

**New Employee Sign Off Form  
To Be Signed at Facility/Work Location Orientation**

The following information may be obtained electronically on the Department of Corrections (DOC) intranet page called iShare. Select Business Units, Human Resources, and the topic.

I have received the “New Hires and New Insurance Eligible Employee” DOC document, which provides electronic web links for the following:

- The Family Medical Leave Act (FMLA) - including the State Wide Policy, Frequently Asked Questions, and the FMLA poster.
- Workers’ Compensation - including the Certified Managed Care Plan.
- Insurance Benefits and Services – including deadlines, required coverage, optional coverage, and one-time opportunities.

I understand that if I am insurance eligible, there are certain enrollment deadlines, and I must complete the sign-up process for insurance coverage (including making decisions on health, dental, and dependent coverage, and optional insurance coverage):

- within 30 days (from the start of my new insurance eligible position - current employees)
- or
- within 30 days (from my hire date or rehire date with the state of Minnesota).

I understand that if I do not meet the enrollment deadline, it will affect the insurance coverage available to me.

By signing this document, I acknowledge that it is my responsibility to make sure I receive the benefits package, if eligible, and enroll for my insurance coverage. I understand that I am responsible for reviewing the FMLA and workers’ compensation documents listed above and may contact the Human Resource Management Office at any time if assistance is needed.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

cc: Employee file