



DEPARTMENT OF VETERANS AFFAIRS
Palo Alto Health Care System
Psychology Service (116B)
3801 Miranda Ave.
Palo Alto, CA 94304

April 2012

Dear Postdoctoral Fellow,

Welcome to VA Palo Alto Health Care System. Attached to this letter, please find a checklist and instructions for the forms and documents required by VA Palo Alto Health Care System, Human Resources Management Service (HRMS) for your Psychology Postdoctoral Fellowship temporary federal employment. The checklist provides information on how to fill out each form. Please keep in mind the following as you fill these forms out:

1. All forms must be written or typed in **Black Ink**. You can print out all the forms to fill them out. Some, but not all of the forms, can also be completed electronically and then printed for your signature and mailing.
2. Do not leave any item blank.
3. Mark any item that does not apply to you "N/A" or Not Applicable.
4. Please enclose an updated vita and/or resume.
5. Remember to sign and date each form requiring your signature.
6. Complete and sign Section #1 of Form I-9. Please provide a photocopy of two IDs or of the acceptable documents needed to verify your citizenship. Please note, the two photocopies of IDs you provide should be the 2 original IDs you will be required to present to Human Resources when you arrive on the first day at the VA Palo Alto. Refer to the acceptable documents lists on the back of the I-9 form. The names on both forms of ID presented for ID proofing must match exactly. If one form of ID has a middle name or initial, the other form of ID must have a matching middle name or initial. One form can contain a middle name and the other one can have a middle initial as long as they match. One of the two IDs needed for Verification need to have a Federal or State Government issued picture badge.
7. All employees must have direct deposit to receive their pay. If you are unable to complete the direct deposit form at this time, please do so as soon as you have arranged for banking in this area and then return the completed form to me.
8. In order to get employment benefits (e.g., health insurance) here, the "Conditions of Temporary Employment" form is for one year, one month, and one day, but your one year appointment will end after one year.
9. Please enclose a copy of your graduate school transcript(s) showing awarding of the final degree. If the transcripts are not available by the time you submit the application, please include two letters, one from your Training Director from your Internship site and one from your Training Director from your graduate school, showing completion of Internship training or that you are in good standing and are expected to complete your Internship training. However remember we will need a copy of your transcript showing awarding of degree once it becomes available.
10. Please enclose a copy of your Birth Certificate or Naturalization paper(s), showing that you are a citizen of the U.S.A. The Office of Academic Affiliations in Central Office requires that Psychology Service keep a copy of this document on file.
11. You must complete the "Mandatory Training for Trainees" training. Refer to the attached instructions to complete the "Mandatory Training for Trainees" and print the certificate of completion for this training.
12. Make a copy for your records of all completed forms and certificates prior to mailing the originals back to me.

13. **Please mail all the forms in one packet to Dana Iller, Program Support Assistant, Psychology Service, no later than June 4, 2012.**

Once you have returned all the attached forms to Dana Iller, you will be required to complete an electronic Standard Form SF 85 (E-QIP), complete a physical exam, and obtain fingerprint results. This must be done before you will be allowed to start your Postdoctoral Fellowship at the VA Palo Alto Health Care System and be put on the VA Payroll. It will take time to complete a pre-employment physical, fingerprinting and the electronic form SF 85 (E-QIP). **Please submit all the attached forms to me by the date indicated above. Once I have received the completed forms, the package will then be submitted to HR.**

A Human Resources Specialist will contact you after they have received your forms, to schedule the physical, the fingerprinting, and provide you with further instructions on the completion and access to the electronic Standard Form SF 85 (E-QIP). You may also discuss with HR the possibility of having a physical done free of charge at a VA close to you. You may also choose to have the physical done by a private physician that may be covered fully or in part by your current health insurance, but the VA does not reimburse the cost of a pre-employment physical conducted by a private physician. If you choose to have your physical done by a private physician, HR can send you the specific paperwork that the physician will need to complete. **If you have not heard from HR by July 2, 2012, please call Dana Iller to follow up.**

Again, in order to schedule the physical, the fingerprinting, and receive access to the electronic Standard Form SF 85 (E-QIP), you must complete all the attached forms and return them to me in Psychology Service no later than June 4, 2012.

