

CHECK LIST C

EMPLOYEE NAME: _____

**CONTRACTS BEING RENEWED WITH NO CHANGE IN SALARY GRADE,
CLASS OR FUNCTION ARE TO BE SUBMITTED IN THE FOLLOWING ORDER**

- ___ RENEWAL CHECK OFF LIST C-1*
- ___ 311-T AUTHORIZATION CHANGE FORM
- ___ DBM 312 (IF NECESSARY)
- ___ W-4 PLUS COPY (IF CHANGE IN TAX STATUS OR ALLOWANCES IS BEING REQUESTED)
- ___ ORIGINAL 1242-1 PLUS COPY
- ___ ORIGINAL 1242-2 PLUS COPY
- ___ ORIGINAL 1242-6 PLUS COPY
- ___ HEALTH BENEFITS CONTINUATION FORM
- ___ CORPORATE COMPLIANCE

*IF ANY ITEMS APPEARING ON THE RENEWAL CHECK OFF LIST DO NOT HAVE DOCUMENTED UPDATED INFORMATION ON THEM, UPDATED FORMS MUST BE SUBMITTED.

CONTRACT ADMINISTRATOR/PERSONNEL LIAISON/DATE

REVISED 12/2009