

# Human Resources

## Supervisor's Survival Guide



Department of Children & Families  
Northeast Zone  
March 2007

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# PART I

## Pre-Employment

### NORTHEAST ZONE HIRING PROCESS

#### ADVERTISING OPENINGS:

- Openings are posted in People first by the hiring manager or delegated authority (ESS Recruiter, Family Safety Recruiter (D4), etc). Assistance is provided by People first by calling 866-663-4735.
- All positions Openings **MUST** be set to route for approvals to the following people: (this is to be done in People First by the manager)

**1. Budget Entity Leader**

**2. HR:** D3 – Vickie Mixson, D4 – Linda Faulk, D12 – Hedy Weiss, Zone positions – Connie Cloud

**Note:** In the event one of the above is on leave, please use Connie Cloud as the Back Up.

#### HIRING OR TRANSFERRING NEW EMPLOYEES:

1. Hire packet is submitted to Servicing HR office for review **PRIOR** to supervisor or managers making an offer of employment.

**Note:** Hire packets should be submitted in plenty of time to allow for HR review as well as time to allow a proper notice if applicant is currently employed. HR needs a minimum of 3 days to properly review packet for completeness and approval.

2. All employees must complete their initial paper work with the servicing HR representative on their first day of employment. This should be scheduled with HR by the hiring manager. These will only be conducted on the **FRIDAY BEGINNING** the **CAREER SERVICE** pay roll cycle (including OPS).

**Note:** Exceptions will be considered by HR Manager based on **CRITICAL** need only.

3. Once HR has approved the packet, they will contact the hiring manager and let them know it is ok to offer the position and discuss the date for applicant to come in for paperwork. Manager will communicate this date to the applicant when making the offer.
4. Hiring manager will inform HR of the acceptance or denial of the position via e-mail and once again confirm the date of paperwork.

# Recruitment Requirements

## Screening the Application

Review the application carefully, specifically:

- Background Information Section – If there are disclosures on any criminal offense(s), get clearance from Human Resources and/or Background Screening
- Relatives in DCF – Determine name, relationship, location and position of relative(s). Relatives cannot work in the same organizational unit.
- Driver's License – If a position requires that the incumbent possess a valid driver's license, you must check **before** a job offer is made.

## Conducting Interviews

The best predictor of how a person will perform in the future is past performance.

When developing interview questions, recognize that it is difficult to defend the practice of seeking information that is unnecessary or not pertinent to the job.

The same questions should be asked of all candidates. You may ask for clarification of an answer, but you may not add questions.

As you develop interview questions, always consider the following guidelines/suggestions:

- Is the information necessary to judge an applicant's competence to perform the essential functions of the position?
- Ask only for information that will be used to make a hiring decision.
- Develop a business rationale – how the information will be used to make the decision.
- Ask open-ended questions.

Typically, a wide variety of questions can be used to gain information about a candidate's job skills. Use these questions as guides to help develop questions that target specific KSA requirements for the job. Examples are:

1. Give an example of a time when you had to complete a task but did not have enough information to come to a good decision. How did you work through it, and what was the outcome?

2. Tell me about a time when you had to use your communication skills in order to get a point across that was important to you.
3. Give an example of a time when you had to use your fact-finding skills to gain information for solving a problem - then tell me how you analyzed the information to come to a decision.
4. Give me an example of an important goal that you set in the past and tell me about your success in reaching it.
5. What did you do in your last job in order to be effective with your organization and planning? Be specific.
6. What did you do in your last job to contribute toward a teamwork environment? Please be specific.
7. Describe a situation in which you were able to positively influence the actions of others in a desired direction.

## **Conducting Interviews**

If you decide to use an interview team, you must ensure that:

- The team is gender balanced
- The team is ethnically balanced
- All team members are at the same or higher class than the vacant position

Some questions are off-limits, including questions related to:

- Marital Status
- Age
- Whether an applicant has children
- Religion
- Debts, home ownership, etc.
- Insurance coverage
- Social, political memberships/groups
- Illness/disabilities (& treatment for same)
- Hospitalizations, major illnesses
- Impact of illness(es) on attendance
- Prescription drug use
- Treatment for alcohol or drug addiction
- Psychiatric and/or psychological treatment

There are other questions that should be avoided, such as those that may be gender-biased, including:

- Do you plan to get married? Start a family?
- What are your day care arrangements?
- What would you do if your spouse were transferred?
- Are you likely to take time off under FMLA?

## **References**

- Regular – Generally 3 references are required; if the applicant has been with the current or most recent employer for more than 5 years, you only need 1 reference.
- Human Resources – for current and former DCF employees only.
- Inspector General – for current and former DCF employees only.
- Benefit Recovery – Only if the applicant is applying for a position in ESS.
  - This information is checked to identify any applicant (primarily ESS) who has been a member in a case and still has an outstanding debt with DCF. Repayment arrangements (automatic deductions) can be made to facilitate the hiring of the applicant, as long as intentional fraud has been ruled out.
  - The manager is responsible for confirming the Benefit Recovery status.

# Screening after the employment offer is made:

## 1. Fingerprinting/Live-scan

- Former employees of Northeast Zone (districts 3, 4 & 12) who are rehired within 30 days of their termination usually do not have to be fingerprinted or livescanned. They will have to be re-printed or livescanned if:
  - Their previous fingerprints are more than five years old.
  - Their previous screening does not meet the requirement for the current position
- Employees transferring from other zones or agencies must be fingerprinted or livescanned.
- Human Resources will arrange for employees to be fingerprinted/live-scan on day of on-boarding.

## 2. Drug Testing

### Who must be tested?

- All CPI and CPI supervisor candidates must be drug tested.

### When?

- It must be done within 24 hours of employment date or earlier.

### What must candidates take with them?

- They must take two official forms of ID, one of which must be a photo ID.

### Where do you get forms?

- Human Resources can provide forms
  - District 3 – Vickie Mixson
  - District 4 – Allean Lovett
  - District 12 – Hedy Weiss
  - NE Zone – HR Representative in your servicing district

### Where is testing done?

- Any LabCorp location will conduct the test at no charge to the applicant.
- Human Resources will coordinate the site closest to the applicant if possible.

### Who gets results?

- Results are sent to the servicing HR office.



# Sample Appointment Letter

November 7, 2003

Employee's Name  
Home Address  
City, State, Zip Code

Dear:

Welcome to The Department of Children and Families. We are glad to have you as a part of our team, helping us to provide quality services to our internal and external customers.

This letter confirms our offer and your acceptance to the position of Government Analyst I. You will be assigned to Unit 434, located at 73 King Street, Suite 330, St. Augustine, Florida. Your appointment is with probationary status in the Career Service.

Your initial and continuing employment with The Department of Children and Families is subject to the following conditions of employment:

- Successful completion of a fingerprint criminal history records check conducted by the Florida Department of Law Enforcement and the Federal Bureau of Investigation.
- Participation in the State of Florida Direct Deposit Program, enrollment must be completed within the first 30 calendar days of employment as stated in Chapter 96-310, Laws of Florida, amended Section 110.113 Florida Statutes.

Your probationary status appointment is effective {date of hire} and your salary will be \$1384.62 bi-weekly. Prior to completion of twelve months of employment in this position, your supervisor will formally evaluate your work performance. Upon completion of twelve months of satisfactory service, you will be placed on permanent status as a Government Analyst I in the Career Service.

Please note, on your first date of employment, you will be sent to the Human Resources Office located at 5920 Arlington Expressway, Suite 263 at 9:00 a.m. for new employees onboarding processing. You will be required to complete a number of forms, one of which will be the **I-9 Employee Eligibility Verification Form**. Attached is a list of acceptable documents in completing this form. You may bring any one (1) document from list A OR you may bring one (1) document from list B and one (1) document from list C for this form's verification. Also, a copy of your driver's license may be required if applicable for the position in which you are being appointed. A copy of your social security card will be required as this is oftentimes requested by the Bureau of State Payrolls for verification of accurately reporting of your incomes to the IRS, Social Security Administration and Division of Retirement.

You are joining an organization that takes great pride in what we do, not only for the innovative way we work, but also because of how important it is to the community we service. We are getting better, day-by-day and we do that by bringing talented new people like you to our team.

We wish you every success in this position.

Sincerely,

Hiring Authority  
Hiring Authority Official Job Title

cc: Official Employee Personnel File

**PLEASE SIGN AND BRING A COPY OF THIS ACCEPTANCE LETTER TO THE HUMAN RESOURCES OFFICE ON YOUR FIRST DAY OF EMPLOYMENT**

This is to certify that I accept appointment to the referenced position with the noted conditions of employment

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**Signature**

**Date**

# Hiring Packets

Manager (or hiring authority or designee) must **send the following documents to the servicing HR office** attached to the Hiring Packet Checklist (on next page):

1. Vacancy Interview and Applications Record (Form 900) listing all interviewed candidates
2. Original application of successful applicant
3. Completed Employer Reference Checks
4. Copy of Appointment letter
5. IG reference check on current & former DCF employees
6. Completed HR reference check on current & former DCF employees
7. Completed Benefit Recovery status, if applicable

Manager (or hiring authority or designee) must **retain the following documents:**

1. List of all qualified candidates on form 900
2. Copy of KSA and Rating scale (if used)
3. Copy of interview questions and Rating Scale
4. Copy of the Advertisement
5. Original Application of all Candidates
6. Copy of the completed interview forms
7. Copy of the position description
8. Reference Checks
9. IG Reference Check on current & former DCF employees
10. HR Reference Check

