



County of San Bernardino CHECKLIST FOR CONTRACT TO REGULAR

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](#)
- [Beneficiary Designation for Life Insurance](#)
- [Premium Deduction Election](#)

- [Job Action Request \(JAR\)](#)
- [Oath of Affirmation or Allegiance](#)
- [Social Security Form \(Form SSA-1945\)](#)

REQUIRED (IF APPLICABLE)

- [Advanced Step Placement Request*](#)
- [Life Insurance and AD&D Enrollment Form](#)
- [Dependent Care Assistance Plan \(DCAP\) Enrollment**](#)
- [Disabled Dependent Certification](#)
- [Combined Giving Campaign Contribution Election Agreement](#)
- [Dental Plan Enrollment/Change Form](#)
(dependent verification is required)
- [Dual Appointment Agreement](#)
- [Job Share Contract](#)
- [Medical Expense Reimbursement \(FSA\) Plan Enrollment**](#)
- [Medical Plan Enrollment/Change Form](#)
(dependent verification is required)
- [Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)

- [Part-Time Employment Agreement](#)
 - [Personal Information/Emergency Contacts](#)
 - [Provisional Appointment Agreement \(if applicable\)*](#)
 - [SBCERA Membership Tier Verification Form](#)
 - [SBCERA Waiver of Membership Form](#)
 - [Teamsters Member - New Hire Packet**](#)
 - [Underfill Agreement*](#)
 - [Vision Plan Enrollment/Change Form \(Exempt and Safety/Safety Management & Supervisory\)](#)
(dependent verification is required)
 - [457\(b\) Deferred Compensation Automatic Enrollment](#)
 - [Declination Form & Informational Flyer**](#)
 - [Other forms \(if applicable\)](#)
- Contact ebds@hr.sbcounty.gov to schedule Exempt Benefits Orientation. **

No Copies Needed In Packet

- [Bilingual Compensation Request - Level I*](#)
- [Bilingual Assessment & Compensation Request – Levels II or III*](#)

- [Bilingual Questionnaire/Justification – Levels II or III*](#)
- [Bilingual Assessment & Compensation Request – Safety Unit Form 700](#)

*Special Districts: Send to Special Districts Human Resources

**Send to Employee Benefits & Services Division-HR

Incomplete Packets Will Be Returned