

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

## CHECKLIST FOR RECURRENT TO EXTRA HELP

Must print in Black or Blue ink ONLY

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Employee ID	Rcd. No.		Last Name, First Name	
Department				
PREREQUISITE				
Note: Prerequisite	(s) must be comple	ted and sent to Employment-l	Hum	an Resources prior to completing this packet
Personnel Requisit	ion (PR)*			
Manual - Include copy with packet				
Online				
REQUIRED				
Employment Status and Wage Notification				Job Action Request (JAR)
Extra-Help/Recurrent Appointment Agreement				Social Security Form (Form SSA-1945)
REQUIRED (IF AF	PPLICABLE)			
Advanced Step Hiring Request - New Employee Only*				Bronze Plan Enrollment Form #
	pensation Reques			Declination Agreement
Bilingual Assessment & Compensation Request -			<u>Form 700</u>	
Levels II or III*			Position Number Request - Extra-Help/Recurrent/	
Bilingual Questionnaire/Justification - Levels II or III*				Contract
Bilingual Asse	essment & Comper	sation Request - Safety Unit		Underfill Agreement*
				Other Forms (if applicable)

## Incomplete Packets Will Be Returned

**Distribution:** EMACS-HR (0030) \*Special Districts Human Resources (0450) # Applies to employees working 30 hours or more per week who are not covered by an MOU/Compensation Plan