



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

CHECKLIST FOR CONTRACT TO EXTRA-HELP OR RECURRENT

Must print in Black or Blue ink ONLY

Employee ID	Rcd. No.	Last Name, First Name
Department		

PREREQUISITE

Note: Prerequisite(s) must be completed and sent to Employment-Human Resources prior to completing this packet

Personnel Requisition (PR)*

[Manual - Include copy with packet](#)

Online

REQUIRED

[Employment Status and Wage Notification](#)

[Extra-Help/Recurrent Appointment Agreement](#)

[Job Action Request \(JAR\)](#)

[Social Security Form \(Form SSA-1945\)](#)

REQUIRED (IF APPLICABLE)

[Advanced Step Hiring Request - New Employee Only*](#)

[Bronze Plan Enrollment Form or Declination Agreement #](#)

[Position Number Request - Extra-Help/Recurrent/Contract](#)

[Beneficiary Designation for VOYA**](#)

[Underfill Agreement*](#)

[Other forms \(if applicable\)](#)

[Salary Savings PST Deferred Compensation Plan](#)

[Participation Agreement**](#)

No Copies Needed in Packet

[Bilingual Compensation Request - Level I*](#)

[Bilingual Assessment & Compensation Request - Level II or](#)

[Level III*](#)

[Bilingual Questionnaire/Justification - Levels II or III*](#)

[Bilingual Assessment & Compensation Request - Safety Unit](#)

[Form 700](#)

Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030)

*Special Districts Human Resources (0450)

**Employee Benefits & Services Division-HR (0440)

Applies to employees working 30 hours or more per week who are not covered by an MOU/Compensation Plan