



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](#)

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

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

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

### REQUIRED (IF APPLICABLE)

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

[Underfill Agreement\\*](#)

[Bronze Plan Enrollment Form#](#)

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

[Declination Agreement for Essential Health Plan Coverage](#)

[Salary Savings PST Deferred Compensation](#)

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

[Plan Participation Agreement](#)

[Beneficiary Designation for VOYA\\*\\*](#)

### No Copies Needed in Packet

[Bilingual Forms](#)

[Form 700](#)

## Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030)

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