

# EQUAL EMPLOYMENT OPPORTUNITY

## (EEO) POLICY INFORMATION FOR

### EMPLOYEES

#### **Discrimination**

Civilian Employees, former employees, or applicants for employment who believe they have been discriminated against based on **race, sex, national origin, color, age, religion, physical/mental disability, genetic information or reprisal** for involvement in prior EEO activity may file an informal EEO complaint by first contacting an EEO official within **45 calendar days** of the date of an alleged discriminatory act **OR** within **45 calendar days** of becoming aware of an alleged discriminatory act.

#### **What is harassment?**

The term "harassment" includes repeated, unwelcome, and offensive slurs, jokes, or other oral, written, graphic, or physical conduct relating to an individual's race, color, religion, sex, national origin, disability, or age that creates an intimidating, hostile, or offensive educational or work environment. **Sexual Harassment** is a form of sex discrimination. It includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Such conduct constitutes sexual harassment when submission to such conduct is made a term or condition of employment or has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. It also includes same-sex harassment when the harassment constitutes discrimination because of sex. DON civilians have two avenues for filing complaints of sexual harassment. They may utilize: (1) U.S. Code Title 10 (10 USC), §1561 Investigations, by contacting their Commanding Officer to report allegations of sexual harassment, and/or (2) contact an EEO official to initiate an informal EEO complaint.

#### **Age**

The Age Discrimination in Employment Act (ADEA) of 1967 protects individuals **40 years of age or older** from discrimination based on age.

#### **Disability**

The Navy does not discriminate against qualified individuals with a disability because of the individual's disability. Discrimination includes not making reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability, unless it is determined that the accommodation would impose an undue hardship on the operation of the Navy.

#### **Reasonable Accommodation For Disability**

Employees who require reasonable accommodation for physical or mental conditions may contact their chain of command or an EEO official to request assistance. (Reasonable accommodation is a change in the work environment or in the way things are customarily done that would enable an individual with a disability to enjoy equal employment opportunities)

#### **Religious Freedom**

[Title VII of the Civil Rights Act of 1964](#) prohibits employers from discriminating against individuals because of their religion in hiring, firing, and other terms and conditions of employment.

#### **What is Alternative Dispute Resolution (ADR)**

Employees are encouraged to attempt resolution of workplace disputes through ADR. ADR may be used to resolve all types of work place conflict. ADR is normally in the best interest of both the activity and the employee. It offers parties the opportunity to determine the outcome of workplace disputes, and is typically less expensive. Additionally, [SECNAVINST 5800.13](#) formally establishes the Navy's policy to use ADR "to the maximum extent practicable" to resolve all forms of workplace disputes. For more information visit <http://adr.navy.mil>

#### **EEO OFFICIALS**

Employees are encouraged to work with their chain-of-command to resolve work place disputes. EEO officials are also available to meet with employees and/or supervisors to attempt resolution of concerns and/or complaints. If you are an appropriated or non-appropriated funds employee or applicant, contact one of the EEO officials identified below to discuss your concerns.

#### **EEO Program Manager**

[clint.haskell@usmc.mil](mailto:clint.haskell@usmc.mil)

#### **EEO Specialist (OKINAWA & IWAKUNI)**

[virlynda.cantoral@usmc.mil](mailto:virlynda.cantoral@usmc.mil)

#### **EEO Specialist (Hawaii)**

[jamie.collins@usmc.mil](mailto:jamie.collins@usmc.mil)

