



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](#)
[Beneficiary Designation for Life Insurance](#)
[Life Insurance and AD&D Enrollment Form](#)
[Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)](#)
[Bilingual Forms](#)
[Form 700](#)

[Bronze Plan Enrollment Form #](#)
[Declination Agreement for Essential Health Plan Cvg](#)
[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)

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