



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.

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

## PREREQUISITE

[Manual PR - Include copy with packet](#)

[Post Retirement Verification Form](#)

Online PR

**Note:** Personnel Requisition (PR) must be completed and sent to Employment-Human Resources prior to completing this packet. 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](#)

[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 \(Last Warrant Designation\)](#)

CEHW Clearance Date: \_\_\_\_\_

## 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 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](#)

[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](#)

[Prior Service Credit Request – Vacation/Paid Time Off Allowance](#)

[Restoration of Benefits](#)

[Underfill Agreement](#)

[Vision Plan Enrollment/Change Form](#)

[Automobile Election Agreement-Required Classifications](#)

[Cell Phone/Portable Communication Device Allowance](#)

[Other Forms \(if applicable\)](#)

[SBCERA Membership Tier Verification Form](#)

[SBCERA Waiver of Membership Form](#)

[Exempt Retirement System Participation Waiver](#)

## 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)

REV. 03/06/2025

(Checklist for New Hire-Exempt)