

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](http://countyline/Uploads/EMACS/Portal/Personnel%20Requisition%20%28PR%29%20-%20form.doc) – Include copy with packet |
| [ ]  | Online |
|  |
| ***REQUIRED*** |
| [ ]  | [Job Action Request (JAR)](http://countyline/Uploads/EMACS/Portal/Job%20Action%20Request%20%28JAR%29%20-%20form.doc) | [ ]  | [Social Security Form (Form SSA-1945)](http://countyline/Uploads/EMACS/Portal/SSA-1945%20%28Social%20Security%20Form%29%20-%20form.doc) |
| [ ]  | [Employment Status and Wage Notification](http://countyline/Uploads/EMACS/Portal/Employment%20Status%20and%20Wage%20Notification%20-%20form.doc) | [ ]  | Retirement System Contribution Election |
| [ ]  | [Premium Deduction Election](http://countyline/Uploads/EMACS/Portal/Premium%20Deduction%20Election%20-%20form.doc) | [ ]  | [Beneficiary Designation for Life Insurance and AD&D](http://countyline/Uploads/EMACS/Portal/Beneficiary%20Designation%20for%20Life%20Insurance-AD%20and%20D%20-%20Minnesota%20Life%20-%20form.pdf) ***Note:*** *Employees must complete the above form if they want to designate a beneficiary. Former beneficiary designation is no longer in effect.* |
| [ ]  | [Medical Plan Enrollment/Change](http://countyline/Uploads/EMACS/Portal/Medical%20Plan%20Enrollment-Change%20-%20form.docx)*(dependent certification is required)* |  |
|  |  |
| [ ]  | [Dental Plan Enrollment/Change](http://countyline/Uploads/EMACS/Portal/Dental%20Plan%20Enrollment-Change%20-%20form.docx)*(dependent certification is required)* |  |  |
|  |  |  |
|  |  |  |  |
| **No Copies Needed In Packet** |
| [ ]  | [SBCERA Membership Enrollment Affidavit](http://countyline/Uploads/EMACS/Portal/SBCERA%20Membership%20Enrollment%20Affidavit%20-%20form.doc)\*\* |  |  |
|  |
| ***REQUIRED (IF APPLICABLE)*** |
| [ ]  | [Advanced Step Hiring Request-New Employee Only](http://countyline/Uploads/EMACS/Portal/Advanced%20Step%20Hiring%20Request%20-%20New%20Employee%20Only%20-%20form.doc)\* | [ ]  | [Job Share Contract](http://countyline/Uploads/EMACS/Portal/Job%20Share%20Contract%20-%20form.doc) |
| [ ]  | [Automobile Election Agreement-Exempt](http://countyline/Uploads/EMACS/Portal/Automobile%20Election%20Agreement%20-%20Exempt%20-%20form.doc)\* | [ ]  | [Oath of Affirmation or Allegiance](http://countyline/Uploads/EMACS/Portal/Oath%20of%20Affirmation%20or%20Allegiance%20-%20form.doc) |
| [ ]  | [Beneficiary Designation for Last Paycheck (Last](http://countyline/Uploads/EMACS/Portal/Beneficiary%20Designation%20for%20Last%20Paycheck%20%28Warrant%29%20-%20form.doc) [Warrant Designation)](http://countyline/Uploads/EMACS/Portal/Beneficiary%20Designation%20for%20Last%20Paycheck%20%28Warrant%29%20-%20form.doc) | [ ]  | [Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](http://countyline/Uploads/EMACS/Portal/Opt-Out%20-%20Waiver%20Election%20Agreement%20for%20Medical%20and%20or%20Dental%20Coverage%20-%20form.doc) |
|  |  |
| [ ]  | [Bilingual Compensation Request – Level I](http://countyline/Uploads/EMACS/Portal/Bilingual%20Compensation%20Request%20-%20Level%20I%20-%20form.doc)\* | [ ]  | Over-Age Dependent Certification |
