

# GEORGIA DEPARTMENT OF CORRECTIONS



## Orientation/Official File Checklist

### EMPLOYEE INFORMATION

Name:	
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### ORIENTATION/OFFICIAL FILE FORMS – SEND TO CHRM RECORDS

<input type="checkbox"/>	Acknowledgement Statements - 5	
<input type="checkbox"/>	Oath of Office- 1	
<input type="checkbox"/>	Direct Deposit Notification Form - 1	
<input type="checkbox"/>	Emergency Contact(s) -1	
<input type="checkbox"/>	Employee's Designation of Beneficiary -1	
<input type="checkbox"/>	GDC Recruitment Survey - 1	
<input type="checkbox"/>	Request for Identification Card -1	

### YOUR BENEFITS

<input type="checkbox"/>	SHBP Enrollment Portal – Quick Reference Guide	
<input type="checkbox"/>	Electronic Enrollment for New Hires	<a href="http://myshbpga.adp.com">myshbpga.adp.com</a>
<input type="checkbox"/>	Flexible Benefits Program – Quick Reference Guide	
<input type="checkbox"/>	Electronic Enrollment for New Hires	<a href="http://www.gabreeze.ga.gov">http://www.gabreeze.ga.gov</a>
<input type="checkbox"/>	Employee Retirement System	<a href="http://www.ers.ga.gov">www.ers.ga.gov</a>

### STANDARD OPERATING PROCEDURES

<input type="checkbox"/>	Dress Code and Appearance	104.48
<input type="checkbox"/>	Social Media	102.03
<input type="checkbox"/>	Teleworking	104.66
<input type="checkbox"/>	Employee Standards of Conduct	104.47
<input type="checkbox"/>	Unlawful Harassment (Includes Sexual Harassment)	104.46
<input type="checkbox"/>	Secondary Employment	104.50
<input type="checkbox"/>	Working Hours, Overtime, and Compensatory Time (FLSA)	104.37
<input type="checkbox"/>	Tuberculosis Screening of Correctional Personnel	507.03.15
<input type="checkbox"/>	Workplace Violence	104.06
<input type="checkbox"/>	Technology Policies & Procedures	105.01

**OTHER INFORMATION**

<input type="checkbox"/>	Auto Liability Safety Videos	
<input type="checkbox"/>	Correctional Peace Officers Foundation	
<input type="checkbox"/>	Employee Assistance Program	
<input type="checkbox"/>	Employee Self Service	
<input type="checkbox"/>	GDC Locations	
<input type="checkbox"/>	GDC Organization Chart	
<input type="checkbox"/>	Georgia Defined Contribution Plan	
<input type="checkbox"/>	Governor's Ethics Executive Order	
<input type="checkbox"/>	Path2College 529 Plan	
<input type="checkbox"/>	State of Georgia Holidays	

Please print and sign this form. Include this form with your orientation package documents.

I certify that I have:

- read and completed the forms above for the orientation package
- reviewed my benefits
- read and fully understand the GDC policies listed in the Standard Operating Procedures section and
- have seen or been given the other information listed above.

Print Name		Date	
Signature:			

ACKNOWLEDGEMENT STATEMENTS – Page 1

Read, initial and sign acknowledgement statements listed below.

ACKNOWLEDGEMENT STATEMENTS

APPLICABILITY: All facilities and offices of the Georgia Department of Corrections (GDC)

PURPOSE: To provide guidance to the employees of this department

Non-discrimination & Equal Access

\_\_\_\_ Initials

As Commissioner of the Georgia Department of Corrections, I stand firmly committed to the continuing objective of making "equal employment opportunity" the standard practice of this agency. The responsibilities of management are addressed in the rules, regulations, policies, and standard operating procedures of the Department. Nonetheless, I expect to find compliance, cooperation, and individual commitment from each employee, in the attainment of the Department's EEO & non-discrimination goals. Adverse criticism of an individual or group because of their disability, race, sex, age, religion, or national origin will not be tolerated.

We must continue to examine all internal employment practices to secure meaningful and efficient utilization of each employee's skills. All impermissible barriers and roadblocks for applicants and employees must be removed. It is imperative that we provide job entry and career advancements based upon talent and merit.

We will provide equal access in the delivery of our programs, services, and activities to all qualified individuals. This policy includes our efforts to ensure non-discrimination with respect to any prisoner or detainee in GDC's custody. It is further understood that we will provide unbiased service to any persons having legitimate business with this Department, and shall conduct our programs, services and activities in the most integrated setting appropriate to State correctional and detention facilities (to include consideration of the particular custody level and status of an inmate or detainee).

Prohibitions against Harassment & Retaliation

\_\_\_\_ Initials

Harassment and acts of retaliation are prohibited because such behavior has an adverse impact upon working relationships, internal operations, and our general work place conditions. Prohibited harassment includes use of epithets, slurs, negative stereotyping, and creation or distribution of written, electronic or other graphic material which degrades an individual or group because of their disability (physical or mental impairment), race, sex, age, religion or national origin. As such, everyone is hereby forewarned that such conduct, by any person under the jurisdiction of this agency, will form the basis of disciplinary and/or civil action, which presumptively, shall be termination.

Administrative Mandates

\_\_\_\_ Initials

NECESSARY CONFIDENTIALITY WILL BE PROVIDED. An employee or other individual who, in good faith, believes he/she has been the victim of (or reports) acts of unlawful discrimination or harassment, will not be subject to retaliation or reprisal of any kind. I strongly encourage complainants and/or witnesses to report prohibited behavior to unit supervisors or managers. In an on-going process, specific individuals will be designated to oversee the implementation of the laws and regulations, which govern our employment practices, program, delivery of services, and access to correctional activities. Transition Plans, agency guidelines, and local operating procedures will be developed to help ensure compliance and successful accomplishment of our Equal Opportunity objectives.

Acknowledgement of GDC Rule #125-2-1-07

\_\_\_\_ Initials

Employees shall not, without the express written approval of the appropriate Assistant Commissioner or Chief of Staff, maintain personal association with, engage in personal business or trade with, or engage in non job-related correspondence with, or correspondence in behalf of, or for, known inmates, active probationers, or parolees. Current employees, who are related by law to any inmate, detainee, or active probationer or parolee, shall be governed by this same standard.

