

CONFIDENTIAL: This document contains personal information and Pursuant to Civil Code 1798.21  
 It shall be kept confidential in order to protect against unauthorized disclosure.

**REFER TO THE INSTRUCTIONS BELOW FOR GUIDELINES AND DOCUMENT DEADLINES**

(Check the appropriate box when you complete each form)

<b>EMPLOYEE (Last, First, Middle Initial)</b>		<b>ABMS NUMBER</b>	<b>RPA NUMBER</b>	<b>APPOINTMENT EFFECTIVE DATE</b>
<b>POSITION NUMBER</b>	<b>CBID</b>	<b>EMPLOYEE'S SUPERVISOR (Last, First Middle Initial)</b>		

The Attendance Clerk is responsible for completing the Appointment Document Checklist. It is required for **ALL** appointment types (including transfers within the same office) and is due to your OHR Specialist within **5 working days after the employee's date of hire**.  
**NOTE:** Verify Social Security Number, completion of; Employment Eligibility Verification Form I-9, Statement of Economic Interest Form 700 (if applicable), Essential Functions Health Questionnaire (STD 910), Medical Examination (STD 610) and Hire above Minimum Authorizations (DGS OHR 906) must be submitted and approved **PRIOR** to the employee's first day of work.

**NEW HIRE  
 REINSTATEMENT FROM PERMANENT SEPARATION**

- ABMS – KEY EMPLOYEE IN QUICK EMPLOYEE ENTRY
- ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE (STD 910) /  
 MEDICAL EXAMINATION (STD 610) / Date Submitted:
- EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)
- VERIFY SOCIAL SECURITY NUMBER
- APPLICATION (STD 678)
- EMPLOYEE ACTION REQUEST (STD 686)
- OATH OF ALLEGIANCE (STD 689)
- OATH OF OFFICE (STD 688) (*Exempt appointments only*)
- STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE (CalHR 1070)
- EMPLOYEE STATE DISABILITY QUESTIONNAIRE (Online SPB – 131 Voluntary)
- CALPERS MEMBER RECIPRICOL SELF-CERTIFICATION FORM (PERS-CASD-801)
- STATEMENT OF ECONOMIC INTEREST (FORM 700) (*if applicable*)
- DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANT (STD 243)
- EMERGENCY INFORMATION/PHYSICIAN DESIGNATION (DGS OHR 20)
- INCOMPATIBLE ACTIVITIES STATEMENT
- MILITARY SERVICE INFORMATION (STD 912)
- EMPLOYEE ASBESTOS NOTIFICATION (STD 250) (*if applicable*)
- DGS' ANTI-DISCRIMINATION POLICY (AO 15-01)
- DGS' SEXUAL HARASSMENT MEMO (AO 15-02)
- UNION INFORMATION PACKAGE (*if applicable*)

**TRANSFER WITHIN DGS**

- APPLICATION (STD 678)
- ABMS – KEY EMPLOYEE'S SUPERVISOR (*if applicable*)
- EMPLOYEE ASBESTOS NOTIFICATION (STD 250) (*if applicable*)
- STATEMENT OF ECONOMIC INTEREST (FORM 700) (*if applicable*)
- OATH OF OFFICE (STD 688) (*Exempt appointments only*)
- DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANT (STD 243)
- UNION INFORMATION PACKAGE (*if applicable*)

**TRANSFER FROM ANOTHER STATE AGENCY**

- ABMS – KEY EMPLOYEE IN QUICK EMPLOYEE ENTRY
- APPLICATION (STD 678)
- EMPLOYEE ASBESTOS NOTIFICATION (STD 250) (*if applicable*)
- STATEMENT OF ECONOMIC INTEREST (FORM 700) (*if applicable*)
- DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANT (STD 243)
- EMERGENCY INFORMATION/PHYSICIAN DESIGNATION (DGS OHR 20)
- INCOMPATIBLE ACTIVITIES STATEMENT
- OATH OF OFFICE (STD 688) (*Exempt appointments only*)
- DGS' ANTI-DISCRIMINATION POLICY (AO 15-01)
- DGS' SEXUAL HARASSMENT MEMO (AO 15-02)
- UNION INFORMATION PACKAGE (*if applicable*)

**DOCUMENTS LISTED BELOW MUST BE RECEIVED IN PTU BY DEADLINES TO ENSURE EMPLOYEE'S BENEFITS ARE EFFECTIVE TIMELY**  
 Days noted are counted from effective date of appointment (check appropriate boxes below when you have provided this information to the employee).

