

27 April 1990

CAL ARNGR 600-1
CA ANGR 35-1

APPENDIX AA

Request for Leave

TO: _____
(Appropriate Supervisor)

Request that I be granted leave from SAD as follows (check appropriate box):

- | | |
|---|---|
| <input type="checkbox"/> ORDINARY LEAVE | <input type="checkbox"/> LEAVE W/O PAY(Indicate Reason Below) |
| <input type="checkbox"/> MILITARY LEAVE | <input type="checkbox"/> SICK (Indicate Reason Below) |

REASON (If required):

PERIOD: _____ 19 ____ THRU: _____ 19 ____ INCLUSIVE

SIGNATURE

TYPED NAME AND GRADE OF
INDIVIDUAL REQUESTING LEAVE

APPROVED:

SIGNATURE OF INDIVIDUAL
APPROVING REQUEST FOR LEAVE

DATE

OTAG Form 900-14 (Apr 89)

APPENDIX BB

STATE ACTIVE DUTY EVALUATION OF PERFORMANCE

PART I - ADMINISTRATIVE DATA			
Last Name, First Name Middle Initial	SSN	SAD Grade	Position Title
Unit/Activity of Assignment		Period Covered	

PART II - PERFORMANCE EVALUATION									
PERFORMANCE FACTORS	RATING SCALE (See reverse for instructions)								COMMENTS
1. PRODUCTIVITY	0	1	2	3	4	5	N/A		
2. QUALITY OF WORK	0	1	2	3	4	5	N/A		
3. INITIATIVE	0	1	2	3	4	5	N/A		
4. WORKING RELATIONSHIPS	0	1	2	3	4	5	N/A		
5. ADAPTABILITY	0	1	2	3	4	5	N/A		
6. JUDGMENT	0	1	2	3	4	5	N/A		
7. INTEREST IN JOB	0	1	2	3	4	5	N/A		
8. ABILITY TO WORK INDEPENDENTLY	0	1	2	3	4	5	N/A		
9. ORAL EXPRESSION	0	1	2	3	4	5	N/A		
10. WRITING ABILITY	0	1	2	3	4	5	N/A		
11. CONFIDENCE IN OWN KNOWLEDGE & ABILITY	0	1	2	3	4	5	N/A		
12. SELF IMPROVEMENT	0	1	2	3	4	5	N/A		
13. ACCEPTS RESPONSIBILITY	0	1	2	3	4	5	N/A		
14. MOTIVATES OTHERS	0	1	2	3	4	5	N/A		
*15.	0	1	2	3	4	5	N/A		
GROSS TOTAL ALL COLUMNS:									**

* Other performance factors directly related to the individual's position.

** Divide by number of rated elements x 10 = Evaluation Score

$$\frac{\text{Gross Total}}{\text{Number of Rated Elements}} \times 10 = \text{Evaluation Score}$$

NARRATIVE COMMENT ON ALL RATINGS OF 0

SIGNATURE OF INDIVIDUAL	DATE
SIGNATURE OF RATER	TITLE
SIGNATURE OF REVIEWING OFFICER	TITLE
	DATE

APPENDIX BB (continued)

INSTRUCTIONS

1. Review the elements carefully and select those that best describe the duties required to be performed by this employee. Enter the number of relevant elements in the appropriate box. For each element you select, the evaluation should be obtained by comparing this employee with other employees of the same grade and duty requirements. Be sure your evaluation is based either on actual observation of the employee's work or on the product (tangible or intangible) resulting from the employee's efforts. Use the scale of points included in the evaluation scale on the right of the form. The meaning of each point on the scale is as follows:

