

## New Employee Orientation (NEO)

2025

### **Indian Health Service** Office of Human Resources



### **NEO** Agenda



- About IHS
- Appointments
- Employee Benefits
- Leave Administration
- Pay Administration
- Performance Management Appraisal Program (PMAP)

- Personnel Security and Ethics
- Labor Relations
- Information Technology
- Required Trainings
- Resources Important Websites
- Questions / Evaluations





### Introductions

What is your name?

What department will you be in?

What is your position?

What is a fun fact about you?

Anything else you would like to share with us?





### **NEO Principles**

Our North Star



Align to Mission and Values



Connect to Culture and Priorities



Facilitate Collaboration and Accountability







Equip Employees to Make An Impact

Areas/Facilities provide additional onboarding activities





### **About IHS**

### History of the Indian Health Service



This report led to policy changes and the establishment of the first preventive medicine program for Indian health.

ISDEAA - was enacted in 1975, with subsequent amendments, that strengthened tribal self-determination and self-governance in the delivery of health services, including the IHS Tribal Self-Governance Program.



### **HHS Organizational Chart**

Robert F. Kennedy Jr.,

**HHS Secretary** 



United States Department of Health and Human Services

#### **Operating/Staff Divisions**



### Health & Human Services Vision and Mission





### **IHS Health Care**





#### Health Care within IHS

- Nursing
- Dentistry
- Medicine
- Pharmacy
- Optometry
- Engineering
- Behavioral Health
- Physical Rehabilitation
- Medical Imaging
- Medical Technology

### **Public Health Challenges/Disparities**



Leading Causes AI/AN AI/AN of Death of Al/AN **Mortality Rates** Life Expectancy chronic liver disease and diseases of the heart 5.5 years less than U.S. all malignant neoplasm cirrhosis races unintentional injuries AI - 73.0 years diabetes mellitus • diabetes AN - 78.5 years unintentional injuries assault/homicide ٠

- intentional selfharm/suicide
- chronic lower respiratory diseases

#### https://www.ihs.gov/newsroom/factsheets/disparities

### Indian Health Service Vision & Mission



### Vision

Healthy communities and quality healthcare systems through strong partnerships and culturally responsive practices.

## Mission

To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

### **IHS Area Offices**





IHS Area Offices	Directors
<u>Alaska Area</u>	Evangelyn Castagna
Albuquerque Area	Leonard Thomas
<u>Bemidji Area</u>	Christopher Poole
<u>Billings Area</u>	Asha Petoskey
<u>California Area</u>	Beverly Miller
Great Plains Area	Joe Amiotte
Nashville Area	Joni Lyon
Navajo Area	DuWayne Begay
Oklahoma City Area	Travis Watts
Phoenix Area	Ty Reidhead
Portland Area	Marcus Martinez
Tucson Area	Dixie Gaikowski

### **IHS Organizational Chart**





2025

### Senate Confirmed Appointment v. Acting



IHS Director Senate Confirmed Appointment

A **Senate-confirmed** appointment is a position that requires the President to nominate a person and have them confirmed by the Senate through a formal vote. An acting official serves in the position on a temporary basis, often while the President is seeking a permanent nominee to be confirmed by the Senate.

**IHS Director** 

(Acting)

The purpose of acting appointments is to ensure that the duties of a Senate-confirmed position are carried out even when there is a vacancy, while the Senate is considering a new nomination.

### **OHR Leadership**





### Indian Health Service - Strategic Goals

Be a Leading Health Care Organization

2

Ensure Comprehensive, Culturally Respectful Health Care Services

Optimize Operations Through Effective Stewardship



3

Promote Proactive Intergovernmental and External Relationships



Indian Health Service Strategic Plan Fiscal Years 2025-2029





### Appointments

### Oath of Office

"/,



\_\_\_\_\_, do solemnly swear

that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."