**CHECKLIST FOR: NEW HIRES,  
PROMOTIONS AND ALL ADVERTISED POSITIONS**

Name (INDIVIDUAL) Selected: \_\_\_\_\_ Requested Eff. Date: \_\_\_\_\_

PF Advertisement Closing Date: \_\_\_\_\_ Position Number \_\_\_\_\_

Current Position Title: \_\_\_\_\_

New Position Title: \_\_\_\_\_

Current Salary: \_\_\_\_\_ Requested Salary: \_\_\_\_\_

\_\_\_ 1) PAR Initiated on People First (After verbal or email confirmation)

\_\_\_ 2) Justification Memo appointments above minimum of class or above 5% promotion incr. or demotion decr. (DA & Budget approval signatures)

\_\_\_ 3) Application and Attachments

\_\_\_ 4) Telephone Reference Checks

\_\_\_ 5) Local Law Enforcement Check

\_\_\_ 6) Vacancy Interview 900 Form (Not applicable for OPS)

\_\_\_ 7) Personnel File Reference Check (If applicable)

\_\_\_ 8) National Disqualification Check (A Must on ALL ESS Positions) – DEDN + Last Name

\_\_\_ 9) DPAF (ESS Positions) – BVIC + SS#

\_\_\_ 10) Copy of Selection Criteria (If applicable)

\_\_\_ 11) Willingness Questionnaire Form (completed & signed at interview)

\_\_\_ 12) Copy of Selective Service Registration Card (If applicable)

\_\_\_ 13) Background Screening Employee Check Sheet (For Caretaker Positions Only, FS & AS)

\_\_\_ 14) Affidavit of Good Moral Character (For Caretaker Positions Only, FS & AS)

\_\_\_ 15) I.G. Reference Check (To be completed by HR Office)

\_\_\_ 16) Copy of offer letter with manager's and employee's signature (To be completed and submitted to HR after confirmation given to manager)

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**TO BE COMPLETED BY HUMAN RESOURCES:**

Type Appointment: \_\_\_\_\_ Status: \_\_\_\_\_

Approved Effective Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Hiring Packet Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Mgr/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST FOR: NEW HIRES,  
PROMOTIONS, DEMOTIONS, REASSIGNMENTS AND POSITIONS NOT ADVERTISED**

Name (INDIVIDUAL) Selected: \_\_\_\_\_ Requested Eff. Date: \_\_\_\_\_

Position Number: \_\_\_\_\_ Current Position Title: \_\_\_\_\_

New Position Title: \_\_\_\_\_

Current Salary: \_\_\_\_\_ Requested Salary: \_\_\_\_\_

- \_\_\_ 1) PAR Initiated on People First (**After verbal or email confirmation**)
- \_\_\_ 2) Justification Memo appointments above minimum of class or above 5% promotion incr. or demotion decr. (**DA & Budget approval signatures**)
- \_\_\_ 3) Application and Attachments
- \_\_\_ 4) Telephone Reference Check(s)
- \_\_\_ 5) Local Law Enforcement Check
- \_\_\_ 6) Personnel File Reference Check (**If applicable**)
- \_\_\_ 7) National Disqualification Check (**A Must on ALL ESS Positions**)
- \_\_\_ 8) DPAF (**ESS Positions**)
- \_\_\_ 9) Copy of Selection Criterion (**If applicable**)
- \_\_\_ 10) Willingness Questionnaire Form (**Completed & signed at interview**)
- \_\_\_ 11) Copy of Selective Service Registration (**If applicable**)
- \_\_\_ 12) Background Screening Employee Check Sheet (**For Caretaker Positions Only, FS & AS**)
- \_\_\_ 13) Affidavit of Good Moral Character (**For Caretaker Positions Only, FS & AS**)
- \_\_\_ 14) I.G. Reference Check (**To be completed by HR Office**)
- \_\_\_ 15) Copy of offer letter with employee's signature (**Submit to HR after employee signs**)

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**TO BE COMPLETED BY HUMAN RESOURCES:**

Type Appointment: \_\_\_\_\_ Status: \_\_\_\_\_

Approved Effective Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Hiring Packet Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Mgr/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST FOR: OPS,**  
**ADVERTISED AND NOT ADVERTISED**

Name (INDIVIDUAL) Selected: \_\_\_\_\_ Requested Eff. Date: \_\_\_\_\_

Position Number: \_\_\_\_\_ (To be assigned by Human Resources)

Position Title: \_\_\_\_\_

Requested Salary: \_\_\_\_\_

\_\_\_ 1) PAR Initiated on People First (**After verbal or email confirmation**)

\_\_\_ 2) 357 (**on eforms under Human Resources**)

\_\_\_ 3) Application and Attachments

\_\_\_ 4) Telephone Reference Check(s)

\_\_\_ 5) Local Law Enforcement Check

\_\_\_ 6) Personnel File Reference Check (**If applicable**)

\_\_\_ 7) National Disqualification Check (**A Must on ALL ESS Positions**)

\_\_\_ 8) DPAF (**ESS Positions**)

\_\_\_ 9) Copy of Selective Service Registration (**If applicable**)

\_\_\_ 10) Background Screening Employee Check Sheet (**For Caretaker Positions Only**)

\_\_\_ 11) Affidavit of Good Moral Character (**For Caretaker Positions Only**)

\_\_\_ 12) I.G. Reference Check (**To be completed by HR Office – if applicable**)

\_\_\_ 13) Copy of offer letter with employee's signature (**Submit to HR after employee signs**)

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**TO BE COMPLETED BY HUMAN RESOURCES:**

Type Appointment: \_\_\_\_\_ Status: \_\_\_\_\_

Approved Effective Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Hiring Packet Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Mgr/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Part II

## During Employment

### New Employee Orientation

#### Phase I – Onboarding

**Timeframe: Within 10 days of hire**

##### Supervisors

- Submit the employee's hiring packet to HR office for review PRIOR to making an offer of employment.
- Schedule employees for HR onboarding/sign-up by contacting servicing HR office.
- Initiate, act upon and complete the employee's PAR on day the employee does onboarding.
- Ensure that employees complete all mandatory on-line training within first 10 days of employment. (Employee should use PFID#, but can use 123456 as a default for training tracking only.)

##### Human Resources

- Facilitate completion of all sign-up documents for employee files.
- Conduct an onboarding/sign-up session on the first day of each pay period.
  - **Note: Employee must report to HR to do sign on BEFORE going to their work areas.**

#### Phase II - Work Unit Orientation

**Timeframe: Within 10 days of hire**

##### Supervisors

- Discuss & complete an on-line checklist with new employee
- Confirm that new employee has completed all mandatory on-line training  
**NOTE: Supervisors may request an extension (if necessary) for employees who immediately begin pre-service training.**

#### Phase III – New Employee Workshop

**Timeframe: Within 90 days of hire**

##### Supervisors

- Schedule employees for New Employee Workshop.

##### Human Resources

- Schedule, announce, conduct & document all New Employee Workshop Modules

# Phase I – Onboarding

Every new employee must attend a sign-up session, except:

- Transfers and/or reassignments within DCF
- Former employees who are rehired within 90 days of termination and are not returning retirees

<b>Dates/Times</b>	<b>Parking</b>	<b>Employee should bring</b>
First day of each pay period Varies by district and Program. Need to confirm with servicing HR office.	<b>Free on-site parking</b>	<ul style="list-style-type: none"> <li>▪ Signed appointment letter</li> <li>▪ 2 forms of ID in accordance with I9 form attached to Appointment letter</li> </ul>

## Contacts & Locations:

	<b>D3</b>	<b>D4</b>	<b>D12</b>
<b>Contact(s)</b>	Vickie Mixson	Myra Rivette	Hedy Weiss
<b>Location</b>	1621 NE Waldo Road Gainesville, FL 32606	Roberts Building 5920 Arlington Expy, Rm 263 Jacksonville, FL 32211	210 N. Palmetto Avenue #408 Daytona Beach, FL 32114
<b>Replacement ID</b>	Please call (352) 955-5600/SC 625-5600 to schedule appointment. Let receptionist know DCF employee.	Human Resources Office located at the Roberts Building, 5920 Arlington Expy Jacksonville, FL 32211	Please call (386) 238-4648/SC380-4648 to schedule appointment.



## Required Training Checklist Northeast Zone

Timeframe	Class/Course	Scheduling / Access
Within 10 days	<input type="checkbox"/> NEO Phase I Onboarding (Sign-up)	This session is scheduled on the first day of each pay period.
Within 10 days	<input type="checkbox"/> Department Overview Film	Available through the <b>department intranet</b> @ <a href="http://eww.dcf.state.fl.us">http://eww.dcf.state.fl.us</a> > Human Resources > New Employee Orientation > Additional Resources
	<input type="checkbox"/> Domestic Violence	Available through the <b>department intranet</b> @ <a href="http://eww.dcf.state.fl.us">http://eww.dcf.state.fl.us</a> > Human Resources > Training & Development > Online Training
	<input type="checkbox"/> People First Computer-Based Training	Available through the <b>department intranet</b> @ <a href="http://eww.dcf.state.fl.us">http://eww.dcf.state.fl.us</a> > Human Resources > Training & Development > Online Training
	<input type="checkbox"/> HIPAA 101, HIPAA 201, HIPAA 301	Available through the <b>department intranet</b> @ <a href="http://eww.dcf.state.fl.us">http://eww.dcf.state.fl.us</a> > Human Resources > Training & Development > Online Training
	<input type="checkbox"/> Civil Rights Training (EEO/EAP; Sexual Harassment; ADA)	Available through the <b>department intranet</b> @ <a href="http://eww.dcf.state.fl.us">http://eww.dcf.state.fl.us</a> > Human Resources > Training & Development > Online Training
Within 6 months of promotion	<input type="checkbox"/> Security Awareness [2005 & 2006] Training Must complete both (for computers & data).	Available through the <b>department intranet</b> @ <a href="http://eww.dcf.state.fl.us">http://eww.dcf.state.fl.us</a> > Human Resources > Training & Development > Online Training
	<input type="checkbox"/> Basic Supervisory Skills Training / Technical Skills	For <b>all</b> new supervisors; Scheduled dates are announced by Human Resources (Training & Development).

