



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

# CHECKLIST FOR EXTRA-HELP/RECURRENT/PSE TO CONTRACT

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd. No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

**REQUIRED**

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

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

**REQUIRED (IF APPLICABLE)**

- [Automobile Election Agreement-Exempt\\*](#)
- [Beneficiary Designation for Life Insurance](#)
- [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](#)
- [Bronze Plan Enrollment Form<sup>#</sup>](#)
- [Declination Agreement](#)
- [Combined Giving Campaign Continuation Election Agreement](#)
- [Dental Plan Enrollment/Change Form \(dependent certification is required\)](#)
- [Form 700](#)
- [Life Insurance and AD&D Enrollment Form](#)
- [Medical Plan Enrollment/Change Form \(dependent certification is required\)](#)
- [Oath of Affirmation or Allegiance](#)

- [Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)
- [Disabled Dependent Certification](#)
- [Personal Information/Emergency Contacts](#)
- [Position Number Request - Extra-Help/Recurrent/Contract](#)
- [Premium Deduction Election](#)
- [SBCERA Membership Tier Verification Form](#)
- [SBCERA Waiver of Membership Form](#)
- [Vision Plan Enrollment/Change Form \(Exempt and Safety/Safety Management & Supervisory\) \(dependent certification is required\)](#)
- Other Forms (if applicable)
- Contact [ebzd@hr.sbcounty.gov](mailto:ebzd@hr.sbcounty.gov) to schedule Exempt Benefits Orientation. \*\*

**No Copies Needed in Packet**

- [Beneficiary Designation for VOYA\\*\\*](#)
- [Dependent Care Assistance Plan \(DCAP\) Enrollment\\*\\*](#)

- [Salary Savings PST Deferred Compensation Plan Participation Agreement\\*\\*\\*](#)
- [Medical Expense Reimbursement \(FSA\) Plan Enrollment\\*\\*\\*](#)

### 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