### New Appointments – Trial/Probationary Periods

•



- Excepted Service Indian Preference = 2 years
- Veterans = 1 year



#### **Probation**

- Competitive Service (Delegated Examining and Direct Hire Authority) = 1 year
- Supervisory and Managerial Probation = 1 year



#### **Transfers**

- Notify your hiring HR Specialist if you have had ANY prior Federal Service, including military and/or Peace Corps service
- Probation may have been completed – review of prior service records may result in completion

### **Appointment Types**



Type of Appointment	Benefits	Probationary Period	Tenure	Extension
Permanent	Yes, eligible for all benefits.	1 year for Competitive & all Veterans; 2 years for Excepted.	Permanent tenure after completing 3 years with no break in service.	Not applicable
Term or Time Limited NTE: 13 months, 2 years to maximum 4 years.	Yes, eligible for all benefits.	1 year trial period	Ineligible for permanent tenure, only indefinite	May be extended for up to 4 years; if position still needed after 4 years to compete for Permanent position.
Temporary NTE: 120 days, 1 year to maximum 2 years. May be terminated any time, i.e. lack of work or funds.	No, ineligible for most benefits; leave if certain conditions met. After 1 year of service may enroll in FEHB but pay full premium.	Not applicable	None	May be extended for up to 2 years.

### Work Schedule



Work Schedule	Hours per week	Benefits
Full time	40 hours/week or 80 hours/Per Pay period	Yes, eligible for all benefits if Permanent or Term appointment.
Part time	16 – 32 hours/week or 36 – 64 hours/Per Pay period	Yes, eligible for all benefits if Permanent or Term appointment but employee will pay higher premium rates leave will be pro- rated; exception is Social Security (FICA) and TSP.
Intermittent	No regular tour, employees on call & come in at discretion of supervisor	No, ineligible for benefits regardless of appointment type.





## Employee Benefits

### Federal Employee Health Benefits (FEHB)



Health Insurance coverage IS NOT automatic!



- Use your agency electronic enrollment system, or
- Visit www.opm.gov/forms and submit form SF 2809 to your human resources office
- Verify coverage on your LES

### Federal Employee Health Benefits Enrollment



Who can enroll?	<ul> <li>Most Federal employees are eligible</li> <li>Annuitants may be eligible to continue their FEHB coverage into retirement if they meet certain requirements</li> <li>Check with your human resources office if you are unsure</li> </ul>
When can I enroll?	<ul> <li>During your first 60 days as a newly eligible employee; or</li> <li>During the Federal Benefits Open Season (mid-November to mid-December); or</li> <li>When you have a qualifying life event such as marriage, divorce, birth, loss of job, death of a spouse, etc.</li> </ul>
How much does it cost?	<ul> <li>It depends on what plan you select</li> <li>Each pay period, you pay about 30% of the premium and your agency pays about 70%</li> <li>Generally, you also pay part of the cost for any service you receive</li> </ul>
How do I enroll?	<ul> <li>Use your agency electronic enrollment system, or</li> <li>Visit <u>www.opm.gov/forms</u> and submit form SF 2809 to your human resources office</li> <li>Annuitants not currently enrolled in FEHB cannot enroll after retirement</li> </ul>

### Federal Employees Group Life Insurance (FEGLI)



Life Insurance coverage **IS** automatic!



- SF 2817 Life Insurance Election Form
- Verify Coverage on your LES and SF50
- Designation of Beneficiary Forms

#### **FEGLI Enrollment Options**



FEGLI can help you protect your loved ones from burdensome funeral costs & catastrophic loss of your income if you die unexpectedly.

Basic	Coverage: Your annual salary rounded up to the next \$1,000, plus \$2,000 Who is Covered? You Bi-weekly Pay Cost: 15¢ per \$1,000 of coverage (Free for postal employees) Cost Increase with Age? No Enrollment: Newly eligible employees ARE automatically enrolled, unless you waive coverage
Option A	Coverage: \$10,000 Who is Covered? You Bi-weekly Pay Cost: Starting at 20¢ Cost Increase with Age? Yes Enrollment: Newly eligible employees ARE NOT automatically enrolled, you must elect this coverage
Option B	Coverage: 1,2,3,4, or 5 multiples of your salary rounded up to the next \$1,000 Who is Covered? You Bi-weekly Pay Cost: Starting at 2¢ per \$1,000 of coverage Cost Increase with Age? Yes Enrollment: Newly eligible employees ARE NOT automatically enrolled, you must elect this coverage
Option C	<ul> <li>Coverage: 1,2,3,4, or 5 multiples. Each multiple equals \$5,000 for the life of your spouse and \$2,500 for the life of each eligible child</li> <li>Who is Covered? Your spouse and unmarried dependent children under age 22</li> <li>Bi-weekly Pay Cost: Starting at 22¢ per multiple</li> <li>Cost Increase with Age? Yes</li> <li>Enrollment: Newly eligible employees ARE NOT automatically enrolled, you must elect this coverage</li> </ul>



### Changes to Federal Employees Group Life Insurance (FEGLI)



## Federal Employee Dental & Vision Insurance Program (FEDVIP)



FEDVIP coverage IS NOT automatic!