Employee Statement

\_\_\_\_ Initials

I understand that my continued employment is contingent upon meeting all minimum employment requirements of the GDC, to include a background investigation and medical examination, and successful completion of specified training. I further understand that should I fail to meet any such requirements; my employment may be terminated.

I state that I have never been arrested for any offense whatsoever, other than as listed on my application and State Security Questionnaire. I fully understand that my fingerprints will be sent to the Federal Bureau of Investigation and other law enforcement agencies, and should the record of any of these agencies reflect any arrest not disclosed at the time of my appointment, my employment will be immediately terminated.

I state that I am \_\_\_\_ am not \_\_\_\_ a former inmate, current or former parolee, current or former probationer.

←Indicated

Agreement for Use of State Property

\_\_\_\_ Initials

I understand that as an employee of the GDC, I am fully responsible for any items of state property that are issued to me. The following conditions apply:

Separation: Upon separation of my employment with the Department, or upon a job change within the Department, I agree to return all weapons, ballistic vests, computers, cell phones, badges or full sets of uniforms to the Department.

I agree to pay published prices for any other state-issued property.

Repayment: If I fail to pay the amount due, I authorize the amount to be deducted from any monies due me. In the event the monies held are not sufficient to cover the amount due, I understand that I am still fully responsible for repayment.

Criminal Action: I understand that criminal action may be taken against me, up to and including issuance of a warrant and prosecution for failure to return state property.

Business Transactions with Other State Agencies – O.C.G.A §45-10-25

\_\_\_\_ Initials

## ACKNOWLEDGEMENT STATEMENTS – Page 2

Read, initial and sign acknowledgement statements listed below.

Employees are advised that certain business transactions and part-time employment with other State agencies is prohibited by law. To avoid illegal business activity and potential conflicts of interest, particular arrangements must be made. Generally, all business transacted with the State of Georgia by any public official or employee, whether a) for himself/herself, b) on behalf of any business, or c) for any business in which the employee or any family member has a substantial interest, must be disclosed. Therefore, no state employee should do business (other than his/her regular employment responsibilities) with any state agency, until they have become thoroughly familiar with the legal requirements.

Definition:

- A) "Business transacted" means the purchase, sale, or leasing of any personal property, real property, or services on behalf of one's self or on behalf of any third-party agency, broker, dealer, or representative.
- B) "Any business" means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, trusts, or other legal entity.
- C) "Family" means spouse and legal dependents.
- D) "Substantial interest" means the direct or indirect ownership of more than 25% of the assets or stock of any business.

### Alcoholic Consumption & Purchase

\_\_\_\_ Initials

Each employee of the GDC must conduct himself/herself in a manner, which reflects favorably upon the Department and the State of Georgia, as public employers. It will be a violation of this policy for GDC employees to: a) Consume alcoholic beverages or to be intoxicated while on the premise of any work place (e.g., office, state-leased property, building or facility) under the Department's jurisdiction or control. B) Consume alcoholic beverages or to be intoxicated on duty, during his/her working hours. C) Purchase or consume alcoholic beverages while dressed in required-uniforms (e.g., correctional officers, food service employees). d) Purchase, handle, or transport alcoholic beverages while traveling in a state vehicle or performing assigned duties.

### Drug Free Work Place

\_\_\_\_ Initials

Congress passed a law called The Drug-Free Work Place Act of 1988, which is designed to ensure that any work performed under federal contracts or federal grants is accomplished in a drug-free environment. Employees of the GDC are prohibited from engaging in all illegal activity pertaining to the manufacture, distribution, dispensation, possession, or use of illegal drugs, at any time. It is the position of this Department that, all such illegal activity, even during non-working hours, clearly affects the employee's ability to perform his/her public duty in an efficient and effective manner. Compliance with this standard of conduct is a condition of employment for all GDC employees. This GDC policy requires every agency employee to notify the appropriate Appointing Authority, in writing, within five (5) calendar days of his/her arrest or conviction for violating any drug-related law, (including a plea of nolo contendere) in any jurisdiction, regardless of whether it involved a work place or non-work related incident.

### Business Activities for Personal Gain or Profit

\_\_\_\_ Initials

Compliance with established standards of conduct is a condition of employment for all GDC employees. An employee's behavior or conduct on the job must reflect favorably upon the Department as a public employer. As such, it shall be prohibited for any GDC employee to: a) Use or permit the use of state property for personal gain, profit or personal business. B) Conduct personal business for profit, while in the work place or during his/her working hours. All employees are advised not to borrow from or lend money to other employees; however, it is expressly prohibited for a GDC employee to lend money to a Department employee, for profit. C) Knowingly have personal involvement with, engage in personal business (or trade) with, correspond with or on behalf of inmates without the express written approval of the appropriate Appointing Authority.

Note: Current employees, who are related by law to any inmate shall be governed by this same standard.

### Sexual Assault Awareness Statement

\_\_\_\_ Initials

Whenever a correctional officer or other individual with similar supervisory or disciplinary authority over a person in custody has sexual contact with that person, he/she has committed a sexual assault against a person in custody. Sexual contact means any contact for the purpose of sexual gratification of the actor with intimate parts of a person he/she is not married to. The law defines intimate parts as the genital area, groin, inner thighs, buttocks or breasts.

### Georgia Crime Information Center (GCIC)

\_\_\_\_ Initials

Access to Criminal Justice information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council. O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute established criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems. The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses; all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000 fine. The Georgia Criminal Justice Information System Network is operated by the GCIC in compliance with O.C.G.A. 35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

### Computer Use and Security Awareness Acknowledgment

\_\_\_\_ Initials

I acknowledge that I have read and fully understand the GDC rules and procedures governing technology security of computer resources, networks, computer applications, programs, and/or systems as outline in SOP 105.01, Technology Policies and Procedures, and any others that may be applicable. I have also read the following information and fully understand the requirement:

1. I will not divulge any of my system passwords, to any individual, for any reason, while employed with the Department.



## ACKNOWLEDGEMENT STATEMENTS – Page 3

Read, initial and sign acknowledgement statements listed below.

