County of San Bernardino
CHECKLIST FOR RETURN FROM LEAVE
(With Right/Without Right/Medical Leave of Absence)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

PREREQUISITE (IF APPLICABLE)

Note: *Prerequisite(s) must be completed and sent to Employment-Human Resources prior to completing this packet*

Personnel Requisition (PR)* – **Required only if employee is not returning to original department and Job Code Title**

- Manual – Include copy with packet
- Online

REQUIRED

- Job Action Request (JAR)
- Employment Status and Wage Notification
- Premium Deduction Election
- Medical Plan Enrollment/Change *(dependent certification is required)*
- Dental Plan Enrollment/Change *(dependent certification is required)*
- Social Security Form (Form SSA-1945)
- Beneficiary Designation for Life Insurance
  Note: *Employees must complete the above form if they want to designate a beneficiary. Former beneficiary designation is no longer in effect.*

REQUIRED (IF APPLICABLE)

- Advanced Step Hiring Request-New Employee Only*
- Automobile Election Agreement-Exempt*
- 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
- Combined Giving Campaign Contribution Election Agreement
- DE-4, State Withholding Allowance Certificate
- Direct Deposit Authorization
- Job Share Contract
- Oath of Affirmation or Allegiance
- Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage
- Disabled Dependent Certification
- Part-Time Employment Agreement
- Personal Information/Emergency Contacts
- Provisional Appointment Agreement*
- SBCERA Membership Tier Verification Form
- SBCERA Waiver of Membership Form
- Underfill Agreement*
- W-4, Federal Withholding Allowance Certificate
- Vision Plan Enrollment/Change Form (Exempt, Firefighter Local 935, Safety/Safety Management/Supervisory, Specialized Peace Officer Supervisory, Specialized Peace Officer) *(dependent certification is required)*

No Copies Needed In Packet

- Dependent Care Assistance Plan (DCAP) Enrollment*
- Medical Expense Reimbursement (FSA) Plan Enrollment**

*Special Districts: Send to Special Districts Human Resources
**Send to Employee Benefits & Services Division-HR

Incomplete Packets Will Be Returned