<u>Start date</u>	<u>Start date</u>	<u>120 days</u>
NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE NOTICE SUMMARY OF BENEFITS AND COVERAGE NOTICE ACA NOTIFICATION CHECKLIST (CalHR 782) <i>(Provide within 14 days of hire date)</i> HEALTH BENEFITS PACKAGE (HBD-12) DECLARATION OF HEALTH COVERAGE (HB-12A) DENTAL PLAN PACKAGE (STD 692) FLESELECT FORM (STD 701R) OR (STD 701C) CONSOLIDATED BENEFITS (COBEN) CASH ENROLLMENT ELECTION (STD 702)	DEPENDENT ELIGIBILITY VERIFICATION CHECKLIST (CalHR 781) PREMIER VISION PLAN (CalHR 774) ANNUAL LEAVE PROGRAM PACKAGE LIFE INSURANCE (STD 698) ( <i>Excluded employee only</i> ) LONG TERM DISABILITY (GR-1153-1) ( <i>Excluded employee only</i> ) GROUP LEGAL SERVICES INSURANCE	ELECTION OF OPTIONAL MEMBERSHIP <i>(Exempt employee only)</i> PST RETIREMENT BOOKLET RETIREMENT BOOKLET (TIER 1/TIER 2)

**ATTENDANCE CLERK SIGNATURE:**

**DATE:**

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FORM	New to State Service	Reinstatement	Transfer to DGS	Transfer within DGS	INFORMATION/DEADLINE FOR SUBMISSION (if noted, form is due with appointment package)
VERIFICATION OF SOCIAL SECURITY NUMBER (Pre-Employment)	X	X			If the employee does not provide a social security card access the Social Security Number Verification System online: <a href="https://www.ssa.gov/employer/ssnv.htm">https://www.ssa.gov/employer/ssnv.htm</a>
ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE (STD 910) (Pre-employment)	X	X	X	X	Must be received in PTU prior to appointment or within 5 days of start date.
MEDICAL EXAMINATION (STD 610) (Pre-Employment)	*X	*X	*X	*X	<b>*Only if the class requires a medical exam. Must be approved by the SPB Medical Officer prior to employee's start date.</b>
EMPLOYEE ELIGIBILITY VERIFICATION (I-9) (Pre-Employment)	*X	X			*New employees <b>will not</b> be allowed to work until I-9 has been received in PTU.
HIRE ABOVE MINIMUM REQUEST (DGS OHR 906) (Pre-employment)	X	X			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.
ABMS 1. QUICK EMPLOYEE ENTRY 2. CHANGE EMPLOYEE'S SUPERVISOR	X	X	X	X	1. Must be done before submitting appointment package to PTU. 2. If employee's supervisor has changed.
APPLICATION (STD 678)	X	X	X	X	Must be submitted with appointment package (With the exception of POST and BID)
EMPLOYEE ACTION REQUEST EAR (STD 686)	X	X	OPTIONAL	OPTIONAL	Option for transfers if employee's information has changed.
OATH OF ALLIANCE (STD 689)	X	X			
OATH OF OFFICE (STD 688)	*X	*X	*X	*X	*EXEMPT APPOINTMENTS ONLY.
STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE (CalHR -1070)	X	X			<ul style="list-style-type: none"> <li>Employee's response is voluntary.</li> <li>Employee chooses not to self-identify, department is required to visually identify.</li> </ul>
EMPLOYEE STATE DISABILITY QUESTIONNAIRE (Online SPB – 131 Voluntary)	X				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.
CALPERS MEMBER RECIPROCAL SELF-CERTIFICATION FORM (PERS-CASD-801)	X	X			
STATEMENT OF ECONOMIC INTEREST (FORM 700) (Pre-Employment)	*X	*X	*X	*X	*Required for classifications designated under DGS Conflict of Interest Code.
