People, Culture, and Technology Services
Adjunct Rehire (60+ Days) Checklist & Workflow

Employee Name:_____   PeopleSoft Empl ID : _____

Location: _____   Supervisor/Manager: _____

Dept: _____   Requested Start Date: _____

1/ Campus Verify

_____   Personnel Action Sheet (PAS) Adjunct/OL

_____   Personal Profile Form

_____   Live Scan Reverification Date _____

_____   Complete Application (if a different job title)

_____   Official Transcript(s) (OT) or Date OT(s) were requested   _____

_____   Verification of Previous Work Experience

_____   TB Risk Assesment and/or Examination (only if expired)

_____   AFT Membership Packet

_____   CalSTRS Permissive Membership (must indicate: elect or decline)**

_____   CalSTRS Beneficiary Designation (if STRS is elected)

_____   3121 Enrollment - Beneficiary Designation Form

    ** if declined STRS, then 3121 Plan form must be completed

_____   Statement Concerning Your Employment in a Job Not Covered by Social Security (SSA-1945)

_____   Designation of Beneficiary for Final Pay Warrant

_____   Retirement System Status Information

_____   Medical Certificate for Returning Retirees

_____   W-4 (Federal Tax Withholding)

_____   DE-4 (California Tax Withholding)

_____   Direct Deposit Enrollment & Updating

Type your name: _____ Date _____

2/ Employment Verify

_____	Modify a Person/Add a _____	Physical Exam/TB	_____	Person Profiles
_____	Job Data	Update Dist GL	_____	Competencies
_____	MQs	Emergency Contact	_____	MQ Reminder Email
			_____	Adjunct Log

Type your name: _____ Date _____

3/ Compensation

_____   Salary Placement Workup for File

_____   Verification of Employment (VOE)   _____   Date Received

_____   Transcripts   _____   Date Received

_____   Salary Placement Email To Employee (Communication)

_____   Retro/ Pay Adjustment (If Applicable)

Type your name: _____ Date _____

4/ Retirement

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

Type your name: _____ Date _____

5/ Payroll

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

Type your name: _____ Date _____   Rev. 3-12-24