

Candidate name:

## **Employee Checklist FWS/CLPS Positions**

Job opening ID:	Title:	Location:
Supervisor:	Budget: 254219660-O (2018-2019)	Hours per week:
<ol> <li>Create FWS job opening</li> </ol>		
<ul> <li>Complete the HR Background c</li> </ul>	heck questionnaire and submit to HR	
<ul> <li>Obtain HR's determination on Ba</li> </ul>	ackground check requirement	
2. Contact candidates to schedule inter-	views	
3. Conduct interviews with candidates		
4. Identify top candidate		
<ul> <li>Discuss position requirements, s</li> </ul>	schedule, and hourly rate	
<ul> <li>Ensure candidates direct and inc</li> </ul>	direct supervisory reports to relationsh	nips do not conflict with university polic
<ul> <li>Discuss anticipated start date (2</li> </ul>	-3 weeks out), job details and next ste	eps with candidate
5. Complete I-9 Process - prior to 1st d	ay of work	
<ul> <li>if active employee - coordinate v</li> </ul>	vith I-9 Administrator to request transf	er of I-9 to new department
6. Complete HR Hiring Paperwork (s	•	·
7. Results of candidate background che	ck if HR determined position required	background check

8. Employee to complete New Employee Orientation (NEO) and department to confirm completion within 30 days of hire

**Candidate EmplID:** 

## **Hiring Paperwork Required**

New Hire (No Job Data in Omni)	Re-Hire (Terminated in Omni)	Active Employee (additional appointment/transfer/change in responsibilities, supervisor, location or rate)
I-9 Process	I-9 Rehire/Verification	I-9 Transfer
	Less than 30 days: p-PAF <a href="https://hr.fsu.edu/PDF/Forms/pPaf_fill.pdf">https://hr.fsu.edu/PDF/Forms/pPaf_fill.pdf</a>	ePAF / pPAF https://hr.fsu.edu/PDF/Forms/pPaf_fill.pdf
FWS Wizard	More than 30 days – less than 1 year:  Re-Hire paperwork  https://hr.fsu.edu/pdf/forms/30DayPacket_fill.pdf	Copy of Background check questionnaire (if job description is changing)
Social Security Card	Social Security Card	Copy of HR Determination of background check requirement (if job description is changing)
Notarized loyalty oath	Notarized loyalty oath	Dual Compensation (if applicable)
Copy of Background check questionnaire	Copy of Background check questionnaire	FWS Authorization form (if job description is changing)
Copy of HR Determination of background check requirement	Copy of HR Determination of background check requirement	
FWS Authorization form	Dual Compensation (if applicable)	
	FWS Authorization form	