



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

CHECKLIST FOR REGULAR TO CONTRACT

Must print in Black or Blue ink ONLY

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

REQUIRED

- [Employment Status and Wage Notification](#)
- [Job Action Request \(JAR\)](#)
- [Social Security Form \(Form SSA-1945\)](#)

REQUIRED (IF APPLICABLE)

- [Automobile Election Agreement-Exempt*](#)
- [Beneficiary Designation for Life Insurance](#)
- [Life Insurance and AD&D Enrollment Form](#)
- [Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)](#)
- [Bilingual Compensation Request - Level I*](#)
- [Bilingual Assessment & Compensation Request - Levels II or III*](#)
- [Bilingual Questionnaire/Justification - Levels II or III*](#)
- [Bilingual Assessment & Compensation Request - Safety Unit](#)
- [Bronze Plan Enrollment Form #](#)
- [Declination Agreement](#)
- [Form 700](#)
- [Oath of Affirmation or Allegiance](#)
- [Personal Information/Emergency Contacts](#)
- [Position Number Request - Extra-Help/Recurrent/Contract](#)
- Other Forms (if applicable)
- Contact ebbsd@hr.sbcounty.gov to schedule Exempt Benefits Orientation. **

No Copies Needed in Packet

- [Beneficiary Designation for VOYA**](#)
- [Medical Expense Reimbursement \(FSA\) Plan Enrollment**](#)
- [Salary Savings PST Deferred Compensation Plan Participation Agreement**](#)

Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030)

*Special Districts Human Resources (0450)

**Employee Benefits & Services Division (0440)

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