### Requirements set by individual programs/disciplines:

- **Programmatic Pre-Service & In-Service Training**  
Programmatic training is conducted or contracted by individual **Program Offices**. They will announce dates and manage the registration process.
- **Certification & recertification requirements (For Child Welfare – CPIs, Specialists & Supervisors)**  
Training information is provided through chain-of-command.

# NEO Phase II – Work Unit Orientation

## Supervisors

- Timeframe: Within 10 days of hire  
***Managers may request an extension for employees who begin pre-service training immediately.***
- Discuss & complete the on-line checklist with new employee.
- In addition, the supervisor should ensure that the employee:
  - Is given People First ID number
  - Understands the “Immediate Actions in People First” handout from onboarding, which addresses initial password & accessing personal information.
  - Is reminded of the timeframe for selecting benefits
  - Completes the personal information, **W-4 & direct deposit** screens in People First.
  - Confirms the accuracy of home & mailing addresses in People First.
  - Knows the pre-service training schedule, location, contact, etc.
  - Is given position description and performance expectations.

## **The process:**

- When a PAR is acted upon & completed in People First for an original hire, that new employee is assigned a People First user ID. At the same time, our DCF tracking system generates an email from Statewide HR Interim Director Diane Gomez to that employee's supervisor providing instructions & a link to the work unit orientation checklist.
- The supervisor & employee must review & complete all items on the checklist within 10 days of hire.  
**The time may be extended to "10 days from completion of pre-service training" for employees who immediately begin pre-service training.**
- The initial email notification will be sent to the supervisor advising them of completion requirements.  
***NOTE: A follow-up email will be sent to the supervisor & his/her manager if the completion deadline is not met.***
- Employees' successful completion of NEO within established timeframes will **likely** become a performance standard for all supervisors & managers.
- You may access the checklist & see a sample completed checklist by clicking on:  
[http://ewas1.dcf.state.fl.us/aslrt/NEO\\_login.aspx](http://ewas1.dcf.state.fl.us/aslrt/NEO_login.aspx)

**After the employee has been on the job for a few days, follow-up by discussing:**

- How the employee thinks he/she is doing
- Any questions or concerns that employee has
- Job responsibilities & work flow
- Your availability to address any questions, concerns or issues the employee may have.

**Ongoing**

- Provide encouragement, praise and coaching

# Performance Appraisals

Performance appraisals are designed to evaluate and improve job performance by identifying employee's accomplishments and providing feedback on how to improve performance.

Performance appraisal is a day-to-day process, not an annual event. There should be no surprises when you discuss the appraisal with the employee.

The performance appraisal system is based on:

- Setting and communicating clear performance standards & expectations with employees
- Ongoing, active, continuous monitoring of performance by the supervisor
- Mentoring & coaching the employee during the entire process
- Addressing performance issues as they arise

## **When are Performance Appraisals Due?**

### Probationary Appraisals

- Probationary appraisals are due thirty (30) days before the end of the employee's 12-month probationary period.  
***NOTE: Probationary employees must also be rated during March and September***
- Probationary employees must meet performance level of **3.0 or higher for each standard**, or they can not attain permanent status.
- Supervisor must include a statement on the probationary appraisal that says "employee has met and/or exceeded all standards and should be placed in permanent status"
- Supervisor must complete a status change PAR in People First
- Probationary periods **can not** be extended.

***NOTE: An unsuccessful probationary employee must be removed from the position before the end of the probationary period***

## **Annual Appraisals**

- **Yearly** appraisals are due March 31st. Every employee must have an appraisal during the month of March that is hired before January 1 of that year.
- **Mid-Year** appraisals are due September 30th. The following employees must have appraisals in September:
  - All Probationary status employees.
  - All employees having an overall score of 2.9 or lower on the most current appraisal.
- Additionally, appraisals can be completed at any time for the following reasons:
  - If the employee's duties change significantly. Supervisor would do appraisal on old duties and give employee new standards for new duties.
  - If an employee's performance level changes significantly during the rating period. For instance:
    - If the employee improves significantly from the last appraisal, the supervisor can do a mid-period appraisal to document that.
    - If the employee with a below satisfactory appraisal (2.9 or lower) brings up his/her performance to a satisfactory level, the supervisor does not need to wait for the regular appraisal months of March or September to complete the appraisal.
    - If the employee's performance drops significantly for some reason after one of the regular appraisal periods, the supervisor needs to do an appraisal that includes a plan for improving performance so the employee can immediately begin necessary steps to improve.
  - When an employee changes supervisor, the current supervisor should complete an appraisal to document the employee's performance to that point and the new supervisor will pick up the performance monitoring from that point on.
    - This would apply if the employee moves from one unit to another, or from one job to another, or if the supervisor leaves the unit for some reason.

**There is a web link that provides extensive information related to performance appraisals:**

[http://eww.dcf.state.fl.us/aspe/performance\\_evaluation.shtml](http://eww.dcf.state.fl.us/aspe/performance_evaluation.shtml)

**The following information is available at the site:**

- CFOP 60-5, Chapter 4 – Public Employees Performance Evaluation System
- Performance Appraisal forms
- Online training that addresses everything you must know to successfully complete, present and submit performance appraisals.

## **Individual Professional Development Plan**

Every March and September, Supervisors should be sitting with their Direct Reports to discuss performance, either via Performance Appraisals or in the way of Career goals and aspirations. The IDP is a tool to facilitate the discussion and document the employees desired career path. The IDP is voluntary, however, all employees must sign the form wither agreeing to the goals set or acknowledging they were given the opportunity but are declining.

***Note: This has been rolled out in Disctricts 3 & 4 and is required by all supervisors to facilitate. In District 12, this has not been rolled out officially, but is still an available tool.***

More information can be found at the link below:

<http://eww.dcf.state.fl.us/zones/ne/devplan.shtml>

## **Employee Relations**

### ***Coaching, Individual Responsibility and Problem Solving***

**Our corrective action process is designed to formally notify/inform an employee:**

- That a rule or standard has been violated.
- Of the consequences of repeating the offense.

#### **Critical Points:**

- Supervisors must address job performance behavioral issues and poor performance when they first begin to surface.
- Coaching & ongoing feedback are important at this phase.
- Be open and communicate honestly with your employees when their performance is unsatisfactory.
- Discuss these issues with your manager/supervisor to get advice and agreement regarding the handling of such matters.
- Call the HR Generalist assigned to your district for advice and guidance.  
D3 – Vickie Mixson (352) 955-5076  
D4 – Allean Lovett (904) 723-2177  
D12 – Hedy Weiss (386) 238-4858

**\*Note: In the event one of the Generalist listed above is unavailable, please contact one of the others as any may assist you.**

**Your role in improving performance is critical. Your responsibilities are as follows:**

- Understand the rules and statutes related to discipline.
- Always exhibit positive leadership characteristics.
- Maintain documentation of the issues related to the necessary improvement matter.
- Provide counseling and coaching to the employee on a regular basis.
- Initiate discipline in a timely manner.
- Follow-up with the employee and monitor their progress after the initial action is implemented.
- Refer employee to EAP as appropriate

## **Types of official disciplinary actions for Career Service Employees**

- Written reprimands
- Dismissals
- Suspensions with approval of Zone Human Resources Manager & State Director of Human Resources

### **Other corrective measures (all employees):**

- Coaching/Counseling/Decision Memorandums)
- Final Counseling Notice
- Performance Improvement Counseling
- Demotion

**Supervisors have limited authority to sign corrective action documents. Always confer with your manager and servicing HR Generalist before taking any corrective action.**

## **Labor Relations**

If you are ever presented with a request for oral step (union grievance) or Career Service Grievance, please contact your servicing HR generalist immediately for employment/labor relations guidance. The generalist will outline & clarify your responsibilities in these actions.

## **Another Valuable Resource**

The Allen Group – EAP Contact/Provider

**Phone: 1 (800) 860-2058**

**<http://www.theallengroup.org>**

## **Did you know?**

There is an operating procedure that addresses **abuse of sick leave**? This is an area that generates quite a few questions. The following link should take you to CFOP 60-04, Chapter 5, Abuse of Sick Leave

<http://ewas.dcf.state.fl.us/asg/doc/060-4ch5.doc>



# Equal Employment Opportunity

The statement of policy adopted by the department that should appear conspicuously in all state offices follows:

“The **Department of Children and Families** shall assure equal opportunity to each applicant or employee, using both objective and subjective merit principles, without regard to that person’s race, color, sex, religion, creed, national origin, political opinions or affiliation, or age except as provided by law, and non-discrimination in agency practices relating to recruitment, examinations, appointments, training, promotions, demotions, compensation, retention, discipline, separation, or other employment practices.”

The department:

Works toward improving recruitment, employment, development and promotional opportunities for minority, female, and disabled employees and applicants.

Assures equal opportunity to any qualified disabled person who is an applicant or employee.

## Sexual Harassment

It is the policy of the **Department of Children & Families** that:

- Sexual harassment is illegal and **will not be tolerated**
- Each employee is entitled to work in an environment which is free from any form of sexual harassment and from retaliation against those who oppose or report sexual harassment.

Sexual harassment is any form of unwelcome sexual advances, requests for sexual favors or any verbal or physical conduct of a sexual nature, which:

- May be either explicit or implicit
- Is presented as a term or condition of an individual’s employment
- Is used as a basis for employment decisions
- Has the purpose or effect of unreasonably interfering with an individual’s work performance
- Creates an intimidating, hostile or offensive work environment.