- www.BENEFEDS.com or (877) 888-3337
- Verify coverage on your LES

## Federal Employee Dental & Vision Insurance Program (FEDVIP) Enrollment



Who can enroll?	<ul> <li>Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB</li> <li>Annuitants receiving an immediate annuity regardless of FEHB eligibility</li> <li>Contact your human resources office if you are unsure of your eligibility</li> </ul>
Who is covered by my enrollment	<ul> <li>Self Only – covers just you</li> <li>Self Plus One – covers you and one specified eligible family member: your spouse or one unmarried civilian dependent child under age 22 or TRICARE-eligible child under age 21 (non-student) or age 23 (full-time student) or dependent incapable of self-support</li> <li>Self and Family – covers you, your spouse, and all your unmarried civilian dependent children under age 22 or TRICARE-eligible child under age 23 (full-time student) or dependent children under age 22 or TRICARE-eligible child under age 21 (non-student) or age 23 (full-time student) or dependent children under age 21 or TRICARE-eligible child under age 21 (non-student) or age 23 (full-time student) or dependent incapable of self-support</li> </ul>
When can I enroll?	<ul> <li>During your first 60 days as a newly eligible employee; or</li> <li>During the Federal Benefits Open Season (mid-November to mid-December); or</li> <li>When you have a qualifying life event such as marriage or losing other dental coverage</li> </ul>
How much does it cost?	<ul> <li>It depends on what plan you select and where you live. Some areas pay higher premiums than others</li> <li>Routine base services like exams and cleanings are covered 100% when you use a network dentist.</li> <li>For other services, you usually pay part of the cost out-of-pocket</li> </ul>

### Federal Long Term Care Insurance (FLTCI)



NOTE: The Office of Personnel Management has suspended through 2026 new enrollments.

Provides coverage in the event that you become incapable of supporting yourself

- For long-term issues, 90-days or more
- Plan is administered by LTCFEDS
- Must be eligible directly through LTCFEDS
- You must enroll within 60 days from your entrance on duty (EOD) to qualify for abbreviated underwriting
- Must be eligible for FEHB but do not need to be enrolled in FEHB
- Qualified relatives are eligible to apply: Spouse, domestic partners, adult children, parents, parent-in-law, and stepparents
- Eligible Family Members
- www.ltcfeds.com or 1-800-LTC-FEDS (1-800-582-3337)

# What is the Flexible Spending Account (FSA)



Under the Federal Flexible Spending Account Program (FSAFEDS), an FSA allows you to set aside taxdeductible funds to use on eligible **health care** or **dependent care** expenses throughout the year. It's like saving up to 30% on your health care expenses.



### Flexible Spending Account (FSA) Enrollment



Coverage IS NOT automatic!



• www.fsafeds.com or 1-877-FSAFEDS (372-3337)

### Retirement



Federal Employee Retirement System (FERS)	FERS-Revised Annuity Employees (FERS-RAE)	FERS-Further Revised Annuity Employees (FERS-FRAE)	Civilian Service Retirement System (CSRS)	CSRS Offset
New employees first hired in covered position on 01-01-1987 and prior to 01-01-2013. Contribute 0.8% of salary to FERS (Code K)	New employees first hired in covered position on 01-01-2013 and prior to 01-01- 2014. Contribute 3.1% of salary to FERS (Code KR)	New employees first hired in covered position on/after 01-01-2014. Contribute 4.4% of salary to FERS (Code KF)	New employees first hired in covered position prior to Jan 1, 1984. Contribute 7% of salary to CSRS. Did not contribute to Social Security. (Lost eligibility for CSRS coverage if there is a break in service ending on or after Jan 1, 1984, of more than 1 year) (Code 1)	New employees first hired after Jan 1, 1984 but before Dec 31, 1986. Contribute 0.8% to CSRS. Contribute to Social Security. (Code C)
## Thrift Saving Program (TSP)



What you need to know.





# Federal Employee Retirement System (FERS)

Most new employees will be under FERS.



## Employee Assistance Program (EAP)



Help available to Federal Employees all day, all week, all year.