Health and Life insurance forms will be provided to you during the new employee processing by Human Resources Management, when you start working here. After you submit your health insurance election form to Human Resources Management, your health insurance coverage will become effective the first day of the following pay period.

Last, but not least, once you know what your new home address and contact phone numbers in this area will be, please email the information to me, so that I can update your documentation.

If you have any questions, please feel free to call Dana Iller, Program Support Assistant at (650) 493-5000, x65476, or email me at Dana.Iller@va.gov.

Thank you for your cooperation.



Dana G. Iller, B.S.E.
Program Support Assistant
VA Palo Alto Health Care System
Psychology Service (116B)
3801 Miranda Avenue
Palo Alto, CA 94304
(650) 493-5000, Ext. 65476
Fax (650) 852-3445
Dana.Iller@va.gov

FORMS CHECKLIST AND INSTRUCTIONS FOR Postdoctoral Fellows and Interns in Psychology Service

The pre-employment forms on this list can be accessed for your completion at <http://www.paloalto.va.gov/MentalHealth/PsychologyForms.asp> in the section titled *Required Human Resources Forms for All Psychology Trainees*. Read and very carefully follow the instructions on every form. Additional instructions are provided on this sheet to assist you in completing the forms with more accuracy and with less difficulty where errors or omissions often occur. If you have any questions, do not hesitate to call Dana Iller, Program Support Assistant, Psychology Service, at 650-493-5000, extension 65476. **Please use black ink only and write as legibly as possible.**

- ❁ **OF-306, Declaration for Federal Employment** - False statements on any part of this document may be grounds for not hiring you or for dismissing you after you begin work.
 - Complete boxes 1 through 6
 - Answer questions 7a through 15
 - Read 16 and respond accordingly
 - Read Certifications / Additional Questions and sign on line 17a, only. You will sign 17b the day you come on duty.

- ❁ **I-9, Employment Eligibility Form.**
 - Section 1, complete, sign, and enter the date
 - Section 2 will be completed by Human Resources
 - Please provide a photocopy of two IDs or of the acceptable documents needed to verify your citizenship. The copies of the 2 IDs you provide should be the 2 original IDs you are going to present to HR. Check the back of the form. To verify your eligibility, you will need to provide one item from List A OR one item each from List B and C. The most common forms used are a Certificate of Naturalization or Passport from List A and a birth certificate, or social security card and driver's license from List B and C.
 - Please, bring your items of identification with you when you return your forms or when you report for fingerprints/duty.

- ❁ **Employee Health Supplemental History Form**
 - Provide copy of documentation of immunizations or titres.
 - Answer, sign documentation and mail the form to Psychology Service with the other HR forms. HR will forward the form to Employee Health for your pre-employment physical.

- ❁ **SF-93, Report of Medical History**
 - Answer, sign documentation and mail form in with the rest of your HR forms. HR will forward the form to Employee Health for your pre-employment physical.

SF-256 – Self-Identification of Handicap

- Fill in your name, birth date, and social security number.
- Read: Definition of a Handicap. Complete the box in the corner as follows:
 - If you do not wish to identify your handicap, enter 01
 - If you do not have a handicap, enter 05
 - If you have a handicap and it is not listed, enter 06

Form W-4 – Employee’s Withholding Allowance Certificate – Federal Tax

- Complete boxes 1, 2, 3, and 4 and fill in home address, city/state/zip code
- Read instructions and then enter the number of exemptions in box 5
- Sign and date the form

DE-4 – Employee’s Withholding Allowance Certificate – State Tax

- Fill in your name, social security number, address and filing status
- Read the instructions and then enter the number of exemptions on line 1 and any additional amount you may want withheld on line 2
- Sign and date the form

FMS Form 11- 92, *FastStart* Direct Deposit – Electronic deposit of pay is mandatory

- Complete box 1 with social security number, name and home telephone number
- Complete box 2
- Complete box 3 with routing transit number, account number, account title and the name of your financial institution. You can get the transit and account number from your financial institution OR, if your electronic deposit is going into your checking account, you can write void on a blank check and attach it
- If you wish to establish an “Allotment”, you need to complete information in the boxes under 4. If you wish to make more than one allotment, you will need to complete additional forms.
- Sign and date the form

Complete the “Mandatory Training for Trainees “ (MTT) and print out the certificate of completion (see instructions attached).

