



County of San Bernardino CHECKLIST FOR CONTRACT TO REGULAR

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

PREREQUISITE

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

Personnel Requisition (PR)*

- | | |
|--|--|
| <input type="checkbox"/> Manual – Include copy with packet | <input type="checkbox"/> Provisional Appointment Agreement (<i>if applicable</i>)* |
| <input type="checkbox"/> Online | |

REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> Employment Application or Résumé if applicable * | <input type="checkbox"/> Job Action Request (JAR) |
| <input type="checkbox"/> Employment Status and Wage Notification | <input type="checkbox"/> Social Security Form (Form SSA-1945) |

REQUIRED (IF APPLICABLE)

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|--|--|
| <input type="checkbox"/> Advanced Step Placement Request* | <input type="checkbox"/> Medical Plan Enrollment/Change Form
<i>(dependent verification is required)</i> |
| <input type="checkbox"/> Beneficiary Designation for Life Insurance and AD&D | <input type="checkbox"/> Oath of Affirmation or Allegiance |
| <input type="checkbox"/> Bilingual Compensation Request - Level I* | <input type="checkbox"/> Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage |
| <input type="checkbox"/> Bilingual Assessment & Compensation Request – Levels II or III* | <input type="checkbox"/> Over-Age Dependent Certification |
| <input type="checkbox"/> Bilingual Questionnaire/Justification – Levels II or III* | <input type="checkbox"/> Part-Time Employment Agreement |
| <input type="checkbox"/> Bilingual Assessment & Compensation Request – Safety Unit | <input type="checkbox"/> Personal Information/Emergency Contacts |
| <input type="checkbox"/> Cell Phone/Portable Communication Device Allowance | <input type="checkbox"/> Premium Deduction Election |
| <input type="checkbox"/> Elected Officials and Exempt (Groups A & B) | <input type="checkbox"/> Retirement System Contribution Election |
| <input type="checkbox"/> Combined Giving Campaign Contribution Election Agreement | <input type="checkbox"/> Teamsters Member - New Hire Packet*** |
| <input type="checkbox"/> Dental Plan Enrollment/Change Form
<i>(dependent verification is required)</i> | <input type="checkbox"/> Underfill Agreement* |
| <input type="checkbox"/> Dual Appointment Agreement | <input type="checkbox"/> Vision Plan Enrollment/Change Form (Exempt and Safety/Safety Management & Supervisory)
<i>(dependent verification is required)</i> |
| <input type="checkbox"/> Form 700 | <input type="checkbox"/> Other forms (<i>if applicable</i>) |
| <input type="checkbox"/> Job Share Contract | <input type="checkbox"/> Contact ebbsd@hr.sbcounty.gov to schedule Exempt Benefits Orientation. *** |

No Copies Needed In Packet

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|---|--|
| <input type="checkbox"/> Dependent Care Assistance Plan (DCAP) Enrollment*** | <input type="checkbox"/> SBCERA Justification for Non-Signature of Spouse** |
| <input type="checkbox"/> Medical Expense Reimbursement (FSA) Plan Enrollment*** | <input type="checkbox"/> SBCERA Membership Enrollment Affidavit** |
| <input type="checkbox"/> Beneficiary for SBCERA (SBCERA Beneficiary Designation/Change)** | <input type="checkbox"/> 457(b) Deferred Compensation Automatic Enrollment Declination Form & Informational Flyer*** |

*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