Services provide help to supervisors and employees with problems such as:



www.foh4you.com or 800-222-0364

### **Prior Service**

### **Military Process**

- Acquire estimated military earnings using the RI 20-97 to the proper Military Finance Center with all DD-214s
- Once estimated military earnings are received, submit the SF-3108 and RI 20-97 to HR via GRB
- HR will calculate and submit the estimate of the deposit to DFAS
- DFAS will establish the account and notify you of your payment options.
- When you receive a "paid in full" letter, forward it to HR, and a copy will be uploaded into your e-OPF.



### Submit the SE-3108 to HR via GRB

HR will calculate and submit estimate of deposit to OPM

**Civilian Process** 

- OPM will establish the account and notify you of your payment options.
- When you receive "paid in full" letter, forward to the HR and a copy will be uploaded into your e-OPF.





# Leave Administration

## **Common Types of Leave**



IHS provides generous leave benefits to its employees to help employees balance their work and personal lives.



https://www.ihs.gov/OHR/pay-and-benefits/leave/

### Annual Leave



Purpose: Employees discretion (Vacations / Personal Time)



Full-Time Employees	Part-Time Employees
<ul> <li>1-3 years =</li> <li>4 hours per pay period</li> <li>3-15 years =</li> <li>6 hours per pay period</li> <li>15+ years =</li> <li>8 hours per pay period</li> </ul>	1-3 years = 1 hour for every 20 hours worked 3-15 years = 1 hour for every 13 hours worked
	15+ years =

Should be requested and approved in advance via ITAS

### Sick Leave



Purpose: Incapacitated to perform duties by physical or mental illness, injury, medical appointments, treatments, etc.



Accrual rate is 1/2 day (4 hours) a pay period

No limit on sick leave accumulation

Should be requested and approved in advance, when possible, via ITAS

Policy on Personal Sick Leave

### Family Medical Leave ACT (FMLA)



Purpose: serious medical condition of the employee or family member

What do I need to know about FMLA? Allowed 12 Administrative work weeks in a 12-month period (using sick leave, annual leave or leave without pay)

Employee must have completed 12 months of civilian service

Requires Medical Documentation

Approval coordinated through HR

### Paid Parental Leave Act (PPLA)



Purpose: for the birth of an employee's child, or the placement of a child with an employee for adoption or foster care.



Up to 12 weeks of paid time off under FMLA

Must meet FMLA eligibility requirements

Leave must be taken to care for a child within the first year of birth, or placement.

Requires a written guarantee to return and continue working for the agency for at least 12 weeks regardless of the amount of leave taken

### Family Friendly Leave Act (FFLA)



Purpose: Allow a federal employee to use his/her accrued sick leave to care for a family member

What do I need to know about FFLA?

#### 40 hours (5 days) for the care of a family member

64 hours (8 days) for funeral and bereavement (Employee must maintain a balance of 80 hours of sick leave to use the additional 64 hours)

Totaling 104 hours (13 days) of sick leave for general family care and bereavement purposes in a 12-month period

Counted towards the 12 weeks of FMLA

## Leave Without Pay (LWOP)



Approved absence from duty without pay

What do I need to know about

LWOP?

Only the employee may request LWOP; Supervisor cannot charge it

Not an employee entitlement

Is a matter of administrative discretion (may be denied - workload - mission)

Not a form of disciplinary action

### Absent Without Leave (AWOL)

What do I need to know about

AWOL?



Absence from duty not granted or approved by the supervisor. **No Call/No Show** 

Must document it on time and attendance cards

After each instance of AWOL, the supervisor must at least counsel the employee and document the counseling

AWOL is not a disciplinary action BUT may be the basis for disciplinary action

Charged only during regular tour of duty

### **Employee Responsibilities**





# Office of Worker's Compensation Programs (OWCP)



🗕 On-the-job injury

Time Sensitive - Employees must report injuries to their supervisor immediately.

