

Mission

To revolutionize the current culture to build an integrated ready, agile, engaged and enduring professional team serving Army Medicine.

Vision

The AMEDD Civilian Corps of 2028 will be a ready, agile and engaged team of professionals recognized for quality, innovation, and customer service to support Army Medicine.

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AMEDD

Civilian Corps CONNECTION

QUARTERLY NEWSLETTER



Email: usarmy.jbsa.medical-coe.mbx.civilian-corps-chief@mail.mil

AMEDD Civilian Corps Newsletter



Issue 3, Quarter 2
February 2021

THE CORPS CHIEF CORNER



A Message from the AMEDD Chief, Civilian Corps

The year 2020 has been a time like no other in our lives. With COVID-19 cases and deaths rising across the United States, we all must continue to remain vigilant. The COVID-19 pandemic has continued to produce uncertainty, stress and trauma in our communities. We all have been impacted by this virus, which has been devastating for so many. The changes we have had to make to routines and daily life are extremely hard, but these changes are even more important now and in the future. Despite the challenges we are all facing every day, this is also a time that is bringing out the best in many people—from the healthcare staff and first responders fighting on the front-lines, to the essential workers providing food, products and services. I am incredibly thankful to all of you serving and caring for those in need. We are proud to play a critical role in this fight.

Now that there is an authorized and recommended vaccine to prevent COVID-19 from continuing to spread in the United States, things are looking up. The SARS-COV-2 vaccine is expected to reach organizations. There is a finite supply of SARS-COV-2 vaccine at this time; vaccination efforts will follow the Centers for Disease Control recommended target populations which will focus on those critical to the response, providing direct care, and maintaining societal mission-essential functions, as well as those at highest risk for developing severe illness from SARS-COV-2.

The SARS-COV-2 vaccination is voluntary; the vaccine is not currently an approved condition of employment for any civilian personnel.

MEDCOM's intent is to safely and expeditiously vaccinate eligible and willing DoD personnel and beneficiaries to conserve Army readiness and prevent the spread of SARS-COV-2 throughout our communities. In the interest of force and health protection during this period of national health emergency, Activities may offer eligible and willing civilian employees the opportunity to voluntarily take the SARS-COV-2 vaccine based upon the DoD Phase level and the availability of the vaccine. Per Defense Health Agency guidance, any follow-on care (other than the administration of a second SARS-COV-2 vaccine dose) will be provided through the employee's existing health care plans or personal healthcare providers.

One thing we know for sure — every single person can continue to do their part to control the COVID-19 pandemic. From wearing a mask, to personal hygiene, maintaining physical distance and avoiding large indoor gatherings, each of us can follow proven public health practices that not only reduce our own chance of getting infected by SARS-CoV-2 (the virus that causes coronavirus disease, or COVID-19), but also prevent the spread of COVID-19 to our coworkers, friends and loved ones. We all are in this together.

The strength, restless sacrifice, compassion around us, and the level to which we have come together through this pandemic has been extraordinary and inspiring. Because of this, we will emerge from this much stronger and more resilient in the future. In the meantime, please stay safe and healthy, and thank you again for all you are doing to Be The Difference in the fight to reduce the spread of COVID-19 and save lives.

Lastly, don't miss the opportunities posted under ANNOUNCEMENTS and OPPORTUNITIES. These are posted on the Army Medicine Civilian Corps website at <https://ameddciviliancorps.amedd.army.mil>.

Thank you for the exceptional selfless service you provide every day. ARMY MEDICINE is ARMY STRONG.

Help Protect Yourself and Others from COVID-19

Practice Social Distancing



Stay 6 feet (2 arm lengths) from other people.

And Wear a Mask



Be sure it covers your nose and mouth to help protect others.
You could be infected and not have symptoms.



03/2022-A 08/10/2022

cdc.gov/coronavirus

What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects **may feel like flu** and **may even affect your ability** to do daily activities, but they should go away in a few days.

Common side effects

On the arm where you got the shot:

- Pain
- Swelling

Throughout the rest of your body:

- Fever
- Chills
- Tiredness
- Headache

Helpful tips

If you have pain or discomfort, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

To reduce pain and discomfort where you got the shot: To reduce discomfort from fever:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.
- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

Remember

- Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.
- With most COVID-19 vaccines, you will need 2 shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot.
- It's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.



Ask your healthcare provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose.

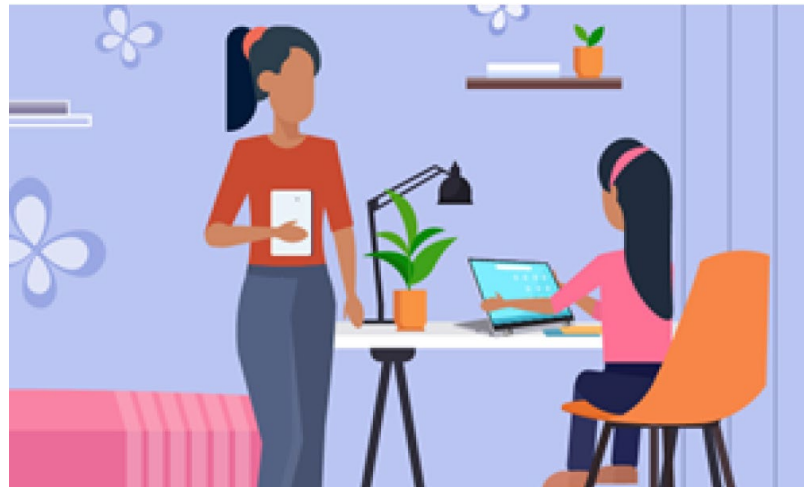
Learn more about v-safe.
www.cdc.gov/vsafe



CS 321466-A 12/13/2020

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Talking with Children about Coronavirus Disease 2019



CDC has created recommendations to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease.

Children may worry about themselves, their family, and friends getting ill with COVID-19. Parents, family members, school staff, and other trusted adults can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear.

Tips for talking to children

- Remain calm. Remember that children will react to both what you say and how you say it. They will pick up cues from the conversations you have with them and with others.
- Reassure children that they are safe. Let them know it is okay if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Make yourself available to listen and to talk. Let children know they can come to you when they have questions. Avoid language that might blame others and lead to stigma.
- Pay attention to what children see or hear on television, radio, or online. Consider reducing the amount of screen time focused on COVID-19. Too much information on one topic can lead to anxiety.
- Provide information that is truthful and appropriate for the age and developmental level of the child. Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumors and inaccurate information. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Teach children everyday actions to reduce the spread of germs. Remind children to wash their hands frequently and stay away from people who are coughing or sneezing or sick. Also, remind them to cough or sneeze into a tissue or their elbow, then throw the tissue into the trash.
- If school is open, discuss any new actions that may be taken at school to help protect children and school staff.

Facts about COVID-19 to discuss with children

Try to keep information simple and remind them that health and school officials are working hard to keep everyone safe and healthy.