Any employee who feels discriminated against, sexually harassed or retaliated against may file a complaint **within 365 calendar days** (300 calendar days for the USEEOC) of the alleged discriminatory action through either of the following:

<p><b>Rafael Bello</b>  <b>EEO Coordinator, Northeastl Zone</b>  <b>Dept. of Children &amp; Families</b>  <b>210 N. Palmetto Ave., Ste 430-H</b>  <b>Daytona Beach, FL 32114</b></p> <p><b>(386) 254-3711    SC 380-3711</b></p>	<p><b>Assistant Staff Director</b>  <b>Office of Civil Rights Compliance</b>  <b>1317 Winewood Boulevard</b>  <b>Building 1, Room 104</b>  <b>Tallahassee, FL 32399-0700</b></p> <p><b>(850) 487-1901    SC 277-1901</b></p>	<p><b>District Director</b>  <b>U.S. Equal Employment</b>  <b>Opportunity Commission</b>  <b>One Biscayne Tower, Suite 2700</b>  <b>2 South Biscayne Boulevard</b>  <b>Miami, FL 33131</b></p> <p><b>1-800-669-4000</b></p>
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# Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) and Department of Children & Families policy prohibit discrimination against a qualified individual with a disability.

Under the ADA, an individual with a disability is a person who has:

- A physical or mental **impairment** that **substantially limits** one or more **major life activities**;
- A **record** of such an impairment; or
- Who is **regarded** as having such impairment.

An employer is required by the ADA to make a “**reasonable accommodation**” for an individual who is qualified as having a disability.

- **Modification or adjustment** to a job, the work environment or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity.
- May include such modifications as widening a doorway for a wheelchair user, replacing a round door knob with a lever for an individual with arthritis and installing automatic door openers for a person who is otherwise unable to open a heavy door.

Impairments which might be considered a disability under the ADA include:

Alcoholism  
Drug addiction  
Diabetes  
Heart disease  
Cancer  
HIV infection  
Multiple Sclerosis

Muscular Dystrophy  
Lupus  
Epilepsy  
Cerebral Palsy  
Hearing, speech, visual or orthopedic impairments

Obviously, each situation is different and highly individual in nature. **If you have any questions or concerns regarding the ADA, please contact the EEO Coordinator in the Inspector General’s Office**

**Rafael Bello, Northeast Zone EEO Coordinator  
(386) 254-3711 (SC 380-3711)**

# Classification: Changes in a Position

Classification is the process by which we manage changes in a position (reclassification, add/delete, supervisory/organizational change, county change, position description update, etc.).

Which documents must be submitted to the Zone HR Office??

ACTION	CAF	SER	PaRTS	PD	Justification
Change Budget Entity and/or OCA	X	X	X		
Change County or Location	X				
Change Supervisor	X			X	
Change FTE	X	X	X	X	X
Reclassify (add/delete)	X	X	X	X	X
Update Position Description	X				

## Necessary Forms & Tools

- Classification Action Form (Completed by Supervisor)  
form on following page; contact the Classification Lead for an electronic version.
- Position Description (Completed by Supervisor)  
[http://eww.dcf.state.fl.us/aspe/forms/Position\\_Description-CS\\_SES\\_SMS.doc](http://eww.dcf.state.fl.us/aspe/forms/Position_Description-CS_SES_SMS.doc)
- Salary Exception Request form on following pages (Completed by HR)  
**NOTE:** For “organizational title” at bottom of form, fill in program component, OCA & program name  
<http://eww.dcf.state.fl.us/aspe/forms/Class%20packets/SER%20Form.xls>
- Broadband Crosswalk  
<http://eww.dcf.state.fl.us/aspe/classification.shtml>

## Class Specification Information

- Website for Career Service Positions  
<http://www.state.fl.us/oraweb/owa/csclass>
- Website for SES Positions  
[http://www.state.fl.us/oraweb/owa/www\\_csclass ses\\_csclass class\\_search](http://www.state.fl.us/oraweb/owa/www_csclass ses_csclass class_search)

If you have any questions or concerns regarding classification issues, please contact:

**Linda Faulk, Northeast Zone Classification Lead  
(904) 723-2028 (SC 841-2028)**

# CLASSIFICATION CHECKLIST

Position Number \_\_\_\_\_ Position Title \_\_\_\_\_  
 \_\_\_\_\_

Name of Person submitting Request \_\_\_\_\_

**TO BE COMPLETED BY Human Resources Office**

HR Date Stamp \_\_\_\_\_

Type of Action Being Requested \_\_\_\_\_

## UPDATES

**YES    NO**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. New position description attached and on current form?  |
| ___ | ___ | 2. All signatures received (including incumbent if filled position)?   |
| ___ | ___ | 3. Are duties changing?  |
| ___ | ___ | 4. Is position moving from one unit to another (same section) or one section to another?   |
| ___ | ___ | If so, are the following attached: <b>from one unit to another, same section</b> – hard copy of current and new position description (PD), former supervisor, new supervisor, current and new PD position moving, signatures on all new PDs, table of organization chart (TO) – current and proposed, former unit, new unit. <b>Electronically send only the new PDs and TOs.</b><br><b>Moving from one section to another – receiving unit to send</b> - hard copy of PD Supervisor (old and new), receiving position number (new only) with signatures on all new PDs, TO current and proposed.<br><b>Electronically send only the new PDs and TO.</b><br><u>Losing unit to send</u> – hard copy new PD of supervisor and new TO.<br>Signatures on all new PDs. <b>Electronically send only new PDs and TOs.</b> |

## RECLASSIFICATIONS/ADD/DELETES

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. New PD (on current form) along with old PD attached?  |
| ___ | ___ | 2. Are duties changing?  |
| ___ | ___ | 3. Current and proposed T.Os attached along with Program Office (PaRTs team) approval of this action.  |
| ___ | ___ | 4. Is there justification for this request attached? ( <b>Justification for reclass/ add/delete actions should be on the position and not the incumbent</b> ). |
| ___ | ___ | 5. Will this action move position from Career Services to SES?   |
| ___ | ___ | 6. Will this action move position from SES to Career Services?   |

**Comments:**



# CLASSIFICATION ACTION FORM (CAF)



**Position Number**

**Program Name**

**Filled**

**Vacant**

- \_\_\_\_\_ ESTABLISH
- \_\_\_\_\_ RECLASSIFY\*
- \_\_\_\_\_ COUNTY CHANGE

- \_\_\_\_\_ ABOLISH
- \_\_\_\_\_ ORGANIZATIONAL CHANGE OF SUPERVISOR
- \_\_\_\_\_ POSITION DESCRIPTION UPDATE

\_\_\_\_\_ ALL OTHER CHANGES SPECIFY: \_\_\_\_\_

**\*JUSTIFICATION STATEMENT (FOR RECLASS ACTION ONLY):** \_\_\_\_\_

PLEASE COMPLETE THE TABLE BELOW ONLY WITH THE CURRENT AND PROPOSED INFORMATION YOU'RE REQUESTING TO BE CHANGED IN PEOPLE FIRST.

CURRENT	COMPLETE ONLY UNSHADED APPLICABLE AREAS	PROPOSED
	CLASS TITLE	
	CLASS CODE	
	BROADBAND CODE & LEVEL	
	COUNTY CODE	
	SUPERVISOR'S POSITION #	
	PAY GRADE	
	FLAIR ORG CODE	
	OCA CODE	
	BUDGET ENTITY	
	RATE CONTROL ADJUSTMENT	
	WARRANT DISTRIBUTION #	
	INTERDEPARTMENT #	
	FLAIR ACCOUNT CODE	

**CONTACT INFO: NAME**

**PHONE NUMBER**

Required Signatures:	Recommended	Not Recommended	Date
Initiating Official (Immediate Supervisor)	_____	_____	_____
Reviewing Authority (Program Administrator)	_____	_____	_____
Program Office Official (Zone Program Manager)	_____	_____	_____
BUDGET DOLLARS /RATE AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	COST: Current Year _____ Annualize _____		
Does this request include any change in your plan of operations as presented in your approved budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this request require any change in the total amount for salaries in your approved budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Recommended	Not Recommended	Date
Zone Budget Analyst	_____	_____	_____
Zone Human Resources	_____	_____	_____
Zone/District Administrator (or Designee)	_____	_____	_____

**Human Resources**

**Office Use Only**

	<b>LOG IN</b>	<b>T.O. UPDATED</b>	<b>LOG OUT</b>	<b>COPY TO INITIATOR</b>
<b>REVISED 10-07-05</b>	<b>EFFECTIVE DATE</b>	<b>PF UPDATED</b>		<b>AGENDA NUMBER</b>

<b>DEPARTMENT:</b>				<b>PAGE NUMBER:</b>		<b>CERTIFICATION FOR FTE IN EXCESS</b>					
<b>Children and Families</b>				PAGE 1 OF		I certify there are no authorized position(s) available for addition, deletion or transfer within the agency as provided in s. 216.262(1)(a), Florida Statutes.					
				DATE:							
				AGENCY #:							
Approval is requested for the following:				EOG #:							
<input type="checkbox"/> To authorize positions in excess of the number fixed by the Legislature <input type="checkbox"/> To add positions to reserve or authorize positions that are in reserve <input type="checkbox"/> To transfer positions from Department reserve to EOG reserve <input checked="" type="checkbox"/> Other (specify): Add/Delete to reclassify positions											
Class Code	Position Number	Position Title	FTE	Rate Control Adjustment	Pay Grade	Budget Entity Code	Organizational Title				
<b>DELETE:</b>											
<b>JUSTIFICATION:</b>											
1. Does this request include any change in your plan of operations as presented in your approved budget? N 2. Will this request require any changes in the total amount for salaries in your approved budget? N 3. Will this request require any change in the source of funding for any positions in your budget? N											
AGENCY HEAD SIGNATURE/TITLE/DATE OF REQUEST				OPB APPROVAL/DATE				Conditions of Approval			
Signature:								B.E.	EOG Reserve	FTE	RATE
Title: <b>Zone/District Administrator</b>											

## **Worker's Compensation**

If an employee is injured on the job or has a work-related illness, the employee is responsible for ensuring that the supervisor is notified immediately.