YOU ARE INDICATING THAT		
If your evaluation of the employee on an element is	The Employee's Performance on that element is	Among employees in his series & grade level you would place the employee
0	Marginal or below the expected level & that he/she requires further training or experience to bring his/her performance up to satisfactory level.	In the lowest 2%
1	Satisfactory	With 50% of the employees
2	Consistently satisfactory & sometimes above satisfactory	With employees in the upper 3rd quarter (Next 25%)
3	Consistently above satisfactory but not exceptional	In the lower portion of the top 23% (Next 14%)
4	Consistently above satisfactory and some times exceptional	In the lower portion of the top 9% (Next 6%)
5	Consistently exceptional	In the top 3%

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APPENDIX CC

SAD RIF Register

SAD Grade: _____

DATE: _____

Name	Evaluation Score By RIF Board	Remarks
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

OTAG Form 900-29 (Jul 85)

APPENDIX CC (continued)

It is the determination of the Reduction in Force Elimination Board convened this date that the following named individual(s) be removed from SAD in the grade shown above:

- A. _____
- B. _____
- C. _____
- D. _____

Adjutant General

Assistant Adjutant General

DAG Resource Management Div

DAG Army Division

DAG Air Division

APPENDIX DD

RIF Board Raters Score Sheet

Name: _____ SAD Grade: _____

I. EFFICIENCY

Performance Evaluation Scores

Year 198 _ _____

198 _ _____

198 _ _____

Total _____ + _____ = _____

II. POTENTIAL FOR PERFORMANCE

Highly qualified = 50

Well qualified = 40

Qualified = 30

Marginally qualified = 20

Not qualified = 0

Score given _____

III. FITNESS

(Grade each factor: Excellent = 30; good = 20; marginal = 10; poor = 0)

Physical fitness _____

Loyalty _____

integrity _____

Total score _____

APPENDIX DD (continued)

IV. RATERS PERSONAL EVALUATION

Grant points for the raters personal evaluation of the individual's value to the National Guard; 50 for outstanding, 40 for excellent, 30 for good, 20 for average, 0 for below average.

Total Score (240 maximum)

INSTRUCTIONS

- I. Last three performance evaluations are listed and averaged for score.
- II. Potential for Performance is determined by raters upon review of performance evaluations, education, military grade, known attributes and deficiencies and recommendations of record.
- III. Fitness is determined by review of records and from personal knowledge.
- IV. Raters Personal Evaluation is determined by the rates based on his or her personal determination of the individual's value to the National Guard. Included should be such factors as known outstanding work completion, major work problems, extra workloads accomplished, and non-pay outside activities such as National Guard Association or similar support activities.

APPENDIX EE

SAD Information and Evaluation

Name: _____

SAD Grade: _____ Effective Date of Appointment: _____

Military Grade: _____

Primary Military Specialty: _____

Secondary Military Specialty: _____

Service:	Yrs	Mos
State Active Duty	_____	_____
Federal Active Duty	_____	_____
Technician (Calif)	_____	_____
Part Time NG (Calif) (Other than counted above)	_____	_____

Age: _____ Date of Birth: _____

Eligible for immediate PERS Annuity: _____ Yes _____ No

Civilian Education:

Military Education Level:

SAD Effectiveness Report Ratings:

(A) (B) (C) (D)

OTAG Form 900-31 (Jul 85)

APPENDIX FF

**State Active Duty
Grievance Form**

Date: _____

Name: _____ Position Title: _____

Division/Activity: _____ Section: _____

Description of Problem:

Action Requested:

I discussed this with my Supervisor on (Date) _____ Signature _____

GRIEVANCE REVIEW — FIRST LEVEL
Supervisor's decision:

Date Received:

Signature _____ Title _____ Date _____

GRIEVANCE REVIEW — SECOND LEVEL
Decision:

Date Received:

Signature _____ Title _____ Date _____

(OVER)

APPENDIX FF (continued)

FINAL REVIEW		Date Received:
Decision:		
Signature	Title	Date

ATTACH ADDITIONAL SHEETS IF NEEDED

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APPENDIX GG

PHYSICAL FITNESS TEST

Verification Statement

This is to certify that _____
successfully passed the Physical Fitness Test Conducted by this
unit on _____.