- What is COVID-19? COVID-19 is the short name for “coronavirus disease 2019.” It is a new virus. Scientists and doctors are still learning about it. Recently, this virus has made a lot of people sick. Scientists and doctors are trying to learn more so they can help people who get sick. Doctors and health experts are working hard to help people stay healthy.
- What can I do so that I don’t get COVID-19? You can practice healthy habits at home, school, and play to help protect against the spread of COVID-19.
- What happens if you get sick with COVID-19? COVID-19 can look different in different people. For many people, being sick with COVID-19 would be a little bit like having the flu. People can get a fever, cough, or have a hard time taking deep breaths. Most people who have gotten COVID-19 have not gotten very sick. Only a small group of people who get it have had more serious problems.
- If you do get sick, it doesn’t mean you have COVID-19. People can get sick from all kinds of germs. What’s important to remember is that if you do get sick, the adults at home will help get you any help that you need. If you suspect your child may have COVID-19, call the healthcare facility to let them know before you bring your child in to see them.

WOLF PACK NEWS

The Army Medicine Wolf Pack Award



The Surgeon General and the AMEDD Chief, Civilian Corps created the Wolf Pack Award to recognize exceptional teamwork by an integrated group of military and civilian team members focused on excellence in support of Army Medicine. Sponsored by the AMEDD Civilian Corps, this award is intended to recognize and celebrate successes of teams throughout Army Medicine. Winning teams will be selected and announced quarterly. Quarterly winners will automatically compete for the “Wolf Pack of the Year” Award, presented annually at the MEDCOM Training Symposium or other appropriate forum.

Eligibility and Selection Criteria

Eligible teams must consist of a mix of civilian and military team members, and may include contractors. The Wolf Pack Award

will recognize teamwork that drives excellence in outcomes supporting the Army Medicine mission. The winning teams must demonstrate excellence and effective teamwork resulting in significant products or services with the potential for broad impact in support of Army Medicine. Endorsements must confirm EO/EEO/HR adverse action screening of all team members being nominated.

FY20 4th Quarter & Annual Wolf Pack Award Winner

We are pleased to announce the 4QFY20 & FY20 Annual Wolf Pack Award to the SARS Team Six hailing from U.S. Army Public Health Command-Pacific, Camp Zama, Japan; U.S. Army Public Health Activity-Japan; Naval Health Research Center-San Diego, CA and Yokosuka, Japan; U.S. Naval Hospital (USNH) Yokosuka, Yokosuka, Japan; and the 1st Area Medical Laboratory, Aberdeen Proving Ground, MD. During the emergence of the COVID-19 pandemic, the U.S. Forces Japan Commanding General, LTG Kevin Schneider prioritized in-country laboratory testing capabilities. The primary laboratory on mainland Japan projected initial testing would require six months of lead team. The challenges medical leaders faced were: no single laboratory meeting all the requirements for clinical COVID-19 testing; some laboratories with experienced personnel but lacked proper accreditation; and other laboratories with certification and equipment but lacked personnel for sustained operations. Senior medical leadership envisioned a small team of laboratory experts who would become SARS Team Six to address the COVID-19 laboratory testing challenges. Read more at: <https://go.usa.gov/xG6nb>

AMEDD Wolf Pack Awards - 2QFY21 Awards Nominations

Nominations are currently being accepted for the 2QFY21 Wolf Pack Awards. The Wolf Pack Award is open to eligible teams that consist of a mix of Civilian and military team members recognizing teamwork that drives excellence in outcomes supporting the Army Medicine mission across the force. The winning teams must demonstrate excellence and effective teamwork resulting in significant products or services with the potential for broad impact in support of Army Medicine. Go to the AMEDD Civilian Corps website to find additional information reference the nomination packet: <https://go.usa.gov/xGVP8>



2QFY21 Suspense: 31 March 2021

Army Career Management Executive Council

The Assistant Secretary of the Army (Manpower & Reserve Affairs) recently established a governance structure and accountability for the Army Civilian People Enterprise, to include execution of The Army People Strategy – Civilian Implementation Plan (APS-CIP). The Civilian Enterprise Steering Committee (CESC) sets the strategic direction, provides oversight and accountability, and achieves unity of effort for civilian human resources initiatives across the Army Civilian Corps. Reporting to the CESC and comprised of the Career Field Functional Chiefs, the Career Management Executive Council (CMEC) provides operational direction, guidance, and governance to the career management enterprise. Additional updates reference the Army Career Management Executive Council and the Army Career Management Structure may be found on the AMEDD Civilian Corps website at: <https://go.usa.gov/xGmzC>

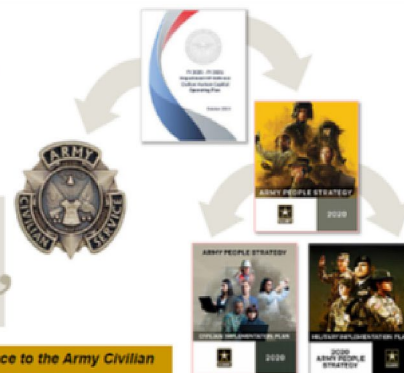
Big Picture

People are Our Number 1 Priority

The DoD Civilian Human Capital Operating Plan (HCOP) lays out the civilian human capital objectives, strategies, and initiatives at the enterprise level to support the execution of the goals and objectives of the National Defense Strategy. The HCOP established guidance, which influenced and informed the Army People Strategy and, subsequently, the Civilian Implementation Plan (CIP).

“The time is now to transform how we take care of our people.”
- Ryan McCarthy
Army Secretary

“People First” is not only a philosophy, it’s also now our number 1 priority.”
- GEN James McConville
Army Chief of Staff



The governance structure addresses topics of importance to the Army Civilian People Enterprise

Happy 25th Anniversary

AMEDD CIVILIAN CORPS!



March 26

The Civilian Corps has been called “an integral and inseparable component” of Army Medicine. That remains true today, just as it did 246 years ago. Throughout history, the Civilian Corps has helped to provide the highest quality medical, dental, and preventive care; groundbreaking medical research; and provided support to battlefield medicine and medical logistics for our Soldiers.

Over 37,000 strong, Civilian Corps team members provide stability, continuity, and leadership around the world. On March 26, 2021, as the Army Medical Department Civilian Corps celebrates 25 years as a recognized corps, Army Medicine Civilians continue to treat our Soldiers, Civilians, and Army Families and help keep them safe from injury and illness.

Army Medicine Civilians continue to handle a wide range of technical and professional functions in support of Army Medicine that help to improve the lives of all members of the Army Family. The Civilian Corps will always be an indispensable pillar of Army Medicine, just as Army Medicine is a pillar of strength for the Army.

We thank Mr. Richard Beauchemin, the Army Medicine Civilian Corps Chief, for his leadership, our partners and team members in the Civilian Corps for being proud members of the Army Medicine Team!

Announcements & Opportunities



AMEDD Coaching Program

We are delighted to announce the AMEDD Coaching Program. This program is consistent with the Department of the Army Coaching Program hosted by the Civilian Leader Development Office (CLDO). The program is an intensive, one-on-one voluntary process in which a trained coach supports and assists an individual in enhancing areas such as, but not limited to, leadership and management skills, career and personal development, performance, conflict management, work and personal relationships, and work-life balance. It is a future-oriented conversation in which the coach takes a client through a step-by-step process that focuses on identifying, evaluating, and executing the client's goal(s). In coaching, the client chooses the goal(s) and the coach uses a structure and range of skills to help the client reach the goal(s).

Coaching focuses the client on goals, strategic problem solving, creativity, accountability, opportunities, obstacles, commitment, and forward motion. It is designed to help the client with greater clarity, imagination, and success. Coaching is not therapy, psychological counseling, or mentoring.

