

## Interdepartmental Transfer Packet

There are two different ways that you may choose to review this packet.

1. View the Interdepartmental Transfer Packet Slide Show. This power point gives you a brief explanation of what the forms or documents in the packet are for, a link to the form or document, and instructions for completing the forms. This slide show is arranged in the same order as the New Hire / Rehire Packet Checklist below.

[Interdepartmental Transfer Packet Slide Show](#) - (large file-may take some time to open)

2. Review the packet on your own by clicking on each link below. It is YOUR RESPONSIBILITY to read and familiarize yourself with all the information contained below. Please check off each item as you view, print it, or complete it. Please sign and date at the bottom of the page.

<a href="#">Homeland Security Employment Eligibility Verification Form</a> (I-9)	(Return to HR during first week of employment)	<input type="checkbox"/>
<a href="#">Copy of Social Security Card</a>	(Return to HR during first week of employment)	<input type="checkbox"/>
<a href="#">The 401(k) Retirement Plan for State of Michigan Employees</a>		<input type="checkbox"/>
<a href="#">Oath of Office</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Final Compensation Beneficiary Designation</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Life Insurance and Accidental Duty Death Beneficiary Designation</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Acceptable Use of Information Technology Standard 1340.00.01</a>		<input type="checkbox"/>
<a href="#">Acceptable Use of Information Technology Standard Receipt</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">State Board of Ethics Information</a>		<input type="checkbox"/>
<a href="#">Ethical Standards and Conduct Policy</a>		<input type="checkbox"/>
<a href="#">Disclosure of Interest</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Civil Service Rulebook</a> (bookmark in your favorites for future reference)		<input type="checkbox"/>
<a href="#">Civil Service Rulebook Receipt</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">LARA Employee Handbook and Department Policies</a> (bookmark in your favorites for future reference)		<input type="checkbox"/>
<a href="#">LARA Employee Handbook Receipt</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Employee Rights &amp; Responsibilities under the Family Medical Leave Act</a>		<input type="checkbox"/>
<a href="#">State Motor Vehicle Driver Agreement</a> ( <b>Directors &amp; Appointees Only</b> )	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">State Motor Vehicle Driver Agreement</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Politics &amp; the Classified State Employee: Guide to Permitted / Prohibited Political Activities</a>		<input type="checkbox"/>
<a href="#">CS Rule, Section 2-10: Guide to Whistleblower Protection for the Classified Employee</a>		<input type="checkbox"/>
<a href="#">Prior Military Service Memo</a>		<input type="checkbox"/>
<a href="#">Discriminatory Harassment Policy / Work Rule</a>		<input type="checkbox"/>
<a href="#">Workplace Safety Policy / Work Rule</a>		<input type="checkbox"/>
<a href="#">Discriminatory Harassment &amp; Workplace Safety Policies/Work Rules Receipt</a>	(Return to HR during first pay period)	<input type="checkbox"/>
<a href="#">Discriminatory Harassment E-Learning Course Instructions</a>		<input type="checkbox"/>
<a href="#">Drug &amp; Alcohol Testing Program for All Employees</a>	(Return the <b>Acknowledgement of Training form</b> to HR during first pay period)	<input type="checkbox"/>
<a href="#">Health Insurance Marketplace Coverage</a>		<input type="checkbox"/>

[LARA Work Rules](#)

[LARA Work Rules Acknowledgement of Receipt](#)

(Return to HR during first pay period)

**By signing this form I have verified that I have received and viewed the forms and information listed above.**

Employee Name (Please Print or Type)	Employee Signature:	Date:
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All forms **MUST** be **SIGNED** and **RETURNED** to the *Office of Human Resources* **together with this checklist.**