



UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE  
PSC BOX 20005  
CAMP LEJEUNE NC 28542-0005

MCIEAST-MCB CAMLEJO 12432.3  
MCCS

7 FEB 2013

MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE ORDER 12432.3

From: Commanding General  
To: Distribution List

Subj: SEPARATION PROCEDURES FOR NONAPPROPRIATED FUND EMPLOYEES

Encl: (1) Separation Form  
(2) Employee Check-Out Form  
(3) Referral Package

1. Situation. To establish policy and instructions for separation procedures for nonappropriated fund (NAF) employees of organizations served by the Human Resources Division, Marine Corps Community Services (MCCS), Camp Lejeune.

2. Cancellation. BO 12432.3B.

3. Mission. To ensure all pending administrative matters are completed prior to the separation of the employee, and to ensure recovery of all government property that may be in his or her possession.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To ensure an orderly transition of NAF out of the Federal government workforce.

(2) Concept of Operations. This Order shall be followed by all NAF personnel prior to separation.

b. Subordinate Element Missions

(1) The Supervisor is responsible for the following:

(a) Submitting enclosure (1), Separation Form, and enclosure (2), Employee Check-Out Form, completed for each terminating NAF employee, regardless of employment category. Enclosure (2) should be submitted to the Human Resources Division, MCCS, Camp Lejeune at least 14 calendar days prior to the last date of employment. If an employee quits without notice or abandons his or her position, the supervisor will submit enclosure (1) as soon as possible after it is apparent that the employee does not intend to return to work.

(b) Completing the top portion of enclosure (2) on the last day of an individual's employment, giving it to the employee, and directing the employee to obtain a signature from each activity listed on the form.

(c) Recovering all uniforms, smocks, tools, etc., previously checked out to the employee.

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(d) Retrieving the MCCS Privilege Identification Card, MCCS or Bachelor Housing Division Common Access Card, and government credit card from the employee, if applicable, and returning them to the Human Resources Division, MCCS, Camp Lejeune. When an employee being terminated for any reason is not available to complete the check-out procedure, the supervisor will endeavor to recover all government property issued to the employee. Enclosure (2) will be initiated and forwarded to the Human Resources Division, MCCS, Camp Lejeune for the final action and filing.

(e) Mailing any direct deposit materials (e.g., a check stub) received for the terminated employee to the address on the print-out.

(f) Ensuring that the MCCS Administrator for the Enterprise Safety Applications Management System deactivates the employee record.

(2) The employee is responsible for:

(a) Giving at least two weeks' notice to the supervisor that he or she is resigning.

(b) Requesting enclosure (3), the Referral Package, from the Human Resources Division, MCCS, Camp Lejeune. Enclosure (3) consists of a copy of the position description, the training record, the performance feedback form, and a copy of most recent MCCS 500 Report, for presenting when seeking new employment.

(3) The Director, Human Resources Division, MCCS, Camp Lejeune is responsible for:

(a) Administering separation procedures for NAF employees.

(b) Providing advice to supervisors, managers, and individual employees on separation procedures.

(c) Requesting, by letter, the return of any government property issued to the terminated employee that is still in their possession, such as a base sticker, uniforms, keys, MCCS Privilege Identification Card, MCCS or Bachelor Housing Division Common Access Card, and government credit card that the supervisor was unable to recover.

5. Administration and Logistics. The Assistant Chief of Staff, MCCS maintains cognizance over all human resources issues related to NAF government employees aboard the installation.

6. Command and Signal

a. Command

(1) This Order is applicable to all NAF instrumentalities (NAFIs) served by the Human Resources Division, MCCS, Camp Lejeune.

(2) NAFI Division Directors will ensure that all subordinate managers and supervisors (military or civilian) are thoroughly familiar with the

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contents of this Order and that it is made available to employees upon request.

b. Signal. This Order is effective the date signed.



D. L. THACKER, JR.  
Deputy Commander

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# SEPARATION FORM



LAST DAY OF WORK: \_\_\_\_\_

EFFECTIVE DATE:  
(Day after Last Day of Work) \_\_\_\_\_

EMPL ID: \_\_\_\_\_

NAME:  
(Last, First) \_\_\_\_\_

Position Title \_\_\_\_\_

Pay Plan/Series/Grade/Bus Code \_\_\_\_\_

Step \_\_\_\_\_ Pay Band Level \_\_\_\_\_

Employment Category (FT/PT/Flex) \_\_\_\_\_

\$ \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Bus Unit/Department Name \_\_\_\_\_

Department Number \_\_\_\_\_

REASON CODE: (Please check as appropriate)

**TERMINATION/RESIGNATION**

- Child/Family Care
- Dissatisfied with Fellow Employee
- Dissatisfied with Hours
- Dissatisfied with Location
- Dissatisfied with Pay
- Dissatisfied with Supervision
- Dissatisfied with Type of Work
- Dissatisfied with Work Condition
- Health Reason
- Illness in Family
- Military Commitments
- NAF to APF Portability
- Other Employment
- Personal Reasons
- Relocation
- Retirement
- Return to School
- Transfer to Affiliate (Another NAF)
- Transportation Problems

