

MISSING HIRING DOCUMENTATION WAIVER FORM

This form **MUST** be signed and attached to the CSU -1 form for ALL unit 3 (faculty) and unit 11 (academic student employees - TA, GA, ISA) hires upon informal offer of employment.

Part I: *To be completed by department chair and attached to the applicants' CSU - 1 form.*

Last Name	First Name	MI
Department: _____		College: _____
Chair's Signature	Date	

Missing Document Checklist

Department\College will provide:

Mark "X" if Missing	Items Required	*Expected Delivery Date
	Request for LiveScan Service (fingerprinting) Initiated, if needed	
	Other: _____	

Applicant\Employee will provide:

Mark "X" if Missing	Items Required	*Expected Delivery Date
	Completed LiveScan (fingerprinting) Form, if needed	
	Sealed Official Transcripts for Terminal Degree	
	Three (3) Recent Letters of Recommendation	

***Documentation MUST be received by October 15 for fall hires and March 15 for spring hires or within 2 months.**

Part II: *To be filled in and signed by the employee whose CSU-1 form is attached.*

I _____, agree to submit to my CSUF department, the documents indicated in the "Employee Will Provide" section above, if any, by the date(s) listed.

I understand and accept that submission of the above listed items by such dates is required in order for me to receive any future appointments with California State University, Fullerton.

Signature of Applicant (Employee)	Date
-----------------------------------	------

Please forward this completed form & CSU-1 form immediately after employee signs to Human Resources Academic Talent Management department in CP - 740.

PART III: *To be completed by the division of Human Resources and Inclusive Excellence. HR will contact department in October or March to validate receipt of all required items.*

Employment Services Staff, please indicate date missing documentation received in the appropriate space below.

Document Rcvd: _____	Date Rcvd: _____	Initials: _____
Document Rcvd: _____	Date Rcvd: _____	Initials: _____
Document Rcvd: _____	Date Rcvd: _____	Initials: _____
Document Rcvd: _____	Date Rcvd: _____	Initials: _____
Document Rcvd: _____	Date Rcvd: _____	Initials: _____