

CLASSIFIED

Human Resources Checklist & Workflow

Employee Name: _____
Location: _____
Dept: _____

PeopleSoft Empl ID : _____
Supervisor/Manager: _____
Requested Start Date: _____

1/ Employment Verify of Paper Forms

- | | | | |
|-------|--|-------|--------------------------|
| _____ | Personnel Assignment Status Sheet (PAS Sheet) | _____ | Physical Exam |
| _____ | Personal Profile Form | _____ | TB Exam |
| _____ | Complete Online Application | _____ | Live Scan Clearance Date |
| _____ | Classified Management Employment Contract (3 sets) | _____ | Create Equifax |
| _____ | Parking Permit application | _____ | Benefit Service Date |
| _____ | Beneficiary Designation for Deceased Employee | | |

Signature _____ Date _____ (Probationary, Permanent or On Contract)

2/ Employment Verify

- | | | | |
|-------|------------------------------|-------|--|
| _____ | Modify a Person/Add a Person | _____ | Person Profile |
| _____ | Job Data | _____ | Emergency Contact |
| _____ | Dept Budget Table | _____ | Chancellor's Welcome Letter |
| _____ | Medical Exam/TB | _____ | Term Hourly Assignment(s)
<small>(update job indicator)</small> |
| | | _____ | Hiring Proposal in PA |

Signature _____ Date _____

3/ Compensation

- | | | | |
|-------|--|-------|---|
| _____ | Salary Placement Workup | _____ | Inquire if EE has Banked Units - Edu. Incentive |
| _____ | Salary Acceptance Form | _____ | Date Complete for Salary |
| _____ | Review Classified Management Employment Contract (if applicable) | | |
| _____ | Verification of Employment (VOE) | _____ | Date Rec'd |
| _____ | Transcripts | _____ | Date Rec'd |
| _____ | Salary Placement Email To Employee (Communication) | | |
| _____ | Retro/ Pay Adjustment (If Applicable) 120 day rule | | |

Signature _____ Date _____

4/Benefits

- | | | | |
|-------|-------------------------------------|-------|--|
| _____ | Beneficiary Designation (Life Ins.) | _____ | Birth Certificate / Marriage Certificate |
| _____ | VEBA Enrollment Form | _____ | AFT Blue Dues Card |
| _____ | Delta Dental / VSP Enrollment Form | _____ | Supplemental Life Insurce |

Signature _____ Date _____

5/ Retirement

- | | | | | | |
|-------|----------------------|-------|--------------------------------------|-------|---|
| _____ | Sew / My CalPERS | _____ | PERS Retirement | _____ | Right of election form
<small>(If indicated)</small> |
| _____ | PERS Reciprocal Form | _____ | Retirement System Status Information | | |

Signature _____ Date _____

6/ Payroll

- | | | | | | |
|-------|----------|-------|----------------------|-------|----------------|
| _____ | Photo ID | _____ | Dues, Workers Comp | _____ | Direct Deposit |
| _____ | Taxes | _____ | Comp Plan Enrollment | _____ | Date TB Pulled |

Signature _____ Date _____