

Benefits offered by Arkansas Building Authority

- **Must Direct Deposit Payroll Checks**
- **Credit Unions**
 - Arkansas Federal Credit Union
 - Arkansas Employees Federal Credit Union (thru ASEA)
- **Comprehensive Health Insurance**
 - Three Levels of coverage from Full Coverage (HMO) to A High Deductible PPO
 - Includes: Behavioral Health, Mental Health, Prescription Drug Coverage
- **Life Insurance – Minnesota Life**
 - *10,000 Basic Life*
(Employee coverage FREE)
Expanded Basic Life up to \$40,000
(premium based on age bracket per \$1,000 of coverage) w/o EOI
 - Supplemental Life Available
- **Retirement (APERS) 14.88%**
 - Vested after five (5) years
 - Mandatory 5% contributory by Employee before Taxes–
 - DROP Program
(after 28 yrs of service)
- **Fringe Benefits (Cafeteria Plan)**
 - Pre-tax Health Insurance
 - Pre-tax Flex Spending Account
 - ARCAP Medical Spending Account
 - ARCAP Dependent Care Account
- **Arkansas Deferred Compensation (CitiStreet)**
 - Pre-tax Investments (3% Auto Option)
- **Uniforms (when required)**
 - Are furnished by the agency
- **Paid Leave**
 - 8 hrs Monthly (12 days/year) Sick &
 - 8 hrs Monthly (12 days/year) Annual
 - After 3 yrs 10 hrs Monthly (15 days/annually) Annual
 - After 5 yrs 12 hrs Monthly (18 days/annually) Annual
 - 12 Paid Holidays a year including your Birthday
 - Compensatory Time (Banked for use later)
 - Straight time (worked less than 40 hours in the week)
 - Time and a Half (for hours worked over 40 hours)
 - Bone Marrow Donation Leave
 - Child Education Activity Leave
 - (8 hrs) Annually
 - Organ Donor Leave
 - (AR Healthy Lifestyle Program)
 - *AHELP- time off can be earned in program-optional*
- **Optional Insurances – offered by H&H Benefits Specialist:**
 - Accident Insurance
 - Cancer
 - Critical Illness
 - Dental
 - Hospital Indemnity
 - Short Term Disability
 - Vision
 - Life Insurance
- **Arkansas State Employees Association (Dues to join)**
 - Newsletter
 - Credit Union Available
 - Life
 - Dental
 - Automobile
 - Homeowners
 - Van Pool (Transportation)

EXCERPTS FROM ARKANSAS CODE ANNOTATED §19-11
SUBCHAPTER 7

19-11-702. Penalties.

Any employee or nonemployee who shall knowingly violate any of the provisions of this subchapter shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

19-11-706. Employee disclosure requirements.

- (a) **Disclosure of Benefit Received from Contract.** Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.
- (b) **Failure to Disclose Benefit Received.** Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

19-11-709. Restrictions on employment of present and former employees.

- (a) **Contemporaneous Employment Prohibited.** It shall be a breach of ethical standards for any employee who is involved in procurement to become or be, while such an employee, the employee of any party contracting with the state agency by which the employee is employed.
- (b) **Restrictions on Former Employees in Matters Connected with Their Former Duties.**
- (1) **Permanent Disqualification of Former Employee Personally Involved in a Particular Matter.** It shall be a breach of ethical standards for any former employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:
- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
 - (B) Contract;
 - (C) Claim; or
 - (D) Charge or controversy in which the employee participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while an employee, where the state is a party or has a direct and substantial interest.
- (2) **One-Year Representation Restriction Regarding Matters for Which a Former Employee Was Officially Responsible.** It shall be a breach of ethical standards for any former employee, within one (1) year after cessation of the former employee's official responsibility in connection with any:
- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
 - (B) Contract;
 - (C) Claim; or
 - (D) Charge or controversy knowingly to act as a principal or as an agent for anyone other than the state in matters which were within the former employee's official responsibility, where the state is a party or has a direct or substantial interest.
- (c) **Disqualification of Partners.**
- (1) **When Partner Is a State Employee.** It shall be a breach of ethical standards for a person who is a partner of an employee

knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
 - (B) Contract;
 - (C) Claim; or
 - (D) Charge or controversy in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise, or which is the subject of the employee's official responsibility, where the state is a party or has a direct and substantial interest.
- (2) **When a Partner Is a Former State Employee.** It shall be a breach of ethical standards for a partner of a former employee knowingly to act as a principal or as an agent for anyone other than the state where such former employee is barred under subsection (b) of this section.
- (d) (1) **Selling to State After Termination of Employment Is Prohibited.** It shall be a breach of ethical standards for any former employee, unless the former employee's last annual salary did not exceed ten thousand five hundred dollars (\$10,500), to engage in selling or attempting to sell commodities or services to the state for one (1) year following the date employment ceased.
- (2) The term "sell", as used in this subsection, means signing a bid, proposal, or contract; negotiating a contract; contacting any employee for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling disputes concerning performance of a contract; or any other liaison activity with a view toward the ultimate consummation of a sale although the actual contract therefore is subsequently negotiated by another person.
- (e) (1) This section is not intended to preclude a former employee from accepting employment with private industry solely because his employer is a contractor with this state.
- (2) This section is not intended to preclude an employee, a former employee, or a partner of an employee or former employee from filing an action as a taxpayer for alleged violations of this subchapter.
- 19-11-712. Civil and administrative remedies against employees who breach ethical standards.**
- (a) **Existing Remedies Not Impaired.** Civil and administrative remedies against employees which are in existence on July 1, 1979, shall not be impaired.
- (b) **Supplemental Remedies.** In addition to existing remedies for breach of the ethical standards of this subchapter, or regulations promulgated thereunder, the Director of the Department of Finance and Administration may impose any one (1) or more of the following:
- (1) Oral or written warnings or reprimands;
 - (2) Forfeiture of pay without suspension;
 - (3) Suspension with or without pay for specified periods of time; &
 - (4) Termination of employment.
- (c) **Right to Recover from Employee Value Received in Breach of Ethical Standards.** The value of anything received by an employee in breach of the ethical standards of this subchapter, or regulations promulgated thereunder, shall be recoverable by the state as provided in § 19-11-714, which refers to recovery of value transferred or received in breach of ethical standards.
- (d) **Due Process.** Notice and an opportunity for a hearing shall be provided prior to imposition of any of the remedies set forth in subsection (b) of this section.

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

This form is to be completed by all interviewed applicants for a position.

Definitions for the symbols in questions 1 – 9 below. Please read before continuing.

- A **State Employee** any employee of any state agency employed in a regular salary position or extra-help position not to include contract labor.
- B **Former** is defined as within the last 24 months.
- C **Constitutional Officer:** Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly member.
- D **General Assembly member:** member of the Arkansas Senate or the Arkansas House of Representatives.
- E **Relative includes:** husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.
- F **Public Official:** constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.
- G **Agency or State Agency:** every agency, board, commission, department, division, institution, and other office of state government located within the executive branch of government and under the control of the Governor.

- 1. Yes No Are you a current **state employee**^A?
- 2. Yes No Are you a **former**^B **state employee**^A?
- 3. Yes No Are you a current **Constitutional Officer**^C?
- 3a. Yes No If "Yes", were you employed prior to your election into office?
- 3b. ▶ If "Yes," give date elected _____
- 4. Yes No Are you the spouse of a current **Constitutional Officer**^C?
- 4a. ▶ If "Yes," give spouse's name _____
position/office _____
- 4b. Yes No If "Yes", is your expected salary above \$37,649?
- 5. Yes No Are you the spouse of a **former**^B **Constitutional Officer**^C?
- 5a. ▶ If "Yes," give spouse's name _____
position/office _____
- 6. Yes No Are you or your spouse a **former**^B **General Assembly member**^D?
- 6a. ▶ If "Yes," give spouse's name _____
position/office _____
- 6b. Yes No If "Yes", within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
- 7. Yes No Are you a **relative**^E of the **Public Official**^F in charge of the **agency**^G in which you are applying?
- 7a. ▶ If "Yes," give relative's^E name _____
position/office _____
relationship _____
- 8. Yes No Are you a **relative**^E of a **state employee**^A, state board or commission member or are you a **relative**^E (other than the spouse) of a **Constitutional Officer**^C or an Arkansas **General Assembly member**^D?
- 8a. ▶ If "Yes," give relative's^E name _____
position/office _____
relationship _____
- 9. Yes No If you checked "Yes" in #8 above, does this **relative**^E work within the **state agency**^G in which you are applying?
- 9a. Yes No If "Yes", is the position for which you are applying in the direct line of supervision of your **relative**^E or will the position be a supervisory employee of the **relative**^E.

