



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

Extra-Help/Recurrent Appointment Agreement

Job Action Request (JAR)

Social Security Form (Form SSA-1945)

REQUIRED (IF APPLICABLE)

Advanced Step Placement Request

Bronze Plan Enrollment Form

Declination Agreement for Essential Health Plan

Coverage

Form 700

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