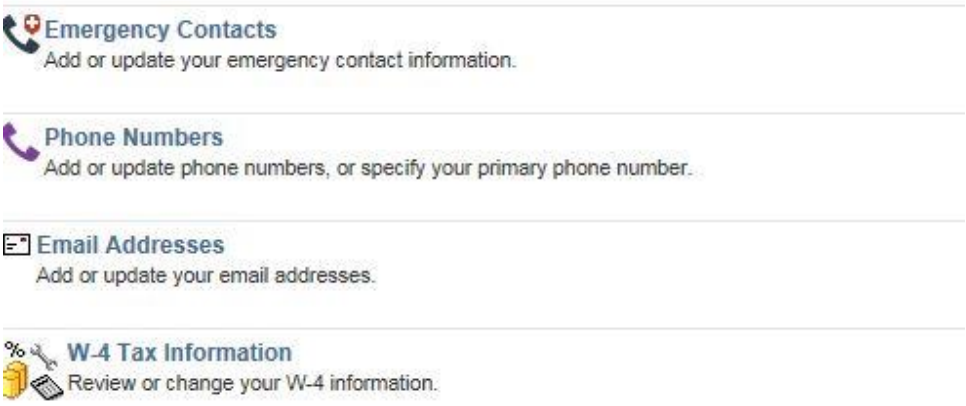
City of SACRAMENTO
Department of Human Resources

ECAPS SELF SERVICE CHECKLIST

You must log into eCaps and complete/review the following upon hire/re-hire. Go to https://ecaps.cityofsacramento.org (can be from any computer) to log into the system. The following items are under Employee Self Service. For assistance with your login or password contact IT at 808-7111. PD and Fire employees should call the PSIT Service Desk at 808-0444.

User ID: ___ ___ _____
F L employee ID # (w/out leading zeroes)

Password (default): _____
eCaps USER ID + last 4 SSN + $



TO DO:

☐ 1. **Add Emergency Contact Information**

☐ 2. **Add/Review Phone Number on file for contact by telephone.**

☐ 3. **Add preferred Email Address for email communication sent out via eCaps.**

☐ 4. **Complete W-4 Tax Information –** failure to complete your W-4 Tax information in eCaps will cause your tax withholdings to default to Single with 0 withholdings. Your W-4 information is used to withhold the proper amount of income tax from your paycheck. For more information, go to https://www.irs.gov/pub/irs-pdf/fw4.pdf.

CITY OF SACRAMENTO
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS
Government Code § 53245

EMPLOYEE INFORMATION (Please Print)

Name (Last, First, Middle) Employee ID Social Security Number

Address (Street Address, City, State and Zip Code)

I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled **upon my death** to receive all City of Sacramento warrants that would have been payable to me had I survived.
NOTE: Direct deposit payments are not subject to the provisions of this designation.

Important: This is NOT a designation for payment of death benefits or refund of employee retirement contributions. A form PERS-BSD-241, Beneficiary Designation, must be completed to file a designation with California Public Employees' Retirement System (CalPERS) for death benefits.

DESIGNEE INFORMATION (Must be 18 years of age older)

Name (Last, First, Middle) Telephone Number

Social Security Number Date of Birth

Address (Street Address, City, State and Zip Code)

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the Benefits/Retirement office of City of Sacramento for such warrants within sixty (60) days after the date of my death, this designation shall be and become null and void.

This designation will remain in full force and effect during my employment with the City of Sacramento until revoked or changed in writing by me.

Employee Signature Date

(Office use only)

Signature of Authorized Personnel Date

(Office use only)

Name of Authorized Personnel (Please Print)

City of SACRAMENTO

EMERGENCY NOTIFICATION DATA

EMPLOYEE INFORMATION

Name (Last, First, Middle) | Empoyee ID | SSN

Address (Street Address, City, State, and Zip)

Home Phone Number | Cell Phone Number | Alternate Phone Number

Driver's License No. | Expiration Date | Class

Doctor | Phone Number

Medical ID Number | Blood Type

Drug Allergies

☐ No ☐ Yes

Do you wear a medic alert? | If yes, please describe

EMERGENCY CONTACT

Name (Last, First, MI) | Relationship

Address (Street Address, City, State, and Zip) | Phone Number

ALTERNATE CONTACT (Relative, Family Friend, Neighbor, Clergy)

Name (Last, First, MI) | Relationship

Address (Street Address, City, State, and Zip) | Phone Number

Name (Last, First, MI) | Relationship

Address (Street Address, City, State, and Zip) | Phone Number

REMARKS

Signature

Date

Revised 09/2019

California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the ***Reciprocal Self-Certification Form (PERS-EAMD-801)*** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the ***Reciprocal Self-Certification Form***, please visit our website at **www.calpers.ca.gov**.

