



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

CHECKLIST FOR NEW HIRE - REGULAR/REEMPLOYMENT FULL-TIME

Must print in Black or Blue ink ONLY.

Employee ID	Rcd No.	Last Name, First Name
Department		

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](#)

[Social Security Form \(Form SSA - 1945\)](#)

[Employment Status and Wage Notifications](#)

[Oath of Affirmation or Allegiance](#)

[Direct Deposit Authorization](#)

[Beneficiary Designation for Last Warrant](#)

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](#)

[Provisional Appointment Agreement](#)

[Restoration of Benefits](#)

[Underfill Agreement](#)

[Vision Plan Enrollment/Change Form](#)

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

[SBCERA Membership Tier Verification Form](#)

[SBCERA Waiver of Membership Form](#)

[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)