- **NOTE:** Please print a copy of the certification of completion and return it with the above forms.

Information for Fingerprinting

- Complete all boxes.

Conditions of Temporary Employment

- Sign and date.
- **NOTE:** Paid Interns and Postdoctoral Fellows **will be** receiving health insurance

Statement of Commitment and Understanding

- Sign, fill in Position Title and date.

- ❄ **Statement of Understanding Regarding Unemployment Benefits**
 - Sign and date.

- ❄ **VA Form 4637, Employee Educational Data**
 - Part I, Section A. Check general education Level.
 - Part I, Section B. Check higher education certificate or degree.
 - Part II Enter one digit education code, year of completion, Enter six digit program code, fill in name, social security number, Service, sign and date
(**Please note:** Service and Division will be Psychology Service, PAD)

- ❄ **SF-144, Statement of Prior Federal Service**
 - Complete all applicable boxes, sign and date.

- ❄ **School Transcript(s) – This is not a HR form** (must submit with your application)

- ❄ **Curriculum Vitae – This is not a HR form** (must submit with your application)

If you have any questions about the training or completion of the forms, do not hesitate to call, Dana Iller, (650) 493-5000 at extension 56-65476.

NOTE: Information Only

❄ **Electronic Questionnaires for Investigation Processing (E-QIP) – instructions attached**
Human Resources will notify you to proceed with the E-QIP process, upon receipt of your appointment package from Psychology Service (Upon completion of E-QIP data entry process, you will be prompted to review for accuracy. Once all sections are accurate and complete, you must print, sign, and date the “Release of Information” and “E-QIP Certification” and forward them to the servicing HR Specialist as soon as possible).

❄ **Personal Identification Verification**
(YOU WILL BE COMPLETING THIS IN HUMAN RESOURCES (HR), WHEN YOU COME IN FOR PROCESSING)

- Applicant must present **two (2) forms of identification** from the Accepted Identification Documentation List below.

The names on the identification **must** match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match).

❄ **Acceptable Identification Documentation Information**
One Federal or State ID must contain a photograph.

- Both IDs **must** be **original** documents.
- Both IDs **must** be **currently valid**, not expired.
- Please see the acceptable and unacceptable ID proofing examples provided below.

ACCEPTABLE NAME VARIATIONS

ID # 1 – John Henry Smith; ID # 2 – John Henry Smith

ID # 1 – John H. Smith; ID # 2 – John H. Smith
 ID # 1 – John Henry Smith; ID # 2 – John H. Smith

UNACCEPTABLE NAME VARIATIONS

ID # 1 – John Henry Smith; ID # 2 – John Smith
 ID # 1 – John H. Smith; ID # 2 – John Smith

ACCEPTED IDENTIFICATION DOCUMENTATION LIST

Picture ID From Federal or State Government	Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government
State-Issued Drivers License	Social Security Card
State-DMV-Issued ID Card	Certified Birth Certificate
U.S. Passport	State Voter Registration Card
Military ID Card	Native American Tribal Document
Picture ID From Federal or State Government	Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government
U.S. Coast Guard Merchant Mariner card	Certificate of U.S. Citizenship (INS Form N-560 or N-561)
Foreign Passport with appropriate stamps	Certificate or Naturalization (INS Form N-550 or N-570)
Permanent Resident Card or Alien Registration Card with a photograph (INS Form I-151/I-551)	Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form DS-1350)
ID Card issued by federal or state government agencies	Permanent or Temporary resident card
	ID Card issued by local government agencies provided it includes following information: name, date of birth, gender, height, eye color, and address
	Non-photo ID Card issued by federal or state government agencies provided it includes the following information: name, date of birth, gender, height, eye color, and address
	School ID with photograph
	Canadian Drivers License
	U.S. Citizen ID Card (Form I-179)

