



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

CHECKLIST FOR NEW HIRE - EXEMPT

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

- [Job Action Request \(JAR\)](#)
- [Personal Information/Emergency Contacts](#)
- [I-9 and E-Verify, Employment Eligibility Verification*](#)
- [Premium Deduction Election](#)
- [DE 4, State Withholding Allowance Certificate](#)
- [Policy Acknowledgment](#)
- [W-4, Federal Withholding Allowance Certificate](#)
- [Beneficiary Designation for Life Insurance](#)

- [Provided employee a Required Notice of New Health Insurance Marketplace options \(notice must be provided within 14 days of hire\)](#)
- [Social Security Form \(Form SSA - 1945\)](#)
- [Employment Status and Wage Notifications](#)
- [Oath of Affirmation or Allegiance](#)
- [Direct Deposit Authorization](#)
- [Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)](#)

REQUIRED (IF APPLICABLE)

- [Advanced Step Placement Request*](#)
- [Beneficiary Designation for VOYA**](#)
- [Life Insurance and AD&D Enrollment Form](#)
- [Combined Giving Campaign Contribution Election Agreement](#)
- [Dental Plan Enrollment/Change Form](#)
(dependent certification is required)
- [Dependent Care Assistance Plan \(DCAP\) Enrollment**](#)
- [Disabled Dependent Certification](#)
- [Dual Appointment Agreement](#)
- [Job Share Contract](#)
- [Other Public Agency Service Credit Request for Retirement](#)
- [Medical Trust Fund Eligibility**](#)
- [457\(b\) Deferred Compensation Automatic Enrollment Declination Agreement**](#)
- [Medical Plan Enrollment/Change Form](#)
(dependent certification is required)
- [Medical Expense Reimbursement \(FSA\) Plan Enrollment**](#)

- [Modified Benefit Option \(MBO\)](#)
- [Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)
- [Occupational Injury/Illness Personal Physician Request](#)
- [Provisional Appointment Agreement*](#)
- [Restoration of Benefits](#)
- [Underfill Agreement*](#)
- [Vision Plan Enrollment/Change Form \(Exempt and Safety/Safety Management/Supervisory\)](#)
(dependent certification is required) [Automobile Election Agreement-Exempt*](#)
(Elected Officials & Exempt Group A&B)
- [Cell Phone/Portable Communication Device Allowance \(\(Elected Officials & Exempt Group A&B\)](#)
- [Other Forms \(if applicable\)](#)
- [SBCERA Membership Tier Verification Form](#)
- [SBCERA Waiver of Membership Form](#)

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](#)
- [700 Form](#)

EMACS PASSWORD FOR NEW HIRE - The password for new hires is their social security number. The password will expire immediately requiring the employee to create a new password.

DISTRIBUTION: EMACS-HR (0030)

*Special Districts Human Resources (0450)

**Employee Benefits & Services Division-HR (0440)

#Applies to employees working 30 hours or more per week who are not covered by an MOU/Compensation Plan