2. I will not leave my computer workstation accessible during my absence. I understand that I am required to ensure that my computer workstation has a Screen Saver with PASSWORD, set to a five (5) minute time limit.
3. I will not proceed to perform diagnostic tests or procedures on any office/center/facility computer equipment, to include printers, without consulting either OIT (Office of Information Technology), a facility Operations Analyst, the Division Information System Coordinator (DISC), or designated information systems support individual for the office/center facility.
4. I will not move or remove any office/center/facility computer equipment without consulting with OIT, a facility Operations Analyst, the DISC or designated information systems support individuals for the office/center/facility.
5. I will not share information acquired by any GDC system with unspecified employees of this department or any other state department or the public without specific approval from the Appointing Authority.
6. I understand that I am prohibited from installing any program software not explicitly purchased for departmental use unless I receive the written consent of my Appointing Authority and the approval of OIT.
7. I understand that State-provided computer systems are intended for public business and that my use of the Internet, e-mail or other systems may be recorded and monitored. I understand that use or access of the Internet for pornographic, obscene or other improper purposes is prohibited.
8. I understand that under Georgia Law Code § 16-9-93, Section 3, Subsection E, "Computer Password Disclosure, " Any person who discloses a number, code, password, or other means of access to a computer or computer network knowing that such disclosure is without authority and which results in damages (including the fair market value of any services used and victim expenditure) to the owner of the computer or computer network in excess of \$500.00 shall be guilty of the crime of computer password disclosure.

I fully understand that any violation of GDC procedures and rules regarding the use of the Internet or other Department provided software or programs may result in disciplinary action up to and including dismissal from my position, and may include civil and/or criminal prosecution.

### Social Media

\_\_\_\_\_ Initials

1. The following speech may subject a GDC employee to personnel action if employee's social media posts:

- a. Adversely affect the department's operations;
- b. Interfere with an employee's performance of duties;
- c. Impair discipline, harmony or relationships among coworkers;
- d. Showcase obscene or sexually explicit content;
- e. Ridicule, harass or are discriminatory in nature against an individual or group of people in regards to their race, color, religion, sex, national origin or any protected class of individuals as defined by federal law;
- f. Include content that would reasonably be considered as reckless or irresponsible; or
- g. Use any image or photograph of images that belong to GDC that would reflect discredit on the Department or undermine public trust 104.47: Employee Standards of Conduct, to include: GDC patch, official logo, photos of any GDC facility, any image of an inmate (with or without consent), and any material for which GDC holds a copyright, trademark, patent or other intellectual property right.

2. Employees shall not disclose any confidential or non-public information obtained by virtue of employment. 104.47: Employee Standards of Conduct

3. Staff are cautioned that posts that constitute a violation of 104.47: Employee Standards of Conduct and 104.46: Unlawful Harassment (Includes Sexual Harassment) may result in personnel action by GDC.

### The 1996 Georgia Laws Act 816

\_\_\_\_\_ Initials

The 1996 Georgia Laws Act 816, provides that all positions filled on or after July 1, 1996, by new hires shall be included in the unclassified service, and will not be covered by the State Merit System. The GDC reserves and retains the right to make changes in the terms and conditions of any employment relationship as the Department determines to be necessary or appropriate for the effective and efficient administration of the Department and its public mission. All initial employee relationships commencing on or after July 1, 1996 are "AT WILL" in nature, meaning that the employment may be altered or terminated at any time, as required by the Department's business and/or budgetary needs.

### Understanding the Use of Fair Labor Standards Act (FLSA) Compensatory Time - SOP 104.37, Attachment 3, Revised 09/01/01

\_\_\_\_\_ Initials

I do acknowledge that as part of the terms and conditions of my employment with the GDC, I understand that:

1. I may be required to work more than forty hours in a work week, or other maximum hours in a work period established by the FLSA Act of 1938, as amended now and in the future, for law enforcement, fire protection, hospital or other special groups of employees; and
2. If I am required to work more than the maximum number of hours permitted by the FLSA, GDC has the option of paying for such overtime in cash at the rate set in the FLSA or by compensatory time off at the rate of one and one-half hours for each hour of employment for with overtime compensation is required by the FLSA; and
3. My employer has reserved the right to purchase any compensatory time accrued by me at the rate set in the FLSA.
4. I understand that I may be directed to use accumulated FLSA compensatory time in lieu of paid leave.
5. **Employees Cannot Waive Their Right to Compensation Under the FLSA**

### All non-exempt employees to REPORT ALL TIME WORKED – SOP 104.37, Attachment 4, Revised 09/01/01

\_\_\_\_\_ Initials

This means that you must:

- record the exact hour and minute that you begin any work
- record the exact hour and minute that you stop all work
- make these entries on each day you work
- be absolutely certain that you have recorded all work time
- personally make and initial any changes in your timesheet or timecard which might occasionally be necessary

## ACKNOWLEDGEMENT STATEMENTS – Page 4

Read, initial and sign acknowledgement statements listed below.

The GDC relies upon your personal time entries in calculating your pay and maintaining your payroll records. Thus, a failure to accurately record all time worked will mislead the Department and can result in discipline or discharge. It is a violation of these policies either to under-report or to over-report your work time. Remember: accuracy is the key—not just the appearance of accuracy.

No deviation from these instructions is permitted. No one may ask or direct that a non-exempt employee work “off the clock”, “for free”, or “on his or her own time”. Any non-exempt employee who is not being paid in accordance with these policies or who has knowledge that the policies are being violated should immediately report this in confidence to the **Director, Human Resources at (478) 992-5211**. Your report will remain confidential, and you will not be punished for making such a report.

### Domestic Violence Awareness Statement

\_\_\_\_ Initials

I understand that an amendment to the Federal Gun Control Act prohibits any person convicted of a misdemeanor crime of domestic violence from shipping, transporting, possessing or receiving firearms or ammunition. I also understand that it is unlawful for a person to sell or otherwise dispose of a firearm or ammunition to any person knowing or having reasonable cause to believe that the recipient has been convicted of such a misdemeanor. I understand that this prohibition applies to all law enforcement officers.

I understand that the “misdemeanor crime of domestic violence” is defined in the law as:

1. A misdemeanor under Federal or State law; and
2. Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian victim.

This definition includes all misdemeanors that involve the use or attempted use of physical force if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinance specifically defines the offense as a domestic violence misdemeanor. Also, the prohibition applies to persons convicted of such misdemeanors at any time, even if the conviction occurred prior to the new law’s effected date, September 30, 1996.

