

**INSTRUCTIONS:**

- Every CDFW employee must submit a completed Employee’s Designated Headquarters (EDH) Form to the Human Resources Branch for filing in the employee’s Official Personnel File.
- A new EDH shall be completed whenever there is a change to a headquarters designation.
- New employees shall complete the EDH Form as part of the appointment process.
- The designated headquarters should be based on the employee’s position and not based on the employee’s preference.
- The employee’s supervisor is responsible for assuring that the designated headquarters is in the best interest of the CDFW.
- The employee and supervisor shall retain a copy.
- The employee’s supervisor is responsible for ensuring that the employee’s Travel Expense Claims indicate the correct designated headquarters for purposes of reimbursements.

Pursuant to State Administrative Manual Section 0700 and DPA Regulation 599.616(a), the Department of Personnel Administration (DPA) requires that a headquarters be established for each employee. Headquarters is defined as the place where the officer or employee spends the largest portion of his/her regular workdays or working time, or the place to which he/she returns on completion of special assignments. An employee’s headquarters constitutes an office building or similar definite place. CDFW Employees shall acknowledge their designated headquarters below:

Employee’s Name (printed): _____	SSN (last 4 digits): _____
Employee’s Signature:  _____	Date: _____
Position Title: _____	Phone: _____
Division, Region, or Branch: _____	
Designated Headquarters Address: _____	
_____	
_____	
_____	
_____	
<b>Approved By:</b>	
Supervisor’s Name (printed): _____	
Supervisor’s Signature:  _____	Date: _____

**Employee’s Home Designated as Headquarters:**

Only under special circumstances may an employee’s residence be designated as the employee’s headquarters. In such cases the Certification on page 2 of this form must be completed by the employee and approved by the appropriate supervisor and Branch Chief, Regional Manager, or Deputy Director. The Certification attests that all required conditions are met to allow the designation of an employee’s residence as the employee’s headquarters.

Continue to page 2 to view the conditions and the Certification.

The designation of the home/headquarters as the "principal place of business" must be in the best interest of the employer rather than for the convenience of the employee. The term "principal place of business" is defined as a place of business wherein the employee conducts substantial administrative activities of such business (e.g., preparing reports; completing time sheets/travel expense claims; returning telephone calls; preparing correspondence; reviewing research). To qualify, the employee must perform his or her primary administrative activities at home as opposed to another work location. In addition, the work locations the employee routinely travels to each day cannot be a single location; if the employee reports to different locations at the beginning of the workday versus the same location routinely, this condition would be met.

<b>Certification: Employee’s Home Designated as Headquarters</b>		
Employee’s Name (printed): _____ SSN (last 4 digits): _____		
<b>Questions/Conditions:</b>	<b>Yes</b>	<b>No</b>
1. Has the Department designated the employee’s home as his or her headquarters?		
2. Does the employee perform his or her primary administrative activities at home/headquarters?		
3. Did the Department designate the employee’s home/headquarters as the “principal place of business” for its benefit and not for the convenience of the employee?		
4. Can the employee demonstrate that the home/headquarters assignment qualifies as a legitimate tax deduction?		
5. Does the employee travel each day to different work locations versus the same location routinely, or, is there a qualifying health and safety event that requires the employee to work at home?		
For the employee’s home to be designated as his or her headquarters: <ul style="list-style-type: none"> <li>• All of the above conditions (items 1 through 5) must be met, and</li> <li>• This Certification must accompany page 1 of this form.</li> </ul>		
Employee’s Signature:  _____	Date: _____	
<b>Approved By:</b>		
Supervisor’s Name (printed): _____		
Supervisor’s Signature:  _____	Date: _____	
Branch Chief, Reg. Manager, or Deputy Director Name (printed): _____		
Branch Chief, Reg. Manager, or Deputy Director Signature:  _____	Date: _____	