Please note: The completion of the ***Reciprocal Self-Certification Form*** does not establish reciprocity, nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at **www.calpers.ca.gov**.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, ***Reciprocal Self-Certification Form***, and Directions for Completing Reciprocal Self-Certification Form

List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association^	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association^	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association^	
Imperial County Employees' Retirement Association^	
Judges Retirement System II	
Kern County Employees' Retirement System^	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association^	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association^	
Mendocino County Employees' Retirement Association^	
Merced County Employees' Retirement Association^	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System^	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System^	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association^	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association^	
San Joaquin County Employees' Retirement Association^	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association^	
Santa Barbara County Employees' Retirement System^	
Sonoma County Employees' Retirement Association^	
Stanislaus County Employees' Retirement Association^	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association^	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association^	

*=Also CalPERS-covered agency ^=1937 Act Counties

California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Reciprocal Self-Certification Form

*Complete the following information and return this form to your personnel office **within 10 business days.** To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.*

Section 1. Member Information

Member Name: (Last) (First) (Middle)

Date of Birth:

CalPERS ID:

Membership Status in Qualifying Public Retirement Systems:

- ☐ I have not been a member of a qualifying public retirement system in California. (skip to section 3)
- ☐ I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)

Section 2. Qualifying Reciprocal Membership Information

Name of Most Recent Public Retirement System:	Membership Date:	Separation Date*:	☐Retired* or ☐Refunded* Date:
Name of Prior Public Retirement System:	Membership Date:	Separation Date*:	☐Retired* or ☐Refunded* Date: (Office use only)
Name of Prior Public Retirement System:	Membership Date:	Separation Date*:	☐Retired* or ☐Refunded* Date:

**Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify

I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. **I also understand that completing this form is not a request to establish reciprocity.**

I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature: *Date:*

Section 4. To Be Completed by Employer Only

Name of CalPERS Agency:
City of Sacramento

CalPERS Business Partner ID:
7903930500

Member's Enrollment Eligibility Date: (Office use only)

Designee of Employer: (print name)
(Office use only)

Designees' Title:
Personnel Technician

Designee Signature: *Date:* (Office use only)

The employer must retain this form in the member's file for auditing purposes.

For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.

Instructions for Completing the Reciprocal Self-Certification Form

Section 1. Member Information	• Complete the required fields with your name, date of birth, and CalPERS ID. • Check **one** of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. – If you **have not** been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you **have** membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; **do not include CalPERS membership on this form.**
Section 2. Qualifying Reciprocal Membership Information	• In the first column, titled "Name of Public Retirement System," list the name of any qualifying public retirement systems you are a member of a defined benefit plan. – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – **Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form.** • In the second column, titled "Membership Date," list your membership date in the qualifying public retirement system. – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled "Separation Date," list your separation date from the qualifying public retirement system. – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled "Retired or Refunded," indicate if you have retired or refunded from the qualifying public retirement system. – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
Section 3. Sign and Certify	• Please read the statement. Then, sign your name and date the document before returning it to your personnel office.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).

NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER	**Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.**

2. CURRENT NAME (LAST) (FIRST) (MIDDLE)

3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE

6. TERM OF APPOINTMENT	7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.	8. APPOINTMENT DATE		
		MM	DD	YYYY
☐ PERMANENT ☐ TEMPORARY	MONTHS			

9. TIME BASE

☐ FULL-TIME ☐ INDETERMINATE ☐ PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:

In your present position with this agency, you are excluded from CalPERS membership because:

☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.

☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.

☐ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.

☐ 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).

☐ 5. You are an independent contractor.

☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.

☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you should be a member in your present position. Be sure to notify your employer to complete a (PERS-1) Member Action Request Form or appoint via ACES to report your employment to CalPERS.

If you believe that your employment <u>does</u> qualify you for CalPERS membership, ask your employer for an explanation. You can also contact CalPERS directly by sending a letter stating the reasons why you feel you should be a member to the Employer Account Management Division, Membership Management Section, P.O. Box 942709, Sacramento, CA 94229-2709.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

NOTE: Benefits provided by CalPERS are described in the "CalPERS Benefits" information booklet available from your employer.

PERS-EAMD-139 (3/17)

City of SACRAMENTO

CalPERS and FICA Eligibility Questionnaire

EMPLOYEE INFORMATION Please Print

Name (Last, First, Middle) _____ Social Security Number _____

In addition to working for the City of Sacramento, are you working for another employer, either Part-Time of Full-Time, contributing to the California Pulbic Employee's Retirement Ssytem (CalPERS)?

- No
- Yes _____ Employer _____ Status: Full Time / Part Time

Have you ever worked for the City of Sacramento?

- No
- Yes _____ When (dates) _____ Department

Are you currently a member of CalPERS?