**The supervisor must report all work place injury/illness to Corvel.** Risk Management will determine if the injury/illness will be covered under Workers Compensation Insurance.

**If the injury or illness requires emergency medical treatment, the supervisor must:**

- Call 911 for emergency or transport the employee to the nearest medical facility.
- Report the injury to CorVel Corporation at **1 (800) 929-0107**

**If the injury does not require emergency medical treatment, the supervisor must:**

- Call CorVel at **1 (800) 929-0107** immediately and prior to obtaining medical treatment.
  - CorVel will complete the Notice of Injury and submit copies to all appropriate entities.
  - CorVel will assist employee in selecting a medical provider from their provider directory.

**CorVel will require the following information to complete the Notice Injury:**

- The four-digit location code (shown on the following page)
- Injured employee's class title
- Injured employee's class code
- Injured employee's full name
- Injured employee's social security number
- Injured employee's home address, telephone number and birth date
- Injured employee's rate of pay
- Injured employee's employer, address, phone number and contact person
- Date the employer had knowledge of the accident or injury
- Location of the accident (premises, job-site, en route, in field, etc.), including the address and county where the accident or injury occurred.
- Date and time of the accident or injury



- Description of the accident. (How did it occur? What was the cause?)
- Description of the injury (Describe the injury and the part of the body that is affected.)
- You must send the Supervisor's Accident Investigation Report (CF 986) to your respective General Services Office within 48 hours – even if all required information is not available. You must also send a copy to your servicing HR office.
- This report verifies that the immediate supervisor:
  - has knowledge of the injury
  - has investigated any unsafe condition or act that led to the injury, and
  - has developed recommendations to prevent recurrence.

Worker's Comp forms and information can be accessed through the following link and/or instructions:

[http://eww.dcf.state.fl.us/aspe/benefits\\_wc.shtml](http://eww.dcf.state.fl.us/aspe/benefits_wc.shtml)

or

**DCF Intranet ➤ Human Resources Homepage ➤ Benefits, Insurance & Retirement ➤ Worker's Compensation**



**IMPORTANT NOTE: All Northeast Zone, D3, D4 & D124 employees must use the location codes on the following page. The codes that are on the website are for Central Office only!**

# Location Codes

## For Reporting Workers' Compensation Injuries

<b>Program / Service / Entity</b>	<b>D3</b>	<b>D4</b>	<b>D12</b>
District Administration	7457	7507	7957
Mental Health Prog Mgmt & Compliance	7461	7511	7961
Substance Abuse - Prog Mgmt & Compliance	7462	7512	7962
ESS – Prog. Mgmt & Compliance	7467	7517	7967
Family Safety - Prog Mgmt & Compliance	7471	7521	7971
Foster Parents-FSP-Prog Mgmt & Compl.	7470	7522	7972
Child Protection & Permanency		7518	7974
Adult Protection	7473	7524	7975
Child Care Regulation & Information	7474	7525	7976
Volunteers - District Administration	7489	7535	7985
OPS - District Administration	7490	7536	7986
Comprehensive Eligibility Services	7493	7539	7988
Fraud Prevention & Benefit Recovery	7491	7541	7990

**If the injury requires that the employee take time off from work:**

- A Career Service, SES or SMS employee receives full pay for the 1<sup>st</sup> day of injury
- A Career Service, SES or SMS employee is granted administrative leave (DBL Leave – Code 0065) for the first 7 calendar days off.
- Thereafter, worker's compensation pays two-thirds of the Career Service, SES or SMS employee's pay. The employee may supplement the remaining one-third by using accrued leave.
- After 5 days off from work, the Career Service, SES or SMS employee should be placed on FMLA.
- A Career Service, SES or SMS Employee continues to earn leave at the normal accrual rate during worker's comp absence.
- Worker's Compensation status:
  - "No duty" can continue for up to two years with appropriate medical documentation.
  - "Light duty" is encouraged whenever possible with appropriate medical certification. Supervisor must coordinate this with the servicing Human Resource office.
- The supervisor must ensure that the Career Service, SES, SMS or OPS employee's time is submitted through People First throughout the time the employee is on approved worker's compensation.
- Employees who have performance issues should receive corrective action according to the regular corrective action process – even if they are involved in a worker's comp claim.

***NOTE: It is critically important that you coordinate the management of work-related injuries & illnesses with your servicing Human Resources Office.***

- Supervisors must submit the accident report to General Services and send a copy to Human Resources
- The form is available on e-forms.

**NOTE:**

**OPS Employees** are covered for medical costs. They are not paid for the first 40 hours off, but are paid thereafter based on two-thirds of their average weekly hours.

**Volunteers** are covered for medical costs only.

## **Family & Medical Leave Act (FMLA) & Family Supportive Work Program (FSWP)**

The supervisor is responsible for ensuring an employee's coverage under the Federal Family and Medical Leave Act (FMLA) of 1993 and the State Family Supportive Work Program (FSWP) after five days of absence or illness.

To be eligible, an employee must:

- Have a serious health condition which makes the employee unable to perform the functions of his/her job, or the birth/adoption of a child; or the care of an immediate family member (child, parent, or spouse) who has a serious health condition.
- Have at least one year of service, and
- Have worked 1,250 hours in the past year

**Serious Health Condition** (FMLA definition) – an illness, injury or impairment or physical or mental condition that involves in-patient care or continuing treatment by a health care provider.

- The employee must request FMLA time in writing and provide supporting medical documentation to the supervisor.
  - A verbal request is accepted if the employee is hospitalized or otherwise incapacitated.
  - The FMLA packet can be accessed on the Northeast Zone website:  
<http://eww.dcf.state.fl.us/zones/ne/publications.shtml>
- Eligible employees are entitled to up to 12 weeks of FMLA time.
  - If FMLA request is for eligible immediate family members, the employee may be eligible for a total of 6 months leave under FSWP. The first 12 weeks of the FSWP leave will run concurrently with the FMLA leave time. The total time off if the employee is eligible for both FMLA and FSWP is six months."

**The supervisor's responsibilities include:**

- Sending the appropriate letter to the employee.
- Sending a copy of the letter to the manager (POA, Program Administrator)
- Sending original forms of the FMLA packet to the servicing Human Resources office. (D3 & D4 Myra Rivette, D12 Hedy Weiss)

**D3 & D4**

Myra Rivette  
5920 Arlington Expressway  
Jacksonville, FL 32211  
(904) 723-2072 / Suncom 841-2072

**D12**

Hedy Weiss  
210 N Palmetto Avenue, #408  
Daytona Beach, FL 32114  
(386) 947-4036 / Suncom 380-4036

- Ensuring that timesheets are completed in People First accurately & timely.
- If the employee is requesting sick leave donations (see page 59 for link), the employee must complete the Request to Use Sick Leave Donations form and send to the servicing Human Resources office. (D3 & D4 Myra Rivette, D12 Hedy Weiss)
- Prior to returning to work, the employee must notify the supervisor (in writing) of his intent to return to work.
- When the employee returns to work, he must provide his/her doctor's note releasing him/her to return to work. This is given to the supervisor.
- The supervisor must send a copy of the release / return to work document to Human Resources to close out the FMLA / FSWP file.

# People First Processing

<b>Topic</b>	<b>Information</b>	<b>Note/Consequence</b>
<b>Error Messages</b>	<p>An explanation usually accompanies an “error” message.</p> <ul style="list-style-type: none"> <li>• Read the explanation.</li> <li>• Edit / Correct the error.</li> <li>• Save. Submit the timesheet.</li> </ul>	
<b>Holidays</b>	<p>The People First system pre-populates holiday hours (code 1005)</p> <p>If you input hours that you work on a holiday, the system will give a warning message.</p>	
<b>Leave Balances</b>	<p>Although People First provides an automated Leave Balance Overview, we recommend that you continue using the Employee Leave Record to manually track accrual and use of leave.</p> <p>The form is available at:  <a href="http://www.dcf.state.fl.us">www.dcf.state.fl.us</a> ▶ Human Resources ▶ Leave &amp; Payroll ▶ Employee Leave Record</p>	<p>Keep in mind that leave balances in People First may not be 100% up-to-date, particularly if there are time sheets that have not been submitted, approved or processed.</p>

<b>Topic</b>	<b>Information</b>	<b>Note/Consequence</b>
<b>Leave Without Pay (LWOP)</b>	Timesheets with LWOP must be submitted and approved <u>before</u> 5:00 p.m. the last day of the pay period.	When this is not done, HR must request stop payments, process “on demand” payment. The employee’s pay may be delayed.
<b>Missing Employees in “My Direct Reports”</b>	If you do not see your employees under your direct reports, you must notify your servicing Human Resources office and submit the appropriate Org Management package to the classification specialist.	For further information, check the classification section of this guide.
<b>Overtime</b>	Enter the time worked. People First automatically calculates hours worked over 40/week at the overtime rate.	
<b>Overtime Election</b>	<u>On</u> the first day of the pay period <u>and before</u> you input any hours, check to make sure that you have selected the correct overtime election option.	Failure to do this will result in the employee getting paid at their previous OT election and <b>CANNOT</b> be backed out.

