

**PRO RATA**  
**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 (Name change)
- \_\_\_\_\_ Live Scan Reverification Date \_\_\_\_\_
- \_\_\_\_\_ I-9 Reverification Date \_\_\_\_\_
- \_\_\_\_\_ Tuberculosis Assessment Certification (only if expired)
- \_\_\_\_\_ Vaccination Card (2nd dose date/single dose date)
- \_\_\_\_\_ Vaccination Exemption (Requires Risk Management Review)
- \_\_\_\_\_ 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                     | _____ Vaccination Date  | _____ Competencies        |
| _____ Minimum Quals                | _____ Dept Budget Table | _____ Emergency Contact   |
|                                    |                         | _____ Pull Personnel File |

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

**3/ Compensation**

- |  |                            |
|--|----------------------------|
| _____ Salary Placement (Job Data)      | _____ Pro-Rata Contract    |
| _____ Retro/Pay Adjust (If Applicable) | _____ Setup Add'l Pay, EQP |

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

**4/ Retirement**

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

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

**5/ Payroll**

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

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