

INSTRUCTIONS: Please complete this form and the documents listed at a computer as all the hyperlinked documents are fill and print. This will ensure that all documents are processed accurately and timely.

Name _____ Program _____

Hire Date _____ Position Number _____

CDFA EMPLOYEE ORIENTATION

	Welcome to State Service – Employee Orientation	http://calhr.ca.gov/employees/pages/Employee-Orientation.aspx
	New Employee Orientation Video (CDFA)	https://www.youtube.com/watch?v=-gJa2DbYcXs
	CDFA SharePoint Portal	
	CDFA Administrative Manual	

REQUIRES EMPLOYEE SIGNATURE ONLY

FORM #	FORM NAME	ADDITIONAL INFORMATION
CalHR 004	Prior Exempt Service Questionnaire	
CalHR 190	Military Service Information	
CalHR 875	Annual Leave-Sick/Vacation Leave Election Form	Use Internet Explorer to view
INF-1101	Authorization for Release of Driver Record Information	Driving employees only <i>Submit to designated DMV Pull Notice Coordinator- do not submit to HRB. (Excludes Executive Office, Admin, District Agricultural Associations)</i>
PERS-EAMD 801	Member Reciprocal Self-Certification	
POLICY 1.2.1	Controlled Substances And Alcohol	
POLICY 1.2.9	Nepotism	
SO-15	Employee Information	
SO-112	Incompatible Activity Certification	
SO-307	Acknowledgement of Department's Medical Provider Network (MPN)	
STD 243	Designation of Person Authorized to Receive Warrants (Government Code Section 12479)	
STD 261	Authorization to Use Privately Owned Vehicles on State Business	Driving employees only <i>Supervisor retains – do not submit to HRB.</i>
STD 686	Employee Action Request	

REQUIRES EMPLOYEE AND SUPERVISOR SIGNATURE

FORM I-9	Employment Eligibility Verification	
POLICY 1.2.13	E-mail and Internet Usage	
POLICY 2.8.1	Violence or Threats of Violence, Hostility or Bullying	
STD 689	Oath of Allegiance and Declaration of Permission to Work for Persons Employed By the State of California	
	Policy Acknowledgement	

READ ONLY - DO NOT PRINT		
e13546	New State of California Employee's Guide to Worker's Compensation	Complete page 7 if predesignating your personal physician
POLICY 1.2.7	Incompatible Activities	
POLICY 1.2.10	Information Privacy	
POLICY 2.1.1	Sexual Harassment Prevention	
	Summary of Benefits and Coverage Notice	
	Government Code 3100-3101 Emergency Disaster Declaration	
	Military Service Credit Notification	
	Wounded Warriors Transitional Leave Act Notification	
	New Health Insurance Marketplace Coverage Options and Your Health Coverage	
	Rights of Victims of Domestic Violence, Sexual Assault and Stalking	
	CDFA Travel Guide	
EMPLOYER DOCUMENTS		
CalHR 782	Affordable Care Act Notification Checklist	Supervisor must complete and submit with New Hire Package
BENEFIT ENROLLMENT DOCUMENTS AND INFORMATION		
	Dental Cost Comparison of Benefits and Covered Services	Read only -Do Not Print
	Health Benefits Summary	Read only -Do Not Print
	Health Program Benefits Guide	Read only -Do Not Print
	Benefits Calculator	http://eservices.calhr.ca.gov/BenefitsCalculatorExternal/
CalHR 025	Affidavit of Parent-Child Relationship	
CalHR 680	Affidavit for Domestic Partners or Same-Sex Spouses Being Claimed as Economic Dependents	
CalHR 774	Premier Vision Plan Enrollment Authorization	
CalHR 781	Eligibility Checklist for Dependent Coverage	
HBD - 12	Health Benefit Plan Enrollment Form	
HBD - 40	Affidavit of Parent-Child Relationship	
STD 692	Dental Plan Enrollment Authorization	
STD 700	Vision Plan Enrollment Authorization	Permanent Intermittent Employees only

CASH IN LIEU OF HEALTH AND/OR DENTAL BENEFITS AND REIMBURSEMENT ACCOUNTS		
	FlexElect Handbook	Read Only –Do Not Print
STD 701C	Cash Option Enrollment Authorization	
STD 701R	Reimbursement Account Enrollment Authorization	
	CoBen Handbook (Excluded & Bus 2&7)	Read only – Do Not Print
STD 702	CoBen Cash Enrollment Election Form	Excluded and BUs 2&7 employees
EXCLUDED EMPLOYEES ONLY* (*Employees designated Managerial, Supervisory, Confidential, and Exempt)		
	Compensation Plus – A Summary Of Benefits	Read only -Do Not Print
	CalHR’s State Supervisors / Managers	Read only -Do Not Print
	Long-Term Disability (LTD) Insurance Program	Read only -Do Not Print
	LTD Authorization Enrollment Form (Optional)	Submit to HRB <i>within 60 days</i> of appointment
REQUIRES EMPLOYEE TO REGISTER		
	CDFA Online University	
EQUAL EMPLOYMENT OPPORTUNITY (EEO) OFFICE CATHY D’AMBROSIO, EEO OFFICER PHONE: 916-654-1005 EMAIL: EEO@CDFA.CA.GOV		
	New Employee Welcome Letter	
	New Employee Demographic Collection FAQs	
CalHR 1070	State Employee Race/Ethnicity Questionnaire	Submit to HRB
	New Employee Survey	
	Change in Disability Status Survey	
	Statewide Employee Veterans Survey	
OPTIONAL		
	California State Library Card Application	Welcome to the California State Library YouTube Video
	Planning Ahead Handbook	