<b>Topic</b>	<b>Information</b>	<b>Note/Consequence</b>
<b>Regular Compensatory Time</b>	Enter the time worked. Just as it does with overtime, People First automatically calculates and adds this to your leave balances.	
<b>Timesheets, Approval Deadline (Career Service / SES / SMS)</b>	Noon Friday after the end of the pay period. (except for Worker's Comp, LWOP, etc.. which is 5pm on Thursday) This is a performance measure.	When timesheets are not approved in a timely manner, it affects processing of overtime, on call and call back payments. <b><u>This is a performance measure!!</u></b>
<b>Timesheets, Approval Deadline (OPS)</b>	Noon Friday after the end of the OPS pay period.	When timesheets are not approved in a timely manner, employees will not be paid.
<b>Timesheets, Correcting one that's been approved.</b>	The <u>employee</u> <u>can't</u> retrieve the timesheet. The <u>supervisor</u> must: <b>Call People First at 1 (866) 663-4735 to have the timesheet unsubmitted and notify the servicing HR office.</b> Myra Rivette – D3 & D4 Hedy Weiss/Central Office - D12	
<b>Warning Message</b>	Confirm that your input is accurate. Scroll Down and click on "Save"	



# On-Call/Call Back Decoder

## CFOP 60-01, Ch. 4

### 4-4. Definitions.

e. Guaranteed Call Back Payment. If called back to the work site, an employee is guaranteed a minimum of two hours payment. If the call back period is less than two hours, the employee will receive straight time payment for the guaranteed period not worked. The time not actually worked does not count toward actual hours worked for overtime purposes.

### 4-5. Procedures.

#### b. Compensation.

(3) An employee who is on-call and is required to return to work during the on-call period, and returns to on-call status at the completion of the call back period, shall continue to receive on-call pay during the period called back to work.

(4) An employee who is on-call and is required to return to work during the on-call period and does not return to on-call status shall not receive on-call pay for the period called back to work.

(5) An employee who is required to work beyond the end of the normal workday, but is scheduled to be on-call beginning with the end of the normal workday, shall not commence receiving on-call until the employee is actually released from work.

## Explanation/Example

On the time sheet, the only time hours are recorded in code 1004 is if the callback time is less than 2 hours. Any call back time more than 2.0 hours is recorded under code 1000 – regular hours worked.

Example: on call from 5:00 p.m. – 12:00 a.m. (midnight); called back to work at 7:00 p.m. – 11:00 p.m. Receives full payment.

Example: on call from 8:00 a.m. to 2:00 p.m.; called back to work at 1:00 p.m. – 7:00 p.m. Receives on-call from 8:00 a.m. – 1:00 p.m. (5 hours).

Example: on call from 5:00 p.m. – 12:00 a.m. (midnight); continues to work beyond normal workday until 7:00 p.m. on call starts at 7:00 p.m. to 12:00 a.m. (midnight) – 5 hours.

# People First Employment Verification Process

- ☒ Employees needing to **verify employment and/or salary** with creditors, potential employers or any third party must authorize **People First** to provide verifications when needed.
- ☒ There are **two** available **methods**:
  1. You may obtain a Personal Identification Number (PIN) through Interactive Voice Response (**IVR**) and share the PIN with third parties (mortgage companies, creditors, prospective employers, etc.)
    - **Advantage:** You may use the PIN with multiple third parties for 90 days.
  2. **Mail** a request with your signature to People First authorizing release of information for each third party.
    - **Advantage:** You retain greater control of who gets your information.

<b>IVR Requests</b>	<b>Mail Requests</b>
<p><b>To request a PIN:</b> Call the PFSC (1-866-663-4735), <b>press 3 &amp; follow the instructions.</b></p> <p>Once a PIN has been assigned, relay the following information to the third party:</p> <ul style="list-style-type: none"> <li>• PIN</li> <li>• The People First Service Center number (1-866-663-4735)</li> <li>• Have them call, press 3 &amp; follow the instructions.</li> </ul>	<p><b>Mail a signed note to the PFSC that authorizes them to release information. The note must include:</b></p> <ul style="list-style-type: none"> <li>• Your Full Name &amp; Social Security Number</li> <li>• Name of the Company (third party) that will make inquiry regarding your employment/salary status</li> <li>• General type of transaction (auto loan, home loan, mortgage, etc.)</li> </ul> <p>The <b>third party's</b> request for employment and/or salary verification must include the following items:</p> <ul style="list-style-type: none"> <li>• Requestor's Name and Company Name</li> <li>• Employee's Name and SSN</li> </ul> <p>Written requests must be mailed to the following address:            People First Service Center            P.O. Box 5100            Tallahassee, FL 32314</p> <p style="text-align: center;"><b><i>Mortgage requests will be mailed within 3 business days.</i></b></p> <p style="text-align: center;"><b><i>All other requests will be mailed within 10 business days.</i></b></p>

# Part III

## Post-Employment

### Exit Interview instructions

Ensure that employees complete the exit interview before their final day of employment. It can be accessed through the following link and/or access instructions:

<http://ewas1.dcf.state.fl.us/oshr/exit/>

DCF Intranet > Human Resources > Information, Resources & Reports > HR Applications > Exit Interview

### Retrieve Equipment & Property

- Ensure that you retrieve all equipment, material, supplies & identification badges that were issued to the employee.

### Ensure that the following actions are taken

- Make sure that there are no missing timesheets for the terminating employee. (this facilitates leave payout)

#### **Final Timesheet:**

- **Employee or supervisor inputs the *actual hours worked*, and shows *all other days as 'zero' hours*. **Do not submit the timesheet yet.****
- **Supervisor submits, completes & acts upon a Separation PAR**
- **Supervisor submits the timesheet for the employee.**
- **Supervisor approves employee's time sheet.**
- Mail resignation, acceptance, notice of separation form & ID badge to the servicing HR office.
- Acceptance of resignation format & instructions are provided in:

### **CFOP 60-70, Chapter 1, Employee Separations and Reference Checks.**

### Other information of interest to the employee:

- **Health & Basic Life Insurance**
  - The state will pay the usual premium payment for any month during which the employee was on the payroll for at least one day.
  - Coverage will be effective through the end of the next month.
  - People First will send a letter explaining COBRA options (including necessary forms) to the terminated employee's home address.

# Management of Accrued Leave on Termination

Leave Type	Career Service	SES / SMS
<p><b>Annual</b></p>	<ul style="list-style-type: none"> <li>■ An employee with 12 continuous months of service will be paid for unused annual leave, up to a lifetime maximum of 240 hours. <i>(NOTE: This cannot be processed until the employee submits all time sheets &amp; the supervisor approves them.)</i></li> <li>■ An employee enrolled in DROP will not be paid for the full 240 hours if he was paid for annual leave credits upon entering DROP.</li> <li>■ In case of the death of an employee, the 240-hour limit does not apply. All unused annual leave at the time of death shall be paid to the employee's beneficiary, estate or as provided by law.</li> <li>■ <b>Lay-off provision:</b> <i>An employee with 12 continuous months of service who is being laid off may request (in writing) that annual leave credits be retained for up to one year, pending re-employment.</i></li> </ul>	<ul style="list-style-type: none"> <li>■ An employee shall be paid for unused annual leave up to a maximum of 480 hours, with the current year's leave accrual prorated. . <i>(NOTE: This cannot be processed until the employee submits all time sheets &amp; the supervisor approves them.)</i></li> <li>■ An employee enrolled in DROP will not be paid for the full 480 hours if he was paid for annual leave credits upon entering DROP.</li> <li>■ In case of the death of an employee, the 480-hour limit does not apply. All unused annual leave at the time of death shall be paid to the employee's beneficiary, estate or as provided by law.</li> </ul>
<p><b>Sick</b></p>	<ul style="list-style-type: none"> <li>■ An employee with at least 10 years of creditable service will be paid for ¼ of all unused sick leave earned on or after 10/01/73, up to a maximum of 480 hours.</li> <li>■ <b>Lay-off provision:</b> <i>An employee with at least 10 years of creditable service who is being laid off may request (in writing) that sick leave credits be retained for up to one year, pending re-employment.</i></li> </ul>	<ul style="list-style-type: none"> <li>■ An employee with at least 10 years of creditable service will be paid for ¼ of all unused sick leave earned on or after 10/01/73, up to a maximum of 480 hours.</li> </ul>

Leave Type	Career Service	SES / SMS
<b>Special Compensatory</b>	<ul style="list-style-type: none"> <li>▪ All employees (regardless of length of service) will be paid for any special comp leave balance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All employees (regardless of length of service) will be paid for any special comp leave balance.</li> </ul>
<b>FLSA Compensatory</b>	<ul style="list-style-type: none"> <li>▪ All employees (regardless of length of service) will be paid for any FLSA special comp leave balance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All employees (regardless of length of service) will be paid for any FLSA special comp leave balance.</li> </ul>
<b>Regular Compensatory</b>	<ul style="list-style-type: none"> <li>▪ Regular compensatory leave credits are held in abeyance for employees who are laid off. If the employee is re-employed within one year, the agency restores the regular comp hours to the employee.</li> </ul>	
<b>Sick Leave Donation</b>	<ul style="list-style-type: none"> <li>▪ Prior to separation, an employee may be able to donate sick leave credits to an eligible employee. <b><i>(NOTE: These hours are taken before any other payouts are calculated. Also, both employees must still be active on the payroll at the time the donation is used.)</i></b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Prior to separation, an employee may be able to donate sick leave credits to an eligible employee. <b><i>(NOTE: These hours are taken before any other payouts are calculated. Also, both employees must still be active on the payroll at the time the donation is used.)</i></b></li> </ul>
<b>Leave Payment to Deferred Compensation Program</b>	<ul style="list-style-type: none"> <li>▪ A terminating employee may elect to have all or part of his leave payment deducted into a deferred compensation program instead of receiving payment. (NOTE: Request must be made prior to payout.)</li> </ul>	<ul style="list-style-type: none"> <li>▪ A terminating employee may elect to have all or part of his leave payment deducted into a deferred compensation program instead of receiving payment. (NOTE: Request must be made prior to payout.)</li> </ul>

