



County of San Bernardino CHECKLIST FOR JOB CHANGE

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

[Employment Status and Wage Notification](#)

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

REQUIRED (IF APPLICABLE)

[Cell Phone/Portable Communication Device Allowance-Elected Officials and Exempt \(Groups A & B\)](#)

[Transfer Request – Special Transfer Between Two Departments](#)

[Job Share Contract Underfill Agreement* Other forms \(if applicable\)](#)

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

Incomplete Packets Will Be Returned