



# County of San Bernardino CHECKLIST FOR EXTRA-HELP/RECURRENT/PSE TO REGULAR

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

Personnel Requisition (PR)\*

- Manual – Include copy with packet
- Online

**REQUIRED**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental Plan Enrollment/Change Form<br/><i>(dependent certification is required)</i></li> <li><input type="checkbox"/> Employment Application or Résumé if applicable *</li> <li><input type="checkbox"/> Employment Status and Wage Notification</li> <li><input type="checkbox"/> Job Action Request (JAR)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Plan Enrollment/Change Form<br/><i>(dependent certification is required)</i></li> <li><input type="checkbox"/> Premium Deduction Election</li> <li><input type="checkbox"/> Retirement System Contribution Election</li> <li><input type="checkbox"/> Social Security Form (Form SSA-1945)</li> </ul> |
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**No Copies Needed In Packet**

- SBCERA Membership Enrollment Affidavit\*\*

**REQUIRED (IF APPLICABLE)**

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|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Automobile Election Agreement-Exempt*</li> <li><input type="checkbox"/> Advanced Step Placement Request*</li> <li><input type="checkbox"/> Beneficiary Designation for Life Insurance and AD&amp;D</li> <li><input type="checkbox"/> Bilingual Compensation Request – Level I*</li> <li><input type="checkbox"/> Bilingual Assessment &amp; Compensation Request – Levels II or III*</li> <li><input type="checkbox"/> Bilingual Questionnaire/Justification – Levels II or III*</li> <li><input type="checkbox"/> Bilingual Assessment &amp; Compensation Request – Safety Unit</li> <li><input type="checkbox"/> Combined Giving Campaign Contribution Election Agreement</li> <li><input type="checkbox"/> Form 700</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Job Share Contract</li> <li><input type="checkbox"/> Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage</li> <li><input type="checkbox"/> Over-Age Dependent Certification</li> <li><input type="checkbox"/> Personal Information/Emergency Contacts</li> <li><input type="checkbox"/> Provisional Appointment Agreement*</li> <li><input type="checkbox"/> <a href="#">Teamsters Member - New Hire Packet***</a></li> <li><input type="checkbox"/> Underfill Agreement*</li> <li><input type="checkbox"/> Vision Plan Enrollment/Change Form (Exempt and Safety/Safety Management &amp; Supervisory)<br/><i>(dependent certification is required)</i></li> <li><input type="checkbox"/> Other forms <i>(if applicable)</i></li> </ul> <p>Contact <a href="mailto:ebbsd@hr.sbcounty.gov">ebbsd@hr.sbcounty.gov</a> to schedule Exempt Benefits Orientation. ***</p> |
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**No Copies Needed In Packet**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Dependent Care Assistance Plan (DCAP) Enrollment***</li> <li><input type="checkbox"/> Medical Expense Reimbursement (FSA) Plan Enrollment***</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Beneficiary Designation for SBCERA (SBCERA Beneficiary Designation/Change)**</li> <li><input type="checkbox"/> SBCERA Justification for Non-Signature of Spouse**</li> <li><input type="checkbox"/> 457(b) Deferred Compensation Automatic Enrollment Declination Form &amp; Informational Flyer***</li> </ul> |
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\*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**