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



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 <u>not</u> 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 Former beneficiary designation is no longer in effect.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

Beneficiary Designation for Last Paycheck (Last

Warrant Designation)

Bilingual Forms

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

Underfill Agreement

Disabled Dependent Certification

Part-Time Employment Agreement

Personal Information/Emergency Contacts

Provisional Appointment Agreement

SBCERA Membership Tier Verification Form

SBCERA Waiver of Membership Form

W-4, Federal Withholding Allowance Certificate
Vision Plan Enrollment/Change Form

No Copies Needed In Packet

<u>Dependent Care Assistance Plan (DCAP) Enrollment</u>

Medical Expense Reimbursement (FSA) Plan Enrollment

Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030) Checklist for Return from Leave (With Right/Without Right/Medical Leave of Absence)

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