Instructions to Register through TMS and Complete Mandatory Training

Dear Postdoctoral Fellows, Interns and Practicum Students:

In order for you to engage in your work at VA, you are required to complete a mandatory training program titled *VHA Mandatory Training for Trainees*. This training is offered through the VA Talent Management System (TMS), a system that offers web-based training to VA employees and its partners.

For First time Users: To complete the *VHA Mandatory Training for Trainees (MTT)*, you must self-enroll for a profile on the VA TMS by visiting <https://www.tms.va.gov/plateau/user/login.jsp>. Once there, follow the steps attached to create a profile, launch the mandatory training, and complete the content.

Upon completion, print the certificate of completion from the TMS and include with your employment application package. This certificate displays the employee's TMS User ID.

Refresher Course: Is for trainees who have already taken the *VHA Mandatory Training for Trainees (MTT)*, but have been in the VA training program long enough that they must retake the required annual training modules.

The *VHA Mandatory Training for Trainees – Refresher* course will automatically be assigned to you in TMS 11 month after you have taken the full course. **DO NOT** use the Refresher Course if you have not previously completed the online "*VHA Mandatory Training for Trainees (MTT)*".

Please see Step-by-Step Instructions attached to begin the completion of this training.

1.1 Step-by-Step Instructions

1. From a computer, launch a web browser and navigate to <https://www.tms.va.gov/plateau/user/login.jsp>
2. Click the **[Create New User]** link in the menu below the “TMS” logo and login fields
3. Select the radio button for “**Health Profession Trainees**”
4. Click the **[Next]** button
5. Enter appropriate information in each required field, and also in any non-required field if you have the information
 - a. My Account Information:
 - i. Create **Password** (Follow the guidelines presented on screen)
 - ii. Re-enter **Password**
 - iii. **Security Question**
 - iv. **Security Answer**
 - v. Re-enter **Security Answer**
 - vi. **Social Security Number** (Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.)
 - vii. Re-enter **Social Security Number**
 - viii. **Date of Birth**
 - ix. **Legal First Name**
 - x. **Legal Last Name**
 - xi. **eMail Address** (Enter your business email address. If you have a VA email address assigned to you, it is preferred. The eMail Address will be used as your UserID)
 - xii. Re-enter **eMail Address**
 - xiii. **Phone Number** – Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)
 - b. My Job Information:

Postdoctoral Fellows & Psychology Interns enter the following information:

 - i. **VA City** – Enter “Palo Alto”
 - ii. **VA State** – Enter “CA”
 - iii. **VA Location** – Select: PAL (VA Palo Alto VA Health Care System)
 - iv. **Training Type**: Select: All Other Health Professions
 - v. **Specialty/Discipline**:

Fellows – Select: PSYCHOLOGY FELLOW (POST-DOCTORAL)
Interns – Select: PSYCHOLOGY INTERN (DOCTORAL)
 - vi. **VA Point of Contact First Name** – Enter “Jeanette”
 - vii. **VA Point of Contact Last Name** – Enter “Hsu”
 - viii. **VA Point of Contact eMail Address** – Enter “Jeanette.Hsu@va.gov”
 - ix. **VA Point of Contact Phone Number** – Enter “6504935000”

Psychology Practicum Students enter the following information:

- x. **VA City** – Enter “Palo Alto”
- xi. **VA State** – Enter “CA”
- xii. **VA Location** – Select: PAL (VA Palo Alto VA Health Care System)
- xiii. **Training Type**: Select: All Other Health Professions
- xiv. **Specialty/Discipline**: PSYCHOLOGY STUDENT (MASTERS)
- xv. **VA Point of Contact First Name** – Enter “Gary”
- xvi. **VA Point of Contact Last Name** – Enter “Miles”
- xvii. **VA Point of Contact eMail Address** – Enter “Gary.Miles@va.gov”
- xviii. **VA Point of Contact Phone Number** – Enter “6504935000”

Once you have entered all of the necessary data, click on the “**Submit**” button. Your profile will be immediately created. Copy and save the **UserID** displayed to you on the confirmation page, as you will need this for future logons to the VA TMS. Once done, click on the “**Continue**” button and wait until your “**To-Do List**” populates with the title(s) of the mandatory training content.