Complete CA-1 form via ECOMP: https://www.ecomp.dol.gov

Injuries must also be reported to Safety via I-STAR. Reporting injuries through I-STAR is for Safety notification only.

https://www.ihs.gov/OHR/pay-and-benefits/workers-compensation/for-employees/









# Pay Administration

### What to Know About Pay





	De	partment of [	Defense				08/14	
CI		FAS WEBSITE A			INT		12/05	
DOE JANE Q	THORE THE D	GS12/02	22.15		5	43876.00 +	23788 = 46254.00	D 1402 440
S SOCIAL SECING		S LOCKITY N	TO RESACUTERORY	14.500	1.64/6		17 CHEP 12 LEWE	YEAR BYD
***-**-5556		5.42	E	12/0	2/88	240	01/01	/00
4 PRIMICIAL INSTITUTION - NET PAY		S. INVICE INSTITUTION - ALLONIAN		10			UNCH -ALLONIEVT KI	
AMSOUTH BANK OF FLORIDA		PEN AIR FEDERAL C	REDIT UNIO				TON BANK	
	40(0).	ENTOR		ee.	TANKS ANTHONY	16. CUNU	LITYE SCHOLOUT	30. 631/7.00 V D 0000
FED S 1		100003 S	11		MOBILE NR			
AL S P1/D10 GA S 1	10	100006 8	1		LILLIAN			
1.	OURRENT	YEAR TO DATE	н			-		
GROSS PAY	1810.68	27751.80	TSP	ATA	13%			
TAXABLE WAGES	1658.86	26358.40						
NONTAXABLE WAGES TAX DEFERRED WAGES	235.39	1393.40						
DEDUCTIONS	934.53	12267.97						
AEIC								
NET PAY	876.1.5	15493.83						
			NT EARN					1000
TIPE HOURS/DAYS	AMOUNT	TYPE	HOURS/04YS	AVOUNT		THRE	HOURSIDAYS	44/03
REGULAR 80.00	1772.80							
TIPE HOURSIDERS	ANOUNT	RETROAC	HOURSCAYS			TIPE	HOURSIDAYS	AMOU
OVERTIME 1.50	37.88							
TIPE CODE	CURIMENT	TEAR TO DATE	DUCTION		CODE	CURRENT	YEAR TO DAT	E
ALLOTMENTS, SV (1)	175.00	2675.00		FEGLI	C	8.09	123.48	
MEDICARE	26.25	402.40		RETIRE, FERS	ĸ	14.18	216.78	
FEHB 104	23.22	369.04		CHARITY OASDI	AA	3.00	48.00 1720.61	
TAX FEDERAL	288.42	4518.52		TAX, LOCAL	100003	16.18	263.58	
TAX, LOCAL 100006		10.00		TAX, STATE	AL	21.58	351.44	
TAX STATE GA	10.79	175.72		TSP SAVINGS		235.39	1487.61	
and Contractory		and the l	LEAVE		The second			
TYPE PRIOR YR BALANCE	ACICRUED PLY PD	ACCEIVED	USED PAY PD	4985	DONATED RETURNE	6	CURRENT BALINCE	USE- OSE TERM OAT
ANNUAL 177.00	6.00	90.00	1.00	59.50			207.50	37.50
SICK 47.25	4.00	60.00	4.00	32.00			75.25	
HOLIDAY				32.00				
ADMIN				12.00				
0.02	В	ENEFITS PAID B	Y GOVER	NMENT FO	R YOU		10000	
TYPE	CURRENT	YEAR TO DATE	T	PE		CURRENT	YEAR TO DAT	-
MEDICARE OASDI	26.25 105.55	402.40 955.22		RETIRE, FERS FEHB		14.18 123.44	216.78 369.04	
			EMARKS					

SEND YOUR EMPLOYMENT/LOAN VERIFICATIONS TO YOUR HUMAN RESOURC TSP DEDUCTION PERCENT OR AMOUNT CHANGED

Payroll Calendars: <a href="https://www.nih.gov/about-nih/payroll-calendars">https://www.nih.gov/about-nih/payroll-calendars</a>



### MyPay

myPay is an online system that allows you to view your pay information.



- ✓ View, print, and save leave and earning statements and W-2
- Change federal and state tax withholding
- ✓ Changes to address, direct deposits and allotments
- $\checkmark$  View FEHB and TSP Elections



**Getting Started with MyPay** 

- military members
- New users must establish a login and password (You'll receive an email)
- ✓ Retired military members may continue to use the same login information
- $\checkmark$  Updates require two pay periods





## Performance Management Appraisal Program (PMAP)

### Performance Management Appraisal (PMAP)

A framework to communicate expectations and performance.



### **Performance Management Process**



Clear picture of what "Success" looks like!