The Coach's Role:

- Helps identify your goals and take the steps required to reach them
- Ensure a safe environment that supports and facilitates your efforts to reach your goals
- Manage a step-by-step analytical process such as the GROW model or another coaching model to help you attain your objectives
- Helps explore any possible challenges to reaching your goals
- Helps brainstorm and evaluate possible options to obtain your goals
- Provides honest observations and input that assist you in your efforts

Send questions or requests for information to:
usarmy.jbsa.medical-coe.mbx.civilian-corps@mail.mil

Joint Medical Executive Skills Institute Intermediate Executive Skills Course

The JMESI-IES provides education and training on leadership and management skills necessary to successfully serve in an intermediate-level leadership position within a DHA medical treatment facility (MTF). The course is designed to facilitate attainment of selected Joint Medical Executive Skills core competencies as identified by a Tri-Service review board of MHS senior leaders. This course will be held three times per year using a blended two-phase format.

Phase One: Students must complete 14 web-based training modules prior to Phase Two.

Phase Two: Students attend 4-day virtual course. Target Audience: Army Medicine Civilian employees serving in an intermediate-level (department-level) leadership position; GS 11-13, or equivalent.

ELIGIBILITY

AMEDD Civilians in mid to senior level management positions (GS 11-13, or equivalent) who desire to develop and enhance their healthcare management capabilities. Five civilian candidates will be selected to attend each course.

APPLICATION INFORMATION

Check the Civilian Corps webpage <https://go.usa.gov/xAHCB> for the application packet & email your nomination to the AMEDD Civilian Corps Chief mailbox: usarmy.jbsa.medical-coe.mbx.civilian-corps-chief@mail.mil

Upcoming course application deadline:

12-15 Apr 21 Suspense for applications 19 Feb 21

Announcements & Opportunities, con't.

Army Medical Department Regimental Recognition Program

OTSG/MEDCOM Policy Memo 19-017 dated 19 March 2019 reference the Army Medical Regimental Recognition Program policy memo assists in perpetuating the history and traditions of the AMEDD Regiment. The Army Medical Regimental Program provides recognition of individuals who have contributed to the mission of the Army Medical Regiment. Nominations and supporting documents (PII removed) should be forwarded to the AMEDD Regimental Office at: usarmy.jbsa.medcom-ameddcs.list.amedd-regiment@mail.mil. (NOTE the double hyphen between AMEDD and Regiment).

DOD Expeditionary Civilian Workforce (ECW) Program Opportunities

The Department of Defense Expeditionary Workforce Program is seeking volunteers for the deployment opportunities shown below, in support of military operations and missions within the United States Central Command (CENTCOM) area of responsibility. THIS IS NOT A JOB OFFER.

List of Opportunities Available:

- *Emergency Services Officer, GS-0089-11/12/13*
- *Historian, GS-0170-11/12/13*
- *Force Management (MOL), GS-0301-14/15*
- *Director (DPTMS), GS-0301-13/14*
- *Garrison Manager, GS-0340-13/14*
- *HVAC Mechanic, WG-5306-9/10/11*
- *Plumber, WG-4206-9/10/11*
- *Various Logistics Positions, GS-0346-11/12/13/14*
- *Various Finance/Comptroller Positions, GS-0501/0511-12/13/14*
- *Various Engineer/Master Planner Positions, GS-0801-11/12/13/14*
- *Ground Safety Manager, GS-0018-13/14*
- *Deputy, Operations Officer (S2X), GS-0132-12/13/14*
- *Executive Secretary, GS-0301-12/13/14*
- *Records Management Specialist, GS-0301-9/11/12*
- *Screening/Access Control Spec, GS-0301-7/9/11*
- *EO Specialist, GS-0360-11/12/13*
- *Carpenter, WG-4607-9/10/11*
- *Electrician, WG-2805-8/10/11*
- *Anti-Terrorism/Force Protection Officer, GS-0080-11/12/13*
- *Director of Plans, Training - Emergency Services Manager, GS-0089-11/12/13*

Candidates interested in applying for these opportunities, should complete the Request for Deployment Application and submit with the required documentation through their supervisory chain to their RHC/G-1 for submission to the MEDCOM Deployment Coordinator. After review and endorsement, MEDCOM Deployment Coordinator will submit the completed application packet to the Army G1 ECW office for endorsement and adding to Army force pool of candidates.

Required Documentation:

- RFD Form
- Recent Resume
- A copy of your latest SF50 (Redacted) to verify status
- DD-214 (if prior military)

Deployment assignments are details to a set of duties without change in grade or permanent position of record. There are no temporary promotions through this program. Orders are for TDY status for a period of 6, 9, or 12 months duration.

Applicants must be current Army civilians, on permanent or term appointments. Those on term appointments must have sufficient time remaining on their appointment to be able to complete a deployment assignment. Applicants on overseas appointments must have one year remaining on their DEROS, AFTER returning from a deployment assignment.

Applicants must have a minimum security clearance of "Secret" or have their organization's concurrence to process an Interim Secret clearance (if selected). Applicants must also have Fully Successful or higher performance ratings. The deployed environment is austere and has very limited medical facilities. As such, pre-screening for medical conditions (that cannot be accommodated in a deployed theater) require review as a prerequisite for consideration. With the COVID-19 pandemic, these medical restrictions have become even more rigid. For the duration of the pandemic situation, individuals who are age 65 and above (or who will reach age 65 during the deployment period) are ineligible for consideration.

Civilians from all types of occupations are needed to support our deployed forces and we have a need for more applications!

This is an opportunity to truly make a difference! Will you answer the call?

For additional information please send your inquires to the mailbox below:

usarmy.jbsa.medcom.mbx.medcom-oconus-employment-opportunities@mail.mil

Civilian Education Training & Leader Development

Army Management Staff College (AMSC) Civilian Education System

The revised FY21 Civilian Education System (CES) schedule has been posted in the Army Training Requirements and Resources System (ATRRS) / Civilian Human Resource Training Application System (CHRTAS). Army Medicine Civilians may apply to attend the CES Basic, Intermediate, Advanced and Continuing Education for Senior Leaders courses. The revised schedule consists of 100% virtual classes through 31 March 2021 and a blend of virtual and in-person classes thereafter.

- The AMSC intends to teach resident courses at Ft. Leavenworth during 3rd and 4th Quarters of FY21. We will incorporate Mobile Education Team (MET) CES instruction at the point of need in CONUS, later in FY21. AMSC will also deliver a Virtual Classroom course-ware, as part of a new hybrid instructional portfolio.
- The AMSC continues to closely monitor the ongoing Coronavirus Disease 2019 (COVID-19) and will make adjustments as necessary.
- The latest schedule can be found at: <https://go.usa.gov/xAYrQ>
- Check the AMSC website for further updates at: <https://go.usa.gov/xwG5C>
- For additional details about the AMSC CES courses go to: <https://go.usa.gov/xGy4H>
- To apply, go to: <https://go.usa.gov/xGE7T>. Contact the MEDCOM G37 Civilian Training Team for further questions at: usarmy.jbsa.medcom.mbx.civilian-workforce@mail.mil

FY 21 AMEDD Supplement to the ACTEDS Plan

Check out the FY 21 AMEDD Supplement to the ACTEDS Plan hosted by the AMEDD Civilian Corps Office which provides information on the upcoming list of courses with suspense dates and eligibility criteria.

