

**ADJUNCT RAPID REHIRE**  
**Human Resources Checklist & Workflow**

Employee Name: \_\_\_\_\_ PeopleSoft Empl ID : \_\_\_\_\_  
Location: \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_  
Dept: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

**1/ Campus Verify**

- \_\_\_\_\_ Adjunct Personnel Action Sheet (Adjunct PAS)
- \_\_\_\_\_ Personal Profile Form
- \_\_\_\_\_ Live Scan Reverification Date \_\_\_\_\_
- \_\_\_\_\_ I-9 Reverification Date \_\_\_\_\_
- \_\_\_\_\_ Complete Application (if teaching a different discipline)
- \_\_\_\_\_ Official Transcripts (if teaching a different discipline)
- \_\_\_\_\_ Verification of Experience (VOE) (additional experience or if teaching a different discipline)
- \_\_\_\_\_ Tuberculosis Assessment Certification (only if expired)
- \_\_\_\_\_ CalSTRS Permissive Membership Form (must indicate: elect or decline)\*\*
- \_\_\_\_\_ CalSTRS Recipient Designation (if STRS is elected)
- \_\_\_\_\_ Enrollment/Beneficiary Designation for FICA Alternative (3121 Plan) \*\*  
    \*\* if declined STRS, then 3121 Plan form must be completed
- \_\_\_\_\_ SSA-1945 Form (Employment in Job not covered by Social Security)
- \_\_\_\_\_ Beneficiary Designation for Deceased Employee
- \_\_\_\_\_ Retirement Status Form
- \_\_\_\_\_ Medical Certificate (returning retirees only)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2/ Employment Verify**

- |                                    |                         |                       |
|------------------------------------|-------------------------|-----------------------|
| _____ Modify a Person/Add a Person | _____ Physical Exam/TB  | _____ Person Profiles |
| _____ Job Data                     | _____ Dept Budget Table | _____ MQs             |
|                                    | _____ Emergency Contact | _____ Competencies    |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3/ Compensation**

- \_\_\_\_\_ Salary Placement Workup for File
- \_\_\_\_\_ Verification of Employment (VOE) \_\_\_\_\_ Date Rec'd
- \_\_\_\_\_ Transcripts \_\_\_\_\_ Date Rec'd
- \_\_\_\_\_ Salary Placement Email To Employee (Communication)
- \_\_\_\_\_ Retro/ Pay Adjustment (If Applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4/ Retirement**

- |                           |                        |              |
|---------------------------|------------------------|--------------|
| _____ FBC/STRS Retirement | _____ Sew / My CalPERS | _____ Leaves |
| _____ 450 Plan            |                        |              |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**5/ Payroll**

- |                  |                          |                      |
|------------------|--------------------------|----------------------|
| _____ Picture ID | _____ Direct Deposit     | _____ Date TB Pulled |
| _____ Taxes      | _____ Dues, Workers Comp |                      |

Signature \_\_\_\_\_ Date \_\_\_\_\_