

Appointment Type: PST (Transfer from Another Agency)

Mark the required forms for the appointment.

Employment Verification

- EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)
 - (English)
 - (Spanish)

Employment Information

- DUTY STATEMENT (OHR 907)
- ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE (STD 910)
- SIGNED APPLICATION PACKAGE (STD 678)

Policies

- ANTI-DISCRIMINATION POLICY (AO 15-01)
- INCOMPATIBLE ACTIVITIES STATEMENT
- LACTATION ACCOMMODATION (HR MEMO 16-014)
- NEPOTISM POLICY (AO 13-01)
- SEXUAL HARASSMENT MEMO (AO 15-02)
- SUBSTANCE ABUSE (AO 01-01)
- WORKPLACE VIOLENCE PREVENTION POLICY (AO 09-01)
- WORKERS' COMPENSATION GUIDE (SCIF E13571)

Appointment

- EMPLOYEE ACTION REQUEST EAR (STD 686)
- DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (STD 243)
- EMERGENCY INFORMATION/PHYSICIAN DESIGNATION (DGS OHR 20)
- CALPERS MEMBER RECIPROCAL SELF-CERTIFICATION FORM (PERS CASD-801)
- STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE (CalHR -1070)
- OATH OF ALLEGIANCE (STD 689)
- OATH OF OFFICE (STD 688) (EXEMPT ONLY)
- MILITARY SERVICE DECLARATION (STD 912)
- EMPLOYEE STATE DISABILITY QUESTIONNAIRE ACKNOWLEDGEMENT
- EMPLOYEE ASBESTOS NOTIFICATION AND ACKNOWLEDGEMENT (STD 250)
- NOTICE OF EXCLUSION FROM CALPERS (PERS AESD 139)
- AUTHORIZATION TO USE PRIVATE VEHICLES (STD 261)
- JOB NOT COVERED BY SOCIAL SECURITY (SSA 1945)
- DIRECT DEPOSIT ENROLLMENT AUTHORIZATION (STD 699)

Benefits (within 15 days)

- NEW TO STATE BENEFITS COVER LETTER
- AFFORDABLE CARE ACT NOTIFICATION CHECKLIST (CalHR 782)
- ANNUAL LEAVE – SICK/VACATION ELECTION FROM (CalHR 875)
- NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE NOTICE
- HEALTH BENEFITS (HBD-12)
- DENTAL PLAN PACKAGE (STD 692)
- DEPENDENT ELIGIBILITY VERIFICATION CHECKLIST (CalHR 781)
- PREMIER VISION PLAN ACKNOWLEDGEMENT
- CONSOLIDATED BENEFITS (COBEN) CASH ENROLLMENT ELECTION (STD 702)
- CASH OPTION ENROLLMENT AUTHORIZATION (STD 701C)
- REIMBURSEMENT ACCOUNT ENROLLMENT AUTHORIZATION (STD 701R)
- GROUP LEGAL SERVICES INSURANCE ACKNOWLEDGEMENT
- LONG TERM DISABILITY ACKNOWLEDGEMENT
- LIFE INSURANCE (STD 698) (form used to cancel only) (benefit is automatic for supervisory/excluded)
- RETIREMENT BOOKLET-ACKNOWLEDGEMENT (TIER 1/TIER 2)
- PART-TIME, SEASONAL AND TEMPORARY (PST) RETIREMENT FACT SHEET
- PART-TIME, SEASONAL AND TEMPORARY (PST) RETIREMENT MEMO

Checklist

- APPOINTMENT DOCUMENT CHECKLIST (OHR 70)