For more information, go to: <https://go.usa.gov/xwG5c> or contact the Corps Office: usarmy.jbsa.medical-coe.mbx.civilian-corps-chief@mail.mil

AMEDD Cadre Mentors

Are you looking to share what you've learned about leadership, career development, ethics and values, and coaching during your career, here's your chance! The demand for mentors continues to grow as well as the need for great leaders willing to share their knowledge and experience. The AMEDD Civilian Corps needs Mentors in grades GS-13-15 and equivalent and Senior Mentors, grades GS-14-15 or equivalent. If you are interested in becoming a member of the AMEDD Cadre of Mentors, send your name and contact information to: usarmy.jbsa.medical-coe.mbx.mentorship@mail.mil with "Cadre of Mentors" in the subject line.

Planning for Retirement

MEDCOM FY2021 Voluntary Early Retirement Authority (VERA)/Voluntary Separation Incentive Pay (VSIP)/VSIP II

On 26 Jun 2020, MEDCOM published FY21 VERA/VSIP/VSIP II Workforce Downsizing and Restructuring Incentive Guidance. The FY21 VERA/VSIP/VSIP II application window is open from 1 Oct 2020 through 31 Aug 2021. All MEDCOM civilian employees, GS-15 and below (or equivalent), including Wage Grade and Non-appropriated Fund employees, who meet eligibility requirements may voluntarily apply. Applications are subject to MEDCOM Chief of Staff approval.

VERA/VSIP/VSIP II discretionary workforce incentive programs allow Activities undergoing workforce downsizing or restructure to minimize or avoid involuntary reduction in force separations by offering eligible employees an incentive to voluntarily leave the Federal government. Commanders have authority to determine if the use of VERA/VSIP/VSIP II is required.

VERA allows Activities to temporarily lower the age and service requirements to increase the number of employees eligible for retirement years before they are otherwise eligible. VSIP/VSIP II allows Activities to offer employees lump-sum payments up to \$40,000 to voluntarily separate through resignation, optional retirement, or VERA.

VERA Minimum Age and Service Eligibility Requirements:

- At least age 50 with at least 20 years creditable Federal service, OR
- Any age with at least 25 years creditable Federal service VSIP General Eligibility Criteria Appropriated and Non-appropriated Fund employees are eligible for a VSIP incentive if they are:
 - U.S. citizens as defined in 5 U. S. C. section 5597
 - Eligible for optional retirement, voluntary early retirement, or resignation
 - Serving in an appointment without time limitation; and
 - Have been continuously employed by the Department of Defense for at least 12 months immediately before the date of separation VSIP II is designed to expand the use of incentives beyond the boundaries of the individual activities and across MEDCOM and Army command lines to avoid or mitigate the adverse impact of a RIF at an activity. This program allows managers at non-downsizing activities to use VSIP incentives to create vacancies for RIF impacted employees who register in the MEDCOM Placement Program (MP2) and the DoD Priority Placement Program (PPP). Contact your Activity Commander/S-1 Civilian Human Resources Office for MP2 registration procedures and guidance. Separation payments and any reimbursable travel and transportation costs will be paid by the downsizing activity impacted by RIF.

Employees interested in applying for VERA/VSIP/VSIP II must contact their first-line supervisor or Activity Commander to determine if the position he or she encumbers is being considered or is scheduled for downsizing or restructure. Supervisors are responsible for coordinating VERA/VSIP/VSIP II applications through the activity S-1 Civilian Human Resources Office (HRO) for processing. Questions regarding VERA/VSIP/VSIP II should be directed to servicing Activity S-1, Civilian HRO. FY21 MEDCOM VERA/VSIP/VSIP II guidance is available at the MEDCOM CHR D site: <https://go.usa.gov/xGmbS>

PLANNING FOR CIVILIAN RETIREMENT

<https://www.abc.army.mil/retirements/retire.htm>

Estimate:



One of the most important steps in planning for your retirement will be to request an estimate. If you are within 5 years of retirement eligibility, you may request an estimate from the ABC-C. You can request one estimate per year. This estimate will serve as a valuable tool in your retirement planning process. You will be able to determine if all of your service is in your Official Personnel Folder (OPF), if all your service is creditable for retirement, or if you need to make deposits for periods of service. You will also be able to see how reductions and deductions will impact your annuity. Future salary increases and leave accruals will not be projected. We will only use the balance that shows in payroll at the time we work your estimate.

Once you request your estimate, the ABC-C will request your OPF from your servicing Civilian Personnel Operations Center (CPOC). Upon receipt of your OPF, your estimate will be worked in a first-in, first-out manner. The estimate can be requested via the Interactive Voice Response System (IVRS) by calling 1-877-276-9287 or TDD at 1-877-276-9833 and speaking to a counselor. The counselor will ask you for your desired date of retirement as well as a few other questions regarding your service history. This is ONLY an estimate; the Office of Personnel Management (OPM) is the final adjudicator of your annuity. This estimate does not obligate you to retire nor does it serve as your retirement application.

An estimate is also available via the Employee Benefits Information System (EBIS) website at <https://www.ebis.army.mil>. To determine general eligibility requirements, we recommend you visit the “Eligibility Requirement” section applicable to your retirement plan on the ABC-C website at <https://www.abc.army.mil>.

IMPORTANT NOTE: Please keep in mind that the EBIS estimate utilizes your LEAVE Service Computation Date (SCD). This SCD appears on your Leave and Earnings Statement (LES) as well as your SF-50 Notification of Personnel Action (NPA). This SCD may include service that is NOT creditable for retirement purposes. It is important that you understand this when accessing this estimate. If you have complicated service (part-time, intermittent, refunded service or temporary service, Tennessee Valley Authority, Non-Appropriated Fund, Foreign Service) we strongly recommend that you contact the ABC-C for your estimate rather than utilize the EBIS calculator as the estimate will not be accurate. Also, if you are a CSRS employee with unpaid deposit or redeposit service, the EBIS estimate will not show any applicable reductions to your annuity.

Once you have received an estimate from the ABC-C however, you will be able to manipulate the EBIS estimate by changing your salary, SCD, or using the appropriate deposit/redeposit reductions to the EBIS calculation.

Commencement Date of Annuity:

Civil Service Retirement System (CSRS): If you retire voluntarily, you may select the first, second, third or the last date of the month as your retirement date. With these dates your annuity begins to accrue the following day, to be paid 6 to 8 weeks after your retirement date. If you retire voluntarily on any other date, you will not begin to accrue an annuity until the following month.



Federal Employees Retirement System (FERS): If you retire voluntarily on the last date of a month, your annuity will begin to accrue the first day of the following month, to be paid 6 to 8 weeks after your retirement date. If you retire voluntarily on any other date, your annuity will not begin to accrue until the following month. NOTE: The date you put on your retirement application for “Date of Final Separation” is the day you retire, your last working date as a Federal employee.

Civilian Deposit/Redeposit Service:

If you owe a deposit for temporary (FICA) civilian service or a redeposit for service for which retirement contributions were refunded and you have not paid that deposit at retirement:



CSRS: If you have unpaid deposit service prior to 10-01-1982, OPM will NOT notify you or give you an opportunity to make the payment before adjudication. You must contact OPM upon receipt of your Civil Service Annuity (CSA) number to let them know you want to make that payment. If not paid, you will have a permanent reduction to your annuity.

If you have unpaid deposit service on/after 10-01-1982, OPM will give you the opportunity to pay the contributions and will tell you what difference it makes to your monthly benefit.

If you have an unpaid redeposit performed prior to 10-01-1990, OPM will not notify you of the opportunity to pay for this service. You must contact OPM upon receipt of your CSA number to let them know you want to make that payment. If not paid, you will have a permanent reduction to your annuity.

