

Employee Name: _____

Hire Date: _____

Position: _____



San Mateo & Santa Cruz Unit (CZU) State Hiring Packet

Employee : Place a checkmark in the Employee Checklist column for completed paperwork

Please take a few minutes to review your hiring packet for completeness and accuracy

Employee Checklist		Personnel Checklist
<input type="checkbox"/>	#1. I-9, Employment Eligibility Verification	<input type="checkbox"/>
<input type="checkbox"/>	#2. STD 686, Employee Action Request	<input type="checkbox"/>
<input type="checkbox"/>	#4. CAL FIRE 31, Emergency Notification Info	<input type="checkbox"/>
<input type="checkbox"/>	#5. STD 699-Direct Deposit Enrollment	<input type="checkbox"/>
<input type="checkbox"/>	#6. Payroll Distribution Selection	<input type="checkbox"/>
<input type="checkbox"/>	#7. STD 243, Warrant Designation	<input type="checkbox"/>
<input type="checkbox"/>	#8. STD 261, State Vehicle Authorization	<input type="checkbox"/>
<input type="checkbox"/>	#9. Driver's License Info	<input type="checkbox"/>
<input type="checkbox"/>	#10. SSA 1945, Social Security Statement	<input type="checkbox"/>
<input type="checkbox"/>	#11. PO 155, DIA Statement	<input type="checkbox"/>
<input type="checkbox"/>	#12. PO 227, Rules of Conduct	<input type="checkbox"/>
<input type="checkbox"/>	#13. Substance Abuse Policy	<input type="checkbox"/>
<input type="checkbox"/>	#14. STD 677, Request for Nondisclosure	<input type="checkbox"/>
<input type="checkbox"/>	#15. Hep B Declaration	<input type="checkbox"/>
<input type="checkbox"/>	#16. STD 912, Military Service Declaration	<input type="checkbox"/>
<input type="checkbox"/>	#17. Beneficiary Designation	<input type="checkbox"/>
<input type="checkbox"/>	#18. PERS BSD 241/800, Beneficiary Designation	<input type="checkbox"/>
<input type="checkbox"/>	#19. PO-107, Reasonable Accommodation	<input type="checkbox"/>
<input type="checkbox"/>	#20. STD 689, Oath of Allegiance	<input type="checkbox"/>
<input type="checkbox"/>	#21. CalHR 1070, Race/Ethnicity Quest	<input type="checkbox"/>
<input type="checkbox"/>	#22. CAL HR 875, Leave Election	<input type="checkbox"/>
<input type="checkbox"/>	#24. HBD 12, Health Enrollment	<input type="checkbox"/>
<input type="checkbox"/>	#25. STD 692, Dental Enrollment	<input type="checkbox"/>
<input type="checkbox"/>	#26. STD 702, COBEN CASH Enrollment	<input type="checkbox"/>
<input type="checkbox"/>	#27. Dependent Eligibility Responsibilities (<i>if applicable</i>)	<input type="checkbox"/>
<input type="checkbox"/>	#28. CalHR-782, ACA Notification Checklist	<input type="checkbox"/>
<input type="checkbox"/>	#30. AO-448, CalATERS Table Maintenance Request	<input type="checkbox"/>
<input type="checkbox"/>	#31. AO-449, CalATERS Authorization	<input type="checkbox"/>
<input type="checkbox"/>	#34. ECC Information	<input type="checkbox"/>
<input type="checkbox"/>	#35. DMV INF-1101	<input type="checkbox"/>
<input type="checkbox"/>	#36. PO-302, Employee ID Request form	<input type="checkbox"/>