I understand that if I am found to have been convicted of such an offense that I will no longer be able to possess a firearm or ammunition to use in the performance of my official duties and my duties will be changed from those requiring P.O.S.T. certification and possibly dismissal from the department.

I understand that the department will conduct annual reviews of my record to determine if I have firearms disability under this law. I also understand that it is my responsibility to notify my appointing authority of any arrests or convictions as soon as possible, including but not limited to domestic violence misdemeanors.

### Employee Standards of Conduct – SOP 104.47, Attachment 1, Revised 12/15/06

\_\_\_\_ Initials

This is to acknowledge that I have read the Department’s procedure governing employee standards of conduct. As a condition of employment, I will abide by the terms and conditions of this procedure. I understand that any violation of this procedure, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I also understand that disciplinary action can be taken for matters not covered by this procedure and that it does not create any new rights for me or for any other employee of the GDC.

### Code of Ethics for Government Employees - O.C.G.A. Section 45-10-1

\_\_\_\_ Initials

This is to acknowledge that I have read the Code of Ethics for Government Employees. I understand that this Code of Ethics applies to me. As a condition of employment, I will abide by the terms and conditions of this Code of Ethics. I understand that any violation of this Code of Ethics, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I understand that the standards contained in this Code of Ethics do not replace the GDC Employee Standards of Conduct nor any existing statutory requirements, but is in addition thereto. I also understand that disciplinary action can be taken for matters not covered by this procedure and that it does not create any new rights for me or for any other employee of the GDC.

### Selective Service Verification

\_\_\_\_ Initials

State Law requires all selected male applicants between the ages of 18 and 26 to present proof of having registered with the Selective Service System or to present proof of being exempt from registration prior to beginning State employment. In accordance with State Law, I have verified that I have registered with the Selective Service System (attach copy of the registration card or screen print from the Selective service System Internet web site: [www.sss.gov](http://www.sss.gov)) OR I am exempt from registration with the Selective Service System (attach verifying documentation).

\_\_\_\_ Documentation Provided

### Workers Compensation

\_\_\_\_ Initials

This is to certify that I have been given information about the State Board of Workers’ Compensation, the “Panel of Physicians” and the purpose of these services.

I understand that if I am involved in an on-the-job accident and become ill or injured, if emergency treatment is NOT necessary, I must accept all medial services from a panel physician. If I obtain medical service from a physician who is not listed with the AMERISYS, INC. managed care organization, **I will be responsible for those medical expenses.**

The AMERISYS, INC. (panel) physician may arrange for appropriate consultations, referrals or other specialized medical services as the nature of the injury requires. If I am dissatisfied with the medical services, I can request one change (without employer’s permission) to visit a second (different) physician from the AMERISYS, INC. group. However, any further changes require the expressed permission of a Claim Representative from the Department of Administrative Services (DOAS), or the State Board of Workers’ Compensation.

**In the case of an emergency, I may be treated at the nearest emergency room. However, all follow-up care must, thereafter, be rendered by a physician designated/selected form the managed care organization (or a AMERISYS, INC. referral).**

ACKNOWLEDGEMENT STATEMENTS – Page 5

Read, initial and sign acknowledgement statements listed below.

I further understand that I must notify my supervisor and the Personnel Office as soon as injury occurs or as soon as I receive care from AMERISYS, INC., regardless of the extent of the injury. [Delay in notification can result in denial of payment for medical services rendered].

If my claim is accepted as compensable and I am entitled to receive weekly indemnity benefits (if I have more than seven days of lost time from work, due to the injury), I understand that I am entitled to **ONE** independent medial examination by a physician of my choice. However, I must notify DOAS **in writing, in advance** of any independent examination. The cost will be paid by DOAS but **no diagnostic procedures** performed since the date of my on-the-job injury (and costing in excess of \$250.00), can be repeated by my independent physician. I understand that I may be expected to pay for procedures which have not been authorized by DOAS.

**SWORN POSITIONS ONLY**

Random Drug Screening

\_\_\_\_ Initials

During the 1990 legislative session, the Georgia General Assembly passed Act 1445 which requires random drug screening of certain state employees. The Act covers those employees who are required to obtain Peace Officer Standards and Training (P.O.S.T.) certification and who occupy positions where'...inattention to duty or errors in judgment while on duty will have the potential for significant risk of harm to the employee, other employees, or the general public." (O.C.G.A. 45-20-90 (3). In accordance with the provisions of this law, your department head has determined that the position for which you have been selected shall be subject to random drug screening.

It is very important that you fully understand the requirements of this law and the consequences that might result from its application. The law mandates that any employee whose drug screening indicates the illegal use of drugs or marijuana shall be terminated from employment. The law does not permit a second chance or the imposition of any lesser penalty. In addition, any employee who refuses to submit to drug screening, or who fails to appear for drug screening after being directed to so appear, shall be terminated from employment. An employee terminated for any of these reasons is disqualified from employment with GDC for a period of two years.

Sleeping on Duty

\_\_\_\_ Initials

Sleeping on duty by an employee whose job responsibilities include direct supervision of inmates will not be tolerated.

If I commit this offense, it may result in my termination.

If I fail to report a co-worker sleeping on duty, it may result in my termination.

Condition of Employment

\_\_\_\_ Initials

I understand that my employment is conditional upon the successful completion of the academy entrance examination administered by GDC pursuant to O.C.G.A. 35-8-8(a) (9).

Transfer Understanding

\_\_\_\_ Initials

I understand that as a new appointee, I will work at \_\_\_\_\_ ←Indicate location for a period of not less than twelve (12) months prior to being eligible for transfer to another facility. In addition, any request for transfer will contain a 30-day notice prior to effective date of transfer.

SIGNATURE

My initials on this document along with my signature below acknowledges that I am aware that these statements will become a part of my official personnel record. I understand that any violation of the above policies and/or rules could result in disciplinary action, up to and including dismissal from employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**GEORGIA DEPARTMENT OF CORRECTIONS**

**OATH OF OFFICE**

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America and the State of Georgia, and that I will faithfully perform and discharge the duties of my office without malice or partiality, to the best of my ability.

