



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

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](#)

[Extra-Help/Recurrent Appointment Agreement](#)

[Job Action Request \(JAR\)](#)

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

### REQUIRED (IF APPLICABLE)

[Advanced Step Hiring Request - New Employee Only\\*](#)

[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