NEW FEDERAL EMPLOYEE
SUPERVISOR CHECKLIST

☐ Ensure MyBiz hierarchy is built correctly – contact HRO for required changes
☐ Ensure ATAAPS is built (Air – timekeeper / Army – complete New hire ATAAPS Tech Pay Requirements (HRO website Supervisor's Toolbox))
☐ Review ATAAPS coding guide with employee
☐ Initiate systems access requirements
☐ Work center/bldg. access
☐ Verify employee emergency contact info
☐ Review Agency Policies – located on HRO website

Physical Fitness IDNG-47	Telework IDNG-51
Federal Employee Work Schedule IDNG-34	Dress and Personal Appearance IMD-11
Federal Technician Military Leave HR 19-001	Personnel Action Processing HR 20-001
Employment Verification Tool HR 13-001	Federal Technician Voluntary Leave Donation HR 17-001
Federal Technician Absence for Military Duty Policy Change HR 11-005	Mass Transportation Fringe Benefit Program HR 12-006
	Command-Referred Employee Assistance Program Alcohol Abuse Policy HR 09-005

*Mass Transit POCs: SFC Eisele (208) 272-4222 / SPC Marta Ortiz (208) 272-4228

☐ Review internal work center specific policies/SOPs and expectations
☐ Discuss work schedule/leave expectations
☐ Discuss conduct expectations – clarify expected work habits and ethics (behavioral competencies)
☐ Assist employee with access and navigation of eOPF and MyBiz+
☐ Review Position Description w/employee
☐ Explain mission and vision of organization
☐ Set performance expectation via MyBiz+ (w/in 30 days of hire – contact HRO for specific date requirement)
☐ Set goals and create training/learning development plan (HRO-HRDS can assist)

Remember to:
☐ Evaluate performance throughout the appraisal cycle
☐ Provide regular feedback

Ask yourself:
☐ Is providing an on-the-spot incentive award appropriate?
☐ Is a demonstration period (w/ help from HRO) appropriate?

*Utilize the HRO website/Supervisor's Toolbox for helpful resources.

ARMY Employees

Below is the information Tech Pay needs in order to input new employees into ATAAPS:

Name of new hire:

Effective date:

Section/Group where they work:

Certifier (Supervisor):

Valid phone # for supervisor to contact if there are issues with

in-processing data:

DOD ID# (Must obtain an ID card to be loaded into ATAAPS):

Full SSN:

Status (Temp or Perm/Indef):

Grade (GS/WG/WS):

Work Schedule (WS form should be submitted):

Employee Work phone #:

Employee Work e-mail (this allows them to be notified once a
leave slip is approved):

Has employee been a previous Federal Employee?
If yes, where & when?

If you have any questions, please feel free to contact me at the
number below.

Thank you,

Matthew Alandt, CSR
Technician Payroll
ID Army National Guard
(208) 272-4567
212-4567 DSN

ATAAPS Time Coding Guide

Regular Hours	Usage
RF – Regular 1st (Ungraded)	Straight time pay for ungraded employees who work first shift
RG - Regular (Graded)	Straight time pay for graded employees regardless of scheduled hours worked
RS - Regular 2nd (Ungraded)	Straight time plus 7.5% shift pay for ungraded employees who work second shift
RT – Regular 3rd (Ungraded)	Straight time plus 10% shift pay for ungraded employees who work third shift

