



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 Forms](#)

[Form 700](#)

Incomplete Packets Will Be Returned