### **PMAP** Rating Levels



#### **Five Rating Levels**



### Performance Management Responsibilities

٠



Reviewer	Rater/Supervisor	Employee	Human Resources
May approve performance plans Review and assign overall ratings	<ul> <li>Responsible for their individual's and team's performance</li> <li>Create a work culture that promotes a high- performing and efficient organization</li> <li>Develop written performance plans</li> <li>Conduct formal performance-related discussions</li> <li>Prepare timely written performance appraisals</li> </ul>	<ul> <li>Understand performance expectations</li> <li>Responsible for individual performance and accomplishments</li> <li>Maintain open communication with the supervisor</li> <li>Document accomplishments during the rating period</li> </ul>	<ul> <li>Serve as a technical advisor to the supervisors in performance management</li> <li>Provide necessary resources and assistance</li> <li>Ensure timely completion of all PMAPs</li> </ul>





# Personnel Security & Ethics









## Labor Relations

### Labor Relations Responsibilities



The IHS labor relations (LR) office provides direction for the IHS LR program.

- The LR office responsibilities include:
- ✓ providing technical assistance and guidance to field managers, supervisors, and HR Specialists
- ✓ negotiating, interpreting, and administering the Collective Bargaining Agreement(s)
- ✓ representing IHS during negotiated grievance or alternative dispute activities
- ✓ representing IHS in labor relations matters with other federal agencies
   ✓ developing collaborative relationships with labor organizations and representatives





AFGE – OKLAHOMA Office NFFE – BILLING Office NTEU – OEHE DALLAS & SEATTLE Offices LIUNA – Nationwide



Daving d March 1000	R PAYROLL DEDUC	-0
		20
	t Statement	
Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is	<ol> <li>an organization which is a designated colle organization; and 6) other Federal agencies for r official functions (without your personal identifi-</li> </ol>	management, statistica
voluntary, but it may not be processed if all requested information is not provided.	Executive Order 9397 allows Federal agencies ( (SSN) as an individual identifier to avoid conf the same or similar names. Supplying your 3	fusion caused by empl
This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an	provide it, when it is used as the employee ident payroll deductions cannot be processed.	
appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation;	Your agency shall provide an additional state furnished on this form for purposes other than th	
1. Name of Employee (Print or Type-Last, First, Middle)	2. Employee Identification Number (SSN or Other)	3. Timekeeper Numb
4. Home Address (Street Number, City, State and ZIP Code)	5. Name of Agency (Include Bureau, Division, Branch	or Other Designation)
Section A-For Use E Name of Labor Organization (Include Local, Branch, Lodge or Other Approp	y Labor Organization	
Name of Labor Organization (Indude Local, Branch, Lodge or Other Approp	(biweekly pay period) (calendar month). (2	
Name of Labor Organization (Indude Local, Branch, Lodge or Other Approp I hereby certify that the regular dues of this organization for the above named member are currently established at \$per Signature and Title of Authorized Official	(hiveckly pay period) (calendar month). (? not appropriate, based on arrangement with	th the employee's ag
Name of Labor Organization (Indude Local, Branch, Lodge or Other Approp I hereby certify that the regular dues of this organization for the above named member are currently established at \$per Signature and Tife of Authorized Official Section B-Authorit	(biwackly pay period) (calendar month). () not appropriate, based on arrangement with zation By Employee	th the employee's ag Date (Month, Da
Name of Labor Organization (Indude Local, Branch, Lodge or Other Approp I hereby certify that the regular dues of this organization for the above named member are currently established at \$per Signature and Title of Authorized Official	(biweekly pay period) (calendar month). (/ noi appropriate, based on arrangement with <b>extion By Employee</b> of my employing agency. I father unders Cancellation of Payoli Deketons for Labor from my employing agency, and that I may ca Sandard Form 188 or other writen cancellation	Date (Month, Date (Month, Date (Month, Date (Month, Date (Month, Date)) and that Standard F Organization Dues, is meel this authorization mequest with the pa
Name of Labor Organization (Indude Local, Branch, Lodge or Other Approp I hereby certify that the regular daes of this organization for the above named member are currently established at \$per Signature and Title of Authorized Official Section B-Authorize I hereby authorize the above named agency to deduct from my pay such pay period, or the first full nay payreid. et al.	(biweekly pay period) (calendar month). (/ not appropriate, based on arrangement with zation By Employee of my employing agency. I farther underst Cancellation of Payroll Deductions for Labor from my employing agency.	Date (Month, Date Date (Month, Date and that Standard F Organization Dues, i need this authorizatio an request with the past Il not be effective, past Il not be effective, past
Name of Labor Organization (Indude Local, Branch, Lodge or Other Appropriate Control of the second s	(biweekly pay period) (calendar month). (2) not appropriate, based on arrangement with extension of the second second second second second of my employing agency. I further underst Cancellation of Paysul Deductions for Labor from my employing agency, and that I may ca Standar Form 1188 or dother writen cancellate of my efficiency second second second second of the calendar years for the second second date of the calendar years for the cancellation is Contributions or gifts (including date) to the labor to tax deductible as duratible contribution	h the employee's ag Date (Month, Da and that Standard F Organization Date, i need his authorizatio an equate with the payrol not be effective, how the next established or received in the payrol bor organization show.
Name of Labor Organization (Indude Local, Branch, Lodge or Other Appropriate Control of the second s	(biweekly pay period) (calendar month), () not appropriate, based on arrangement with <b>extion By Employse</b> of my employing agency. I farther underst Cancellation of Physil Daketons for Labor from my employing agency, and that I my co Sandad Form 118 or other writen cancellation is date of the calendar year after the cancellation is date of the calendar year after the cancellation is constructions or gifts (including dus) to the lab	h the employee's ag Date (Month, Da and that Standard F Organization Date, i need his authorizatio an equate with the payrol not be effective, how the next established or received in the payrol bor organization show.
Name of Labor Organization (Indude Local, Branch, Lodge or Other Appropriate Control of the second s	(biweekly pay period) (calendar month). (2) not appropriate, based on arrangement with extension of the second second second second second of my employing agency. I further underst Cancellation of Paysul Deductions for Labor from my employing agency, and that I may ca Standar Form 1188 or dother writen cancellate of my efficiency second second second second of the calendar years for the second second date of the calendar years for the cancellation is Contributions or gifts (including date) to the labor to tax deductible as duratible contribution	h the employee's ag Date (Month, Da and that Standard F Organization Date, i need his authorizatio an equate with the payrol not be effective, how the next established or received in the payrol bor organization show.
Name of Labor Organization (Indude Load, Branch, Lodge or Other Approp I hereby certify that the regular dates of this organization for the above named member are currently established at 5per Signature and Title of Authorized Official Section B-Authorize Particle of the Section Se	Inter identification) (biweekly pay period) (calendar month), (/ not appropriate, based on arrangement with exition By Employees of my employing agency. I findher underst Concellation of Payell Dekelsions for Labor from my employing agency, and that I my co- Sandard Form 188 or other writen cancellation with effind II payeriol Mekho Bayes on or after date of the calendar year after the cancellation with the find II payeriol Mekho Bayes on or after date of the calendar year after the cancellation on the tast addentifies a detartible contribution deductible under other provisions of the Internal labor organization meet the requirements for	h the employee's ag Date (Month, Date Organization Data, i and that Standard F Organization Data, i an equate with the payrol need this authorization in othe effective, payrol in othe effective, payrol in othe effective, payrol in othe effective, payrol other organization shows. I However, they in Revenue Code.