Leave Hours - Paid	^ Leave request required for hours claimed
LA - Annual Leave	^ Leave earned that is available for use by all permanent, indefinite employees, and temporary employees who are appointed to positions in excess of 90 days.
LB- Advanced Annual Leave	^ Used if an activity has approved advanced annual leave (prior approval and processing by HRO for entitlement)
*LC - Court Leave	^ Paid leave for Jury duty (Documentation requirements)
LF - Forced Annual Leave	^ Annual leave that is directed to be taken by management – MFR required for non-concurrence if member refuses
LG - Advanced Sick Leave	^ Used if an activity has approved advanced sick leave (prior approval and processing by HRO for entitlement)
LH - Holiday Leave	Paid leave for designated Federal Holidays
*LL-Law Enforcement Leave	^ Contact respective finance office before using
*LM - Military Leave	^ Special category of military leave- specific guidance required when used
LN - Administrative Leave	
^ **PH**- Preventive Health	^ (Up to 4 hours per year, must have less than 80 hours of sick leave balance. **Ex**: Adult preventive care visits, all recommended childhood immunizations, well child care, and preventative screenings)
^ **PF-** Physical Fitness	
^ **PS-** Weather & Safety	^ Authorized when TAG has designated
LV – Excused Absence	^ Presidential Leave, Voting, Blood Donation, Emergency Situations, Funeral Honors Duty
LS - Sick Leave	^ Leave taken in conjunction with being sick or for use with a medical appointment * If leave is more than 3 consecutive days Doctors note may be required by the supervisor
*LT - Injury Leave	^ Absence due to a traumatic injury covered by Continuation of Pay (COP) (in conjunction with LU)
*LU - Date of Injury	^ Hours of non-work due to traumatic injury (Not to be used after date of injury)
LX – Non-work, Paid	Day of death – Coordinate with HRO and Finance
LY - Time off Award	^ Leave given in lieu of cash award
Leave Hours - Nonpaid	
KA – LWOP	^ Leave without Pay
*KB - Suspension	^ Administrative suspension processed through HRO
KC - AWOL	Absence With Out Leave - used for periods of unauthorized absence
KD - OWCP	^ Non-pay status due to receiving compensation from the Office of Worker's Compensation Programs
KE - Furlough	^ Lack of Work
*KG - Military Furlough	^ Non-pay hours in conjunction with performing military duty

ATAAPS Time Coding Guide

Compensatory Hours

*CB - Travel Comp Time	$ Time spent by an employee in a travel status away from the official duty station. Additional AF Form 428/NGB 46-14 required.
*CE - Comp Time Earned	$ Hours worked as overtime that are entered in to be used at a later time as comp time off Additional AF Form 428/NGB 46-14 required.
CF- Travel Comp Time Used	^ Comp Time off in lieu of payment for an equal number of hours worked
CT - Comp Time Taken	^ Comp Time off in lieu of payment for an equal number of hours worked

Sunday Premium

SF - Sunday Pay	Pay for full-time ungraded first shift employees when Sunday is a regularly scheduled workday
SG- Sunday Pay	Pay for a full-time graded employee when Sunday is a regularly scheduled workday during the administrative work week
SS - Sunday Pay	Pay for full-time ungraded second shift employees (including shift differential) when Sunday is a regularly scheduled workday
ST - Sunday Pay	Pay for full-time ungraded third shift employees (including shift differential) when Sunday is a regularly scheduled workday

Holiday Hours — **AF Form 428/NGB 46-14 required; must route through Finance prior**

*HF - Holiday Pay	Pay for ungraded first shift employees who work on the holiday
*HG - Holiday Pay	Pay for graded employees who work on the holiday
*HS - Holiday Pay	Pay for ungraded second shift employees who work on the holiday, plus shift differential
*HT - Holiday Pay	Pay for ungraded third shift employees who work on the holiday, plus shift differential
**HC - Holiday Call Back	

Family Leave Codes — **^ Reported on the HZ/OTH field for applicable type hour leave codes (LS, LA, LB, LG, KA, CT)**

DE-Family Care/Bereavement	Sick Leave taken to provide care for a family member, make necessary arrangements for the death of a family member, or attend the funeral of a family member
DF - Adoption	Sick Leave taken for the purposes relating to the adoption of a child

Family Medical Leave — **^ Require prior Authorization through HRO - Reported in the HZ/OTH field for applicable type hour leave codes (LS, LA, LB, LG, KA, CT)**