**DSN 315-645-5422/5423**

**COMM 098-970-5422/5423**

**INTL +011-81-98-970-5423**

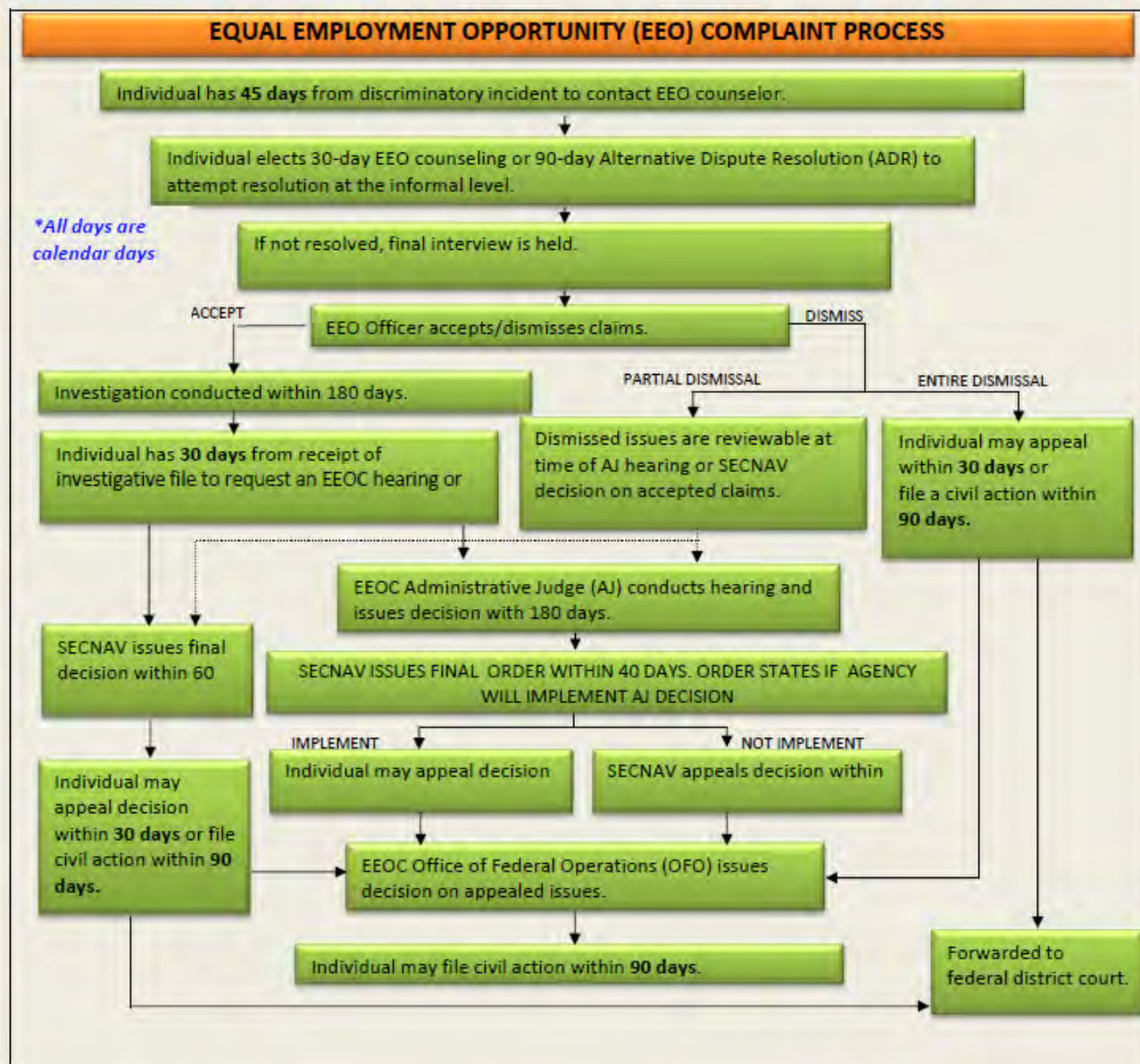
**DSN 457-1349**

**COMM (808) 257-1349**

MCIPAC EEO Website: <https://www.mcipac.marines.mil/Staff-and-Sections/Special-Staff/EEO/>

## Marine Corps Installation Pacific

The Workflow consists of timeliness of the complaints process



Employee Name (PRINT):

