

A D J U N C T
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 Clearance Date _____
- _____ I-9 Clearance Date _____
- _____ Complete Application
- _____ Official Transcripts
- _____ Verification of Experience (VOE)
- _____ Tuberculosis Clearance Certification
- _____ 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 (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 _____