



County of San Bernardino CHECKLIST FOR EXTRA-HELP/RECURRENT/PSE 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

- | | |
|---|---|
| <ul style="list-style-type: none"> Dental Plan Enrollment/Change Form
(dependent certification is required) Employment Status and Wage Notification Job Action Request (JAR) | <ul style="list-style-type: none"> Medical Plan Enrollment/Change Form
(dependent certification is required) Premium Deduction Election Social Security Form (Form SSA-1945) |
|---|---|

REQUIRED (IF APPLICABLE)

- | | |
|---|--|
| <ul style="list-style-type: none"> Automobile Election Agreement-Exempt* Advanced Step Placement Request* Beneficiary Designation for Life Insurance Life Insurance and AD&D Enrollment Form Combined Giving Campaign Contribution Election Agreement Dependent Care Assistance Plan (DCAP) Enrollment** Medical Expense Reimbursement (FSA) Plan Enrollment** 457(b) Deferred Compensation Automatic Enrollment Declination Form & Informational Flyer** Job Share Contract | <ul style="list-style-type: none"> Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage Disabled Dependent Certification Personal Information/Emergency Contacts Provisional Appointment Agreement* 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 certification is required) Other forms (if applicable) <p>Contact ebsd@hr.sbcounty.gov to schedule Exempt Benefits Orientation. **</p> |
|---|--|

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