PLANNING FOR **CIVILIAN RETIREMENT**

Cont'd.

If you have an unpaid redeposit performed on/after 10-01-1990, OPM will give you the opportunity to make this payment and will tell you what difference it makes to your monthly benefit. Incomplete (partially paid) redeposits for service performed prior to 10-01-1990 are not refunded. The amount still owed for the redeposit will be used to calculate the actuarial reduction. You can complete the redeposit after retirement but it must be complete before the final adjudication of your retirement claim. Incomplete redeposit for service performed on/after 10-01-1990 is refunded by OPM.

FERS: You will be given the opportunity to pay for temporary service prior to 01-01-1989. A deposit cannot be made for temporary service after 01-01-1989. If a refund of prior FERS service was taken, a redeposit cannot be made.

For both CSRS and FERS: If you are within 6 months of retirement and have not made a deposit or redeposit and want to, OPM asks that you complete the appropriate application for deposit/redeposit for your retirement plan and submit it WITH your retirement application. Do not send it directly to OPM separate from your retirement.

Records:

Make sure that all documentation to support relevant periods of service is included with your retirement application. This includes all DD214s for military service and statements of deposit payments for both military and civilian service. NOTE: "Prior service" on a DD214 does not provide credit for that service. You must have DD214s showing actual dates for all service performed to receive credit for that service.



Permanent Address:

The address in payroll (which shows on your LES) will flow to OPM. If this address is not correct, you should change your address prior to your retirement utilizing myPay at: <https://mypay.dfas.mil/>



If your mailing address changes after separation, you can update your address on their website at: <https://www.servicesonline.opm.gov/> once you have received your CSA number and PIN from OPM. You will not receive your PIN until after adjudication of your retirement.

Direct Deposit:

When you retire, your current EFT/direct deposit information will flow from your payroll office to OPM and your annuity payments will be deposited into the same bank account as your current salary. If you plan to change banks with your retirement, we recommend you make the change at least a month prior to your retirement by using the myPay website at <https://mypay.dfas.mil/>



If you plan on changing your bank information and have less than a month to retirement, make no changes to your bank account. After you have received your CSA number from OPM you can submit a new direct deposit form (SF 1199A) to their office.

If you wait until after you have received your CSA number and PIN from OPM, you can change your direct deposit information on their website at <https://www.servicesonline.opm.gov/>. Please note that all allotments currently coming out of your pay will cease upon retirement.

Health Insurance:

You must be enrolled in a Federal Employees Health Benefits (FEHB) plan to be eligible to carry FEHB into retirement. This means your FEHB plan must be in effect prior to, and you must be covered on, your retirement date.



If you are eligible to receive an immediate annuity and are insured on the date of retirement (either as a family member under an FEHB program or covered under your own) and have been continuously covered for the 5 years preceding retirement, or since the date you were first eligible to enroll, you may continue your FEHB into retirement. If any portion of your 5 years of FEHB coverage was as a family member or you were covered under TRICARE or CHAMPUS, you must provide proof of that coverage with your retirement.

Civilian Retirement, cont'd.

This proof can be a copy of an SF 2809 showing you listed as a dependent or information from TRICARE showing your coverage dates. So long as you meet eligibility requirements, FEHB will continue automatically. There is no form to complete for retirement.

To cancel your FEHB plan at retirement, you must complete an SF 2809 canceling the coverage and submit it along with your retirement application. Make sure that you mark Block F on the SF 2809 and sign in Block H.

If you wish to suspend your FEHB coverage to use TRICARE For Life or CHAMPVA coverage, include an SF 2809 with your retirement application, marking the "suspension" block (Part G). OPM will send you a suspension form (RI 79-9) to complete. You will indicate on the form the date you wish your FEHB enrollment to be suspended; this date cannot be prior to your retirement date.

You will be required to provide proof of your eligibility under TRICARE or CHAMPVA (Uniformed Services ID Card, Medicare care showing enrollment in Parts A & B or a copy of your CHAMPVA Authorization Card). If OPM receives your suspension information within 31 days before to 31 days after the date you elect to suspend the FEHB coverage, it will be suspended on the date you selected. If it is received in their office outside of that timeframe, OPM will suspend your FEHB coverage at the end of the month in which they receive the form and eligibility documentation. It is a very good idea that you read OPM's Frequently Asked Questions on this subject at <http://www.opm.gov/insure/health/qa/index.asp>.

FEHB premiums for federal retirees are the same as an active employee, paying only the employee portion of the premium; however, you pay premiums on a monthly basis rather than biweekly. You are subject to the same regular Open Seasons as a retiree that you were as an active employee. OPM will notify you of Open Seasons for FEHB.

When you reach age 65 as a retiree, Medicare becomes the primary payer and FEHB becomes the secondary payer.

If your spouse is covered under your FEHB enrollment as a family member, he/she will be eligible to continue FEHB coverage after your death ONLY if you elected to provide a survivor annuity at the time of retirement. If you did not provide a survivor annuity, your spouse will no longer have health insurance upon your death. However, if your spouse is also a Federal employee, your spouse can pick up FEHB within 60 days of the loss of coverage due to your death. This is the case if your spouse is a Federal retiree as well. If your spouse met the 5 years of coverage requirement based on coverage under your FEHB plan, he/she can enroll in FEHB based on the loss of coverage due to your death.

Life Insurance:

You are eligible to continue Federal Employees Group Life Insurance (FEGLI) into retirement if you retire on an immediate annuity, are insured on the date of retirement and have been continuously covered for the five years preceding retirement or since your first opportunity to enroll. This eligibility requirement extends to each of the options (A, B & C) available under the FEGLI plan to include the number of multiples for these options (B & C). You will complete an SF 2818 as part of your retirement application indicating what level of FEGLI you wish to carry into retirement. Please note that this form requires 4 signatures. You are strongly encouraged to visit the FEGLI calculator on OPM's website at: <https://www.opm.gov/retirement-services/calculators/fegli-calculator/>. The calculator is an invaluable tool that will help you see how your FEGLI premiums will change over time. It will also allow you to determine the amount of the insurance coverage you will have as well. It is very important that you look at the reason you are leaving this benefit: do you have a mortgage to pay, car loans, college tuition? If so, you would want to provide a greater benefit. If you are only looking to cover funerary expenses, you might not need to carry as much FEGLI as you had while an active employee. The FEGLI calculator will help you to make these decisions by providing you with direct benefit/cost comparisons.



You must continue Basic life insurance in order to continue any Optional coverage. You cannot elect more coverage at retirement than you currently have. If you elect to waive your FEGLI at retirement, you will not be able to pick up the coverage at a later date.

There are three levels of coverage for Basic: 75% reduction, 50% reduction and no reduction. Remember, if you wish to continue any of the Optional coverage, you must continue your Basic. Option A will automatically reduce once you are retired and at age 65 there is no longer a cost. There are two levels of coverage for Options B and C: full reduction or no reduction.

Civilian Retirement, cont'd.