Work Location

Employee Signature

Date

## PROBATIONARY PERIOD ACKNOWLEDGEMENT

The probationary period, during which the employee's effective level of performance and overall fitness and suitability for continued employment is observed, applies to employees when employed in a Regular position in one of the six major NAF employers (Army, Navy Personnel Command, Marine Corps, Navy Exchange Service Command, Air Force, and Army and Air Force Exchange Service). The period may last up to **one year** during which the employee may be separated if management determines that the employee's work performance or conduct has failed to demonstrate the necessary fitness or qualifications for continued employment. Affected employees shall be given written notice as to the reasons for the separation and the effective date of action via Standard Form 52. Probationary periods do not apply to employees who have already completed a probationary period in the same field of work with one of the six NAF employers and/or APF employment with the applicable break-in-service requirements. Separation during probation is not a disciplinary action.

**This section is applicable to Supervisory/Managerial employees only:**

An employee is also required to serve a probationary period as stated in MCO P12000.11A upon initial appointment to a supervisory and/or managerial position. This written notification advised the employee that if he/she does not satisfactorily complete the probationary period shall be returned to a position or no lower in grade or pay band than the one held prior to appointment to the supervisory or managerial position. Such action is not considered a disciplinary action.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## NOTIFICATION OF VIDEO SURVEILLANCE

To promote the safety of employees, contractors, and visitors, as well as the security of our facilities and equipment, the MF/MR Division may conduct video surveillance of any portion of its premises at any time; the only exception being private areas of restrooms, showers, and dressing rooms. Video cameras will be positioned in appropriate places within and around MF/MR buildings and used in order to help promote the safety and security of people and property. Questions about video surveillance in the workplace should be directed to the Human Resources and Training Branch (MRG).

**I have read and understand the above policy statement and I understand that this applies to me.**

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## MCCS STANDARDS FOR PREVENTING WORKPLACE VIOLENCE

Nothing is more important to MCCS than the safety and security of its employees. Threats, threatening behavior or acts of violence against employees, customers, visitors, or other individuals **will not be tolerated**. Violations of this policy will lead to disciplinary action, including suspension, termination, arrest and prosecution.

Any person who makes threats, exhibits threatening behavior or engages in violent acts connected with MCCS will be removed from the premises as quickly as safety permits and will remain separated from MCCS pending the outcome of an investigation.

No existing MCCS Policy, practice or procedure should be interpreted to prohibit decisions designed to prevent a threat from being carried out, a violent act from occurring or a life-threatening situation from developing.

All MCCS personnel are responsible for notifying management of any threats or violence, which they have witnessed, received, or have knowledge of. Even without an actual threat, employees should report any behavior they have witnessed which they regard as threatening or violent, when that behavior is connected in any way to MCCS or might be carried out on an MCCS site. Employees are responsible for making this report even if the designated manager(s) are not available and should seek out another member of management.

I certify that I have read and understand the above statement.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**To MCCS Hawaii Employees:**

**Information provided below describes the use of the Government communication systems:**

- Use of Federal Government equipment and property, (including government owned telephones, facsimile machines, electronic mail, Internet systems, and commercial systems when the federal government pays for use), may only be used for “official” purposes or “authorized” purposes as approved by the agency designee. [5 C.F.R § 2635.704(a), and Section 2-301, JER].
- “Official Use” includes emergency communications; communications deemed necessary in the interest of the government; and “morale and welfare” communication by DoD employees on extended deployments. Section 2-301a(1), JER.
- “Authorized Use” includes personal uses that may be authorized by an agency designee (supervisor who is a commissioned officer or GS-11 or above). JER, paragraph 2-301b. Supervisor must ensure personal uses meet this test: (1) Does not adversely affect the performance of official duties; (2) Is of reasonable duration and frequency and done on the employee’s own time; (3) Serves a legitimate public interest (such as keeping employees at their desks, enhancing professional skills of the employees, job searching in response to downsizing); (4) Does not reflect adversely on DoD; and (5) Creates no significant additional cost to DoD (including long distance telephone charges). Other examples include checking with spouse or minor children, scheduling doctor and auto or home repair appointments, brief Internet searches, e-mailing directions to visiting relatives.
- “Prohibited Use” includes commercial activities for personal financial gain (sales) and use, which reflect adversely on DoD (EEO violations, extremist organizations, sexist activity, harassment).

