



County of San Bernardino CHECKLIST FOR JOB SHARE

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

REQUIRED

- [Job Action Request \(JAR\)](#)
- [Job Share Contract](#)

- [Personal Information/Emergency Contacts](#)
- [Social Security Form \(Form SSA-1945\)](#)

REQUIRED (IF APPLICABLE)

- [Advanced Step Placement Request*](#)
- [Beneficiary Designation for Life Insurance](#)
- [Life Insurance and AD&D Enrollment Form](#)
- [Beneficiary Designation for VOYA**](#)
- [Premium Deduction Election](#)
- [Combined Giving Campaign Contribution Election Agreement](#)
- [Dependent Care Assistance Plan \(DCAP\) Enrollment**](#)
- [Dental Plan Enrollment/Change Form](#)
(dependent certification is required)
- [Employment Status and Wage Notification](#)
- [Medical Plan Enrollment/Change Form](#)
(dependent certification is required)

- [Medical Expense Reimbursement \(FSA\) Plan Enrollment**](#)
- [Oath of Affirmation or Allegiance](#)
- [Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)
- [Disabled Dependent Certification](#)
- [Salary Savings PST Deferred Compensation Plan Participation Agreement**](#)
- [SBCERA Membership Tier Verification Form](#)
- [SBCERA Waiver of Membership Form](#)
- [Underfill Agreement*](#)

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