Federal Employee Dental and Vision Insurance Program (FEDVIP):

If you are enrolled in the Federal Employee Dental and Vision Insurance Program (FEDVIP), you may take it with you in retirement; there is no 5-year enrollment requirement. You will need to contact BENEFEDS one week prior to your retirement date to inform them of your retirement. These premiums can be withheld from your retirement; however you will receive a direct bill from BENEFEDS for premiums until your retirement claim has been adjudicated. It is important that you mail your premiums in a timely manner in order to avoid possible cancellation of this benefit. The number for BENEFEDS is 1-877-888-3337 or TTY 1-877-889-5680. For more information on this program, please visit their website at <https://www.benefeds.com/about>



Long Term Care Insurance (LTCI):

If you are enrolled in Long Term Care Insurance (LTCI), your coverage will automatically continue into retirement as long as you continue to pay the premiums. Deductions for LTCI do not automatically transfer to the retirement system. If you currently pay premiums through direct deposit and you opt for deduction from your annuity, LTC will work with OPM to set up the deduction. This can only be done with adjudication of your annuity. Prior to adjudication, you will be direct billed by LTC Partners. It is your responsibility to contact LTC Partners and let them know of your upcoming retirement and make these payment arrangements.



It is important that you mail your premiums in a timely manner in order to avoid possible cancellation of this benefit. If you currently mail your premiums directly, you do not need to make any changes; retirement will not have a bearing on this arrangement.

If you are not enrolled in LTCI at retirement, you can apply for this benefit after retirement. The number for LTC is 1-800-582-3337. You can find out more information on their website at <https://www.ltcfeds.com/>

Flexible Spending Account (FSA):

If you are participating in the Flexible Spending Account (FSA), it is important that you understand that you will no longer be eligible to continue this benefit. Your HCFSA or LEX HCFSA will terminate as of the date of your retirement. There are no extensions. Any health care expenses incurred prior to the date of separation will still be reimbursable but those incurred after the date of separation are not. If you used your entire elected amount before FSAFEDS has deducted it from your account, you will not be responsible for the remaining payments. You can continue to use the remaining balance in your DCFSA to pay for eligible dependent care expenses until the end of the benefit period or until your account balance is used up, whichever comes first. For more information on FSA, you can contact them at 1-866-643-2245 or visit their website at <https://www.fsafeds.com/>



Income Tax:

If you do not submit a W-4P to OPM, OPM will automatically withhold Federal tax from your annuity at the rate of married with three exemptions. Once you have received your CSA number and PIN, you may change the withholding information on the OPM website at <https://www.serviceline.opm.gov> or you may fill out and mail a W-4P to OPM. If you choose to mail the withholding form to OPM, please ensure you have referenced your CSA number on this form.



State Tax:

OPM does not automatically withhold state income tax. There are some states that OPM has agreements with that allow for voluntary withholding of state tax. However, you cannot elect to do so until after your claim has been adjudicated. You can do this on the OPM website once you have received your CSA number and PIN from OPM (see income tax info above for link). If you wish to submit a hardcopy state withholding form, please ensure that you have referenced your CSA number on this form. You may access the list of states with which OPM has an agreement on the OPM website at <https://www.opm.gov/retirement-services/my-annuity-and-benefits/federal-state-tax/>



Civilian Retirement, cont'd.

Annual Leave:

If you retire before the end of the leave year, you will receive a lump sum payment for all accrued annual leave. If you retire after the end of the leave year, you will receive a lump sum payment only for the amount carried over and any accrued in the new year. The maximum number of hours to be carried over in a leave year is 240. Please note that leave can only be earned during complete pay periods. If you do not complete a full pay period of work prior to retirement, you will not add any leave to your balance for that pay period.



Sick Leave:

CSRS employees receive credit in the computation of their annuity for their sick leave balance. The unused sick leave is converted to years, months and days and then added to the total service for annuity computation purposes. For CSRS employees who elected to convert to FERS and have a CSRS component, sick leave is added to the CSRS portion of the annuity and the lesser amount is used of the balance at the time of transfer to FERS, or the balance at retirement. For FERS employees with no CSRS component, sick leave is not creditable.



Retiree Interim Pay/Payment Schedule:

Once your entitlement to an annuity has been established, OPM will authorize recurring interim payments to provide you with income until the processing of your retirement is final. Interim payments are generally 60 to 70 percent of your regular monthly annuity payment. This interim payment can be less depending on your service history: if there is refunded service that has not been paid or temporary service for which a deposit has not been paid. You can expect to receive your interim annuity payments 6 to 8 weeks after the effective date of your retirement. This timeframe is based on the timely submission of your complete retirement application. If your application is submitted late or is found to be incomplete, you can expect a delay in your annuity payments. Once OPM has adjudicated your claim, you will receive a statement of benefits which lists your entitlements as well as OPM contact information. You will be assigned a CSA number with your interim payment. A PIN will be sent to you with your adjudicated claim. Cost-Of-Living Adjustment



(COLA):

CSRS: The initial COLA is prorated by using the following formula: COLA Rate X number of full months on annuity roll = Prorated COLA FERS: Generally the initial COLA is effective on December 1 after attaining age 62 or after the annuity begins, whichever is later. For FERS annuitants who are not eligible to receive a COLA during the first year (or more) on the annuity roll, the initial COLA you receive (after becoming eligible) is the full COLA without proration. For FERS annuitants who retire under special retirement rules (Firefighters, Air Traffic Controllers, Law Enforcement Officers) the initial COLA is effective on December 1 after the annuity begins.



For FERS retirees with a CSRS component, you will receive a COLA on the CSRS component according to CSRS rules. The FERS portion of the benefit is governed by the FERS rules.

Note for FERS annuitants: The Annuity Supplement is not subject to COLA.

Thrift Savings Plan (TSP):

If you are enrolled in the Thrift Savings Plan (TSP), you will be mailed a withdrawal package after you have separated. The separation information is created when your retirement action is processed; it flows to the payroll office who notifies TSP that you have separated. This process can take 2 to 4 weeks. You are not eligible to make a withdrawal of your TSP monies until you have been separated for at least 30 days. You can leave your TSP monies in your account after retirement unless you are aged 70 ½ at which time you will be required to withdraw.



There are several options available after retirement to TSP participants, it is a good idea to visit the TSP website and become familiar with the materials. TSP also has a retirement calculator that you can utilize to help you make your decision. Their website is <https://www.tsp.gov/>

Social Security:

If you are eligible for Social Security benefits, or if your annuity will be affected by Social Security benefits, you should contact your local Social Security Office to obtain a Request for Earnings and Benefit Estimate Statement. This information is free. Contact the Social Security Office at 1-800-772-1213. You can also calculate an estimated benefit or get more information regarding benefits available from their website at <https://www.ssa.gov/>

Celebrating Success!

Honoring our Retiring Army Medicine Civilian Employees

Retirement is a momentous occasion in an employee's life. Just as there are a number of ways to commemorate the retirement of a military member from active duty, there are several recognition options available to present to Army Medicine Civilian employees who retire.

- Retirement Honorary Award
- Retirement Certificate and Lapel Pin
- MEDCOM Certificate of Appreciation for Spouses
- DSG Retirement Star Note and Coin
- AMEDD Civilian Corps Chief's Letter and Coin

This opportunity creates a culture of employee recognition that drives employee engagement, improves performance, and bolsters retention. Honoring our retiring Army Medicine Civilians displays and acknowledges their dedicated service and the employee's years of employment to the Army service. See the Army Civilian Retirement Recognition Checklist: <https://go.usa.gov/xGyYa>

Send questions or requests to: usarmy.jbsa.medical-coe.mbx.civilian-corps@mail.mil

Joint Medical Executive Skills Institute, Intermediate Executive Skills Course

The Joint Medical Executive Skills Institute Intermediate Executive Skills Course (JMESI-IES) provides education and training on leadership and management skills necessary to successfully serve in an intermediate-level leadership position within a medical treatment facility (MTF). The course is designed to facilitate attainment of selected Joint Medical Executive Skills core competencies as identified by a Tri-Service review board of MHS senior leaders.