DA - Childcare	Birth of son/daughter or care of newborn
DB - Adoption	Adoption or Foster Care
DC - Care of Dependent	Care of spouse, son daughter, or parent with a serious health condition
DD - Health Condition	Serious Health condition of an employee
SAD- State Active Duty	Seek guidance from finance to coordinate proper time coding
*LS-Disabled Veteran Leave	^ PW – Veteran with a service-connected disability rating of 30% or more may use in place of sick leave for undergoing medical treatment connected to the service disability (see HRO/Finance for guidance)

Key
Graded = GS
Ungraded = WG, WS
^ Leave Request
$ Premium Request
* Documentation Required

How to Access DCPDS

Step 1: Access Portal

Go to: https://compo.dcpds.cpms.osd.mil/

Step 2: Accept the DoD Notice Banner
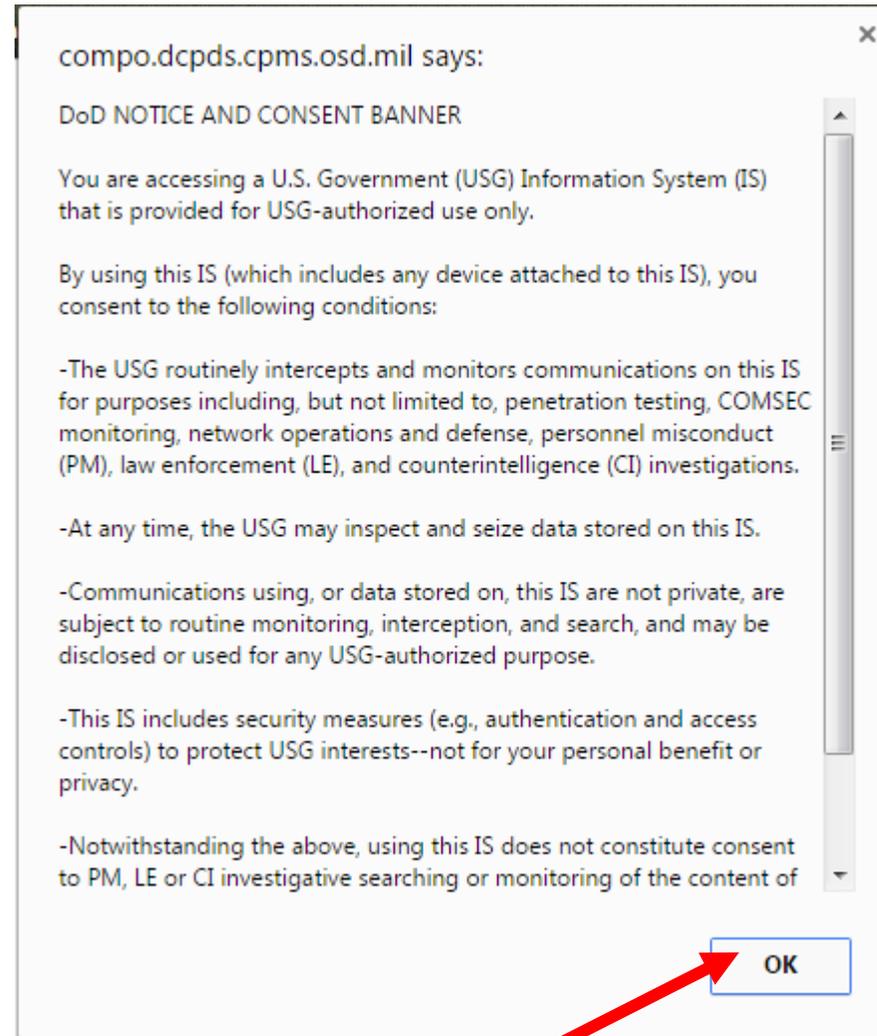
Step 3: Register Smart Card Access (CAC)

Smart Card Access

To access MyBiz+/HR application, select **Smart Card Log In**.

Important ** If you received a new Smart Card with no changes to your information (Full Name or EDIPI) select **Smart Card Log In.