I understand to be eligible for employment with the State of Arkansas, I must comply with Governor's Executive Order 98-04, ACA §21-1-401-408, and ACA §25-16-1001-1007. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative specifically under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.

Applicant Name (Please Print)

Signature of Applicant

Date

Social Security Number

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

INSTRUCTIONS FOR HIRING OFFICIAL:

Please check each table below with the disclosure statement and proceed accordingly for the position finalist(s) prior to a job offer.

No Approval Required		If applies
Answered "Yes" or Answered "No"		
Question 1 and/or 2	Questions 1-9a	

*Hiring Official must complete information below and forward with hire packet to HR.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.
Please initial to confirm: _____

Approval by HR Manager Only		If applies
Answered "Yes"	Answered "No"	
Question 4	Question 1 and 4b	
Question 5	Question 1	
Question 6	Question 6b	
Question 8		
Question 9	Question 9a	

*Submit the form to your agency Human Resource Manager for approval with the hire packet.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure the salary for 4b is correct.
*Ensure the information for 6b is correct.

Please initial to confirm: _____

Approval by appropriate Legislative Branch and Governor		If applies
Answered "Yes"	Answered "No"	
Question 3 and 3a		
Question 4 and 4b	Question 1	
Question 4 and 1	Question 4b	
Question 5		

*Submit the form to the Office of Personnel Management (OPM) for review and submission to the Governor, and if approved, to the Personnel Subcommittee.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure the date elected for 3b is after employment date.
*Ensure the salary for 4b is correct.
*Ensure spouse is a former^B Constitutional Officer^C.

Please initial to confirm: _____

Cannot be Hired		If applies
Answered "Yes"	Answered "No"	
Question 3	Question 3a	
Question 6 and 6b		
Question 7		
Question 9 and 9a		

*The applicant cannot be hired if one or more of the items above apply.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure 3a was answered before signing below.
*Ensure the information for 6b is correct.
*Ensure the information for 9a is correct.

Please initial to confirm: _____

This form must be completed by the Hiring Official (Supervisor) for the position finalist(s) prior to a job offer.

Agency/Institution _____	Hiring Official _____		
Position Applied for _____	Position # _____	Pay Grade _____	Salary _____
<i>I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered.</i>			
Signature of Agency/Institution Hiring Official _____	Date _____	Phone Number _____	

<input type="checkbox"/> Approved	Signature of Agency/Institution Human Resource Manager _____		
<input type="checkbox"/> Disapproved	Agency Number _____	Date _____	

DIRECT DEPOSIT ELECTION FORM

SECTION I: Applicant Information

Applicant Name _____

Advised Position # _____ Advised Position Title _____

SECTION II: Mandatory Direct Deposit Statement

In accordance with Act 1887 of 2005, as a condition of employment, a person hired or appointed to a position in any agency in State government on or after August 12, 2005 shall be required to accept payment of salary or wages by electronic warrants transfer (ACH). The ACH payment shall be in the form of a direct deposit.

The Chief Fiscal Officer of the State has the authority to grant exemptions to the direct deposit requirement due to hardship or any other reasonable basis.

I understand that as a condition of employment, because I am a new hire or rehira applicant, I must comply with the law and enroll and remain enrolled in direct deposit or request an exemption from those requirements.

I elect direct deposit _____ OR I do not elect direct deposit and request an exemption _____

Yes or No I currently have a checking /savings account that may be used for the payroll direct deposit.

If exemption from direct deposit is requested, complete Section III of this form. I understand that I can go no further in the hiring process until the request for exemption is reviewed.