This virtual on-line course will be held three times a year with a blended two-phase format.

Phase One: Students must complete 14 web-based training (WBT) modules.

Phase Two: Students attend a 4-day virtual course hosted on a virtual platform.

Please join us in congratulating the 2021 AMEDD 8 - 11 February 2021 selectees for this highly competitive virtual Course. If you are interested in attending the JMESI IES Course, look for the application window for the 12 -15 Apr 2021 or 7 - 10 Jun 2021 courses.

Congratulations again to our AMEDD Civilian Selectees!

Donald Chappell - Madigan Army Medical Center, Joint Base Lewis McChord, WA

Joy Davis - Womack Army Medical Center, Fort Bragg, NC

Monica Gallego - DENCOM Atlantic, Fort Knox, KY

Torrie Pettaway - Joint Base San Antonio, Fort Sam Houston, TX

Lee Phillips - Landstuhl Regional Medical Center, Germany

Antoinette Richard - BG Crawford Sams, Camp Zama Japan

Jason Schroeder - AMEDD Joint Base San Antonio, Fort Sam Houston, TX

Robin Talley - Womack Army Medical Center, Fort Bragg, NC

Michael Woody - Womack Army Medical Center, Fort Bragg, NC

MEDCOM Pride in the Patch!

The MEDCOM Patch Pride campaign is an effort to promote culture and pride in the MEDCOM patch. Please share your patch pride photos with accomplishments that demonstrate Ready, Relevant & Responsive MEDCOM success!



USEFUL INFORMATION

The AMEDD Supervisor's Handbook provides information for new Supervisors and/or Managers to improve their understanding of Federal Civilian Human Resource Management laws and processes.

The handbook is designed for Military and Civilian Supervisors of Federal Civilian employees, who have authority to take, direct others to take, recommend or approve personnel actions.



Visit the Army Medicine Civilian Corps Facebook page for updates on:

- Programs and Initiatives
- Civilian Education Training and Leader Opportunities
- Like and Share our page!

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AMEDD Civilian Corps Page: ameddciviliancorps.amedd.army.mil

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TOWN HALL Q & A

AMEDD Civilian Corps Chief Holds Town Hall

On 25 January, the AMEDD Civilian Corps Chief, Mr. Richard Beauchemin hosted a Civilian Corps Town Hall. This virtual event provided updates on various Civilian matters affecting Army Medicine personnel and beneficiaries. In case you missed it, questions and answers from the town hall are below and will be shared on the Civilian Corps webpage as well!

[Q1 A] Pharmacists (GS-0660) are Title 38 employees. Overseas (Germany and Korea) for pharmacists there is not a DoD Special Salary Rate Authorization (<https://www.dcpas.osd.mil/BWN/WAGTitle38Schedules/#>). Our salaries are significantly lower to our counterparts in the states. For example, a GS-0660-11 step 10 in Korea is \$71,764 vs \$142,089 at Fort Bragg. Why?

[A1 A] Thank you for your question regarding Special Salary Rates for Pharmacists in the overseas area. It is correct that a Special Salary Rate has not been established in the overseas area for Pharmacists. Salaries, at first glance, may seem low when compared to salaries paid in the United States. However, overseas there are financial incentives and benefits paid which are provided to offset the difference. Total compensation and purchasing power overseas often match or even exceed the salaries received and the purchasing power in the United States. For example, eligible overseas employees receive Living Quarters Allowance. The LQA permits the employee to live rent free. Employees pay their rent, mortgage, related insurances, and utilities from their salaries in the United States. Post Allowance is paid overseas to help offset the additional costs for expenses like car insurance and shopping on the overseas economy which are not paid in the United States. In addition, overseas activities can pay a recruitment and/or retention incentive as additional compensation, if requirements are met. While salaries in the United States may seem attractive, the financial benefits and total compensation paid overseas mostly outweigh those salaries.

If your activity Commander determines that overseas compensation is not adequate to retain and recruit pharmacists, a business case can be prepared and submitted for consideration. Your local Civilian Human Resources Office in the medical treatment facility can partner with your Pharmacy leadership to prepare the business case. We will have the Civilian Human Resources Directorate reach out to RHC-Europe to provide assistance.

[Q1 B] Pharmacist Soldiers receive an additional \$5,000 per year to be BPS board certified pharmacists. Their civilian counterparts do not receive this incentive. Why?

[A1 B] Soldiers are covered under the provisions of Title 10 United States Code (USC). Under Title 5 USC, there is no statutory or regulatory provision which authorizes an incentive based solely on board certification for Civilian Pharmacists. However, board certification, or other unique qualifications, may be taken into account when making retention incentive determinations. Retention incentives are not entitlements; they may be authorized when (1) the agency has a special need for the employee's services that makes it essential to retain the employee in his or her current position during a period of time before the closure or relocation of the employee's office, facility, activity, or organization; and (2) The employee would be likely to leave for a different position in the Federal service in the absence of a retention incentive.*

[Q1 C] The VA staff pharmacists are GS-12, while the majority of DoD staff pharmacists are GS-11. Why?

[A1 C] The VA has separate HR flexibilities and authorities, including classification authorities, granted to them under Title 38. DoD and Army Pharmacists are covered under Title 5 authorities. Over 57% of MEDCOM Pharmacists are classified at the GS-12 or higher grade level. Grade levels are determined locally based not only on the complexity of the duties, but organizational grade structure.

TOWN HALL Q & A, con'td.

[Q 2] Can you please provide update on MEDCOM re-organization and how it will affect civilian staffing (specifically for specialty programs like EFMP) at the region level?

[A 2] Once we have a finalized MEDCOM structure, we will know specific staffing levels.

[Q 3] In the past, we had Career Program managers who looked out for our civilian employees in their particular Career Program, disseminating information about training opportunities, arranging group training for certifications like FISMA cybersecurity and Project Management Professional, and providing opportunities for college classes, certificates and degrees. Is there any plan to revive this program? Please note: I am a GS 2210 who has been recalled to Active Duty for six months.

[A 3] CP-34 disseminates information using the following methods;

- CP-34 Portal: For additional information on CP-34 and our programs, please visit our portal https://army.deps.mil/army/cmds/hqda_ciog6_Admin/itmcp34/SitePages/Home.aspx (CAC enabled, please select your Authentication certificate).
- Messages: CP-34 utilizes the profiled communication tool within Army Career Tracker to send email correspondence to all or specific populations of personnel aligned to CP-34.
- CP-34 Newsletters: The CP-34 Newsletter is designed to continuously inform the Information Technology Management (ITM) workforce on emerging capabilities, trends, training and development opportunities. You may access the CP-34 December 2020 Newsletter at <https://go.usa.gov/xA3bY> (CAC enabled, please use your Authentication Certificate).

[Q 4] Is there a chance that RHC-P civilian positions will be eliminated, downgraded, or that civilian employees will be forced to either relocate or lose their current job?

[A 4] People are the MEDCOM's top priority. Maximum employee placement is our goal. Some employees have already been identified to TOF and MDT to DHA. Although we currently don't have the readiness structure finalized, it is expected most employees will land in those positions. We will use all other available HR flexibilities, such as attrition, VERA/VSIP, DoD Priority Placement, MEDCOM Placement Program, etc. for job placement of excess employees.

