



**County of San Bernardino**  
**CHECKLIST FOR**  
**TEMPORARY PERFORMANCE OF**  
**HIGHER LEVEL DUTIES**

*Must print in Black or Blue ink ONLY*

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

**PREREQUISITE**

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

Employment Application or Résumé if applicable

[Temporary Performance of Higher- Level Duties\\*](#)

**REQUIRED**

[Employment Status and Wage Notification](#)

[Job Action Request \(JAR\)](#)

**REQUIRED (IF APPLICABLE)**

[Bilingual Compensation Request – Level I\\*](#)

[Bilingual Assessment & Compensation Request](#)

[Bilingual Assessment & Compensation Request – Levels II or III\\*](#)

[– Safety Unit](#)

[Bilingual Questionnaire/Justification – Levels II or III\\*](#)

[Form 700](#)

Other forms (if applicable)

\*Special Districts: Send to Special Districts Human Resources

***Incomplete Packets Will Be Returned***