**All employees are reminded to never reply or forward any form of “chain letter.”**

Not only is this against the policy, but this can also place a tremendous burden on the e-mail servers if sent to a contact list, which could cause a denial of service on users. All DoD computer systems and related equipment are for communication, transmission, processing, and storage of official U.S. government, or other authorized information only. These systems are subject to monitoring at all times to ensure proper functioning of equipment and systems including security devices, to prevent unauthorized use and violation of statutes or security regulations, to deter criminal activity, and/or other similar purposes. All users should be aware that any information placed in the computer system is subject to monitoring and is not subject to any expectation of privacy. If monitoring of this or any other DoD interest computer system reveals violations of security regulations or unauthorized use, employees are subject to appropriate disciplinary actions.

---

User Printed Name

---

User Signature

---

Date

## IDENTIFICATION OF RELATIVES

I, \_\_\_\_\_, understand that it is prohibited to be employed under the supervision of a relative. (A relative is defined as a person connected with another by blood or affinity.)

In addition, I understand that I am to inform the Personnel Office of any relative(s) who is employed or assigned to MCCS (or Unit Command for FRO positions), in any capacity, at the present time or at any time in the future.

In the event a supervisory relationship should occur, employment reassignment, if possible, shall be considered but not guaranteed.

I understand and agree to the above conditions.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Any relatives employed here?

\*If yes, give names, relationship and position.

---

---

---

---

---

## WEINGARTEN NOTICE

Title 5 United States Code (USC), Section 7114(a)(2)(B), Representation rights and duties, provides that:

“(a)(2) An exclusive representation of an appropriate unit in an agency shall be given the opportunity to be represented at...

(B) any examination of an employee in the unit by a representative of an agency in connection with an investigation if...

- (i) the employee reasonably believes that the examination may result in the disciplinary action against the employee:

And:

- (ii) the employee requests representation.”

This right is commonly referred to as the “Weingarten” right, based upon the US Supreme Court’s private sector labor decision in *NLRB v. J. Weingarten, Inc.* 420 US 251 (1975). Briefly, this Statutory right provides that when an agency representative questions a bargaining unit employee, and the employee believes that the questioning may result in disciplinary action against that employee and the employee requests union representation, the employee is generally entitled to representation if the investigation continues.

Upon a valid request for union representation from the employee, management has three options:

1. Grant the request and notify the union that a meeting to examine bargaining unit employee is going to take place and that the employee has requested union representation.
2. Continue the investigation without interviewing the employee.
3. Offer the employee a clear choice to either continue the interview without representation, or have no interview.

In addition to affording the employees these “Weingarten” rights, the Statute, at USC Section 7114(a)(3), requires each agency to “annually inform its employees of their rights under paragraph (2)(B) of this subsection.” That is, each year, management must notify bargaining unit members of their statutory “Weingarten” rights. This message provides notice for 2019.

In addition to the annual notice, the collective bargaining agreement with exclusive representatives at MCBH Kaneohe Bay, HI, contains provisions regarding the right to representation. Supervisors and employees should be familiar with the Agreement.