[Q 5] Will the GS for LPN's ever be increased to bring us up to a competitive salary of our counter parts in the surrounding are. Other LPN's in the GS system range from GS6's toGS8's.

[A 5] First, I must clarify that MEDCOM does not have LPNs classified as GS-8. LPNs with Lead and Supervisory duties are classified at the GS-7 level. Positions are classified based on the level of work and organizational structure.

This is a compensation issue. We recognize there are significant challenges with local market compensation disparity at many locations and we are working to resolve through HR channels. We have recently developed and published guidance to assist MEDCOM Commanders, Consultants, and Civilian Human Resources staff document, initiate and submit requests for Title 38 Special Salary Rates to correct compensation inadequacies that impact the recruitment and retention of critical healthcare personnel. However, the Special Salary Rates must be monitored throughout the year to determine whether or not we need to submit a request to increase rates. We need to do everything we can to retain valuable personnel. If we don't have Special Salary Rates already established at locations with significant compensation disparity with the local market, then we must take action to establish special rates.

If your activity Commander determines that local compensation is not adequate enough to retain and recruit LPNs, or any other occupation, a business case can be prepared and submitted for consideration. Your local Civilian Human Resources Office in the medical treatment facility would partner with your Nurse leadership to prepare the business case.

TOWN HALL Q & A, con'td.

[Q 6] There are lots of incentives for RN's and continuing education opportunities, but there are none for LPN's, will there any continuing education opportunities for LPN's (LPN to RN)?

[A 6] We offer the same continuing education opportunities for LPNs as we do for RNS. In fact, we recently had a few LPNs participate in Academic Degree Training (ADT) the past few years. Additionally, we offer individual training where careerists can take up to 12 semester hours for the duration of their career. We are also exploring a LPN to RN program, and are in the initial stages of the process.

I encourage you to contact following individuals in the Career Program 53 Office to discuss continuing education opportunities for Nurses:

RN: Ms. Janet Davis: janet.l.davis42.civ@mail.mil

LPN: Mr. Richard Watson: richard.f.watson4.civ@mail.mil

OTSG Website: <https://armymedicine.health.mil/CP53>

Facebook: <https://www.facebook.com/groups/127023794307278/>

Army Career Tracker: <https://actnow.army.mil/communities/community/civilian-cp53>

MilSuite: <https://www.milsuite.mil/book/groups/cp53-careerist-support/>

[Q 7] What is being done to address waiving the 1 year experience rule for LPNs who received their RN license? We have lost 4 nurses in the past years.

[A 7] MEDCOM submitted the following request to Health Affairs to establish a DoD-specific Nurse qualification standard:

“The U.S. Army Medical Command proposes an update to OPM qualification standards for Nursing Series, 0610 as follows:

Basic Requirements for the GS-5 (or equivalent) Grade Level to qualify at the GS-5 (or equivalent) grade level, applicants must meet one of the following qualification requirements:

- Possession of a Bachelor of Science degree in Nursing with no experience; **or**
- Possession of a diploma or associate degree in professional nursing and one full year of professional nursing; **or**
- Possession of a diploma or associate degree in professional nursing and one year of GS-4 level practical nursing experience under the supervision of a professional nurse.”

The current Office of Personnel Management qualification standard requires graduated LPNs who have obtained their RN licensure to possess one year of professional nursing experience. OPM defines “professional nursing experience” as RN experience, thus limiting opportunities for our LPN workforce to advance without leaving Federal service to gain one year of RN experience. MEDCOM’s request is with Health Affairs and is being formally staffed with the MILDEP M&RAs.

[Q 8] What is MEDCOM/OTSG's current policy for VERA/VSIP? Is the policy different for employees at the MEDCOM HQ vs the MTFs?

[A 8] Memo MCHR-C, 15 Oct 2021, subject: Amended U.S. Army Medical Command Fiscal Year 2021 Voluntary Early Retirement Authority and Voluntary Separation Incentive Pay Guidance is applicable enterprise-wide.

The MEDCOM Chief of Staff is the sole approving authority for VERA/VSIP. Commanders/Activity Heads have the authority to deny applications if they determine that such incentives do not serve the best interests of the government.

VERA/VSIP is a workforce shaping tool, not an employee entitlement. Voluntary separation incentives may be used to downsize or restructure the workforce and to create vacancies for placement of employee impacted by RIF. Downsizing incentives may be offered when the acceptance of an incentive avoid involuntary separations. Restructuring may be used in situations when there is a valid need to modify major duties, occupational series, and/or grade of a position to meet mission requirements.

TOWN HALL Q & A, con'td.

[Q 9] As a member of the AMEDD ELDP 20-22 Cohort, will I still be able to complete the program since I have been recently TOF to DHA?

[A 9] Yes, the DHA agreed to allow employees who are enrolled in training and who have or will TOF to continue/complete training after transfer.

[Q 10] Regarding the recent announcement by OPM of the new annual leave carryover policy now in effect for federal employees. News link and pertinent OPM documents attached.

<https://federalnewsnetwork.com/benefits/2021/01/new-annual-leave-carryover-policy-now-in-effect-for-federal-employees-opm-says/>

Questions for the Civilian Corps Town Hall - How will OTSG/MEDCOM implement this policy change? What actions, if any, must the civilian employee initiate? When will any recovered leave/carryover limit adjustment be captured in employees pay account? Any additional information?

[A 10] On 7 Dec 20, ASA(M&RA) delegated the authority to execute civilian leave restoration procedures for exigencies under national emergencies to the CG MEDCOM with the authority to re-delegate to no lower than the GO/SES level. This delegation is currently in staffing for delegation to Commanders, Regional Health Commanders.

The Office of Personnel Management determined that the National Emergency concerning the COVID-19 outbreak constitutes an exigency of the public business for the purpose of restoring forfeited civilian annual leave. As a result, the scheduling and canceling of annual leave subject to forfeiture is not required under this authority.

Once the delegation is signed, Regional Health Commanders will have authority to determine which employees, or groups of employees, would forfeit annual leave in excess of their maximum allowable carryover rate due to their services being considered essential for the response to the COVID-19 national emergency. Leave restoration will be processed in accordance with local procedures.

Employees in positions that support the DoD response to the COVID-19 national emergency, such as medical or health professions, acquisition, engineering, or installation infrastructure, perform essential services that qualify for coverage.

G-8/9 Logistics

[Q 11] I have question about Full Electronic car charging from hospital parking lot.

Can we charge our car at parking lot? If we can't, is there any way that we can charge our cars? If I need to pay for it, I'll pay for it.

[A 11] BDAACH or Camp Humphreys USAG have authority over the electronic vehicle charging stations in the hospital parking lot. This question is best answered by them.

G-3/5/7 Health Care Delivery/ Health Care Operations

[Q 12] Question: What is the current plan to vaccinate the families of the Docs and nurses at the military hospitals that work directly in the Covid Clinics?

[A 12] The current DoD COVID-19 Vaccination Population Schema included in the DoD Vaccine Plan does not include "relationship with a healthcare worker" as a separate priority group. Individuals living with healthcare workers will be vaccinated based up their individual stratification.

Any questions submitted that were not addressed here should be directed to your local command POCs.

Keep an eye on the Civilian Corps Webpage & Facebook page for the next Civilian Corps Town Hall!