



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

# CHECKLIST FOR NEW HIRE - EXTRA-HELP/RECURRENT

Must print in Black or Blue ink ONLY.

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

## 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

[Direct Deposit Authorization](#)

[Employment Status and Wage Notification](#)

[Extra-Help/Recurrent Appointment Agreement](#)

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

[I-9 and E-Verify, Employment Eligibility Verification\\*](#)

[Bronze Plan Enrollment Form#](#)

[Declination Agreement for Essential Health Plan](#)

[Coverage#](#)

[DE-4, State Withholding Allowance Certificate](#)

[Oath of Affirmation or Allegiance](#)

[Personal Information/Emergency Contacts](#)

[Policy Acknowledgment](#)

[Provided Employee a Required Notice of New Health](#)

[Insurance Marketplace options \(notice must be provided within 14 days of hire\)](#)

[Social Security Form \(Form SSA-1945\)](#)

[W-4, Federal Withholding Allowance Certificate](#)

[Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)](#)

[Salary Savings PST Deferred Compensation Plan](#)

[Participation Agreement\\*\\*](#)

## REQUIRED (IF APPLICABLE)

[Advanced Step Placement Request\\*](#)

[Combined Giving Campaign Contribution Election](#)

[Agreement](#)

[Occupational Injury-Illness Personal Physician Request](#)

[Position Number Request - Extra-Help/Recurrent](#)

[Contract](#)

## 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](#)

## Incomplete Packets Will Be Returned

**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