Applicant Signature _____ Date _____

SECTION III: This section to be completed by the Applicant (Please print or type)

I hereby request an exemption from the requirements of mandatory participation in direct deposit for the following reason(s): _____

Applicant Signature _____ Date _____

SECTION IV: This section to be completed by Agency HR Department

Agency Name _____ Agency Number _____

Hiring Official _____ Phone _____ E-mail _____

Reviewed By: _____ Date _____
(Name and Title of Agency HR staff reviewing request)

Agency HR Contact: Phone _____ Fax _____ E-mail _____

Date Submitted to the Chief Fiscal Officer of the State _____

SECTION V: This section to be completed by Chief Fiscal Officer of the State

Date Received _____ Request Approved _____ Request Denied _____

Signature _____ Date _____
(Chief Fiscal Officer of the State)

Date Submitted to Agency _____

SECTION VI: This section to be completed by Agency HR Department

Date Hiring Official Notified of Decision _____ By Whom _____

CONSENT TO CONDUCT CRIMINAL BACKGROUND CHECK

NOTE TO APPLICANTS/EMPLOYEES: ABA conducts criminal background checks pursuant to ABA policy. The information received may be a factor in the hiring/employment decision. An actual check of conviction records and/or pending criminal charges will be conducted pursuant to policy and for applicants only if you are a finalist for the position. The information requested below is required to conduct a criminal history background check and will not be used for any other purpose. A record of conviction and/or pending criminal charges regarding current employment and hiring shall be made pursuant to policy. **Applicant/Employee must fill out the form accurately and completely including disclosure of criminal convictions. Failure to do so may affect your employment or application eligibility, or both. Contact ABAHR if you have any questions regarding this form or policy, including any questions regarding disclosure or nondisclosure.**

Name of Applicant/Employee: *(Please print)* **Additional Sheets may be added for #1 and #2 below:**

First Middle Last Date of Birth

Other names you have used (i.e. Maiden name): _____

Complete Home Address: _____
(Physical Address – NO PO Boxes)

Sex Race Social Security # Driver's License # Issued from what State

1. Have you ever been convicted of a felony or misdemeanor violation(s)? Please make every effort to be as accurate as possible when disclosing convictions. Yes _____ No _____ If yes, indicate below:

Nature of the Offense: _____

Date of Conviction: _____
Name and Location of the Court: _____

Nature of the Offense: _____

Date of Conviction: _____
Name and Location of the Court: _____

2. Do you have any criminal (misdemeanor/felony) charges pending against you? Yes _____ No _____
If yes, please indicate the nature of the charges:

Name and Location of the Court or Jurisdiction: _____

I agree to allow ABA to conduct the above background check. To the best of my knowledge, the information provided above is true and complete; and that any falsification/omission of the above constitutes grounds for non-hire/termination.

Applicant / Employee Signature Date

PRE-EMPLOYMENT DRUG TESTING
NOTIFICATION

I, _____ an applicant
for the _____ position, have been notified and understand
my responsibilities of the following should I be selected for the above referenced position:

1. ABA's hiring for the above position is *conditional* upon any applicable OPM approvals as well as my successful passing of the pre-employment drug test.
2. ABA selects the drug test site and is responsible for payment of the drug test.
3. Upon initial notification of the testing site, I have 48 hours to pick up an authorization form and take the form to the testing location and provide a sample for testing.
4. If extenuating circumstances beyond my control prevent me from providing a sample within 48 hours, I must request an extension within 48 hours of the initial notification of selection. I understand that scheduling or transportation problems experienced by me are not extenuating circumstances.
5. If I disagree with the findings, I may arrange to have a portion of the original sample retested at a laboratory certified by the National Institute of Drug Abuse within 5 days after learning the results of the first test. I am responsible for arranging and paying for the second test. If the result is negative, ABA may either accept the second result or have a third test performed at its expense.
6. Two-Year Employment Ban: The following will result in the selectee being banned from applying for employment with ABA for two years:
 - If the drug test is not performed within 48 hours (unless an extension is granted).
 - If the drug test is positive. A test is considered to be positive if the test results indicate that the sample has been tampered with in any way or that the selectee has attempted to falsify the test results, including the use of masking agents or chemicals.
 - If the selectee fails to appear for drug testing without notifying the hiring official that he/she is declining the position.