- No
- Yes _____ Name of Employer

Are you still working for that CalPERS employer listed above?

- No _____ What was your separation date?
- Yes _____ How many hours do you work per week?

Do you still have money on account with CalPERS?

- No
- Yes

Are you receiving a retirement check from a public retirement system within the State of California, including CalPERS?

- No
- Yes _____ Name of Retirement System

Are you receiving retirement benefits from any retirement system, including Social Security?

- No
- Yes _____ Name of Retirement System

This form is required to determine if you are to be excluded from becoming a member of the California Public Employees' Retirement System (CalPERS) and/or mandated to pay into social security through Federal Insurance Compensation Act (FICA).

Signature of Employee _____ Date _____

7. EXHIBIT A - USER ACKNOWLEDGEMENT

A signed paper copy of this form must be submitted, as indicated in section 4.7 of the Information Technology Resource Policy, for authorization of a new user-ID and/or access to any Information Technology (IT) resources. An electronic acknowledgement must be completed for authorization of a change in privileges associated with an existing user-ID, or periodic reauthorization of an existing user-ID. The City will not accept modification to the terms and conditions of this agreement.

User Name (Printed): _____

User's Department: _____Org#_____

User's Business Telephone Number: _____

User's Business Address: _____

I, the user, agree to take all reasonable precautions to assure the City's internal information, or information that has been entrusted to the City by third parties (such as customers), will not be disclosed to unauthorized persons unless required by law. At the end of my employment, appointment, or contract, with the City, I agree to return to the City all Information Technology Resources to which I have had access in order to do my job. I understand that I am not authorized to use any Information Technology Resource for non-employment related purposes, nor am I at liberty to provide any Information Technology Resource to third parties without the express written consent of the City Manager and/or designee.

I have access to a copy of the City's Information Technology Resource Policy (API #30). I have read and understand this policy and its relationship to my job. I understand and agree that violation of the City's Information Technology Resource Policy (API #30) may be grounds for discipline up to and including termination of my employment, and I agree to abide by the Policy as a condition of my employment. I understand that written Information Technology Resource Policies will be established for Information Technology Resources, in conjunction with this policy, and that the written policies will be made available by the Information Technology Department on the City's Intranet web site. Information Technology Resource policies will be updated and communicated to all users of the resource I understand and agree that it is my responsibility to read the policies and all updates as they become available, and I agree to be bound by and adhere to those policies. Printed copies of the current policies are available through the City's Information Security Office I understand that non-compliance may be cause for system privilege revocation, disciplinary action up to and including termination, as well as criminal or civil penalties.

I also agree to promptly report all violations or suspected violations of Information Technology Resource Policies and Guidelines to my supervisor, who shall notify the CIO or his or her designee.

User Signature & Date: _____

City of SACRAMENTO
Department of Human Resources

Employee Name (Please Print):_____

Employee ID: _____

POLICY ACKNOWLEDGMENT
(LR-100 FORM)

Department:

☐ Mayor/Council	☐ Treasurer	☐ Police	☐ Convention & Cultural Services
☐ City Manager	☐ Finance	☐ Fire	☐ Youth, Parks & Comm. Enrichment
☐ City Attorney	☐ IT	☐ Utilities	☐ Community Development
☐ City Clerk	☐ Human Resources	☐ Public Works	☐ Other:_____

Employees are required to comply with all City policies, rules, regulations, and the City Charter.

Prior to your orientation you are required to read the following policies located at http://www.cityofsacramento.org/City-Hall/Policies-and-Procedures and acknowledge you have read them:

1. AB 1785 (Distracted Driving)
2. Domestic Violence Policy
3. Driver's License
4. Drug and Alcohol Policy (Zero Tolerance)
5. Employee Handbook
6. Equal Opportunity Policy (Discrimination/Harassment Complaint Procedure)
7. Illness and Injury Prevention Program Procedures
8. Information Technology Resource Policy
9. Leave Administration
10. Nepotism and Conflict of Interest
11. Sick Leave (Excluding SPOA and Local 522)
12. Workers' Compensation

By signing below, I acknowledge I have read all policies listed above and that I understand the policies are available for reference on the City's website at http://www.cityofsacramento.org/City-Hall/Policies-and-Procedures.

Signature:_____**Date:** _____

City of SACRAMENTO

OATH OF AFFIRMATION OF ALLEGIANCE FOR PUBLIC EMPLOYEES

State of California
County of Sacramento

I, _____(Type in your name here)_____

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

_____
Signature

(Type in your title or department here)_____
Title or Department

(Official Use Only)

The above oath was taken and subscribed to before me this _____day of _____ 20_____.

_____
Authorized Personnel Department Employee

_____
Title

(Article 20, Section 3 of the California Constitution)

Rev. 09/2019