**TERMINATION/DISCHARGE**

- Disciplinary-Attendance
- Disciplinary-Dishonesty
- Disciplinary-Insubordination
- Disciplinary-Misconduct
- Disciplinary-Tardiness
- Disciplinary-Unsatis Perform
- Disciplinary-Violation of Rules
- Failure to Meet Cond of Employ
- Job Abandonment
- Misstatement on Application

**TERMINATION/OTHER**

- Death
- End of Temporary Employment
- Service No Longer Required
- Termination during Probation

Justification/Manager Comments:

Do you have any comments you would like to make regarding any aspect of your employment with MCCS?:

Employee's Signature	Date	Manager's Signature	Manager's Printed Name	Date
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Please Note: The Final Paycheck will be mailed or put into your Direct Deposit Account. Employees enrolled in the Retirement Plan, any Medical or Dental Insurance or 401K MUST call the Benefits Technician for an appointment at 451-1884. Please make sure you update your address with any changes using the Change of Personal Data Form for your future W-2 Form.

**Reset Form**

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### MARINE CORPS COMMUNITY SERVICES EXIT INTERVIEW

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length in position: \_\_\_\_\_

Branch/Section: \_\_\_\_\_ Supervisor: \_\_\_\_\_

1.) What were the most positive aspects of your job?

2.) What were the least favorable aspects of your job?

3.) What are the top two reasons you are leaving (or have left)?

a.

b.

4.) What do you suggest that I focus on, moving forward, to improve the workplace for both our customers and our employees?

5.) What can we, as an agency (MCCS), improve upon?

[Reset Form](#)

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EMPLOYEE CHECK-OUT FORM

**OPM/GOV-1 GENERAL PERSONNEL RECORDS**

Information contained on this form is maintained under the Systems of Records Notice OPM/GOVT-1 (General Personnel Records) published June 19, 2006, 71 FR 35342. **AUTHORITY:** 5 U.S.C. 1302 and E.O. 9397 (SSN), this form is for official use only. **PRINCIPLE:** Current and former Federal employees as defined in 5 U.S.C. 2105 (Volunteers, grantees, and contract employees on whom the agency maintains records may also be covered by this system). **PURPOSE:** Provide the basic source of factual data about a person's Federal employment while in the service and after his or her separation. Records in this system have various uses by agency personnel offices, including screening qualifications of employees; determining status, eligibility, and employee's rights and benefits under pertinent laws and regulations governing Federal employment; computing length of service; and other information needed to provide personnel services. **ROUTINE USES:** To disclose information to any source from which additional information is requested (to the extent necessary to identify the individual, inform the source of the purpose(s) of the request, and to identify the type of information requested), when necessary to obtain information relevant to an agency decision to hire or retain an employee, issue a security clearance, conduct a security or suitability investigation of an individual, classify jobs, let a contract, or issue a license, grant, or other benefits. **DISCLOSURE:** MANDATORY failure to provide may delay application process.

**MANAGER/SUPERVISOR:** Fill out the first three lines of this form and give it to the employee on his/her last day of work and direct employee to proceed to the places indicated, as applicable.

EMPLOYEE'S NAME: \_\_\_\_\_ EMPL ID: \_\_\_\_\_

DEPT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

LAST DAY OF WORK: \_\_\_\_\_ Please  MILITARY  CIVILIAN  MIL DEP  RET MIL  
check one

**EMPLOYEE:** Report to the Persons/Places listed below as applicable.

1. **Activity Manager/Supervisor:** All uniforms, keys, smocks, tools, etc., previously checked out to employee have been recovered.

Date	Signature of Manager/Supervisor

MCCS Privilege Identification Card

Date	Signature of Manager/Supervisor

MCCS or Bachelor Housing Division  
Common Access Card

Date	Signature of Manager/Supervisor

IMPAC (Charge Card)

Date	Signature of Manager/Supervisor

2. **Benefits Section:** Employees enrolled in the Retirement Plan, any Medical/Dental Insurance or 401K **must** see the Benefits Technician at Bldg 1401.

Date	Signature of Benefits Technician

3. **Vehicle Registration Office, Bldg. 60:** (Not applicable to military/military dependents). The above named individual has completed all required checkout procedures at this Activity. Vehicle decal has been recovered.

Date	Signature of Vehicle Registration Official

Reset Form

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REFERRAL PACKAGE

From: Supervisory Personnel Management Specialist, Human Resources Division, Marine Corps Community Services Department, 1401 West Road, Camp Lejeune, NC 28547-2539

To: (Human Resources Office)

Subj: REFERRAL OF (Employee's Name)

Ref: (a) MCO 5300.9D

Encl: (1) Position Description  
(2) Training Record  
(3) Performance Appraisal  
(4) 500 Report

1. (Employee's Name), a former employee of Marine Corps Community Services (MCCS) Department, Camp Lejeune, is referred to you for consideration for employment. As a result of (Employee's Name) relocating to your area, you have the opportunity to turn our loss into your gain.

2. Enclosures (1) through (4) provide pertinent information that we hope will be helpful in your consideration of (Employee's Name) for employment. If you have any questions or need additional information, please contact our Staffing Technicians at (910) 451-2777/2856/2366.

3. In accordance with the provisions of reference (a), (Employee's Name) Official Personnel Folder will be retained in the MCCS Human Resources Office for one year and will be forwarded to you upon request.

Signature of Supervisory Personnel  
Management Specialist