



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

CHECKLIST FOR NEW HIRE - CONTRACT

Must print in Black or Blue ink ONLY.

Employee ID	Rcd No.	Last Name, First Name
Department		

PREREQUISITE

[Post Retirement Verification Form](#)

Note: Post Retirement Verification Form needs to be completed prior to On-Board

REQUIRED

- [Job Action Request \(JAR\)](#)
- [Personal Information/Emergency Contacts](#)
- [I-9 and E-Verify, Employment Eligibility Verification](#)
- [Part-Time Agreement](#)
- [Bronze Plan Enrollment Form #](#)
- [Declination Agreement for Essential Health Plan](#)
- [DE 4, State Withholding Allowance Certificate](#)
- [Policy Acknowledgment](#)
- [Premium Deduction Election](#)
- CEHW Clearance Date: _____

- [Provided employee a Required Notice of New Health Insurance Marketplace options \(notice must be provided within 14 days of hire\)](#)
- [Social Security Form \(Form SSA - 1945\)](#)
- [Oath of Affirmation or Allegiance](#)
- [Direct Deposit Authorization](#)
- [W-4, Federal Withholding Allowance Certificate](#)
- [Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)](#)

REQUIRED (IF APPLICABLE)

- [Automobile Election Agreement](#)
- [Beneficiary Designation for VOYA](#)
- [Life Insurance and AD&D Enrollment Form](#)
- [Combined Giving Campaign Contribution Election Agreement](#)
- [Dental Plan Enrollment/Change Form](#)
- [Dependent Care Assistance Plan \(DCAP\) Enrollment](#)
- [Disabled Dependent Certification](#)
- [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](#)
- [Medical Expense Reimbursement \(FSA\) Plan Enrollment](#)
- [Position Number Request - Extra-Help/Recurrent/Contract](#)

- [Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)
- [Occupational Injury/Illness Personal Physician Request](#)
- [Salary Savings PST Deferred Compensation Plan Participation Agreement](#)
- [Vision Plan Enrollment / Change Form](#)
- [SBCERA Membership Tier Verification Form](#)
- [SBCERA Waiver of Membership Form](#)
- [Premium Deduction Election](#)
- [Other Forms \(if applicable\)](#)
- Contact ebbsd@hr.sbcounty.gov to schedule Exempt Benefits Orientation

No Copies Needed In Packet

[Bilingual Forms](#)

[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)

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