Commander

Unit

OTAG Form 900-32 (Apr 89)

APPENDIX GG (continued)

STATE ACTIVE DUTY PHYSICAL FITNESS PROGRAM

The following named individual has been examined by me or personnel at this facility and are determined fit to participate in a physical fitness program, which will require attainment of the following goals upon completion:

NAME: _____

AGE GROUP		PUSH-UPS		SIT-UPS		TWO MILE RUN	
		MIN	MAX	MIN	MAX	MIN	MAX
17-21	M	42	82	52	92	15:54	11:54 Minutes
	F	18	58	50	90	18:54	14:54
22-26	M	40	80	47	87	16:36	12:36
	F	16	56	45	85	19:36	15:36
27-31	M	38	78	42	82	17:58	13:18
	F	15	54	40	80	21:00	17:00
32-36	M	33	73	38	78	18:00	14:00
	F	14	52	35	75	22:36	18:36
37-41	M	32	72	33	73	18:42	14:42
	F	13	48	30	70	23:36	19:36
42-46	M	26	66	29	69	19:12	15:12
	F	12	45	27	67	24:00	20:00
47-51	M	22	62	27	67	19:36	15:36
	F	10	41	24	64	24:30	20:30
52-Plus	M	16	56	26	66	20:00	16:00
	F	9	40	22	62	25:00	21:00

 TYPED-PRINTED NAME OF DOCTOR OR MEDICAL FACILITY

 DOCTORS SIGNATURE DATE SIGNED

 INDIVIDUALS SIGNATURE DATE SIGNED

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APPENDIX II

Training Request

SUBMITTED BY:	DATE:	THROUGH:	DATE:
TO: CASS-A	DATE:	DUTY LOCATION:	
NAME OF EMPLOYEE:	TYPE OF TRAINING:		
CLASSIFICATION/TITLE:	<input type="checkbox"/> Job required <input type="checkbox"/> Job related <input type="checkbox"/> Upward Mobility* <input type="checkbox"/> Career Related* *Attach appropriate justification.		

WHY IS TRAINING NEEDED? (New Program, New Technologies, Planned Development, etc.)

COURSE TITLE/NUMBER:	ORGANIZATION/VENDOR:
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LOCATION OF TRAINING (Address):	TELEPHONE NUMBER:
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TUITION COST:	FUNDING CODE:
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SUPERVISOR'S APPROVAL:	DATE:
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ACTIVITY/DIRECTORATE/DIVISION APPROVAL:	DATE:
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THIS SECTION FOR CASS USE ONLY

TO: CAST-SA CAST-PC	FROM: CASS-A	DATE:
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- Request revolving fund check be issued as indicated above.
- Request purchase order be issued as indicated above.

TRAINING OFFICER OR REPRESENTATIVE

TO:	FROM: CASS-A	DATE:
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- The above request has been approved and processed.
- The above request is disapproved for the following reason:

TRAINING OFFICER OR REPRESENTATIVE

OTAG Form 900-34 (Jun 89)

APPENDIX KK

Sick Leave Report

1. NAME: _____ SSN: _____

2. EMPLOYING ACTIVITY: _____

3. SUPERVISOR STATEMENT:

The above named individual was absent from work for the reason indicated on the following dates:

Dates:

_____ Medical/Dental Appointment

_____ Sick in Hospital

_____ Sick at Home

_____ Other (explain)

Nature of illness or injury:

Supervisor's Signature

4. DOCTOR'S STATEMENT:

I examined, treated or prescribed for the above named patient on these dates: _____

Date returned to work or estimated date of return: _____

Nature of illness or injury:

Doctor's Signature

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(CASS)

BY ORDER OF THE GOVERNOR:

OFFICIAL:

ROBERT C. THRASHER
Major General
The Adjutant General

CURWOOD F. REYNOLDS
COL, INF, CAL ARNG
Administrative Officer

DISTRIBUTION:

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