

Employment Forms

Benefits

- 1. Beneficiary Designation (PERS-BSD 241)
- 2. Designation of Person(s) Authorized to Receive Warrants (STD. 243)
- 3. Direct Deposit (STD 699)
- 4. Dependent Eligibility Verification Checklist (CalHR 781)
- 5. Affordable Care Act (ACA) Notification Checklist (CalHR 782)
- 6. Health Insurance Marketplace Coverage Options and Your Health Coverage Notice
- 7. 2020 Summary of Benefits and Coverage Notice
- 8. Memorandum: Information Regarding Your Health and Dental Benefits
- 9. Health Benefit Plan Enrollment Form (PERS-HBD 12)
- 10. Dental Plan Enrollment Authorization (STD. 692)
- 11. Dental Restrictions memo
- 12. Premier Vision Enrollment (CalHR 774)
- 13. Member Reciprocal Self-Certification Form (PERS-CASD 801)

Additional Required Personnel Forms

- 14. Employee Action Request (STD. 686)
- 15. Request for Nondisclosure of Employee Home Address (STD. 677)
- 16. State Employee Race/Ethnicity Questionnaire (CalHR 1070)
- 17. Employment Eligibility Verification (Form I-9) (Please bring your chosen document(s) from the List of Acceptable Documents.)
- 18. Oath of Allegiance and Declaration of Permission to Work for Persons Employed by the State of California (STD. 689)
- 19. Prior Exempt Service Questionnaire (CalHR 004)
- 20. Military Service Information (CalHR 190)
- 21. Employee Emergency Information (ABC 009)
- 22. Annual Leave – Sick Leave /Vacation Election Form (CalHR 875)
- 23. Authorization to Use Privately Owned Vehicles on State Business (STD. 261)