Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

CHECKLIST FOR NEW HIRE - REGULAR/PART-TIME/REEMPLOYMENT (REHIRE)

Must print in Black or Blue ink ONLY.

Employee ID	Rcd No.	Last Name, First Name
Department	**Select Only One**	
	☐ Regular	☐ Part-Time ☐ Reemployment (Rehire)

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

- ☐ Job Action Request (JAR)
- ☐ Personal Information/Emergency Contacts
- ☐ I-9 and E-Verify, Employment Eligibility Verification*
- ☐ Beneficiary Designation for Life Insurance and AD&D
- ☐ Premium Deduction Election
- ☐ Medical Plan Enrollment/Change Form (dependent certification is required)
- ☐ Provided employee a Required Notice of New Health Insurance Marketplace options (notice must be provided within 14 days of hire)
- ☐ Dental Plan Enrollment/Change Form *(dependent certification is required)*
- ☐ Employment Application or Resume if applicable
- ☐ Social Security Form (Form SSA - 1945)
- ☐ Employment Status and Wage Notifications
- ☐ Oath of Affirmation or Allegiance
- ☐ Direct Deposit Authorization
- ☐ W-4, Federal Withholding Allowance Certificate
- ☐ Policy Acknowledgement

REQUIRED (IF APPLICABLE)

- ☐ Advanced Step Placement Request*
- ☐ Bilingual Compensation Request - Level I*
- ☐ Bilingual Assessment & Compensation Request - Levels II or III*
- ☐ Bilingual Questionnaire/Justification - Levels II or III*
- ☐ Bilingual Assessment & Compensation Request - Safety Unit
- ☐ Combined Giving Campaign Contribution Election Agreement
- ☐ DE-4, State Withholding Allowance Certificate
- ☐ Dual Appointment Agreement
- ☐ Job Share Contract
- ☐ Beneficiary Designation for Last Paycheck (Last Warrant Designation)
- ☐ Form 700
- ☐ Teamsters Member - New Hire Packet***
- ☐ Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage
- ☐ Disabled Dependent Certification
- ☐ Part-Time Agreement
- ☐ Occupational Injury/Illness Personal Physician Request
- ☐ Provisional Appointment Agreement*
- ☐ Restoration of Benefits
- ☐ Underfill Agreement*
- ☐ Vision Plan Enrollment/Change Form (Exempt and Safety/Safety Management/Supervisory) *(dependent certification is required)*
- ☐ Bronze Plan Enrollment Form or Declination Agreement#
- ☐ Other Forms *(if applicable)*
- ☐ Contact ebsd@hr.sbcounty.gov to schedule Exempt Benefits Orientation ***

No Copies Needed In Packet

- ☐ Beneficiary Designation for VOYA***
- ☐ Dependent Care Assistance Plan (DCAP) Enrollment***
- ☐ Medical Expense Reimbursement (FSA) Plan Enrollment***
- ☐ SBCERA Membership Enrollment Affidavit**
- ☐ Salary Savings PST Deferred Compensation Plan Participation Agreement***
- ☐ Beneficiary for SBCERA (SBCERA Beneficiary Designation/Change)
- ☐ SBCERA Justification for Non-Signature of Spouse**
- ☐ Other Public Agency Service Credit Request for Retirement Medical Trust Fund Eligibility***
- ☐ 457(b) Deferred Compensation Automatic Enrollment Declination Form & Informational Flyer***

EMACS PASSWORD FOR NEW HIRE - The password for new hires is their social security number. The password will expire immediately requiring the employee to create a new password.

DISTRIBUTION: EMACS-HR (0030)
**Special Districts Human Resources (0450)*
*** San Bernardino County Employees' Retirement Association (SBCERA) (0014)*
****Employee Benefits & Services Division-HR (0440)*

#Applies to employees working 30 hours or more per week who are not covered by an MOU/Compensation Plan