## Retirement

	<b>Career Service</b>	<b>SES / SMS</b>
<b>Vesting</b>	<ul style="list-style-type: none"> <li>▪ <b>Florida Retirement System Pension Plan</b> – employee qualifies after <b>six years</b> of creditable service.</li> <li>▪ <b>Florida Retirement System Investment Plan</b> – employee qualifies after <b>one year</b> of creditable service.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Florida Retirement System Pension Plan</b> – employee qualifies after <b>six years</b> of creditable service.</li> <li>▪ <b>Florida Retirement System Investment Plan</b> – employee qualifies after <b>one year</b> of creditable service.</li> <li>▪ <b>Senior Management Optional Annuity Plan</b> – the defined contribution plan provides for full and immediate vesting.</li> </ul>
<b>DROP</b>	<ul style="list-style-type: none"> <li>▪ If enrolled, the terminating or laid off employee should contact the DROP Termination Unit at the Division of Retirement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ If enrolled, the terminating or laid off employee should contact the DROP Termination Unit at the Division of Retirement.</li> </ul>

### Retirement Contact Information

<b>Regular Retirement</b>	<b>1-888-738-2252</b>
<b>Disability Retirement</b>	<b>1-877-738-3725</b>
<b>DROP Retirement</b>	<b>1-877-738-3767</b>

	<b>Career Service</b>	<b>SES / SMS</b>
<b>Receiving a Retirement Check</b>	<ul style="list-style-type: none"> <li>▪ Employee must first terminate all employment and employment relationships with all Florida Retirement System (FRS) employers.</li> <li>▪ Employee must not work for any FRS employer during the first calendar month after retirement.</li> <li>▪ An employee who returns to work during the first month of retirement voids his retirement and must repay retirement benefits.</li> <li>▪ Employee must re-apply for benefit, establishing a later effective date of retirement.</li> <li>▪ A retiree cannot earn a salary and retirement benefits for twelve months after his effective date of retirement.</li> <li>▪ A retiree who works during the second through twelfth month after his effective retirement date must inform the Division of Retirement to have retirement benefits suspended during the months worked.</li> <li>▪ For additional information, contact the Florida Retirement System at <a href="http://www.myfrs.com">http://www.myfrs.com</a> or call 1-866-44MYFRS.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee must first terminate all employment and employment relationships with all Florida Retirement System (FRS) employers.</li> <li>▪ Employee must not work for any FRS employer during the first calendar month after retirement.</li> <li>▪ An employee who returns to work during the first month of retirement voids his retirement and must repay retirement benefits.</li> <li>▪ Employee must re-apply for benefit, establishing a later effective date of retirement.</li> <li>▪ A retiree cannot earn a salary and retirements for twelve months after his effective date of retirement.</li> <li>▪ A retiree who works during the second through twelfth month after his effective retirement date must inform the Division of Retirement to have retirement benefits suspended during the months worked.</li> <li>▪ For additional information, contact the Florida Retirement System at <a href="http://www.myfrs.com">http://www.myfrs.com</a> or call 1-866-44MYFRS.</li> </ul>

## Unemployment Compensation

<b>Career Service</b>	<b>Select Exempt Service</b>	<b>Senior Management Service</b>
<ul style="list-style-type: none"><li>▪ To determine eligibility, the affected employee should contact the Agency for Workforce Innovation, or visit the following website: <a href="http://www2.myflorida.com/awi/employeehints.htm">http://www2.myflorida.com/awi/employeehints.htm</a></li></ul>	<ul style="list-style-type: none"><li>▪ To determine eligibility, the affected employee should contact the Agency for Workforce Innovation, or visit the following website: <a href="http://www2.myflorida.com/awi/employeehints.htm">http://www2.myflorida.com/awi/employeehints.htm</a></li></ul>	<ul style="list-style-type: none"><li>▪ Ineligible for unemployment compensation benefits.</li></ul>



# **Part IV**

## **Resources**

### **Insurance & Benefits**

People First Service Center  
1(866) 663-4735

Insurance Companies

### **Time, Attendance & Pay Issues**

People First Service Center  
1(866) 663-4735

### **Policy, Rules & Procedures**

**HR Policy** link in People First  
located to the left of the Log Off button

Employee Handbook

<http://eww.dcf.state.fl.us/aspe/generalinformation.shtml>

DCF Intranet

<http://eww.dcf.state.fl.us/>

HR Website

<http://eww.dcf.state.fl.us/aspe/>

Commission on Ethics

<http://www.ethics.state.fl.us>

EAP – The Allen Group

Phone: 1 (800) 860-2058

<http://www.theallengroup.org>

Servicing Human Resources office

# Human Resources Service Sites

## People First Service Center

P. O. Box  
Jacksonville, FL  
1 (866) 663-4735

## Northeast Zone HR Sites

### Jacksonville – Northeast Zone Headquarters

5920 Arlington Expressway, Room 263  
Jacksonville, FL 32211

Phone (904) 723-2074 SC 841-2074 (Connie Cloud)  
(904) 723-2028 SC 841-2028 (Linda Faulk)  
(904) 723-2177 SC 841-2177 (Allean Lovett)  
(904) 723-2072 SC 841-2072 (Myra Rivette)  
Fax (904) 723-2056 SC 841-2056

### Gainesville

1621 NE Waldo Road  
Gainesville, FL 32606

Phone (952) 955-5076 SC 625-5076 (Vickie Mixson)  
Fax (352) 955-6194 SC 625-6197

### Daytona

210 N. Palmetto Avenue #408  
Daytona Beach, FL 32114

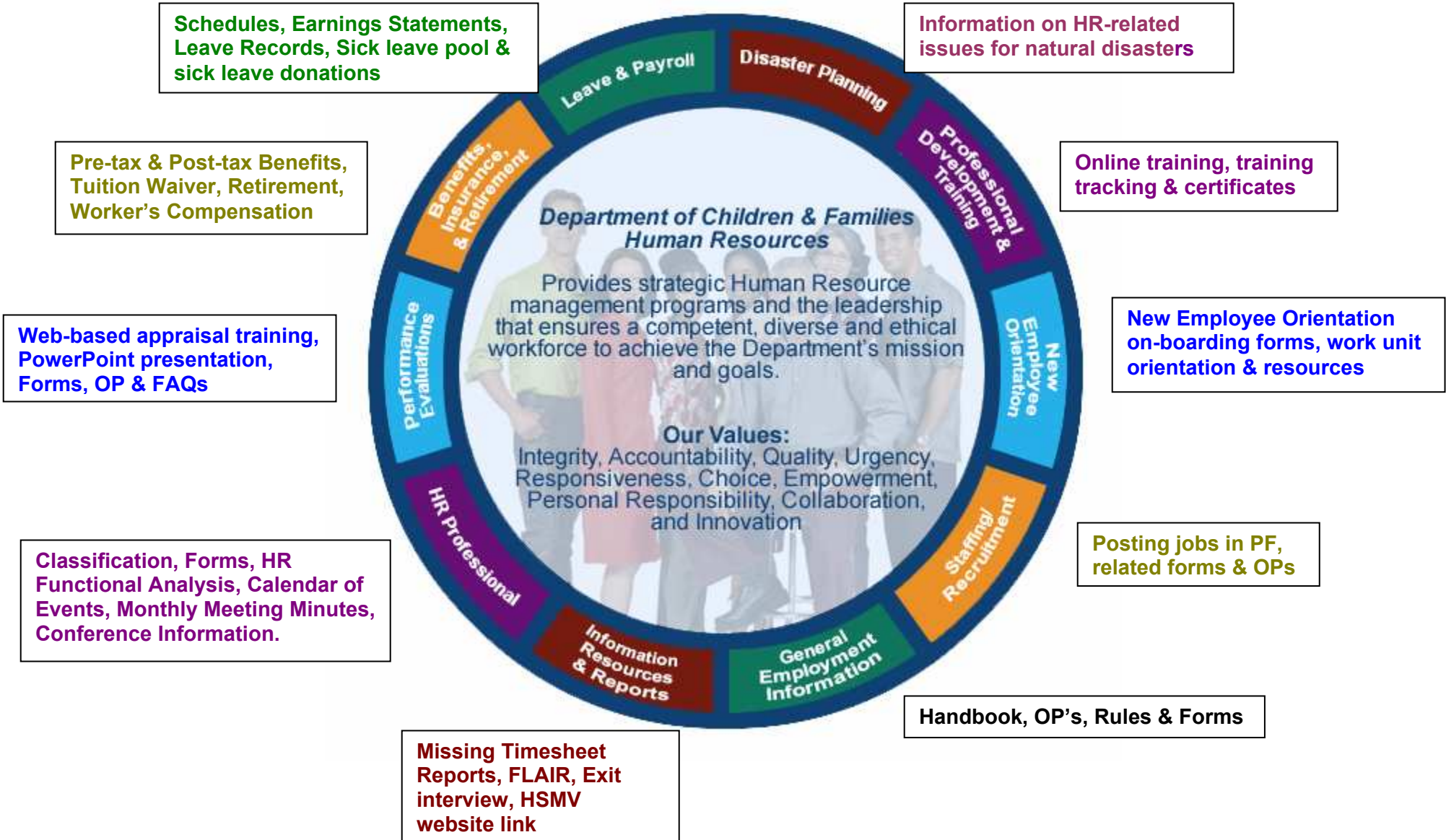
Phone (386) 238-4858 SC 380-4858 (Hedy Weiss)  
Fax (386) 238-3188 SC 380-3188

## Human Resources Functional Directory Northeast Zone

The employee or his supervisor or manager can resolve most HR issues, questions & concerns by working with the People First Customer Service Center or through insurance companies and/or other service providers. When you are unable to resolve your concerns through those sources, please contact the Northeast Zone Human Resources Team.