▣ Smart Card Log In

Register your Smart Card for the *First Time*.
Re-register a newly issued Smart Card (e.g., you had a Name Change).
Convert from a Non-Smart Card User to a Smart Card User.

First time users
click register.
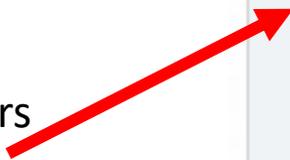
Step 4: Select Certificate
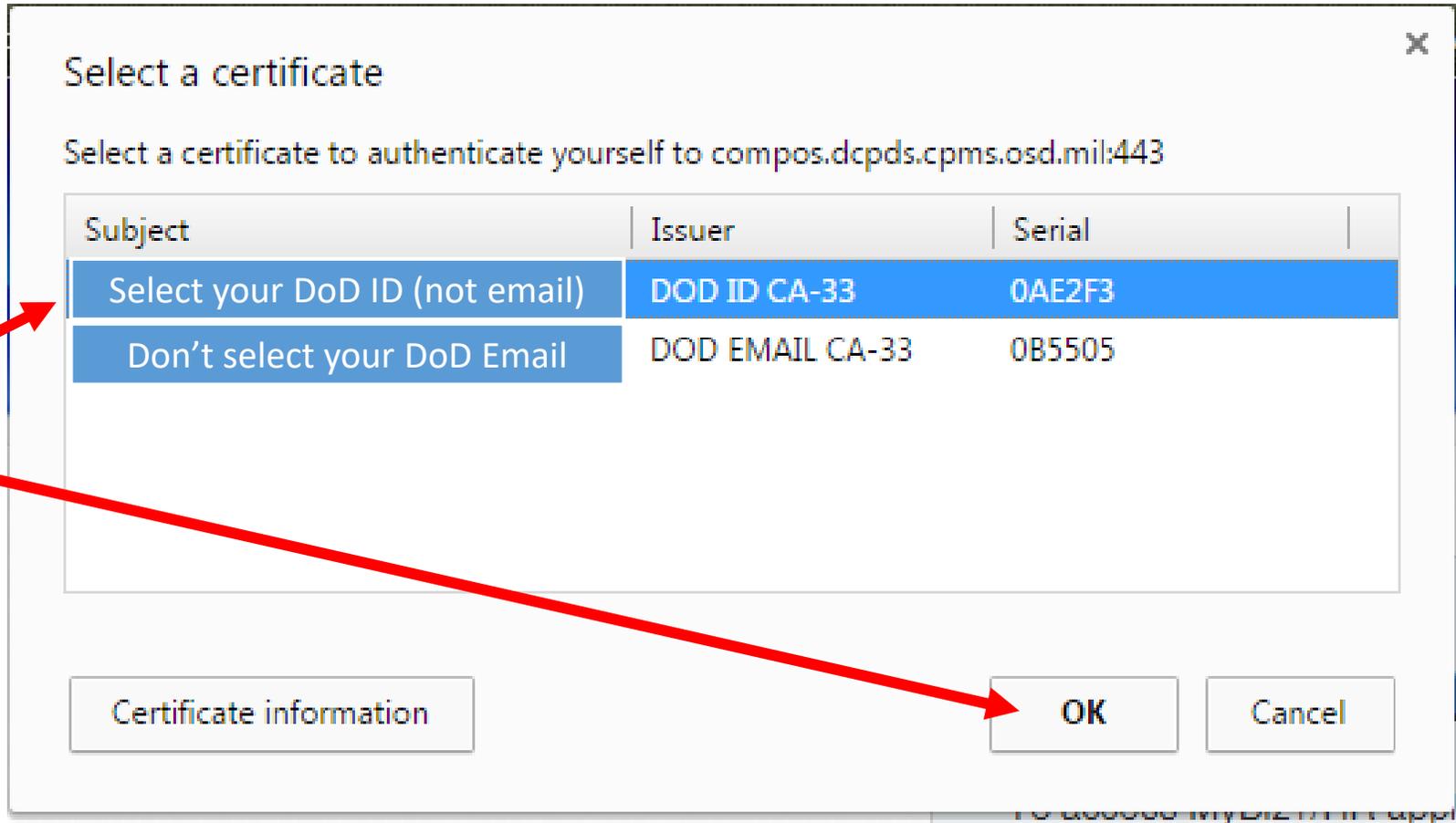
Click on your DOD ID and then click OK.

