



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](#)

[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