



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

MCIEAST-MCB CAMLEJO 12432.3A
MCCS

29 MAR 2016

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

From: Commanding General
To: Distribution List

Subj: LEJEUNE AND NEW RIVER SEPARATION PROCEDURES FOR NONAPPROPRIATED
FUND (NAF) EMPLOYEES

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

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

2. Cancellation. MCIEAST-MCB CAMLEJO 12432.3.

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 employees out of the Federal government workforce.

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

b. Tasks

(1) The Supervisor is responsible for the following:

(a) Completing and submitting enclosures (1) and (2) for each terminating NAF employee, regardless of employment category. Enclosure (1) should be submitted to the Human Resources Division, MCCS, Lejeune-New River at least 14 calendar days prior to the last date of employment. If the NAF employee quits without notice or abandons his or her position, the supervisor will submit enclosure (1) as soon as possible after it is determined the NAF employee does not intend to return to work.

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

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

(d) Retrieving the MCCS Privilege Identification Card, MCCS, Lejeune-New River or Bachelor Housing Division Common Access Card, and government credit card from the NAF employee, if applicable, and returning them to the Human Resources Division, MCCS, Lejeune-New River. When a NAF 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 NAF employee. Enclosure (2) will be initiated and forwarded to the Human Resources Division, MCCS, Lejeune-New River for the final action and filing.

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

(f) Ensuring the MCCS, Lejeune-New River Administrator for the Enterprise Safety Applications Management System deactivates the NAF employee record.

(2) The NAF 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, Lejeune-New River. Enclosure (3) consists of a copy of the position description, training record, performance feedback form, and a copy of the most recent MCCS, Lejeune-New River 500 Report, for presenting when seeking new employment.

(3) The Director, Human Resources Division, MCCS, Lejeune-New River is responsible for:

(a) Administering separation procedures for NAF employees.

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

(c) Requesting, by letter, the return of any government property issued to the terminated NAF employee that is still in their possession, such as a base sticker; uniforms; keys; MCCS Privilege

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Identification Card; MCCS, Lejeune-New River or Bachelor Housing Division Common Access Card; and government credit card the supervisor was unable to recover.

5. Administration and Logistics. The Assistant Chief of Staff, MCCS, Marine Corps Installations East-Marine Corps Base, Camp Lejeune 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, Lejeune-New River.

(2) NAFL Division Directors will ensure all subordinate managers and supervisors (military or civilian) are thoroughly familiar with the contents of this Order and that it is made available to employees upon request.

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



Y. R. ESCALANTE
Deputy Commander

DISTRIBUTION: A/C



MCIEAST-MCB CAMLEJO 12432.3A

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Report Control Symbol: DD-5300-03

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-Unsatisfactory 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, Lejeune-New River?:

Employee's Signature _____

Date _____

Manager's Signature _____

Manager's Printed Name _____

Date _____

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.

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Report Control Symbol: DD-5300-03

MCCS, LEJEUNE-NEW RIVER 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, Lejeune-New River), improve upon?

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Reporting Requirement: DD-5300-03



EMPLOYEE CHECK-OUT FORM

PRIVACY ACT STATEMENT

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. 818:** (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

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Referral Package



UNITED STATES MARINE CORPS
MARINE CORPS COMMUNITY SERVICES LEJEUNE-NEW RIVER
MARINE CORPS INSTALLATIONS EAST
1401 WEST ROAD
CAMP LEJEUNE NC 28547

12000

MCCS

Date

From: Supervisory Personnel Management Specialist, Human Resources
Division, Marine Corps Community Services, Lejeune-New River
To: (Human Resources Office)

Subj: REFERRAL OF (EMPLOYEE'S NAME)

Ref: (a) MCO P12000.11A Ch 5

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, Lejeune-New River, 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 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) 451-2777/1899/2366.

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

SIGNATURE

Enclosure (3)