CHECKLIST FOR
EXTRA-HELP TO RECURRENT

Must print in Black or Blue ink ONLY

Employee ID	Rcd. No.	Last Name, First Name	Check If Employee Is On eTime

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 Placement Request   Form 700

Bronze Plan Enrollment Form#

Declination Agreement

Incomplete Packets Will Be Returned

Distribution: *EMACS-HR (0030)*
*Special Districts Human Resources (0450)

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