

Fact Sheet

HIRE/TERMINATION FORM REQUIREMENTS

REQUIRED HIRING FORMS

	INS I-9 Form - http://www.uscis.gov/files/form/i-9.pdf
	W-4 Form - http://www.irs.gov/pub/irs-pdf/fw4.pdf
	Copy of Employee Rights under Workers' Compensation
	Personal Physician/Chiropractor Pre-Designation Form**
	Form DFEH 185 Harassment (including sexual) and Complaint Procedure - http://www.dfeh.ca.gov/res/docs/publications/DFEH-185.pdf
	Form DE 2515 EDD Disability Insurance Pamphlet - http://www.edd.ca.gov/pdf pub pubmed-ctr/de2515.pdf
	Form DE 2511 Paid Family Leave Brochure - http://www.edd.ca.gov/pdf pub pub ptr/de2511.pdf
	Form DE 34: EDD Report of New Employee(s) - http://www.edd.ca.gov/pdf pub_ctr/de34.pdf
	New Hire Wage Statement - http://www.dir.ca.gov/dlse/LC_2810.5_Notice.pdf
	ACA – Affordable Care Act notification letters - Model Notice for employers who offer a health plan to some or all employees odel Notice for employers who do not offer a health plan
	Commission Agreement (if applicable)
REQUIRED TERMINATION FORMS	
	Form DE 2320 EDD Form Your Benefit Unemployment Insurance Pamphlet - http://www.edd.ca.gov/pdf pub ctr/de2320.pdf Notice to Health Insurance Premium Payment HIPP - http://www.dhcs.ca.gov/services/Documents/DHCS%209061%20(Notice%20To%20Terminating%20Employees)%209-11.pdf Notice to Employee as to Change in Relationship ** Continuation of Coverage Under COBRA and Certificate of Group Health Coverage HIPPA* COBRA Continuation Coverage Election Notice* Acknowledgement of the Receipt of COBRA Rights* Certificate of Group Health Plan Coverage*
*Re	equired at time of termination for some employers **Contact CEA to obtain these forms

This was prepared by the California Employers Association (CEA). CEA exists for one reason, to help employers become better employers. As a not-for-profit employers association, CEA has been providing human resource solutions and peace of mind for employers since 1937. See more at www.employers.org or call us at 800.399.5331.