Select a certificate

Select a certificate to authenticate yourself to compos.dcpds.cpms.osd.mil:443

Subject	Issuer	Serial	
Select your DoD ID (not email)	DOD ID CA-33	0AE2F3	
Don't select your DoD Email	DOD EMAIL CA-33	0B5505	

Certificate information   OK   Cancel

Step 5: Register w/ SSN

Register Your Smart Card for the *First Time* 🛈 Info

Follow the instructions below to register your Smart Card certificate to the MyBiz+/HR application.

Enter your SSN with dashes. Local National (LN) users enter LN Employee ID Number, (e.g., NNNNLNNNN - usually contains an "F" or a "T".) Select Register to begin.

SSN/LN Employee ID Number:

Confirm SSN/LN Employee ID Number:

✓ Register   ✗ Cancel

Step 1: Type your SSN with dashes.

Step 2: Click register.

Step 6: Choose Path

If you do not see this, continue to next slide.

My Application/Database **Add Additional Application/Databases**

Select the applicable HR MyBiz+ tile to access your Agency's database. If your Agency's tile is not displayed, select the Add Additional Application/Databases link above to complete your MyBiz+/HR application registration.

Choose your Path

HR
MyBiz+ NG

DD
DCPAS Data Dictionary

MyBiz+
for HR Professionals
REG15

To protect your personal information, log out of your DCPDS Portal session by selecting the '**Logout**' button.   🔒 Logout

Registration complete. Click HR (MyBiz+NG)

Step 6: Account Already Registered
If you receive this error message:

Your Account Has Already Been Registered

An account for this SSN/LN Employee ID has already been registered,
Please contact your Help Desk for more Information.
Select the "Return to Main Login Page" to return to the DCPDS Portal page.

Back   Return to Main Login Page

If your account has already been registered,
click Return to Main Login Page.

Step 7: Add Additional Application

My Application/Database   Add Additional Application/Databases

Select the applicable HR MyBiz+ tile to access your Agency's database. If your Agency's tile is not displayed, select the Add Additional Application/Databases link above to complete your MyBiz+/HR application registration.
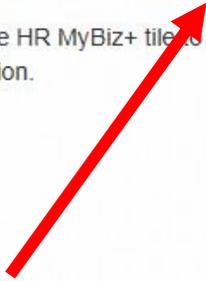
Click Add Additional Application/Databases.

To protect your personal information, log out of your DCPDS Portal session by selecting the **'Logout'** button.   🔒 Logout

Step 8: Update HR Region

Application/Database   **Add Additional Application/Databases**

HR Region Associations

* * Important * *
Enter your User Name below, which is one of the following, to complete the MyBiz+/HR application registration.
1. SSN with dashes (-), or
2. Local National Employee ID Number, (e.g., NNNNFNNNN – usually contains an "F" or a "T"), or
3. For DCPDS HR Users (Manager, Admin Support, Resource Management, Human Resources), your Username as provided to you by Human Resources.

Username: [_____]

Confirm Username: [_____]

✅ Submit

Step 1: Type your SSN with dashes (Twice).

Step 2: Click Submit

CSU User? Click the button below.

🌐 CSU Region Associations

Step 9: Choose Path

My Application/Database   Add Additional Application/Databases

Select the applicable HR MyBiz+ tile to access your Agency's database. If your Agency's tile is not displayed, select the Add Additional Application/Databases link above to complete your MyBiz+/HR application registration.

