



County of San Bernardino SOCIAL SECURITY FORM (FORM SSA-1945)

The Statement Concerning Your Employment in a Job Not Covered by Social Security (SSA-1945) is a mandatory form that must be signed by all employees hired after January 1, 2005.

REFERENCES

Social Security Protection Act of 2004 (HR 743, Section 419)

FORMS REQUIRED

Social Security Form (Form SSA-1945)

MANDATORY FIELDS

All

GENERAL INFORMATION

The Social Security Protection Act of 2004 requires the County to provide written notification to all employees who begin work on or after January 1, 2005, explaining the maximum effect on the computation of their Social Security benefits due to receipt of a government pension. All employees are required to sign the form as part of the new hire process and when processing an employee that is going from a Contract, Extra-Help, Public Service Employee or a Recurrent position to a Regular position.

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Provide form to the employee for signature
- ◆ Audit form for completeness
- ◆ Forward to EMACS-HR - 0030

RELATED FORMS/PROCEDURES

- Checklist for Concurrent Appointment (Additional Position)
- Checklist for Contract to Regular
- Checklist for Extra-Help/Recurrent/PSE to Regular
- Checklist for Extra-Help/Recurrent/PSE to Contract
- Checklist for Extra-Help to Recurrent
- Checklist for Job Share
- Checklist for New Hire - Contract
- Checklist for New Hire - Exempt
- Checklist for New Hire – Extra-Help/Recurrent
- Checklist for New Hire - PSE
- Checklist for New Hire – Regular/Part-Time/Reemployment (Rehire)
- Checklist for PSE to Extra-Help
- Checklist for Recurrent to Extra-Help
- Checklist for Regular to Contract
- Checklist for Regular to Extra-Help/Recurrent
- Checklist for Return from Leave (Without Right)