“Weingarten” rights are not applicable when management issues a disciplinary action since management is not asking questions. Additionally, the “Weingarten” right does not come into play when engaging in performance counseling as this does not concern disciplinary matters but rather, performance issues.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## ACKNOWLEDGEMENT OF NEGOTIATED AGREEMENT

By signing below, I acknowledge that I have received a copy of this form and understand a copy of the Negotiated Agreement between the Marine Corps Community Services and the Service Employee International Union, Local 556, AFL-CIO, jointly with the United Food and Commercial Workers Union, Local 480, AFL-CIO, which contains the grievance procedures, can be printed and/or viewed online at:

<http://mccshawaii.com/wp-content/uploads/2012/11/UnionAgreement.pdf>

Password to access document: **MCCS@hawaii**

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U. S. C. 552A)

### PART A – GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual employee. Forms are necessary for employment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Numbers are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is required from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your personnel office will provide such information upon request.

### PART B – INFORMATION TO BE FURNISHED TO INDIVIDUAL

#### 1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

#### 2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide education and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affair programs.

#### 3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of those official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Civil Service Commission; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

#### 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitle (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career. Disclosure of your Social Security Number is mandatory.

### PART C – STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current directives which pertain to forms which I am asked to complete.

\_\_\_\_\_  
User Printed Name

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

## CONDITIONS OF EMPLOYMENT

1. As an MCCS employee, you will be subject to the conditions of employment as described below:
  - a. Acceptance of your position requires, as a condition of employment/promotion, enrollment for Direct Deposit of net pay after deductions for taxes, benefits and other assignments made through voluntary deduction.
  - b. You may be reassigned anywhere within MCCS.
  - c. You are required to abide by all directives and regulations of MCCS and may be terminated for failure to do so. Smoking in prohibited areas, fighting, failure to abide by Safety regulations, use of or possession of drugs or alcohol when present for purpose of this employment, or reporting to work under the influence of drugs or alcohol, are cause(s) for termination.
  - d. You recognize the employer's right to search your property (packages, lunch boxes, etc.) when leaving the activity.
  - e. You understand that it may be necessary to change your work schedule if required by operational needs and that, as a condition of this employment, you must adjust your schedule accordingly.
  - f. You understand that employees serving in a temporary, flexible, or probationary status may be separated at any time without prior notice, and that such actions are not grievable.
2. If you find it necessary to resign from your position, you are requested to give two weeks written notice. You understand that when you leave your employment, you are required to complete checkout procedures and return all government property.

***I hereby acknowledge that I accept the above conditions of employment and that I understand and will abide by them. I certify that as of this date all of the information on my original and/or more recent application is true and correct.***

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **CERTIFICATION OF STATUS RELATIVE TO THE RECEIPT OF UNEMPLOYMENT COMPENSATION**

If you have applied for or been receiving Unemployment Insurance benefits payments, it is your responsibility, under penalty of law, to notify the appropriate local office, in writing, to discontinue the issuance of Unemployment Insurance checks now that you are employed. Failure to notify the State agency can result in a penalty such as fine, imprisonment, or both.

I have read, and understand the above statement and am aware of my responsibility relative to notifying the appropriate local office of my employment.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## LOYALTY STATEMENT

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

In accordance with MCO P12000.11A, Marine Corps NAF Personnel Policy Manual, this certifies that I have been advised that no person will be employed or continue to be employed at NAF who:

- Advocates the overthrow of the United States Government;
- Is a member of an organization that advocates the overthrow of the United States Governments; or
- Participates in any strike against the Government, including all instrumentalities of the Government.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

## EMERGENCY CONTACT DESIGNATION

List below the name of the person whom you desire to be notified in the event of an accident or injury:

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Designation of Beneficiary

## Unpaid Compensation of Deceased Civilian Employee

Important:  
Read all instructions before  
filling in this form

### A. Identification

Name (Last, first, middle)	Date of birth (mm, dd, yyyy)	Social Security Number	
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

### B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature		Total = %

### C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

### Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
---------------	-----------	------

Type or print your return address to insure return


**Important** - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

### Examples of Designations

**1. HOW TO DESIGNATE ONE BENEFICIARY** Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Domestic Partner	100%

**2. HOW TO DESIGNATE MORE THAN ONE** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

**3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY**

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

**4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE** (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			