



**JOINT TASK FORCE
NATIONAL CAPITAL REGION MEDICAL
8901 WISCONSIN AVENUE, BUILDING 27
BETHESDA, MD 20889-5600**

MEMORANDUM

SUBJECT: Mapped Against Preference (MAP) List Policy, JTF CapMed Civilian Human Resources Council (CHRC), Revised November 2010

1. **INTRODUCTION.** The Workforce Mapping (WFM) process was designed to place employees at the new Walter Reed National Military Medical Center (WRNMMC) at Bethesda or the Community Hospital at Fort Belvoir (BFCH). The two new joint hospitals will be staffed with the current employees at Walter Reed Army Medical Center (WRAMC), National Naval Medical Center (NNMC) and DeWitt Army Community Hospital (DACH). The Workforce Mapping process placed personnel employed at the three hospitals as of June 2010, but may employees will come on board and leave during the interim period between placement in June 2010 and the establishment of the new joint hospitals in 2011.

2. **PURPOSE.** This plan has been created to provide priority consideration for each employee who was mapped to a non-preferred location at one of the two future Medical Treatment Facilities (MTFs). This list is designed to provide opportunities for employees who request to be placed on it and is not a guarantee of a change in mapping.

3. **MAPPED AGAINST PREFERENCE (MAP) LIST POLICY.** The process for the MAP List adds a few additional steps to each MTF's current position management process. *Please refer to Appendix A for a process flowchart.*

a. Once approval to fill an action is granted by the position management board at the MTF, all permanent vacancies must be compared to the Mapped Against Preference (MAP) reassignment list to determine if the vacancy can be used to map an employee to the desired location. Each MTF Deputy Commander/CHRC Principal must designate one Point of Contact (POC) person or group (CPAC or HRO is recommended) to be responsible in checking the MAP list for eligible candidates.

(1) The POC will be responsible for identifying MAP List employees whose series and grade match open vacancies. They will provide the names of the employees who match to the concerned supervisors as well as providing contact information for the supervisors to their counterparts at each facility. The POC will also keep the JTF CapMed Consultant updated on the list, reporting which employees were matched to a vacancy and any other changes needed on the list (additions, deletions, etc.).

(2) If more than one employee matches a vacancy, the POC will use the priority order of the earliest date the employee was placed on the list, then WRAMC tenure (for WRAMC employees only). Only one name should be sent to supervisors at a time.

b. In order to be considered for the vacancy, the employee's skill set must substantially match the major duties of the vacancy and the grade equivalent must be comparable. To aid in this determination, the employee's job description of record and the most recent performance appraisal will be provided to the supervisor with the vacancy. Employees with less than a level 3 appraisal rating may not be eligible for placement into a vacancy by this method.

c. Before placement is decided, the employee's current supervisor must be consulted by the potential gaining supervisor and both supervisors must agree that the employee is a good match to the position. If needed, the Deputy Commanders for Administration will provide assistance in making the decision of skill matches and timing of placements. If agreement can not be reached at the supervisory/DCA level, the issue will be elevated to the Deputy Commander of the JTF CapMed (DCJTF). The DCJTF and the DCA(s) will participate in discussion of the issues at hand and the final decision in such situations will be made by the DCJTF.

(1) The supervisory conversation is of upmost importance for this process. The two supervisors, the employee's current supervisor and the supervisor who is hiring, must discuss the skills and fitness of the MAP list employee to be reassigned to the open position to agree that the person is a good match or not a good match for the position.

(2) Documents that can be referenced for this conversation and decision are the position description (PD) of the open position and the PD the employee is currently assigned to, the performance objectives the employee is currently working under, and past performance ratings. Resumes and discussions with the employees will not be used in this process.

d. The next steps are determined by the supervisors' decision on skills match and the timing of the placements.

(1) If the MAP employee is a good match and both supervisors approve the placement, the supervisors must decide if the employee will be placed in the position immediately or when the new hospitals open in 2011.

(a) If the employee will not begin the new job until the new hospital opens, a new notification letter will be sent to the affected employee from the JTF to inform her/him of the change in placement. The vacancy can then be filled as a temporary position.

(b) If the supervisors agree that the employee should be moved immediately into a permanent position, the job offer given to the employee will include the future location of the position and no notification letter needs to be given. An RPA will be created and processed to fill the vacancy as appropriate.

(2) If the employee agrees to the reassignment but asks for more time before moving, both supervisors must agree to the revised timeline. If the supervisors cannot agree on the revised timeline, the employee is given one more chance to agree to the timeline. If the employee again refused the reassignment, she/he is moved to the end of the MAP list and will move to last in preference order.

(3) If the employee refuses the reassignment, she/he is moved to the end of the MAP list and will move to last in preference order.

(4) If the employee is a good match and wants to move as soon as possible but the current supervisor disagrees with an immediate transfer, the process for resolving skills match and timing issues will be used (see Section 3.c. above).

e. If no MAP employee is a good match or the supervisors/DCA/DCJTF do not approve the placement, the hiring action should proceed through normal hiring channels.

f. Any questions about the process are to be directed to the POCs at each MTF. If the POCs cannot advise on the situation, please contact Ms. Nory Hagerty (Norieta.Hagerty@med.navy.mil), JTF CapMed CHR Consultant and MAP Administrator, for assistance.



Debra Edmond
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Joint Task Force, NCR Medical
CHR Council Chair

Attachment:
As Stated

Appendix A

INTEGRATION STAFFING PROCESS CHART

The following diagram should be used when a vacancy exists at WRAMC, NNMC and DACH.

- 1 – In consultation with integrated Chiefs/ Dep CDRs as appropriate. Regional equities must be considered
- 2 – Matched Against Preference (MAP) coordinator involvement

