



CHECKLIST FOR CONTRACT TO REGULAR

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

PREREQUISITE

[Manual PR – Included with Packet](#)
Online PR

[Post Retirement Verification Form](#)

Note: Prerequisite(s) must be completed and sent to Employment-Human Resources prior to completing this packet.
Post Retirement Verification Form must be completed prior to On-boarding.

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 \(Form SSA-1945\)](#)

CEHW Clearance Date: _____

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](#)
[Dental Plan Enrollment/Change Form](#)
[Dual Appointment Agreement](#)
[Job Share Contract](#)
[Medical Expense Reimbursement \(FSA\) Plan Enrollment](#)
[Opt-Out/Waiver Election Agreement for Medical and/or Dental](#)

[Part-Time Employment Agreement](#)
[Personal Information / Emergency Contacts](#)
[SBCERA Membership Tier Verification Form](#)
[SBCERA Waiver of Membership Form](#)
[Teamsters Member – New Hire Packet](#)
[Underfill Agreement](#)
[Vision Plan Enrollment Form – Eligible Units](#)
[457\(b\) Deferred Compensation Automatic Enrollment](#)
[Declination Form](#)
[Other Forms \(if applicable\)](#)

Contact ebbsd@hr.sbcounty.gov to schedule Exempt Benefits Orientation

No Copies Needed In Packet

[Bilingual Forms](#)
[Form 700](#)

Incomplete Packets Will Be Returned