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (STD 243)	X	X	OPTIONAL	OPTIONAL	*Optional for transfers if employee information is changing.
EMERGENCY INFORMATION/PHYSICIAN DESIGNATION (DGS OHR 20)	X	X	X		
INCOMPATIBLE ACTIVITIES STATEMENT	X	X	X		
MILITARY SERVICE DECLARATION	X	X			
DGS ANTI-DISCRIMINATION POLICY	X	X	X		
DGS SEXUAL HARASSMENT MEMO	X	X	X		
EMPLOYEE ASBESTOS NOTIFICATION (STD 250)	X	X	X	X	Required for employees working in a building containing asbestos.
UNION INFORMATION PACKAGE	*X	*X	*X	*X	*Check in this box denotes the employee was given Union package, check MOU's
NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE NOTICE	X	X			Required for new employees regardless of their health plan enrollment or eligibility status, within 14 days of the employee's hire date.
SUMMARY OF BENEFITS AND COVERAGE NOTICE/ACA NOTIFICATION CHECKLIST (CalHR 782)	X	X			<ul style="list-style-type: none"> <li>Employees who average 130 hours of service per month.</li> <li>Must be given to every new employee within 14 hire or become eligible.</li> </ul>
HEALTH BENEFITS (HBD-12) AND DECLARATION OF HEALTH BENEFITS (HB-12A)	X	X			<ul style="list-style-type: none"> <li>Time base of half time or more</li> <li>Both forms must be submitted together</li> <li>Must be received in PTU within 15 days of appointment date.</li> </ul>
DENTAL PLAN PACKAGE (STD 692)	X	X	*X	*X	*May be required if employee is changing CBID. Must be received in PTU within 15 days of appointment.
FLEX ELECT PLAN BROCHURE	X	X			<ul style="list-style-type: none"> <li>Must be received in PTU within 15 days of appointment.</li> <li>Cash option is only option available to PI employees.</li> </ul>
CONSOLIDATED BENEFITS (COBEN) CASH ENROLLMENT ELECTION (STD 702)	X	X			
DEPENDENT ELIGIBILITY VERIFICATION CHECKLIST (CalHR 781)	X	X			Must be submitted with HBD 12/12A, and STD 692 when adding dependents.
PREMIER VISION PLAN	X	X			
ANNUAL LEAVE PROGRAM	*X	*X	*X	*X	*Check MOU's for eligibility.
LIFE INSURANCE (STD 698)	X	X	X	X	<ul style="list-style-type: none"> <li>Automatic enrollment for non-represented employees with permanent tenure.</li> <li>Employee must complete if declining enrollment</li> </ul>
LONG TERM DISABILITY (GR-1153-1)	X	X	X	X	<ul style="list-style-type: none"> <li>Non-represented employees with permanent tenure.</li> <li>Received in PTU within 15 days of appointment.</li> </ul>
GROUP LEGAL SERVICES INSURANCE	X	X	X	X	<ul style="list-style-type: none"> <li>PI employees are eligible to enroll.</li> <li>Received in PTU within 15 days of appointment of eligible employees.</li> </ul>
RETIREMENT BOOKLET-ACKNOWLEDGEMENT (TIER 1/TIER 2)	X	X	X	X	<ul style="list-style-type: none"> <li>Received in PTU within 120 days of appointment date.</li> <li>Permanent tenure is required.</li> </ul>
PST RETIREMENT BOOKLET	X	X			<ul style="list-style-type: none"> <li>Part time, seasonal, temporary.</li> <li>Received in PTU within 120 days of appointment date.</li> </ul>
ELECTION OF OPTIONAL MEMBERSHIP	X	X	X	X	<ul style="list-style-type: none"> <li>Exempt employees appointed by the Governor.</li> </ul>