1.2 Launching and Completing the Content

1. If the **VHA Mandatory Training for Trainees (for first time users)** or the **VHA Mandatory Training for Trainees Refresher (for trainees who have previously already taken the VHA Mandatory Training for Trainee)** are available items in the **To-Do List**, mouse over the title and click the [**Go to Content**] button in the pop-up window that appears.
2. If the **VHA MMT** or the **VHA MTT Refresher** trainees are not listed in the **To-Do List**, go to the **Catalog** section on the right side of the To-Do List window and enter **#3185966 (for the VHA MTT training)** or **# 3192008 (for the VHA MTT Refresher trainee)** and hit the search magnify glass on the right side of the catalog section.
 
3. Click the [**Go to Content**] button in the pop-up window that appears.
4. Complete the content following the on-screen instructions.
5. When you have completed the training, print that out and save it.
6. Exit the course and a completion should be recorded for your effort.
7. Click on the “**Completed Work**” pod on the lower right hand side of your TMS Home browser window.
8. Move your mouse over the title of the course you just completed and choose to “**Print Completion Certificate**”.
9. Print off your completion certificate and save it.
10. Send the Certificate of Completion for your VHA MTT or VHA MTT Refresher training with your employment application package and indicated.

1.3 Trouble-shooting and Assistance

The Check System link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one is not in

[insert document title here]

compliance with the requirements, a red “x’ will appear next to the Check System link. Should this be the case with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS.

If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1.888.501.4917 or via email at VAMSEHelp@gpworldwide.com.

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Talent
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VA TMS Self Enrollment

If you are a VA employee and need a VA TMS profile, do not create an account here.
Please contact your local VA TMS Administrator.

If you need assistance with self-enrollment, please contact the VA TMS Help Desk at 1 (866) 496-0463 or via email at VAMSEHelp@gpworldwide.com.

Please answer the following question to begin the Self Enrollment process:

I am a...

- Health Professions Trainee
- Contractor
- Volunteer
- WOC(Without Compensation)
- Others

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The VA Talent Management System web site is intended for employees and staff of the Department of Veterans Affairs. Veteran-related information about education, benefits, and other services are available on the VA Home Page

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Electronic
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Note: Fields marked with * are required

My Account Information

- The length of the password must be between 8 and 12 characters.
- The password must contain the following types of characters:
 1. English lowercase letters.
 2. English uppercase letters.
 3. Arabic numerals(0,1,2,...9).
 4. Non alphanumeric special characters (!@#%&*()-_+=[]<>?/";\|)
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name(login ID).
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 3 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Password cannot be same as the E-Signature PIN.
- Security answer must be at least 5 characters.

* Password :

* Re-enter Password :

* Security Question :

* Security Answer :

* Re-enter Security Answer :

* SSN : - -

(If you are foreign national and do not have an SSN please [click here](#))

* Re-enter SSN : - -

* DOB (MM/DD/YYYY) :

* Legal First Name :

* Legal Last Name :

Middle Name(Optional) :

* Email Address :

* Re-enter Email Address :

Phone Number (do not include hyphens i.e 1112223333) :

My Job Information

VA City :

VA State :

* VA Location Code :

(Supplied by your VA Contract)

* Trainee Type :

* Specialty/Discipline :

* VA Point of Contact First Name :

* VA Point of Contact Last Name :

* VA Point of Contact Email Address :

Point of Contact Phone Number (do not include hyphens i.e. 1112223333) :

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