#### SF1187: <u>sf1187.pdf</u>

SF1188: Cancellation of Union: sf1188.pdf

IHS bargaining units: <a href="https://www.ihs.gov/OHR/workforce-resources/labor-relations/">https://www.ihs.gov/OHR/workforce-resources/labor-relations/</a>







# Information Technology
# Access Management System (AMS)



AMS is the primary authentication portal used to access multiple accounts (systems and applications) at HHS.







Log into AMS, click ITAS for IHS



# **Required Trainings**

Required trainings must be completed within a specified timeframe upon onboarding and on a recurring basis depending on the training topic.

New IHS employees Many training modules need to be must complete initial training within refreshed regularly -90 days of starting for example, ISSA is New their position. Recurring required annually. employee training training Access to IHS training is typically training accessed through an online learning management system.



Training requirements for IHS employees include mandatory training on:

- Information Systems Security Awareness (ISSA)
- Ethics
- NO FEAR
- HHS Records Management
- HHS Emergency
   Preparedness
- HHS Scientific Integrity
- IHS Protecting Children from Sexual Abuse by Healthcare Providers
- IHS Privacy
- Trauma Informed Car
- IHS Unauthorized
   Commitments
- IHS Reversing Opioid Overdose with Naloxone
- IHS Patient Safety

# IT Support / Service Desk



#### Get IT Help FASTER with the IT Self-Service Portal



#### Self-Service Portal

- ✓ Easy to submit an issue
- ✓ Access articles and information✓ View

announcements

## You can also contact the IHS IT Service Desk by:

Phone: 888-830-7280

Email: <u>itsupport@ihs.gov</u>

#### Hours of Operation: Monday – Friday 4:30am – 8:30pm MST (6:30am – 10:30pm ET) Saturday – 8:00am – 4pm MST (10:00am – 6:00pm ET)

Except for federal holidays for all areas.