I further swear (or affirm) that I am not the holder of any unaccounted for public money due this state or any political subdivision or authority thereof; that I am not the holder of any office of trust under the government of the United States, any other state, or any foreign state which I am prohibited from holding under the laws of the State of Georgia; and that I am otherwise qualified to hold office according to the Constitution and laws of Georgia.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Work Site**

IN WITNESS THEREOF this oath is witnessed and subscribed to by the following person who has affixed his or her seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness/Notary Public



**Direct Deposit Notification Form**

(To be signed by all new hires and rehires on and after May 1, 2010)

In accordance with the Mandatory Direct Deposit policy issued May 1, 2010, as a condition of employment, a person hired or rehired to a position in a State organization on or after May 1, 2010, and who is paid by the PeopleSoft HCM central payroll system (system) administered by the State Accounting Office (SAO), is required to accept all payroll related payments by direct deposit. The complete policy, and related documents, can be found on SAO's website at the following location: [State Accounting Office Accounting Policy Manual](#).

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in direct deposit using the Employee Self Service (ESS) feature of the system within 30 days of being hired or rehired and remain enrolled in direct deposit during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by employing organization:**

Employee ID Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Hiring Organization Name: \_\_\_\_\_

Hiring Supervisor or HR Official: \_\_\_\_\_

Copy 1 - Organization Human Resources Office

Copy 2 - Employee

## EMERGENCY CONTACT(S)

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

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

<b>PRIMARY CONTACT</b>						
Contact Name:						
Relationship to Employee:						
Home Address and Telephone (Same Address/Home Phone as Employee)					Yes	No
Address 1:						
Address 2:						
Address 3:						
City:						
County:						
State:		Zip:		Phone Number:		
<b>Additional Phones</b>						
Phone Type: (Circle One)    Business    Cellular    Pager    Fax					Number:	
Phone Type: (Circle One)    Business    Cellular    Pager    Fax					Number:	

<b>ADDITIONAL CONTACT</b>						
Contact Name:						
Relationship to Employee:						
Home Address and Telephone (Same Address/Home Phone as Employee)					Yes	No
Address 1:						
Address 2:						
Address 3:						
City:						
County:						
State:		Zip:		Phone Number:		
<b>Additional Phones</b>						
Phone Type: (Circle One)    Business    Cellular    Pager    Fax					Number:	
Phone Type: (Circle One)    Business    Cellular    Pager    Fax					Number:	

<b>ADDITIONAL CONTACT</b>							
Contact Name:							
Relationship to Employee:							
Home Address and Telephone (Same Address/Home Phone as Employee)					Yes	No	(Circle One)
Address 1:							
Address 2:							
Address 3:							
City:							
County:							
State:		Zip:		Phone Number:			
<b>Additional Phones</b>							
Phone Type: (Circle One)    Business    Cellular    Pager    Fax					Number:		
Phone Type: (Circle One)    Business    Cellular    Pager    Fax					Number:		

## GEORGIA DEPARTMENT OF CORRECTIONS REQUEST FOR IDENTIFICATION CARD

COMPLETE TOP PORTION ONLY			
Full Name		Social Security #	
Employee ID or Scribe ID		Job Title	
Facility/Unit		Division	
Contractor/ Organization Representing			

TYPE OF IDENTIFICATION CARD Check applicable lines <i>For POST certified positions in a security position, please include an OKEY number.</i>			
OKEY #:			
<input type="checkbox"/>	Employee ID	<input type="checkbox"/>	Employee Locator
<input type="checkbox"/>	Employee Retiree		
<input type="checkbox"/>	Volunteer ID	<input type="checkbox"/>	Volunteer Locator
<input type="checkbox"/>	Contractor ID	<input type="checkbox"/>	Contractor Locator

REPLACEMENT			
<input type="checkbox"/> Do you have an ID card to turn in?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Was your Id Lost or Stolen?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Complete a <b>Report for Missing Identification Card</b> form and an <b>Incident Report</b>	

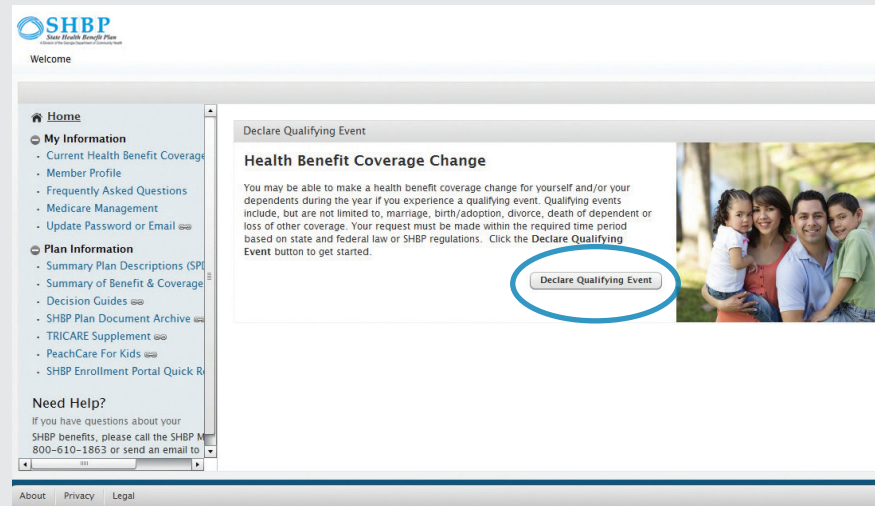
APPOINTING AUTHORITY OR DESIGNEE FOR THE REQUESTOR'S FACILITY/SECTION/WORK UNIT SIGNATURE <i>(Identification Card will not be issued if Employee/Scribe ID number OR Signature is missing.)</i>			
Appointing Authority's Signature			
Print Name		Date	
Title		Facility/Unit	

ID CARD ISSUANCE - For Human Resource Office Use Only – Circle all types issued			
EMPLOYEE/RETIREE	LOCATOR	CONTRACTOR	VOLUNTEER
Expiration Date:		Signature	
Imaging Site			
ID RECIPIENT SIGNATURE Card holder acknowledges receipt of			
____ Empl/Retiree ID	____ Volunteer ID	____ Contractor ID	____ Locator Card
Signature		Date	

