



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.

Employee ID	Rcd No.	Last Name, First Name
Department		

PREREQUISITE

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

Online PR

[Post Retirement Verification Form](#)

Note: Personnel Requestion (PR) must be completed and sent to Employment-Human Resources prior to completing this packet. Post Retirement Verification Form must be completed prior to On-Board.

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](#)

CEHW Clearance Date: _____

[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 Forms](#)

[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)

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