



## OPS Employment Checklist

**Process Area:**

**Employee:**

**Contact Person:**

**Phone Number:**

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED FOR ALL ORIGINAL OPS APPOINTMENTS:**

- DEO Form [HRM-1](#), Personnel Action
- DEO Form [HRM-20](#), OPS Work Assignment Sheet – **(COMPLETELY FILLED OUT)**
- Date of Level 2 Background Screening Results \_\_\_\_\_ (if designated a Special Trust Position)
- Florida Retirement System (FRS) – [Certification Form](#)
- [Form I-9](#), Employment Eligibility Verification (With Copies of [Acceptable Documents](#))
- [Oath of Loyalty](#)
- [Form W-4](#)
- OPS Employee Certifications [form](#)
- Acknowledgement of Receipt form for [Sexual Harassment Policy #2.04](#)
- Pledge on Behalf of the People of Florida for [Code of Ethics Policy #1.05](#)
- Policy Acknowledgement Form for [Code of Personal Responsibility Policy #1.07](#)
- A signed and dated State of Florida Application
- Verification of Student Status (if applicable)
- A Copy of Documentation as Proof of [Selective Service Registration](#) or Exemption (Males born on or after 10/01/1962)
- Complete the appropriate Employee Action Request [form](#)

This checklist is to be submitted to [HRMHiring@deo.myflorida.com](mailto:HRMHiring@deo.myflorida.com) along with above documents.

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