SONOMA STATE UNIVERSITY | Office of **Faculty Affairs**

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 *(completed and signed by incoming employee)*
	Background Check Ordered
	Confirmation Number:	**Date Ordered**

DO NOT Forward until all requirements are complete

Date forwarded to Faculty Affairs:

TO BE COMPLETED BY FACULTY AFFAIRS

	Date required documents received in Faculty Affairs

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