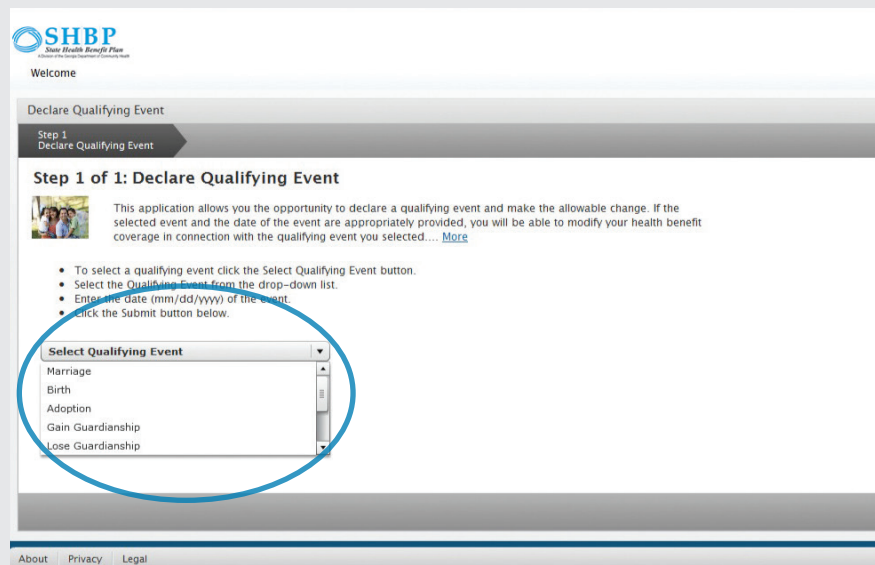
# Changes During the Year Qualifying Events

Throughout the course of the year, you have an opportunity to enroll in or make changes to your health benefits if you experience a Qualifying Event, such as having a baby, getting married or if your spouse loses or gains coverage elsewhere.

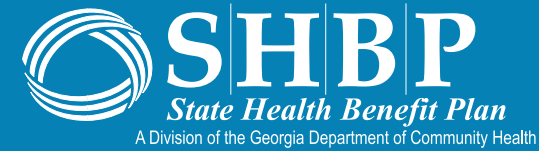
Once you log in to mySHBPga.adp.com, you may select the **DECLARE QUALIFYING EVENT** button to make changes to your health benefits.



Choose from one of the Qualifying Events from the drop-down box. Once you have entered the event date, an enrollment event window will open for you to make eligibility changes.



800-610-1863 • mySHBPga.adp.com



## QUESTIONS?

The list below outlines where you can go for more information based on the type of question or concern you may have.

WHERE TO GO:	WHY:
<b>SHBP ENROLLMENT PORTAL</b> mySHBPga.adp.com 24 hours a day/7 days a week	<ul style="list-style-type: none"> <li>Enroll in health benefits</li> <li>Declare a Qualifying Event</li> <li>Review current health plan election</li> <li>Reset your password using the "Forgot Password" link</li> </ul>
<b>SHBP MEMBER SERVICES BY PHONE</b> 800-610-1863 <i>(listen to the prompts, and choose your option)</i> M - F, 8:30 a.m. to 5:00 p.m., ET	<ul style="list-style-type: none"> <li>Health benefits</li> <li>Dependent verification</li> <li>COBRA</li> </ul>
<b>YOUR PAYROLL LOCATIONS</b> (during business hours)	<ul style="list-style-type: none"> <li>Eligibility for health benefits</li> <li>Deductions</li> <li>If you are unable to create a User Name and Password on the SHBP Enrollment Portal</li> <li>Non-medical benefits questions</li> </ul>



## SHBP Enrollment Portal QUICK REFERENCE GUIDE

This guide will help you and your family understand how to use the self-service features of the SHBP Enrollment Portal throughout the year. Keep it on hand so you can refer to it whenever you have questions on how to access and use the SHBP Enrollment Portal.

mySHBPga.adp.com



# Welcome to the SHBP Enrollment Portal

[mySHBPga.adp.com](http://mySHBPga.adp.com)

The SHBP Enrollment Portal provides you with easy access to information about your health benefits, as well as a convenient way to enroll, review, or make eligibility changes to your elections. You can access the SHBP Enrollment Portal 24 hours a day, 7 days a week.

## WHAT CAN YOU DO AT mySHBPga.adp.com?

- Declare a Qualifying Event during the year and make eligibility changes to your health benefits. Qualifying Events may include:
  - » Marriage/Divorce
  - » Birth
  - » Adoption
  - » Gain or Loss of Coverage
  - » Change in Tobacco Status
- Make election changes during Open Enrollment
- Review your current elections and covered dependents
- Find Summary Plan Descriptions (SPDs) and Summary of Benefits & Coverage (SBC) documents
- Access decision support tools and important documents and forms
- Link to health care plan vendor websites

## QUESTIONS? NEED HELP?

You can contact SHBP Member Services by phone at **800-610-1863** to speak with a health benefits representative. Representatives are available Monday through Friday, 8:30 a.m. to 5:00 p.m. ET, to provide assistance logging in, enrolling in your benefits or have general questions about the health plans.

## Getting Started



## REGISTER - FIRST TIME USERS

The first time you access the site, you will be required to create a User Name and Password. Use this log-in information any time you visit the site for quick and easy access.

1. Click "Register Here."
2. Enter the SHBP Registration Code: SHBP-GA
3. Follow the steps to create your User Name and Password.
  - » **Verify your identity.** Enter your name exactly as it appears on your pay stub.
  - » **Enter your contact information – email address (required) and mobile phone (optional).** ADP will use this information if you forget your user name or password.
  - » **Create your user name and password.**
  - » **Select security questions and enter your answers.**

**Your Registration is complete and you may access benefits information!**

**Next step – Activate your email address and mobile phone number.** Check your email for a link to activate your email and mobile phone to receive notifications in the event you forget your user name or password.

4. Use your newly created User Name and Password to log in!

## DON'T HAVE AN E-MAIL ADDRESS?

Creating an e-mail address is easy. You can create an e-mail at any one of the following websites, just to name a few, and follow the instructions to create an account.

[www.gmail.com](http://www.gmail.com) • [www.yahoo.com](http://www.yahoo.com) • [www.outlook.com](http://www.outlook.com)

## ALREADY REGISTERED?

Simply enter your User Name and Password, and you're in!

