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UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

BO 12432.3A
BMWR
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BASE ORDER 12432.3A

From: Commanding General
To: Distribution List

Subj: SEPARATION PROCEDURES FOR NONAPPROPRIATED FUND EMPLOYEES

Encl: (1) Employee Check-Out Sheet
(2) Resignation/Termination of Employment

1. Purpose. To establish policy and instructions for separation procedures for Nonappropriated Fund (NAF) employees of organizations serviced by the NAF Personnel Office.

2. Cancellation. BO 12432.3.

3. Summary of Revisions. Readers should note the change of the form numbers of enclosures (1) and (2). Other minor changes were necessary to reflect the consolidation of Morale, Welfare and Recreation activities.

4. Information

a. Each NAF employee is required to complete and turn in an Employee Check-Out Sheet, Form MNFP-33, as shown in enclosure (1), upon termination of employment. This procedure is necessary to ensure all pending administrative matters are completed prior to the departure of the employee, and to ensure recovery of all government property that was issued to the employee.

b. Supervisors are not authorized to issue paychecks to terminating employees. All final paychecks will be forwarded by the payroll section to the NAF Personnel Office for delivery to terminating employees. Any final paychecks which are inadvertently sent to supervisors will be forwarded immediately to the NAF Personnel Office. Checks not delivered to terminating employees will be returned to the payroll section 90 days from date of issue.

c. Questions and problems that may arise in applying the provisions of this Order should be referred to the NAF Personnel Office, Employee Relations and Development Branch, extension 2366.

5. Procedures

a. Supervisors are responsible for submitting a completed Resignation/Termination of Employment, Form MNFP-3, as shown in enclosure (2), for each terminating NAF employee regardless of employment category. Form MNFP-3 should be submitted to the NAF Personnel Office a minimum of 14 calendar days prior to the last date of employment. Incomplete MNFP-3 forms will be returned to the activity without being processed.

b. If an employee quits without notice or abandons the position, the MNFP-3 Form will be submitted as soon as possible after it is apparent that the employee does not intend to return to work.

c. On the last day of an individual's employment, the supervisor will complete the top portion of the MNFP-33 Form, give it to the employee and direct that employee to go to each activity listed on the form and obtain a check-out signature from the activity concerned. The completed form will be retained by the NAF Personnel Office. If the departing employee is active duty military, or retired, or a military dependent, the individual does not have to report to certain activities as indicated on the MNFP-33 Form.

RETURN TO CENTRAL FILES,
MCB WITHIN 48 HOURS

d. When an employee being terminated for any reason is not available to complete the check-out procedure, the supervisor will endeavor to recover all government property issued to the employee. An MNFP-33 Form will be initiated by the supervisor and forwarded to the NAF Personnel Office for final action and filing. The NAF Personnel Director will request the return of the civilian identification card and vehicle decal, if any, and any other government property in the possession of the employee.

6. Availability. Copies of enclosures (1) and (2) may be obtained from the NAF Personnel Office.

7. Action. Heads of Nonappropriated Fund Instrumentalities will ensure that all subordinate managers and supervisors, military and civilian, are thoroughly familiar with the contents of this Order and that the Order is made available to employees upon request.

JAMES A. CATHCART
Chief of Staff

DISTRIBUTION: N plus MWR(300)/HSVC(4)/BH(2)

EMPLOYEE CHECK-OUT SHEET

MANAGER/SUPERVISOR: Fill out the first three lines of this form and give it to the employee on the last day of work. Direct employee to proceed to the places indicated, as applicable. Do not give paychecks to terminating employees; forward checks to the NAF Personnel Office.

EMPLOYEE'S NAME _____ SS NO. _____

PLACE OF WORK _____ JOB TITLE _____

LAST DAY OF WORK _____ CIVILIAN/MILITARY/MILITARY DEPENDENT (circle one)

.....

EMPLOYEE: Report to the person/places listed below, as applicable.

1. Activity Manager/Supervisor: All uniforms, smocks, tools, etc., previously checked out to employee have been recovered.

_____ _____
Date Signature of Manager/Supervisor

2. Vehicle Registration Office, Bldg 4000, Camp Lejeune. (Not applicable to military/military dependents). The above named individual has completed all required check-out procedures at this activity. Vehicle decal has been recovered. One-day pass issued.

_____ _____
Date Signature of Vehicle Registration Official

3. NAF Personnel Office, Bldg 712, Camp Lejeune:

a. MWR Identification/Privilege Card: # _____ Date: _____

or Civilian Identification Card: # _____ Date: _____

b. Employees enrolled in the Retirement Plan must see the Insurance Clerk.

_____ _____
Date Personnel Clerk

MNFP-33 (Rev 4/90)

ENCLOSURE (1)

RESIGNATION/TERMINATION OF EMPLOYMENT

NOTE: To be submitted at least two weeks (14 days) prior to the effective resignation date for those employees who are resigning.

Date: _____

From: _____
To: Nonappropriated Fund Personnel Director
Via: Activity Manager/Supervisor

_____, _____, _____
(Name) (SS No.) (Job Title)
_____ intends to quit work (is recommended for discharge)
effective _____ for the following reason(s): _____
(last day)

_____

_____

Notification of Personnel Action Form will be mailed. (Please check appropriate block below concerning final paycheck.)

_____ I will pick up my paycheck at NAF Personnel Office, Building 712.

_____ Please mail my paycheck to me at _____
_____.

_____
Employee Signature

.....

Evaluation: ( ) Outstanding ( ) Satisfactory
( ) Excellent ( ) Unsatisfactory (Special Performance Appraisal Required)

Would you rehire: YES _____ NO _____ (If not, give reason.)

_____

_____

Replacement Required:

YES _____ Date: _____ Full-Time _____ Part-Time _____ Intermittent _____
NO _____

_____ _____
Activity Manager/Supervisor Director/Manager Signature (if required)

MNFP-3 (Rev 7-90)

ENCLOSURE (2)