

**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 am acknowledging 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