## PASSWORD EXPIRED?

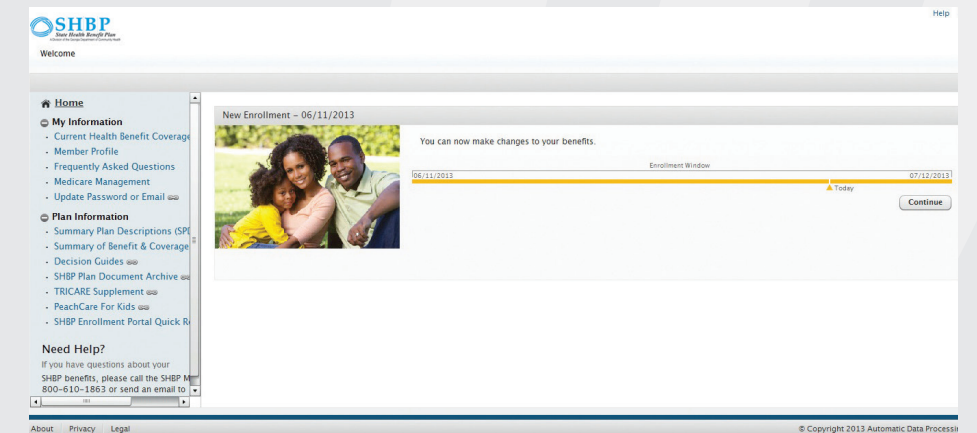
For security purposes, your password expires every 45 days. If your password is expired, after logging in, you will be automatically prompted to change your password.

## Enrolling in Your Health Benefits

There are three events that allow you to enroll in or make changes to your health plan elections.

- Newly hired or newly eligible employees may make elections for the first time when they become eligible.
- Active employees and retirees may make changes once a year during the Open Enrollment Period or Retiree Option Change Period (ROCP).

First, log in as outlined under "Getting Started" and follow the prompts to review your elections and dependents and enroll in or make changes to your health plan benefits. You will be guided through the enrollment process.



## IMPORTANT NOTE:

Always remember to select FINISH when you have completed the CONFIRM AND REVIEW process. You will receive a confirmation e-mail once you have submitted your elections.

If you experience a Qualifying Event (as described on the back of this panel), you may make certain eligibility changes to your health plan.



## Welcome to



## How to use this Guide

The GaBreeze Web site is the one place for you to go to ask questions, get help making decisions and enroll in or make changes to your Flexible Benefits. You can reach the site from work, home, or wherever you connect to the Internet.

The GaBreeze Web site makes it easy for you to get the benefits information you and your family need and take action throughout the year. This secure, password-protected Web site is the best way to:

- Learn about your Flexible Benefits and coverage details.
- Find a dental or vision provider in your network.
- Access your Flexible Benefits providers' Web site.
- View a summary of your Flexible Benefits coverage.
- Access claim forms and benefit Summary Plan Descriptions.
- Designate or update your beneficiaries.
- Make changes during the year when you have experienced a qualifying change in status.
- Use special tools to help you compare your benefit choices for features and prices.
- Provide feedback on or contact the GaBreeze Benefits Center.

## Check your personal information

While online, take a close look at your personal information to ensure what is listed on the Web site is correct.

- **Check your home address:** An outdated or incorrect address could prevent you from receiving important benefits information that is mailed to your home! If any changes to your address are required, you need to notify the HR Professional at your work site.
- **Review your covered dependents:** Make sure your dependents are listed on the GaBreeze Web site! If you need to add a covered dependent or update dependent information, contact the GaBreeze Benefits Center at 1-877-3GBreez (1-877-342-7339).

State Personnel Administration  
2 M. L. King, Jr. Drive  
Atlanta, Georgia 30334

www.gabreeze.ga.gov



## Flexible Benefits Program QUICK REFERENCE GUIDE

This guide will help you and your family understand how to take advantage of your Flexible Benefits and the GaBreeze Benefits Center throughout the year. Keep it on hand so you can refer to it whenever you have questions on how to access and use the GaBreeze Benefits Center.



## Log On – It’s Quick

### Online 24/7 Web Site

1. From any computer, [www.team.georgia.gov](http://www.team.georgia.gov) and click on Flex-GaBreeze tab or type [www.gabreeze.ga.gov](http://www.gabreeze.ga.gov)

## First Time User

The first time you log on to the GaBreeze Web site, you’ll need to set up your login information. Don’t worry – it will take less than five minutes!

2. Click “Register as a New User.”
3. For security purposes, enter your personal security information, when prompted.
4. Create your user ID and password. You’ll use this user ID and password to access your Flexible Benefits information going forward.
5. Set up your password hints and security question responses. If you forget your password, you can see the hints to help you remember your password. When you have security questions saved at the GaBreeze Web site, you can answer the questions to access the Web site if you forget your password.

### Save Your Email Address at GaBreeze

You can receive password reset information to your preferred email address. After logging on to the GaBreeze web site, choose “Your Profile” from the menu. You’ll be able to save your personal email address in your profile, and receive password assistance by email.

### Need Help?

If you need help setting up your personal security information online, you can call the GaBreeze Benefits Center toll-free at 1-877-3GBreez (1-877-342-7339). Representatives are available to assist you Monday through Friday from 8:00 a.m. to 5:00 p.m. You’ll need to provide your name, date of birth, last four digits of your Social Security Number and your ZIP code to access your Flexible Benefits information.

## New Hire Enrollment

If you’re newly eligible for Flexible Benefits or it’s time to enroll during annual enrollment, you can submit and confirm your enrollment on the GaBreeze Web site.

1. Go to [team.georgia.gov](http://team.georgia.gov) and click on Flex-GaBreeze tab or type [www.gabreeze.ga.gov](http://www.gabreeze.ga.gov).
2. In the Action Needed! section, choose **Enroll** to enroll in your benefits.
  - Compare Plan Details
  - Find out which plans include your dentist: search the plan’s network providers to find your dentist.
  - Consider a Spending Account
  - Add your dependent(s)
  - Enroll in your benefits: review Flexible Benefits plans, select dependents to cover under each plan.
3. Click the **Complete Enrollment** button to confirm your Flexible Benefit plan selections and view or print your enrollment confirmation statement.

You will need to contact the Department of Community Health regarding your health insurance, [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

### Need Help?

You can send questions to the GaBreeze Benefits Center. Choose Contact Us, then Send a Question. Complete the email form and you’ll receive a response within 24 hours (except on weekends or holidays).