Applicant's Signature

Date

STATE OF ARKANSAS
Department of Finance and Administration

Employee Disclosure Requirements/Restrictions Notice

Employee Disclosure Requirements Notice

Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. Ark. Code Ann. § 19-11-706. The employee must report this benefit to the Director of the Department of Finance and Administration.

A state employee has a "financial interest" in a business if he/she:

- has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- owns more than a five percent (5%) interest in the business; or
- holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706.

Employee Disclosure Restriction Notice

State employees are restricted from employment under certain conditions, both during the time they are employed by the state and after they leave state employment. Ark. Code Ann. § 19-11-709. These restrictions include:

- employment of a current state employee involved in procurement by any party contracting with the state;
- former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- partners of a current or former state employee from representing anyone other than the state under certain conditions;
- selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709.

Penalties for Non-Compliance with Ark. Code Ann. § 19-11-706 or § 19-11-709

In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose against any employee who fails to comply with Ark. Code Ann. § 19-11-706 or § 19-11-709, after notice and an opportunity for a hearing, any one or more of the following:

- oral or written warnings or reprimands;
- forfeiture of pay without suspension;
- suspension with or without pay for specified periods of time; and
- termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly violate either of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

I certify that I have read this Notice and the Ark. Code Ann. §§ 19-11-706, 19-11-702, 19-11-709 and 19-11-712 on the reverse side. The Rule promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13 & 14, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann §§ 19-11-706 & 19-11-709, this Notice and the rule.

Agency Name

Hiring Official

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date

See back for Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709 and 19-11-712

STATE OF ARKANSAS
Department of Finance and Administration

Employee Disclosure Requirements

In Compliance with Governor's Executive Order 98-04
Arkansas Code Annotated § 19-11-706

Pursuant to Arkansas Code Annotated § 19-11-706, employees are required to disclose any benefit received from any state contract. Specifically:

- (a) Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.
- (b) Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

This employee disclosure shall be made within 30 days after the employee has actual or constructive notice of a benefit received or to be received. Such disclosure shall be made by completing this **Employee Disclosure Requirements** form and forwarding this completed form to:

Director
Department of Finance and Administration
P. O. Box 3278
Little Rock, AR 72203-3278

Employee Name:

Agency Name/ Division where employed:

Name of Person/Business involved with State Contract:

Name of Government Body with which the Business has a Contract:

Dollar Amount and Nature of Contract:

Nature and extent of the benefit received or to be received:

Employee's Signature

Date

*Authorization to Operate State and Private Vehicle/Clean Air Act
Form must be completed prior to driving authorization on work related matter.*

Agency Arkansas Building Authority (Agency Code 350)

Employee/Applicant _____ Date Of Birth ____/____/____

Drivers License # _____ State of _____

Please review and initial:

_____ I understand that as permitted by Arkansas Code Ann. §27-50-906 (6)(A), the Office of Driver Services will notify ABA each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (*State of Arkansas Website*) through Information Network of Arkansas.

_____ I understand that I may not be permitted to drive on state business due to my driving record; and my inability to drive may impact my ABA employment eligibility as driving may be considered an essential function of my job duties.

_____ I will participate in all required Defensive Driving Classes.

_____ Currently nor do I anticipate my drivers license to be suspended or revoke for any reason.

_____ I understand that a pre-employment check of my driving record will be done.

_____ I understand that I must maintain liability coverage, as required by State Law, on my personal vehicles that I drive on State business.

ABA is hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by ACA §27-50-906 and 908. This record shall include material normally excluded by ACA §27-50-802. My signature below constitutes consent for the release of such records to ABA.

Employee/Applicant Date

OR

I decline authorization to obtain the above. I understand I may be ineligible for employment.

I will not be operating a state vehicle for any purpose and understand that the use of a private vehicle is prohibited under any and all circumstances in the performance of my job duties.

Employee/Applicant Date

Arkansas Clean Air Act

Form must be completed prior to employment.

I understand that smoking is prohibited in all vehicles, enclosed areas, buildings, facilities and enclosed areas owned, leased or operated by the State of Arkansas.

Employee/Applicant

