

NEW TEMPORARY FACULTY COVER SHEET

Forward to Academic Personnel with requirements completed and documents attached

TO BE COMPLETED BY HIRING DEPARTMENT			
From:		School:	
Dept. Name:			Dept. #:
NEW Temporary Faculty Member			
RETURNING Temporary Faculty Member		SSU ID Number:	
Previous Student, Previously employed or current staff			
Incoming Faculty Name:			
Name at SSU if different than above:			
ATTACHED:			
CV or Resume			
Faculty New Employee Information Form <i>(completed and electronically signed by incoming employee)</i>			
Background Check Ordered: Confirmation #		Date	
School Dean Signature of Approval.			
Signature:			Date:
DO NOT Forward until all requirements are complete			

TO BE COMPLETED BY ACADEMIC PERSONNEL			
BACKGROUND CHECK and DEGREE VERIFICATION			
Background Check REVIEWED		By / DATE:	
Degree Information:			
Highest Degree Not Verified during Background Check			
Requested Verification of Degree		Proof of Degree Received	
PEOPLESOFT ENTRY			
Personal Information			Date entered:
POI			Date entered:
IAT			Date entered:
Search #		Applicant #	Date entered:
Education			Date entered:
Security Clearance		BGC#	Date entered:
Date Sent ID to school office			
Notes:			
Date completed and forwarded for scanning into PAF			