

Department of General Services
New Hire/Reinstatement Appointment Documents

PRE-EMPLOYMENT DOCUMENTS

Pre-employment documents must be submitted and approved PRIOR to the employee's first day of work.

DOCUMENT NAME	ADDITIONAL INFORMATION
VERIFICATION OF SOCIAL SECURITY NUMBER	If the employee does not provide a social security card, access the Social Security Number Verification System online.
ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE (STD 910)	Must be received in PTU prior to appointment or within 5 days of start date.
MEDICAL EXAMINATION (STD 610)	Only if the class requires a medical exam. Must be approved by the SPB Medical Officer/OHR Medical Coordinator prior to employee's start date.
EMPLOYMENT ELIGIBILITY VERIFICATION (I-9) (English) EMPLOYMENT ELIGIBILITY VERIFICATION (I-9) (Spanish)	New employees will not be allowed to work until I-9 has been received in PTU. This form is required for Department of Homeland Security to verify your Citizenship and legal authorization to be able to be employed by the State of California. Supporting legal documentation is required. See the list of acceptable documents on the reverse side of Form I-9. Most common documents are Driver's License and Social Security Card.
HIRE ABOVE MINIMUM REQUEST (DGS OHR 906)	Only if requesting to offer incumbent a salary that exceeds the minimum of the class. Must be approved by OHR Chief prior to making a commitment to the employee.
STATEMENT OF ECONOMIC INTEREST (FORM 700)	Required for classifications designated under DGS Conflict of Interest Code.

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APPOINTMENT DOCUMENTS

These documents are due to your OHR Specialist within 5 working days after the employee’s date of hire.

DOCUMENT NAME	ADDITIONAL INFORMATION
ABMS - QUICK EMPLOYEE ENTRY	Must be done before submitting appointment package to PTU.
SIGNED APPLICATION (STD 678)	Must be submitted with appointment package. (With the exception of POST and BID)
CALPERS MEMBER RECIPROCAL SELF-CERTIFICATION FORM (PERS-CASD-801)	
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (STD 243)	<p>This form allows you to designate a person to accept your pay warrant upon your death. This allows a family member or power of attorney to accept your pay on your behalf. The designee has 60 days after your death upon which to collect your pay warrant.</p> <p>This form is not a designation of death benefits or refund of your retirement contributions. Use CalPERS STD 241, Beneficiary Designation for retirement contributions.</p>
DGS’ ANTI-DISCRIMINATION POLICY (AO 15-01)	Employee shall read and retain pages 1-8. Sign and submit page 9 to OHR.
DGS’ LACTATION ACCOMMODATION (HR MEMO 16-014)	For Ziggurat based employees, read additional information on reserving a Wellness Room .
DGS’ SEXUAL HARASSMENT MEMO (AO 15-02)	Employee shall read and retain pages 1-6. Sign and submit page 7 to OHR.
DGS’ WORKPLACE VIOLENCE PREVENTION POLICY (AO 09-01)	All employees are required to attend Workplace Violence Prevention training. No longer every two years thereafter.
EMERGENCY INFORMATION/PHYSICIAN DESIGNATION (DGS OHR 20)	This is form requests emergency contact information in case of an accident or emergency. One copy is given to your supervisor, the other to be kept in your personnel records.
EMPLOYEE ACTION REQUEST EAR (STD 686)	This form is required for the State Controller’s Office to process State and Federal withholdings from your wages. Use this form to designate withholding allowances, update current address or to change any personal information.
EMPLOYEE ASBESTOS NOTIFICATION (STD 250)	Required for employees working in a building containing asbestos.
EMPLOYEE STATE DISABILITY QUESTIONNAIRE (Online SPB – 131 Voluntary)	Must inform the new to State employees and current employees who have a status change that the survey is now available online from any computer.
INCOMPATIBLE ACTIVITIES STATEMENT	This booklet outlines all the “rules and regulations” regarding your State service both on duty and off duty. It is important that you read these guidelines carefully and complete the Certification form in the back of the booklet.
MILITARY SERVICE CREDIT (PERS MSD 369A)	
MILITARY SERVICE DECLARATION (STD 912)	This form is required if you have military service that may qualify you for certain benefits while working for the State of California.
OATH OF ALLIGIANCE (STD 689)	
OATH OF OFFICE (STD 688)	Exempt appointments only
STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE (CaHR -1070)	Employee’s response is voluntary. If employee chooses not to self-identify, department is required to visually identify.
WORKERS’ COMPENSATION GUIDE (SCIF E13286)	

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BENEFITS DOCUMENTS

Documents listed below must be received by PTU by deadlines to ensure employee’s benefits are effective timely. Days noted are counted from effective date of appointment.

MUST BE RECEIVED WITHIN 15 DAYS OF APPOINTMENT DATE

DOCUMENT NAME	ADDITIONAL INFORMATION
ANNUAL SICK LEAVE/VACATION ELECTION FROM (CaHR 875)	Check MOU for eligibility.
CONSOLIDATED BENEFITS (COBEN) CASH ENROLLMENT ELECTION (STD 702)	
DENTAL PLAN PACKAGE (STD 692)	May be required if employee is changing CBID.
DEPENDENT ELIGIBILITY VERIFICATION CHECKLIST (CaHR 781)	Must be submitted with HBD 12 and STD 692 when adding dependents.
FLEX ELECT FORM (STD 701R) OR (STD 701C)	<p>If you are already covered by another health plan, you may choose to opt out of the State’s health plan and will be paid \$128 per month. If you choose to opt out, you are required to stay opted out for a period of three “plan years”. If you should lose your non-State health coverage while opting out, you must request enrollment with the State within 60 days from the date on which you lose coverage.</p> <p>If you are covered under another dental carrier, you may opt out and the State will pay you \$12 per month. If you choose to opt out, you are required to stay opted out for a period of three “plan years.”</p> <p>Cash option is only option available to PI employees.</p>
GROUP LEGAL SERVICES INSURANCE	<p>Online Enrollment for newly eligible employees and new hires. Use access code 10202soc.</p> <p>Permanent Intermittent, Temporary Authorization and Limited Term employees are not eligible to enroll online and should complete the Enrollment Authorization Form to enroll.</p>
HEALTH BENEFITS (HBD-12)	Time base of half time or more. Both forms must be submitted together.
LIFE INSURANCE (STD 698)	Automatic enrollment for non-represented employees with permanent tenure. Employee must complete if declining enrollment.
LONG TERM DISABILITY	Non-represented employees with permanent tenure.
NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE NOTICE	Required for new employees regardless of their health plan enrollment or eligibility status, within 14 days of the employee’s hire date.
PREMIER VISION PLAN	
SUMMARY OF BENEFITS AND COVERAGE NOTICE ACA NOTIFICATION CHECKLIST (CaHR 782)	Employees who average 130 hours of service per month. Must be given to every new employee within 14 hire or become eligible.

MUST BE RECEIVED WITHIN 120 DAYS OF APPOINTMENT DATE

DOCUMENT NAME	ADDITIONAL INFORMATION
ELECTION OF OPTIONAL MEMBERSHIP	Exempt employees appointed by the Governor.
PART-TIME, SEASONAL AND TEMPORARY (PST) RETIREMENT BOOKLET	
RETIREMENT BOOKLET-ACKNOWLEDGEMENT (TIER 1/TIER 2)	Permanent tenure is required