



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

CHECKLIST FOR NEW HIRE - PART-TIME REGULAR

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 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

[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 Coverage#](#)
[DE 4, State Withholding Allowance Certificate](#)
[Policy Acknowledgment](#)
[Salary Savings PST Deferred Compensation Plan](#)
[Participation Agreement](#)
[Premium Deduction Election](#)

[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](#)
[W-4, Federal Withholding Allowance Certificate](#)
[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](#)
[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](#)
[Occupational Injury/Illness Personal Physician Request](#)
[Medical Expense Reimbursement \(FSA\) Plan Enrollment](#)
[Underfill Agreement](#)
[Other Forms \(if applicable\)](#)
[Teamster Member Only - New Hire Packet](#)

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