### Enroll by Phone

If you can’t get online, you may enroll over the phone, you can call the GaBreeze Benefits Center toll-free at 1-877-3GBreez (1-877-342-7339). Representatives are available to assist you Monday through Friday from 8:00 a.m. to 5:00 p.m., Eastern Time. Even if you enroll by phone, be sure to use the online tools to help you with your decisions.

## Changing Benefits

Do you need to take action to update your Flexible Benefits? Do you have a question about what your plan covers? Do you need to find a provider or find a claim form? Use these tools to help you make the most of your Flexible Benefits. Go online to the GaBreeze Web site to check out these tools.

WHAT CAN YOU DO?	TOOLS NAVIGATION
Review your current Flexible Benefits coverage.	Flexible Benefits At-a-Glance →Choose the More button.
Update your Flexible Benefits after a qualified status change. You have 30 days to change your benefits. A qualified change in family status includes (but is not limited to): <ul style="list-style-type: none"> <li>• The birth or adoption of a child</li> <li>• A change in marital status</li> <li>• The death of your spouse or dependent</li> <li>• A change in employment status for you or your spouse</li> <li>• One or more of your dependents becoming ineligible for coverage</li> </ul>	What to Do When →Choose your status change and review what you need to learn, do and consider.  NOTE: For Qualifying Status Changes not listed on the chart, you will need to call the GaBreeze Benefits Center to change your benefits.
View your plan for details.	Flexible Benefits →Flexible Benefits Summary →Your Current Coverage →Choose a plan for details
Search for in-network dentists, vision care providers, and facilities near you.	Flexible Benefits →Flexible Benefits Summary →Find a Provider
Download Flexible Benefits claim forms.	Flexible Benefits →View or Print Forms and Materials
Access Flexible Benefits enrollment guides, Summary Plan Descriptions, and other information.	Flexible Benefits →Plan Information
Enroll in Flexible Benefits during annual enrollment.	Action Needed →Enroll In Your Benefits

You will need to contact the Department of Community Health regarding your health insurance, [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

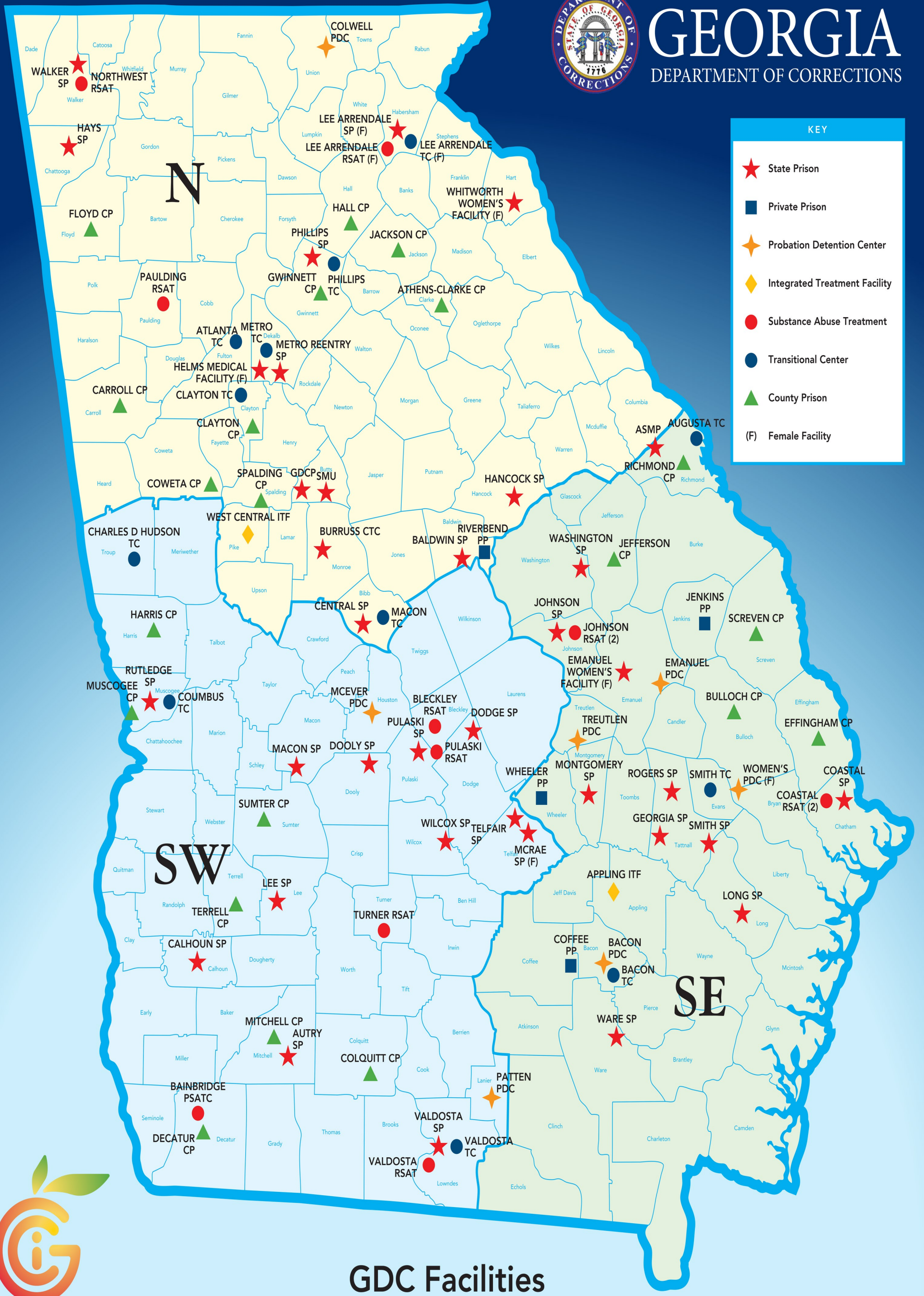




# GEORGIA

DEPARTMENT OF CORRECTIONS

KEY	
	State Prison
	Private Prison
	Probation Detention Center
	Integrated Treatment Facility
	Substance Abuse Treatment
	Transitional Center
	County Prison
(F)	Female Facility



## GDC Facilities