

## **County of San Bernardino CHÉCKLIST FOR** PROMOTION OR RECLASSIFICATION

Must print in Black or Blue ink ONLY

Employee ID		Rcd No.	Last Name, First Name		
Department Department					
<b>Dopartmont</b>					
PREREQUISITE FOR PROMOTION					
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 FOR PROMOTION					
			on or Résumé if applicable*		Job Action Request (JAR)
	Employn	nent Status a	nd Wage Notification		Teamsters Member Only - Trust Plan Enrollment
PREDECUISITE FOR RECLASSIFICATION					
PREREQUISITE FOR RECLASSIFICATION					
Civil Service Commission Memo (approved by Human Resources Business Partner [HRBP])					
	QUIRED FOR RECLASSIFICATION				
			d Wage Notification	Ш	Job Action Request (JAR)
Ц	<u>reamster</u>	s Member Of	nly - Trust Plan Enrollment		
REQUIRED FOR PROMOTION OR RECLASSIFICATION (IF APPLICABLE)					
	Advanced Step Placement Request*		<i>□</i>	Dual Appointment Agreement	
			reement – Exempt*	Н	Form 700
		gual Compensation Request – Level I*		Job Share Contract	
			Compensation Request –		<u>Trainee Promotion*</u>
	Levels II o				Underfill Agreement*
			Justification – Levels II or III*		Vision Plan Enrollment/Change Form (Exempt and Safety/Safety Management/Supervisory)
	Safety Uni		Compensation Request –		(dependent certification is required)
	Cell Phone	e/Portable Co	mmunication Device Allowance		Other forms (if applicable)
			empt (Groups A & B)		Contact <a href="mailto:ebsd@hr.sbcounty.gov">ebsd@hr.sbcounty.gov</a> to schedule Exempt Benefits Orientation**
No Copies Needed In Packet					
	Medical Ex Enrollment		oursement (FSA) Plan		
*Special Districts: Send to Special Districts Human Resources					

Incomplete Packets Will Be Returned

\*\*Send to Employee Benefits & Services Division-HR

(0030) REV. HR 04/17/2024

Distribution: EMACS-HR