Choose your Path

HR
MyBiz+ NG

DD
DCPAS Data Dictionary

MyBiz+
for HR Professionals
REG15

To protect your personal information, log out of your DCPDS Portal session by selecting the '**Logout**' button.   **Logout**

Registration complete. Click HR (MyBiz+NG)

ATTACHMENT 1

STATEMENT OF UNDERSTANDING AND LIABILITY

1. I _____(print name) acknowledge and agree that:

a. I am authorized to participate in a physical fitness program during duty hours for approximately 1 hour of duty time per day. Participation and time allotment, require the approval of my supervisor and I understand that during certain times, depending on mission requirements, I may not be able to participate for the full 1 hour each day.

b. This program is unsupervised and I am under no obligation to the Idaho Military Division to participate.

c. I understand that the Idaho Military Division recommends that I consult with a physician prior to engaging in this program and that it is a requirement for Title 5 personnel who do not also have military affiliation in the Idaho National Guard.

d. I understand that any injury caused by violating my physical restrictions/limitations-established by a medical provider-could jeopardize coverage compensation under a Workers' Compensation Claim and/or a Line of Duty Investigation. Worker's Compensation coverage is determined by the State of Idaho or the federal Department of Labor (DOL).

e. Federal/State Employees: I will report any injury as soon as possible. If I incur any injury or death as a result of my participation in the physical fitness program on whether on or off the installation, I may be covered under state or federal Workers' Compensation Program as long as there is sufficient documentation to clearly show I was participating in an authorized and approved PFP.

f. Federal/State Employees: If injury or death occurs due to my participation in an exercise program before or past the end of the standard or normal workday, whether on or off the installation, my injury or death may not be covered by state or federal Workers' Compensation Program.

g. I will conduct my exercise program IAW this policy. I will begin and end my exercise period within the time allowed. This time period includes all time used for changing clothes, travel to and from the exercise site, exercising and personal hygiene. I record my time appropriately on my timecard.

h. I will wear either the approved military physical fitness uniform or my own personal clothing.

i. In consideration of mission requirements, I will coordinate approval for my exercise times and location with my immediate supervisor.

2. This Statement of Understanding will be maintained on file by my immediate supervisor.

Employee's Signature:_____Date:_____

Supervisor's Signature:_____Date:_____

WORK SCHEDULE CHANGE

SSN:	NAME:		ACT-UIC:	DIST:
EFF DATE:	T&A STATUS CODE:	AWS CODE:	TIMEKEEPER DIST CODE:	

* * * * * * PAY PERIOD TOUR OF DUTY * * * * * * * *

HOURS OF WORK: WEEK 1   -   WEEK 2   -

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN PAY DAY 7 (Y/N)
WK 1	:	:	:	:	:	:	:	
SHIFT								
NGT DIFF	:	:	:	:	:	:	:	
								DAY 14
WK 2	:	:	:	:	:	:	:	(Y/N)
SHIFT								
NGT DIFF	:	:	:	:	:	:	:	

STANDING JON: **TIME CARD DESTINATION:**

POC: **PHONE NUMBER:**

SIGNATURE: **DATE SUBMITTED:**

ATTACHMENT 2
(To be completed by Ttile 5 employees only)

Dear Physician: Please provide the following information to authorize my participation in the Idaho Military Division physical exercise program. Please verify this record with your signature along with your official stamp. Thank you.

Client Name: _____

Client signature: _____ Date: _____

_____ The client may fully take part in a physical fitness program including aerobic, muscular strength, and flexibility training without restriction.

_____ The client may take part in a physical fitness program as described above with the following recommended restrictions (please briefly note any special concerns or precautions you advise).

_____

_____

_____

_____

_____ The client may not take part in a physical fitness program as described above.

If the client uses any medication which may reduce exercise tolerance or alter heart rate or blood pressure response during exercise, please note:

If this patient's training heart rate should differ from that normally recommended for adults of the same age, please indicate the correct range (or, when applicable, note if THR values should be obtained from the patient's rehab center team):

Physician Name:_____

Physician Signature: _____ Date: _____