| [ ]  | [Bilingual Assessment & Compensation Request – Levels II or III](http://countyline/Uploads/EMACS/Portal/Bilingual%20Assessment%20and%20Compensation%20Request%20-%20Level%20II%20or%20III%20-%20form.doc)\* | [ ]  | [Part-Time Employment Agreement](http://countyline/Uploads/EMACS/Portal/Part-Time%20Employment%20Agreement%20-%20form.doc) |
|  | [ ]  | [Personal Information/Emergency Contacts](http://countyline/Uploads/EMACS/Portal/Personal%20Information-Emergency%20Contact-Change%20-%20form.doc) |
| [ ]  | [Bilingual Questionnaire/Justification - Levels II or III](http://countyline/Uploads/EMACS/Portal/Bilingual%20Questionnaire%20Justification%20-%20Level%20II%20or%20III%20-%20form.doc)\* | [ ]  | [Provisional Appointment Agreement](http://countyline/Uploads/EMACS/Portal/Provisional%20Appointment%20Agreement%20-%20form.doc)\* |
| [ ]  | [Bilingual Assessment & Compensation Request – Safety Unit](http://countyline/Uploads/EMACS/Portal/Bilingual%20Assessment%20and%20Compensation%20Request%20%20-%20Safety%20Unit%20-%20form.doc) | [ ]  | [Underfill Agreement](http://countyline/Uploads/EMACS/Portal/Underfill%20Agreement%20-%20form.doc)\* |
|  | [ ]  | [W-4, Federal Withholding Allowance Certificate](http://countyline/Uploads/EMACS/Portal/W-4%20-%20form.pdf) |
| [ ]  | [Combined Giving Campaign Contribution Election Agreement](http://countyline/Uploads/EMACS/Portal/Combined%20Giving%20Contribution%20Election%20Agreement%20-%20form.doc) | [ ]  | [Vision Plan Enrollment/Change Form](http://countyline/Uploads/EMACS/Portal/Vision%20Plan%20Dependent%20Enrollment-Change%20-%20Eligible%20Units%20-%20form.doc) (Exempt, Firefighter Local 935,Safety/Safety Management/Supervisory, Specialized Peace Officer Supervisory, Specialized Peace Officer) *(dependent certification is required)* |
|  |  |
| [ ]  | [DE-4, State Withholding Allowance Certificate](http://countyline/Uploads/EMACS/Portal/DE-4%20-%20form.pdf) |  |
| [ ]  | [Direct Deposit Authorization](http://countyline/Uploads/EMACS/Portal/Direct%20Deposit%20Authorization%20-%20form.doc) |
|  |  |  |  |
| **No Copies Needed In Packet** |
| [ ]  | [Dependent Care Assistance Plan (DCAP) Enrollment](http://countyline/Uploads/EMACS/Portal/Dependent%20Care%20Assistance%20Plan%20%28DCAP%29%20Enrollment%20-%20form.doc)\*\*\* | [ ]  | [Beneficiary Designation for SBCERA (SBCERA Beneficiary Designation/Change)](http://countyline/Uploads/EMACS/Portal/Beneficiary%20Designation%20for%20SBCERA%20-%20form.pdf)\*\* |
| [ ]  | [Medical Expense Reimbursement (FSA) Plan Enrollment](http://countyline/Uploads/EMACS/Portal/Medical%20Expense%20Reimbursement%20%28FSA%29%20Plan%20Reimbursement%20Claim%20-%20form.doc)\*\*\* |  |
|  | [ ]  | [SBCERA Justification for Non-Signature of Spouse](http://countyline/Uploads/EMACS/Portal/SBCERA%20Justification%20for%20Non-Signature%20of%20Spouse%20or%20Domestic%20Partner%20-%20form.pdf)\*\* |

\*Special Districts: Send to Special Districts Human Resources

\*\*Send to San Bernardino County Employees’ Retirement Association (SBCERA)

\*\*\*Send to Employee Benefits & Services Division-HR

***Incomplete Packets Will Be Returned***

*Distribution: EMACS-HR (0030)*