

# ADJUNCT

## People, Culture, and Technology Services 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
- \_\_\_\_\_ Vaccination Card (2nd dose date/single dose date)
- \_\_\_\_\_ Vaccination Exemption (Requires Risk Management Review)
- \_\_\_\_\_ 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  | _____ Emergency Contact |
| _____ Job Data                     | _____ Vaccination Date  | _____ Person Profiles   |
| _____ MQs                          | _____ Dept Budget Table | _____ 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 \_\_\_\_\_