

State of Alaska

Supervisor Checklist / Current Employee Forms

The following is a list of all of the forms that current State employees may be required to complete when they are hired into a new position. It is the responsibility of the supervisor or the division administrative staff to review the forms and make sure all required forms are completed. The following list will aid you in what forms are mandatory and the other optional forms to be completed. Each form in the list below has information about what information needs to be reviewed for completeness on each form.

Confidentiality is to be maintained on all personnel forms at all times per AS 39.25.080

If you have any questions regarding the forms, please contact your Division's administrative staff, Agency HR Office or the Payroll Service section of the Division of Personnel & Labor Relations. You may also contact the Employee Call Center of the Division of Personnel & Labor Relations, Employee Planning & Information Center, at phone number (907)-465-3009 or email - employeecallcenter@alaska.gov.

- Employee's Withholding Allowance (W-4)**
Complete if the employee wants to change current deductions. Name, Address, SSN, total number of allowances, employee signature and date required.
- Employee Affidavit Oath of Office - Mandatory**
Employee signature and Department Representative signature are required. The supervisor may sign as the Department Representative.
- Emergency Contact Form**
Verify that at least one emergency contact has been identified.
- Address Authorization/Change Form**
Complete if employee has a change in home or warrant mailing address. Employee signature and date are required.
- Confidentiality of Information Acknowledgment Form - Mandatory**
Employee signature and date are required.
- Direct Deposit Authorization**
Attach a copy of a voided check with the bank's routing number on it. Employee signature and date are required.
- Union Contact Information - Mandatory**
Complete if the employee is changing bargaining units. Employee signature and date are required except for GGU Notification Form.
- Ethics Disclosure Form - (if applicable)**
Complete if the employee has other employment outside the employee's new state service. Volunteer service must be reported if there appears to be a conflict of interest with the employee's state job. Supervisor signature is required. The form is routed to the department ethics supervisor for approval.
- Second Injury Fund (Post Hire Questionnaire)**
Required only if the employee has not completed previously, employee signature and date are required.
- Drug Free Workplace Act of 1988 - Mandatory**
Employee signature is required.
- Statewide Policy Acknowledgement Form - Mandatory**
Employee signature and date are required.
- Social Security Form (SSA 1945)**
Required only if the employee has not completed previously, employee signature and date are required.
- Designation of Beneficiary for Unpaid Compensation**
Complete if the employee wants to update beneficiary information. Complete instructions are on this form; verify that percentage total equals 100%. Employee signature and date and witness signature and date required. The supervisor may sign as the witness.
- Defined Contribution or Defined Benefits Retirement Beneficiary Designation (PERS/TRS)**
Complete if employee wants to update beneficiary information. *Be sure to complete the correct form for the retirement plan that the employee is contributing to.* Complete instructions are on these forms; verify that percentage total equals 100%. Employee signature/date and witness signature/date required. The completed forms must be forwarded to R&B to be considered a valid designation.

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PERS Tier IV / TRS Tier III employees complete the following forms if first appointed to a PERS/TRS position on or after 07/01/06.

- **Beneficiary Designation 401(a) Plan - State of Alaska Public Employee's Tier IV Defined Contribution Retirement Plan 98214-04** (GW-PERS-DCR001)
- **Beneficiary Designation 401(a) Plan - State of Alaska Teachers' Retirement System Tier III Defined Contribution Retirement Plan 98214-05** (GW-TRS-DCR001)

Or

PERS Tier I/II/III / TRS Tier I/II employees appointed to a PERS/TRS position prior to 07/01/06 complete the following form.

- **Beneficiary Designation Defined Benefit Plan Form (02-822)**

- Alaska Supplemental Benefits System Annuity Beneficiary Form (SBS)**
Complete if the employee wants to update beneficiary information. Complete instructions are on this form; verify that percentage total equals 100%. Employee signature and date are required. A person who is married must designate their spouse a 50% or greater primary beneficiary, unless the spouse completes the form and has it notarized or witnessed by a plan representative. In the case of divorce after a spouse is named as beneficiary, this designation is revoked unless there is a Qualified Domestic Relations Order.
- Basic Life and AD&D Insurance Beneficiary Designation Form (ben090)**
Complete instructions are on this form; verify that percentage total equals 100%. Employee signature and date are required.
- Select Life and AD&D Insurance Beneficiary Designation Form (5-301a)**
Complete instructions are on this form; verify that percentage total equals 100%. Employee signature and date are required.
- Voluntary Supplemental Life and AD&D Insurance Beneficiary Designation Form (ben083)**
Complete instructions are on this form; verify that percentage total equals 100%. Employee signature and date are required.
- Supplemental Benefits System Beneficiary Form (Life, AD&D, Survivor)**
Complete if the employee wants to update beneficiary information. Complete instructions are on this form; verify that percentage total equals 100%. Employee signature and date are required.

Health Insurance Forms – Mandatory

- GGU Health Trust Notification Form--(GGU only)**
This form will also need to be completed if the employee is changing bargaining units (to or from GGU). Employee signature and date are required. **Employee/supervisor must fax this form directly to the GGU Health Trust (Fax number on the bottom of form).**
- LTC Health Trust Notification Form--(LTC only)**
Employee must return this form directly to the LTC Health Trust.
- Alaska Care - If the employee is changing bargaining units and is now covered by the Alaska Care Health Plan system, the employee MUST elect coverage within 30 days of hire.** Ensure the employee is directed to the Division of Retirement and Benefits web site for online enrollment information.

Recruitment Forms - Mandatory

- Pre-Employment Certification**
- Applicant Package**
- Union Referral Card (if applicable)**
- New Hire Approval Email**

Miscellaneous Forms - Mandatory

- (PARF) Personnel Action Request Form**
- Supervisor Guide to a New Employee Orientation (Copy)**
- New Employee Appointment Form**

Department Forms – (provide any department specific forms)

- Computer Access Request (if applicable)** _____
- _____ _____