



# CHECKLIST FOR PSE TO EXTRA-HELP

Must print in Black or Blue ink ONLY

Employee ID	Rcd. No.	Last Name, First Name
Department		

#### **PREREQUISITE**

**Note:** Prerequisite(s) must be completed and sent to Employment-Human Resources prior to completing this packet Personnel Requisition (PR)\*

Manual - Include copy with packet

Online

### REQUIRED

Employment Status and Wage Notification Job Action Request (JAR)

<u>Extra-Help/Recurrent Appointment Agreement</u>
Social Security Form (Form SSA-1945)

#### REQUIRED (IF APPLICABLE)

Advanced Step Hiring Request - New Employee Only\* Decl

**Bilingual Forms** 

Bronze Plan Enrollment Form #

Position Number Request - Extra-Help/Recurrent/

Contract

**Declination Agreement for Essential Health** 

Plan Coverage

**Underfill Agreement** 

Form **700** 

Other Forms (if applicable)

## Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030)

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