## We are here for YOU!



# Helpful Links



- Employee Resources <u>https://www.ihs.gov/employeeresources/</u>
- myPay <u>https://mypay.dfas.mil/#/</u>
- GRB <u>https://www.ihs.gov/ohr/pay-and-benefits/retirement/retirement-resources/</u>
- Learning Management System (LMS) <a href="https://lms.learning.hhs.gov">https://lms.learning.hhs.gov</a>
- Integrated Time and Attendance System (ITAS) <a href="https://itas.hhs.gov/ihs">https://itas.hhs.gov/ihs</a>
- Electronic Official Personnel Folder (eOPF) <u>https://eopf.opm.gov/hhs/</u>

# Your Next Steps in Onboarding



		$\overline{}$			Ma	anual Exhibit 20-03-A
1	Meet with Your Manager/Supervisor to Review the Onboarding Checklist			INDIAN HEALTH SERVIC ONBOARDING CHECK Supervisors must ensure all requirements are complete	KLIST d for all new employees.	
			Employee Name, Position Title, Series, Grade, Office/Area/Service Unit/Department: Start date:			
	First Week Activities on Onboarding			mployee entry on duty for optimum results)	Supervisor Initial	Date Completed
2	Checklist		(HSPD-12) requirem Human Resources ( Identity Verification appointment for the	the Homeland Security Presidential Directive 12 ents, supervisor works through their local HR) or HSPD-12 staff to schedule a Personal o card (PIV) card enrollment or issuance e employee's first day.		
		$\prec$	"Claims and Onboar (ihs.gov)) to add the	s Sailpoint IdentityIQ, "Manage My Team", and rds New Employee" ( <u>SailPoint IdentityIQ - Home</u> e selected employee to their team. Concurrently,		
3	First Month Activities on Onboarding Checklist		Security Systems Aw Service (IHS) and to employees must co start date in order to	ts the selected employee to take the Information vareness (ISSA) training at ISSA <u>I Indian Health</u> complete the Training Rules of Behavior. New mplete ISSA training prior to or within 24 hours of gain access to IHS information systems. The ublically available and can be taken from any device.		
	UNECKUSI			es ISSA training and sends ISSA training certificate ervisor can add this information to Sailpoint and ee profile.		
4	Complete Required Trainings; Complete & Submit Benefits Forms		portal managed by Indian Health Service IT Help Desk staff or	ardware and other requests into the Servicenow the Office of Information Technology <u>IT Support</u> <u>ce (IHS)</u> . Supervisor advises local HQ/Area/Facility n new employee's start date, position, etc.		
			general instructions building, who to cal Supervisor should co	HR) contacts new employee prior to first day with s on first day parking, how to access II, etc. (as provided in orientation letter/email), ontact with additional details.		
				e-mail announcement to all staff and optionally e-mail announcement to all staff at HQ, Area, or		

#### Manual Exhibit 20-03-A: IHS Onboarding Checklist

Feel free to attend New Employee Orientation again! (held bi-weekly)

# Dates to Remember



Form	Complete Date	Your Due Date [ACTION REQUIRED]
FEHB - Federal Employees Health Benefits	60 days from EOD	
FEGLI - Federal Employee Group Life Insurance	60 days from EOD	
FEDVIP Dental & Vision enrollment: <u>www.benefeds.com</u> or call 1-877-888-3337	60 days from EOD	
TSP Thrift Savings Plan	Enroll Immediately	
FLTCIP Long Term Insurance Apply at <u>https://www.ltcfeds.gov/</u> Use the <u>FLTCIP Premium Calculator</u>	60 days from EOD	
Flexible Spending Account: <u>www.FSAFEDS.com</u> or call 1-877-372-3337	60 days from EOD	



## **Evaluations**

Give us your feedback? Let us know what you think about your New Employee Orientation experience!

To launch evaluation, click the hyperlink:

https://forms.office.com/g/hsQ5tpSdDQ

You can also scan the QR code





