcome the employee and review/discuss the plans for the day. Tour the immediate area and introduce the new employee to other staff members.
  
- \_\_\_\_\_ Explain where personal items (i.e., purses, coats) may be secured and the location of restrooms and break areas.
  
- \_\_\_\_\_ Show employee his/her work area. Ensure all needed equipment is in place and is fully functional/supplied.
  - \_\_\_\_\_ Phone Book/DoD Directory
  - \_\_\_\_\_ Office supplies
  
- \_\_\_\_\_ Review employee's position description, position category, and performance evaluations.
  
- \_\_\_\_\_ Explain paydays, method for paycheck distribution, date employee should receive first paycheck.
  
- \_\_\_\_\_ Review the Program's policies and procedures, including:
  - \_\_\_\_\_ Work schedule
  - \_\_\_\_\_ Telephone, E-Mail, Internet use
  - \_\_\_\_\_ Time cards
  - \_\_\_\_\_ Office organization (i.e., file cabinets, supplies, copier)
  - \_\_\_\_\_ Office resources (e.g., directories, staff listings, etc.)
  - \_\_\_\_\_ Show the employee where PENREN policies and directives are located on the PENREN web site.
  
- \_\_\_\_\_ Review attendance policy/procedure for notification of absence due to illness, requesting leave, overtime, or compensatory time (if applicable).
- \_\_\_\_\_ Review Organizational Charts.
- \_\_\_\_\_ Arrange further training and support as needed.
- \_\_\_\_\_ Inform the new employee who to come to for information and assistance.

# PENTAGON RENOVATION PERSONNEL CHECK-OUT SHEET

Privacy Act Statement

**AUTHORITY:** Vocal order of the Pentagon Renovation Program Manager

**PRINCIPAL PURPOSE(S):** To assure necessary administrative action takes place before departure from the Pentagon Renovation Program.

**ROUTINE USE(S):** Used for out-processing of civilian employees, experts, consultants, and contractors of the Pentagon Renovation Program. Out-processing coordination on this form is required for certification of the return of government property and absence of any indebtedness to the government. Additionally, exit briefing coordinations required at the separating individual's duty station, WHS General Counsel and Personnel and Security are included as necessary and appropriate.

**DISCLOSURE:** Disclosure is voluntary. However, failure to disclose required information may result in failure of employee to expeditiously depart from the Pentagon Renovation Program.

<b>1a. EMPLOYEE LAST NAME</b>	<b>1b. MI</b>	<b>1c. FIRST NAME</b>	<b>2. SERIES/GRADE/RANK</b>	<b>3. SOCIAL SECURITY NUMBER (Last 4 Digits)</b>
<b>4. GOV'T AGENCY/ CONTRACTING CO.</b>		<b>5. IPT</b>	<b>6. CHECK-OUT DATE</b>	<b>7. REASON FOR SEPARATION <i>Optional</i></b>
<b>8. NEW EMPLOYER <i>Optional</i></b>			<b>9. FORWARDING ADDRESS (Include Zip Code) <i>Optional</i></b>	
<b>10. FORWARDING TELEPHONE NUMBER (Include Area Code) <i>Optional</i></b>				

**11. CHECKLIST. Supervisor places X next to appropriate items to indicate mandatory signature required.** Please take this checklist to the contacts listed below for certification of the return of property, the absence of indebtedness, and for exit briefings. Use the reverse side for remarks, if any. **AFTER COMPLETION: ORIGINAL OF THIS FORM MUST BE RETURNED AND KEPT ON FILE WITH ADMINISTRATIVE MANAGEMENT SUPPORT GROUP.**

X	a. Item	b. Name of Contact	c. Location	d. Signature/ Date
<input type="checkbox"/>	1. Ensure workstation is clean, all official work and personal effects are removed, and drawer/file keys are in respective locks.	IPT Leader		
<input type="checkbox"/>	2. Network Account Deactivated ( <i>Attach copy of Email</i> )	IM&T - LaNette Hukins IM&T - Kathy McAlpine Joint Venture – Misti Haacke Joint Venture – Natasha Neal WHS – Sandra Dutson	SMOC, 1 <sup>st</sup> Floor SMOC 2 <sup>nd</sup> Floor DAB/MOC, C-106 DAB/MOC, F-113 DAB/MOC, B-102	
<input type="checkbox"/>	3. Computer/ Laptop	Chris Rose	DAB/MOC, B-104	
<input type="checkbox"/>	4. Timekeeper			
<input type="checkbox"/>	5. Voicemail Account reset to "REGION"	Janet Mathis	SMOC, 2 <sup>nd</sup> Floor	
<input type="checkbox"/>	6. a. Cell Phone	Carol Calvano	SMOC, 2 <sup>nd</sup> Floor, B-104	
<input type="checkbox"/>	b. Pager	Carol Calvano	SMOC, 2 <sup>nd</sup> Floor, B-104	
<input type="checkbox"/>	c. Transtalk Unit	Carol Calvano	SMOC, 2 <sup>nd</sup> Floor, B-104	
<input type="checkbox"/>	7. Phone List	Jill Baker	DAB/MOC, B-102	
<input type="checkbox"/>	8. Safety	Flo Cleyman	ELD Trailer	
<input type="checkbox"/>	9. IMPAC Credit Card ( <i>Gov't only</i> )	Richie Wright	DAB/MOC, C-102	
<input type="checkbox"/>	10. Travel Credit Card ( <i>Gov't only</i> )	Sandra Dutson	DAB/MOC, B-102	
<input type="checkbox"/>	11. Room Keys ( <i>specify</i> )	Viola Franklin	DAB/MOC, B-102	
<input type="checkbox"/>	12. Parking Pass	Jill Baker	DAB/MOC, B-102	
<input type="checkbox"/>	13. Gate Card	Lillian Dockery	DAB/MOC, B-102	
<input type="checkbox"/>	14. Badge	Marlow Talley/Lillian Dockery	DAB/MOC, B-102	

**12. I CERTIFY THAT I HAVE COMPLETED THE ABOVE REQUIREMENTS FOR MY DEPARTURE FROM THE PENTAGON RENOVATION PROGRAM.**

<b>12a. EMPLOYEE</b>		<b>12b. IPT LEADER</b>	
(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)	(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)
<b>12c. SUPERVISOR (If different from IPT Leader)</b>		<b>12d. PROGRAM MANAGEMENT AND SUPPORT SERVICES GROUP LEADER – SANDRA DUTSON</b>	
(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)	(a) SIGNATURE	(b) DATE SIGNED (YYYYMMDD)