<b>Function</b>	<b>Primary Contact</b>
<b>Administration</b>	Connie Cloud
<b>Benefits</b>	People First Service Center
<b>Classification</b>	Linda Faulk D3, D4, D12
<b>Employee Files</b>	Myra Rivette (D4) Vickie Mixson (D3) Hedy Weiss (D12)
<b>FMLA / FSWP</b>	Myra Rivette (D3 & D4) Hedy Weiss (D12)
<b>Grievances</b>	Allean Lovett (D4) Vickie Mixson (D3) Hedy Weiss (D12)
<b>Leave Payouts</b>	Myra Rivette (D3 & D4) Central Payroll (D12) (850) 488-7210 SC 278-7210
<b>Staffing</b>	People First Service Center
<b>Training</b>	Liliana Cardona
<b>Workers' Compensation</b>	Allean Lovett (D4) Vickie Mixson (D3) Hedy Weiss (D12)

# DCF Human Resources Home Page



# Health and Other Insurance

New employees have **sixty (60) calendar days** from date of hire to select and enroll in health insurance and benefits.

There are four methods:

**1. Online Enrollment** through People First at <https://peoplefirst.myflorida.com>

The system can be accessed 24/7/365.

Employees will need:

- Their User ID (which the manager or supervisor should give to them during the first week of employment)
- Their password (the initial password is 0+MM+DD+YY – an employee born on June 1 1982 will have 0060182 as an initial password. After initial use, employee should change password to another seven digit number)

**2. Interactive Voice Response (IVR)** through People First.

The system can be accessed 24/7/365, by calling

1 (866) 663-4735

**3. Contact a People First Benefits Specialist** at the People First Service Center by calling 1 (866) 663-4735. Specialists are available Monday – Friday from 8:30 a.m. to 5:30 p.m.

**4. Submit paper enrollment forms** and the required documentation to the People First Service Center via mail or fax. Employees may obtain enrollment forms:

- During sign-up
- By downloading them from the People First website
- By mail from the People First Service Center (when requested)

**People First Service Center  
P. O. Box 6830  
Tallahassee, FL 32314**

**Phone: 1 (866) 663-4735**

**Fax: 1 (904) 828-6092**

<https://peoplefirst.myflorida.com>

## **Effective Date of Coverage**

The system will automatically calculate the effective date based on the bi-weekly payroll deduction schedule. A full month's premium must be collected through payroll deduction prior to the effective date of coverage.

New employees are given information at sign-up/onboarding that will assist them in obtaining coverage & understanding effective dates.

You may direct them to the "Benefits, Insurance & Retirement" section of the Human Resources website - or - to the "Health & Insurance" tab in People First.

### **What if the employee wants an earlier effective date for state health or basic life insurance?**

The employee must:

- Contact the People First Service Center
- Alert the servicing HR office that you have requested an early effective date.

***Although coverage may show as active.....if People First has not posted the premiums, coverage may not actually be in effect.***

**Please note that the Blue Cross Blue Shield plan is available statewide.**

**In order to be eligible to choose an HMO plan, you must live and/or work in the county in which it is offered.**

## **Enrolling Dependents**

Enrollment of dependents on the People First website requires the following information:

- Social Security Number (*can be updated after initial enrollment*)
- First & Last Name
- Date of Birth
- Gender
- Relationship

**NOTE:** In addition to enrolling dependents on the system, employees must submit supporting documentation to the People First Service Center.

If the employee needs to update or correct any information, they must contact the People First Service Center, and a benefit specialist will provide assistance.

## **Pre-paid (HMO) Dental Plan Enrollment**

Employee must contact the selected vendor (provider) **and** dental office directly to share their provider selection information.

## **Obtaining insurance ID and other benefit information**

The providers will mail this information to the employee's home mailing address.

**NOTE:** It is critical that employees confirm the accuracy of their personal information (including home mailing address) in People First.

**Monthly Health Insurance Premium Rates**  
**Effective April 1, 2007**

**Active Full-Time Employees**

Career Service

Premiums are the same for HMO or PPO plans

**Traditional Health Insurance Premiums:**

Single Coverage	\$50.00 (Biweekly deduction \$25.00)
Family Coverage	\$180.00 (Biweekly deduction \$90.00)

Note: The State pays the full premium for Senior Management, Selected Exempt Service employees, and Career Service employees enrolled in the Spouse Program.)

**Full-Time Employees on Leave Without Pay Status**  
(other than approved family or medical leave)

Single Coverage	\$427.86
Family Coverage	\$967.60

**COBRA Participants**

Single Coverage	\$436.42
Family Coverage	\$986.96

Monthly supplemental insurance rates are posted on the People First website, and are printed on the paper enrollment forms.



Employee Benefits  
*Telephone Directory*

**Pre-tax Benefits**

(Health, Dental, State Life Insurance, Supplemental Insurances)

**People First Service Center**

P.O. Box 6830  
Tallahassee, FL 32314  
(866) 663-4735  
Fax (904) 828-6092

**Post-tax Benefits**

(Credit Unions, Union Dues, FSECC donations, etc..)

**Jessica Beane**

1317 Winewood Blvd. Bldg 1, Rm 101K  
Tallahassee, FL 32399-0700  
(866) 828-7220  
Fax: (850) 414-7435 SC 9947435  
jessica\_beane@dcf.state.fl.us

# Forms

This page contains forms that are used by the Human Resources Office. The forms are in pdf or a state standard format, as indicated when you go to the link. **Forms that are not available online are included in this kit.**

Some of the files require that your internet browser have Adobe's free PDF reader which can be obtained from Adobe's website.

Form	Access
Budget Request for OPS Employment	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Certification of Equal Employment Opportunity Compliance	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Civil Rights Certificate	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Civil Rights Compliance Checklist Part 1	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Civil Rights Compliance Checklist Part 2	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Classification Action Form	<b>Copy included. Request electronic version from Zone Classification Specialist</b>
Delegated Salary Exception Request Form	<a href="http://eww.dcf.state.fl.us/aspe/forms/Class%20packets/SER%20Form.xls">http://eww.dcf.state.fl.us/aspe/forms/Class%20packets/SER%20Form.xls</a>
Discrimination Complaint Affidavit	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Discrimination Complaint Form	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Drug Testing Form	<b>Servicing HR Office</b>
Employee Handbook	<a href="http://eww.dcf.state.fl.us/aspe/generalinformation.shtml">http://eww.dcf.state.fl.us/aspe/generalinformation.shtml</a>
Employee Leave Record 2007	<a href="http://eww.dcf.state.fl.us/aspe/leave_record.shtml">http://eww.dcf.state.fl.us/aspe/leave_record.shtml</a>
Employee Leave Record 2007 - SES/SMS	<a href="http://eww.dcf.state.fl.us/aspe/leave_record.shtml">http://eww.dcf.state.fl.us/aspe/leave_record.shtml</a>
Employee Leave Record 2007 Blank (w/o formulas)	<a href="http://eww.dcf.state.fl.us/aspe/leave_record.shtml">http://eww.dcf.state.fl.us/aspe/leave_record.shtml</a>
Employee Profile	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Employer Reference Check Form	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Employment Application	<a href="https://peoplefirst.myflorida.com/logon.htm">https://peoplefirst.myflorida.com/logon.htm</a>
Family & Medical Leave Act (FMLA) forms	<a href="http://eww.dcf.state.fl.us/zones/ne/publications.shtml">http://eww.dcf.state.fl.us/zones/ne/publications.shtml</a>
Form 900 (Vacancy Interview and Applications Record)	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Human Resources Office Reference Check Form	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Interagency Sick Leave Request	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Interagency Sick Leave Transfer	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Leave Without Pay Hours	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>

Notice of Privacy Policy (HIPAA)	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Notice of Separation/Resignation	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Notification of Additional Employment Outside of State Government - OPS and Career Service employees	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>

<b>Form</b>	<b>Access</b>
Notification of Additional Employment Outside of State Government - SES and SMS Employees and Career Service employees during regular working hours	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Notification of Termination of Secondary Employment	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Oath of Loyalty	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Orientation Checklist	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
People First Data Warehouse Authorization Form	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Performance Appraisal Forms - The appraisal forms and training how to use them can now be found on the Performance Evaluation Process web page.	<a href="http://eww.dcf.state.fl.us/aspe/performance_evaluation.shtml">http://eww.dcf.state.fl.us/aspe/performance_evaluation.shtml</a>
Position Description	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Reference Check, General Employer	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Reference Check, Inspector General	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Request for Approval of Appointments Selected Exempt/Senior Management Services	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Request for Approval of Perquisites or Sale of Goods and Services	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Request for Authority to Pay Moving Expenses	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Request for State Employee Criminal History Check	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Request to Withhold Personal Information from Public Record OR Waiver of Entitlement	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Required Documents for OPS Appointments Transmittal Memorandum	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Statement for Employees in Positions (including OPS) Assigned Regulatory Responsibility	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Supervisor's Accident Investigation Report	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Telephone Call Log	<a href="http://eww.dcf.state.fl.us/aspe/general_forms.shtml">http://eww.dcf.state.fl.us/aspe/general_forms.shtml</a>
Required Training Matrix	<a href="http://eww.dcf.state.fl.us/aspe/neo_onboarding_cs.shtml">http://eww.dcf.state.fl.us/aspe/neo_onboarding_cs.shtml</a>
Training Tracker System	<a href="http://ewas1.dcf.state.fl.us/asprt/Reports_Login.aspx">http://ewas1.dcf.state.fl.us/asprt/Reports_Login.aspx</a>