



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

[MANUAL PR – INCLUDED WITH PACKET](#)
[ONLINE PR](#)

Note: Personnel Requisition (PR) must be completed and sent to Employment-Human Resources prior to completing this packet

REQUIRED

[Dental Plan Enrollment/Change Form](#)
(dependent certification is required)
[Employment Status and Wage Notification](#)
[Job Action Request \(JAR\)](#)

- [Medical Plan Enrollment/Change Form](#)
(dependent certification is required)
- [Premium Deduction Election](#)
[Social Security Form \(Form SSA-1945\)](#)

REQUIRED (IF APPLICABLE)

[Automobile Election Agreement-
 Required Classifications](#)
[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](#)
[Job Share Contract](#)

CEHW Clearance Date: _____
[Opt-Out/Waiver Election Agreement for Medical
 and/or Dental Coverage](#)
[Disabled Dependent Certification](#)
[Personal Information/Emergency Contacts](#)
[SBCERA Membership Tier Verification Form](#)
[SBCERA Waiver of Membership Form](#)
[Teamsters Member - New Hire Packet](#)
[Underfill Agreement](#)
[Vision Plan Enrollment/Change Form](#)
(dependent certification is required)
[Other forms \(if applicable\)](#)
 Contact ebzd@hr.sbcounty.gov to schedule
 Exempt Benefits Orientation. **

No Copies Needed In Packet

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

Incomplete Packets Will Be Returned